



County of Santa Clara  
Office of the County Executive  
Procurement Department  
2310 N. First St., Suite 201  
San Jose, CA 95131-1040  
Telephone 408-491-7400 • Fax 408-491-7496

**AGREEMENT BETWEEN  
COUNTY OF SANTA CLARA  
AND  
ARUP LABORATORIES, INC.  
FOR  
REFERENCE LABORATORY TESTING SERVICES**

This agreement ("Agreement") is entered into by and between the County of Santa Clara ("County") and ARUP Laboratories, Inc. ("Contractor" or "ARUP"), collectively "the parties."

The parties intending to be bound, mutually agree as follows:

**KEY PROVISIONS**

**AGREEMENT TITLE:** Agreement between County of Santa Clara and ARUP Laboratories, Inc. for Reference Laboratory Testing Services

**AGREEMENT NUMBER:** 5500002947

**INITIAL AWARD DATE:** March 19, 2019

**AGREEMENT TERM:** March 19, 2019 through March 18, 2024, unless terminated or otherwise amended.

**COMMODITY NAME:** Reference Laboratory Testing Services

**COMMODITY NO:** 94855

**AUTHORIZED USER:** County of Santa Clara Health and Hospital System

**COUNTY DEPARTMENT CONTACT:** Stephen Mascovich  
Phone: 408.885.6558  
Email: [stephen.mascovich@hhs.sccgov.org](mailto:stephen.mascovich@hhs.sccgov.org)

Stefanie Wong  
Phone: 408.885.6564  
Email: [stefanie.wong@hhs.sccgov.org](mailto:stefanie.wong@hhs.sccgov.org)

**CONTRACTOR:** ARUP Laboratories, Inc.  
500 Chipeta Way  
Salt Lake City, UT 84108

**CONTRACTOR CONTACT:** Kirstie Douglas  
Phone: 916.719.0459  
Email: [kirstie.douglass@aruplab.com](mailto:kirstie.douglass@aruplab.com)

**CONTRACTOR NUMBER:** 1012696

**PURPOSE:** Establish contract with ARUP for reference laboratory testing services.

**TAX STATUS:** Taxable, Products  
Non-Taxable, Service

**TOTAL AGREEMENT VALUE:** Not-to-Exceed \$15,000,000

**COUNTY CONTRACT ADMINISTRATOR:** Mike Pfister  
Phone: 408.491.7423  
Email: [mike.pfister@prc.sccgov.org](mailto:mike.pfister@prc.sccgov.org)

**REFERENCE:** The following exhibits are incorporated and constitute a material part of the Agreement:  
  
Exhibit A: Scope of Work  
Exhibit B: Pricing Summary  
Exhibit C: Terms and Conditions  
Exhibit D: Insurance Requirements

By signing below, signatory warrants and represents that he/she executed this Agreement in his/her authorized capacity, that he/she has the authority to bind the entity listed below to contractual obligations and that by his/her signature on this Agreement, the entity on behalf of which he/she acted, executed this Agreement.

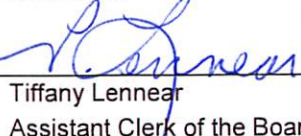
**COUNTY OF SANTA CLARA**

 **MAR 19 2019**

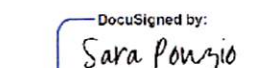
S. Joseph Simitian Date  
President, Board of Supervisors

Signed and certified that a copy of this document has been delivered by electronic or other means to the President, Board of Supervisors.

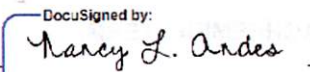
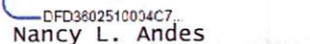
**ATTEST:**

 **MAR 19 2019**  
Tiffany Lennear Date  
Assistant Clerk of the Board

**APPROVED AS TO FORM AND LEGALITY**

 **3/7/2019**  
Sara Ponzio Date  
Deputy County Counsel

**ARUP LABORATORIES, INC.**

Signature   
Print: 

Title: Senior Vice President, Marketing

Date: 3/7/2019

## **EXHIBIT A SCOPE OF WORK**

### **1 QUALITY ASSURANCE**

- 1.1 ARUP shall ensure the accuracy and reliability of test results, every facet of testing protocols and the laboratory environment will be monitored, results will be documented, and records will be analyzed and reviewed.
- 1.2 ARUP has a written quality-control program for each technical section of the laboratory that clearly defines the appropriate authorities and protocols for its performance and review. Validation activities are instituted to confirm and document performance of all quality control.
- 1.3 ARUP shall maintain the framework established to review quality indicators on an ongoing basis. The evaluation includes review of objectives, methodology, measurement, interpretation of results, and expected outcomes. Thresholds are derived by industry standards, ARUP expectations, and current performance issues. When thresholds, control limits, and/or expected outcomes do not reflect the standard of care and service, the quality indicators are revised by laboratory management.
- 1.4 Examples of indicators include, but are not limited to the following:
  - 1.4.1 Critical result notification
  - 1.4.2 Compromised specimens
  - 1.4.3 Corrected reports
  - 1.4.4 Lost specimens
  - 1.4.5 Specimen/patient identification errors
  - 1.4.6 Exception handling
  - 1.4.7 Proficiency test performance
  - 1.4.8 Published turnaround time (TAT)

### **2 NOTIFICATIONS**

All notifications shall be sent in writing to both the County Laboratory and County Procurement to the following address:

County of Santa Clara Procurement  
Attention: Mike Pfister  
2310 North First Street, #201  
San Jose, CA 95131

Department of Pathology and Laboratory Medicine  
Attention: Elisabeth A Mailhot, M.D.  
751 South Bascom Avenue  
San Jose, CA 95128

### **3 REGULATORY COMPLIANCE**

All licensure and accreditation certificates are available at [www.aruplab.com/testing/licensure-accreditations](http://www.aruplab.com/testing/licensure-accreditations).

- 3.1 ARUP is a College of American Pathologists (CAP) accredited, Clinical Laboratory Improvement Amendments (CLIA) licensed, ISO 15189 accredited, and FDA registered laboratory. ARUP is also accredited and/or registered with the appropriate agencies and states as licenses and permits may require. ARUP shall maintain appropriate accreditations for the duration of the agreement.
- 3.2 ARUP shall follow and meet all applicable requirements for the following regulatory agencies: CMS, CLIA, FDA, OSHA, DOT, and CAP.
- 3.3 ARUP shall hold for the duration of agreement a Clinical Laboratory Certificate of Deemed Status from the state of California and shall send reportable results as required to CAPHD.
- 3.4 ARUP Laboratories' accreditation by CAP complies with CAP Laboratory General Checklist question GEN.41350, which requires Contractor to verify that the reference laboratories utilized by ARUP are CLIA-88 certified for high-complexity testing in the applicable specialty/subspecialty. ARUP shall maintain a current copy of its CAP accreditation and CLIA certificate on the ARUP website.
- 3.5 ARUP shall have and maintain throughout the duration of the agreement all required licensing documents, including Medicare and Medi-Cal provider numbers, National Provider Identification (NPI) number, CLIA Certificates, and California State license numbers.
- 3.6 ARUP shall provide services in accordance with the established principles and regulatory requirements of the Centers for Medicare & Medicaid Services (CMS), Clinical Laboratory Improvement Amendments (CLIA), The College of American Pathologists (CAP), and other State regulatory and accrediting bodies to which ARUP is subject, and the Centers for Disease Control and Prevention (CDC).
- 3.7 ARUP is not subject to the Joint Commission (TJC) regulations. The University of Utah Health Sciences Center (UUHSC) is accredited by Det Norske Veritas (DNV) and meets/complies with these regulations.
  - 3.7.1 ARUP agrees to cooperate with County during any TJC review of County upon request by County and/or TJC.

### **4 LICENSING AND PROFICIENCY**

- 4.1 Licensing shall remain current and active. ARUP holds a Clinical Laboratory Certificate of Deemed Status from the state of California and shall send reportable results as required to CAPHD.
- 4.2 ARUP shall promptly notify the County Laboratory Director and County Procurement if any of the licenses listed below are not renewed, active, or in good standing.

*California License	CDS008000007
National Provider Identifier (NPI)	1376548271
Medicare Provider Number	U000008050
Medi-Cal (California provider number)	Enrolled—use NPI number above
Tax Identification Number (TIN)/Employer Identification Number (EIN)	870403206
Unique Physician Identification Number (UPIN)	X12957

\*Business may not continue in the event ARUP does not maintain its California License.

- 4.3 Upon reasonable notice, ARUP shall accommodate the County for any site visits to the ARUP facility that the County deems necessary. Visits can be arranged by contacting the County's local ARUP Account Executive.
- 4.4 ARUP provides proficiency test performance (PT) information, upon request, within a reasonable timeframe. Clients shall request PT performance information by emailing [CSInfo@aruplab.com](mailto:CSInfo@aruplab.com).
- 4.5 ARUP shall make notification promptly following any survey testing failures that resulted in requirements to cease patient or client testing.

## 5 HIPAA COMPLIANCE

- 5.1 ARUP Laboratories ("ARUP") shall protect the confidentiality of the County patients' Protected Health Information in accordance with all applicable laws, including the Health Insurance Portability and Accountability Act (HIPAA).

## 6 TEST MENU AND INFORMATION

### 6.1 Reference Laboratory Testing Centers

- 6.1.1 ARUP shall perform all testing as provided in the pricing exhibit. For any testing that may be referred to an outside reference laboratory by ARUP, it will be the responsibility of ARUP to communicate to County any changes to any reference laboratories utilized as well as the changes in testing methodology and testing reference ranges within 45 days.
  - 6.1.1.1 ARUP shall communicate any changes to reference laboratories and testing methodology and testing references utilizing ARUP's hotline process.

- 6.1.2 Specimens are handled and re-routed to ARUP's performing lab sites, subsidiaries, and third-party referral labs for tests not offered by ARUP: All specimens are sent to ARUP for processing. Once a referral specimen is received, it is delivered to Referral Testing, an internal department. There the specimen is checked again for acceptability and delivered to the appropriate referral laboratory, while maintaining optimal specimen integrity. For testing that ARUP does not perform in-house, there will be no additional fee for testing sent to ARUP's referral laboratories or subsidiaries.
- 6.1.3 ARUP laboratory shall have the capability regarding pediatric testing, genetic testing, and other esoteric tests e.g. sample size, detection limits, and availability of pediatric reference ranges, especially for endocrine testing as identified on ARUP's Lab Test Directory.

## **7 TEST METHODOLOGY**

Test methodology is available on ARUP's Lab Test Directory at [www.aruplab.com](http://www.aruplab.com).

## **8 TEST CHANGES**

- 8.1 ARUP shall communicate any new tests, test changes, and methodology changes with the County through ARUP's website: <https://www.aruplab.com/testing/hotlines>.
- 8.2 ARUP shall publish quarterly Hot Lines to update information within its Laboratory Test Directory. These updates include methodology, CPT, specimen requirements, turnaround times, and reference ranges and are published 45 days before such changes. This information, as well as previous Hot Lines, is available at [www.aruplab.com](http://www.aruplab.com).
- 8.3 Changes that need to be made outside of the quarterly Hot Line are put into an Immediate Change Hot Line (ICHL), which is published the first Monday of every month.
- 8.4 County can download a custom quarterly Hot Line index based on its individual test utilization. The custom index includes test changes as well as all new and inactive tests, and can be downloaded as a report in Business Reports, available via ARUP Connect.

## **9 TESTING SUPPLIES**

- 9.1 A complete list of supplies provided by ARUP can be found on the ARUP Client Supply Order Form available online at [www.aruplab.com](http://www.aruplab.com), or in the eSupply catalog found through ARUP's website.
- 9.2 ARUP shall provide limited, non-standard, specialty supplies to County and its various clinic locations, at no cost, as may be necessary to facilitate the collection, transfer, and transport of specimens from County to ARUP, including but not limited to, supplies required for specimen management. In accordance with applicable laws, these supplies provided by ARUP should be used only for the collection, preservation, and transportation of specimens to be tested at ARUP's testing locations and/or if ARUP sends-out tests to another Reference Laboratory on behalf of the County.



- 9.3 All deliveries must deliver supplies directly to the County – Santa Clara Valley Medical Center Department of Pathology and Laboratory Medicine:

Santa Clara Valley Medical Center  
 Department of Pathology and Laboratory Medicine  
 751 S Bascom Ave.  
 San Jose, CA 95128

## 10 TEST ORDERING

- 10.1 ARUP offers a comprehensive Order Management solution for manual orders that is conveniently located within ARUP Connect, ARUP's secure web portal for its clients. This suite of services improves workflow and efficiency by assuring greater accuracy and ease with manual test ordering and results retrieval. Within the Order Management solution, clients can search directly for tests by name or number, edit patient and test information, add comments or special instructions for ARUP, and retrieve test results—all without placing a call to Client Services.

### 10.2 Online Ordering

Online ordering shall be done through ARUP's website. ARUP Connect is a secure online resource that assists registered clients with management of their referral testing. Clients have access to test results, can transmit patient data required by public health agencies, use ARUP's secure file transfer system to securely retrieve documents containing protected health information (PHI), receive reports and notifications, and order supplies.

### 10.3 Stat Test Ordering

Most testing requests are performed in accordance with published/traditional run times, which is available at [www.aruplab.com](http://www.aruplab.com); therefore, ARUP offers STAT Pickup and Testing as a value-added service only. ARUP will evaluate its ability to service each STAT pickup request on a case-by-case basis. All charges that County may be charged in association with STAT Pickup and Testing will be disclosed to County in advance of ARUP performing the test. County may in its sole discretion elect to cancel a STAT testing request without penalty so long as the request is made prior to the ARUP running the test.

### 10.4 STAT Request Process and Charges

STAT Request Process	
If...	Then...
A County requests a STAT test...	County must contact ARUP's Client Services Department for approval.
The request is approved...	County submits specimen to ARUP, indicating test is to be performed as "STAT."
STAT Courier Pickup for County	
If...	Then...
County requests a STAT pickup <i>in addition to</i> its regularly scheduled pickup...	County will be charged an additional fee of \$150 per test.
STAT Testing Fees for County	
If...	Then...
The request for a STAT test <i>falls outside of the published / -traditional</i> run for such test,	County will be charged an additional fee of \$65 per test.

and an additional run must be scheduled to perform the STAT test...	
A technologist <i>must be called in</i> to perform the STAT test...	County will be charged an additional fee of \$52.
For STAT analysis, if the request is to call County as soon as the test is completed and verified, then there is no extra charge.	

#### 10.5 Reflex testing

ARUP offers reflex testing, in which additional testing will be performed on specimens depending on the results of the initial test. More information regarding specific reflex testing is available on the ARUP fee schedule included in Exhibit B.

### 11 TESTING TURN AROUND TIME

11.1 Testing turnaround time is outlined in ARUP's Lab Test Directory at [www.aruplab.com](http://www.aruplab.com).

#### 11.2 Test Delay Notification

If any County testing will be delayed beyond 24 hours of the published turnaround time, ARUP's client services agents will notify County. If an unacceptable sample is received, or if a sample is rendered unacceptable due to internal handling, an ARUP exception handling representative will notify the appropriate healthcare provider. All communication regarding the unacceptable specimen will be documented by the responsible section(s).

### 12 TEST RESULTS

12.1 ARUP shall return the successfully completed test results via interface, or ARUP Connect, as determined by County.

12.2 Patient reports shall include patient name, gender, date of birth, County medical record number, County accession number, collection date and time, receipt date and time, result, reference ranges or interpretive criteria, date and time of report, address and Medical Director of performing laboratory and any other data element required by law or accreditation standards. ARUP shall transmit these results electronically. ARUP shall interface results using HL7 standards.

12.3 All Patient reports must be available to the County immediately upon result verification and must meet published turnaround times.

12.4 Records produced and utilized at ARUP shall be retained as required by accrediting, licensing, and governing bodies or as defined by ARUP management.

12.5 ARUP Order Status and Results, a feature of ARUP Connect™, shall assist the County with its delivery of service by providing online access to order status, test results, and patient charts. ARUP will provide the County the ability to monitor the status of pending orders; view, print, and download new test results for the last seven days; and search for patients, view patients' test history, and print and download charts. Order Status and Results is part of ARUP Connect's Order Management solution.

12.6 County may access ARUP Order Status and Results via ARUP's website at [www.aruplab.com](http://www.aruplab.com). Order Status and Results are available by selecting ARUP Connect



Login and entering County's username and password. Before the initial login and use of ARUP Connect, clients are required to sign an access agreement to receive their username and password.

#### 12.7 Flow Cytometry Results Reports

When applicable, ARUP shall provide County with a technical only flow, wherein testing is performed by ARUP and the County pathologist interprets the data (histograms).

### 13 CONSULTATION SERVICES

#### 13.1 Technical Consultation Services

ARUP shall provide medical consultation in all aspects of laboratory medicine, including but not limited to:

- Surgical pathology and cytopathology
- Diagnostic problem solving
- Clinical interpretation of test results
- Molecular diagnostics
- Endocrinology
- Pediatrics

13.2 An ARUP pathologist shall be on call at all times and available for emergency consultation after hours. Client services agents can connect the County to ARUP's Pathologist-on-Call service. Questions requiring medical expertise, including laboratory-test interpretation, test recommendations, and education regarding new testing options shall be quickly and efficiently handled 24 hours per day, seven days a week. The assigned ARUP pathologist on call can answer many questions on the spot and will research the remaining questions promptly, consulting with ARUP's subspecialty medical directors as necessary.

#### 13.3 Genetic Testing Services

##### 13.3.1 Monitoring duplicate genetic test orders:

ARUP monitors orders for more than 350 genetic tests that are considered once-in-a-lifetime tests. Duplicate ordering of these tests represents significant cost to providers and patients. When a duplicate order is identified, ARUP notifies its clients to provide the opportunity to cancel unnecessary orders.

##### 13.3.2 Genetic counselor review of complex genetic test orders:

ARUP's genetic counselors routinely review all complex genetic test orders to ensure proper utilization and prevent mis-ordering of genetic tests. Working in partnership with healthcare providers, the genetic counselors discuss the clinical indication for testing and review other pertinent information. This partnership ensures that the most clinically appropriate, and often less expensive, tests are performed.

## **14 CLIENT ANALYTICS PORTAL**

County may access ARUP Connect, to connect with client analytics portal for important metrics, such as, but not limited to:

- Historical trends: A 24-month look-back of volume, cost, average price, and number of unique tests ordered.
- Meaningful categories: Tests organized by ARUP Consult Topics to allow for analysis of key testing categories that correlate with how physicians practice medicine.
- Important changes: Easily see changes in tests that are increasing or decreasing in orders by month, quarter, or year.
- Other key metrics: Keep a close eye on important metrics like TAT, service level support, and others.

## **15 CRITICAL AND ALERT VALUES**

- 15.1 Critical values are defined by the ARUP medical director of each technical section. Prompt verbal notification shall be provided to County by ARUP for results that are ARUP-defined critical values and require the immediate attention of a clinician. Alert values refer to any result that is not a critical value but that requires timely intervention (e.g., therapeutic drug monitoring, public health, infection control indication).

## **16 SPECIMEN PREPARATION AND HANDLING**

ARUP shall perform the Services for the County as may be ordered by the County during the Agreement Term at the prices and subject to the terms and conditions set forth herein, and all requirements as set forth in ARUP's then-current directory of services (the "Laboratory Test Directory"). The Services shall include those services listed in ARUP's then-current Laboratory Test Directory, which may be modified from time to time by ARUP.

## **17 SPECIMEN PICK-UP AND TRANSPORT**

- 17.1 Specimen pickup times at County Laboratory will be scheduled to allow the latest possible pickup that corresponds with the flight schedule out of each service area and will be mutually agreed upon by both parties. Routine specimen pickup requests can be arranged upon mutual agreement between County and ARUP.
- 17.2 County's specimen pickup and transport to ARUP shall be managed by ARUP's Logistics and Transportation Team. A representative from one of ARUP's certified contract couriers will pick up specimens daily, Monday through Friday, and weekends. These pickup times shall be scheduled to allow the latest possible pickup that corresponds with the flight schedule out of each service area.
- 17.3 In order to optimize specimen integrity, ARUP shall provide supplies to the County to facilitate proper specimen collection, transfer, and transport. In addition, ARUP's contracted couriers are trained to effectively maintain the thermal integrity of the specimens. To remain in compliance, ARUP continuously monitors shipping regulations established by the IATA and DOT.

**17.4 Ground transportation**

County specimens for pickup and transport to ARUP shall be managed by ARUP's Logistics and Transportation Team and will be provided at no additional cost to the County. The ARUP courier will need to park in the patient parking area and come in to pick-up the specimens daily from the County Laboratory's accessioning window.

**17.5 Holiday Transport**

Holiday transport shall be arranged upon request for the following holidays:

- New Year's Day
- Martin Luther King, Jr. Day
- Presidents' Day
- Cesar Chavez Day
- Memorial Day
- Independence Day
- Labor Day
- Columbus Day
- Veterans Day
- Thanksgiving
- Day after Thanksgiving
- Christmas Day

**18 SPECIMEN RETENTION TIME UPON COMPLETION**

18.1 Upon request, ARUP shall provide current specimen storage times. Specimen storage times are defined by regulatory protocol and exception or by section procedures.

**18.2 Specimen Processing:**

ARUP's Specimen Processing Department receives all incoming specimens and is responsible for test requesting, labeling, sorting, and placing the specimens onto ARUP's automated track or Sort-to-Light system for transport to its laboratory sections. Specimens identified with acceptability issues are referred to ARUP's Exception Handling Department for County notification and resolution.

**19 SPECIMEN AND TESTING ISSUES**

19.1 Each specimen received at ARUP is evaluated for specimen integrity, viability, and acceptability during pre-analytical, analytical, and post-analytical testing processes. All specimen issues are reported to ARUP's Exception Handling Department.

19.2 Any issues shall be reviewed for internal solutions before contact is made to the County. When issues with specimens are identified, every effort will be made to contact the County as soon as possible. While ARUP understands that prompt specimen issue resolution and client notification are essential to good patient care and to ARUP's client relationships, the complexity and esoteric nature of ARUP's testing may inhibit immediate contact.

19.3 If a testing error occurs, repeat tests will be ordered if necessary, at no additional cost to County. Repeat test shall be the same test originally ordered. Before repeat tests can be ordered, ARUP must verify that there is sufficient viable sample to re-run the test. Once this is verified, ARUP shall immediately add the repeat test. If there is not adequate

sample to complete the testing, ARUP shall notify County that testing could not be repeated. Additionally, repeat testing will be performed if the results do not, in the opinion of the requesting physician, fit the clinical picture of the patient. When requesting these tests, the requesting physician or representative will explain the conditions of the patient or any discrepancies observed.

#### 19.4 Misdirected Send-Out Specimen

When an error is identified as a “mis-direct” of specimen testing to an incorrect reference laboratory or any mis-direct of specimens to clients, ARUP has policies and processes in place to manage any potential HIPAA breach, correct the mis-direct, identify the root cause and make corrective and preventive actions to eliminate the cause. ARUP’s Referral Testing Department includes specific procedures to handle “exceptions” or errors from the department.

## 20 LABORATORY INFORMATION SERVICES AND INTERFACE

### 20.1 Training and Support (different than INTERFACE SUPPORT)

An ARUP interface-support specialist shall be assigned to each interface project and shall work directly with the County and its LIS vendor for the duration of the project. This dedicated specialist will serve as the ARUP project manager and will provide the following:

- Ensure customer satisfaction
- Exceed County’s expectations
- Promote on-time client conversion
- Communicate and assess project progress, risks, and development
- Facilitate and support County, ARUP, processes, and technology
- Provide all necessary test menu information
- Answer all related questions
- Provide test plans for interface validation
- Serve as a liaison between the LIS vendor and the County to help solve communication problems or other issues during the interface-implementation phase
- Provide a Client Relations Training Team
  - ARUP Client Relations Training Team shall assist with conversion to ARUP. This team shall provide on-site training to County, including:
    - System-to-system interfaces
    - Preparing and sending specimens for prompt referral testing
    - Utilization of ARUP’s services

### 20.2 Client Response and Communication (CRC) Team

ARUP’s Client Response and Communication or CRC Team shall assist the County before, during, and after their transition to ARUP. Drawing on experiences from other clients, the CRC Team will support County with a smooth transition to ARUP by acting as the point group to coordinate responses to critical issues.

The CRC Team also analyzes known client concerns and data from technical sections, Client Services, Quality Assurance, and Exception Handling, communicating any concerns that are identified to division managers and generating weekly reports.

- 20.3 A hard copy of ARUP's test catalogue is available to County upon request. A complete version of the directory, including reference intervals, interpretive data, and testing notes, is available at [www.aruplab.com](http://www.aruplab.com).
- 20.4 ARUP shall provide specifics on the web-based two-way interface for order entry, result reporting, and on-line test information. ARUP shall pay limited financial support for the Laboratory Information Systems portion of an order entry and results interface to Beaker/EPIC. This LIS-to-LIS interface shall provide a direct communication link between ARUP and the County. This direct exchange of patient data provides the client with full control of storage, access, and retrieval of all patient data.
- 20.5 ARUP shall be responsible to make any payment for the interface licensure and installation fees charged by the County LIS vendor directly to the Vendor on behalf of the County (maximum benefit not to exceed a total of \$32,000).

## **21 LICENSE AND INSTALLATION**

- 21.1 ARUP shall assist County in establishing an interface between its computer system and that of County to permit the bi-directional transmission of clinical data used in the preparation and transportation of laboratory specimens and the reporting of test results. County shall notify ARUP 30 calendar days before the interface project is scheduled to commence, at which time ARUP shall make payment for ARUP's portion of the interface licensure and installation fees charged by County's LIS vendor.
- 21.2 The amount covered by ARUP shall be determined on a case-by-case basis but shall not exceed a maximum total of \$32,000. County will be responsible for any interface licensure and installation fees above the ARUP payment amount or which are otherwise not the obligation of ARUP.

## **22 TEST DICTIONARY BUILD**

- 22.1 As incentive to County to promptly complete the test dictionary required to implement the LIS- to-LIS interface, if County's interface goes live within 180 days of the effective date of the Interface Agreement, the LIS interface software delivery date, or the consultant engagement date, whichever is later (the "Consultant Start Date") ARUP shall provide one of the following options to assist County in building the test dictionary:
- 22.2 Option A: Consultant  
ARUP shall provide a mutually agreed-upon consultant to perform the test build and validation for County. This consultant build service will be provided at no charge to County but shall not exceed a total cost of \$30,000 to ARUP. The consultant build services will begin upon the effective date of the Consultant Start Date. The consultant build services will be available to County for 120 days from the Consultant Start Date. Notwithstanding the foregoing, if there is a problem with the County's LIS-to-LIS interface during which the interface is not accessible for a number of days, such days that the

interface is not accessible shall not count towards the 120 days contemplated in this section.

#### 22.1 Option B: Reimbursement

ARUP shall reimburse County a variable amount for each orderable test built and validated in the test dictionary, based on the number of days required to implement the interface and go-live.

The reimbursement period will begin upon the effective date of the Interface Agreement, or the LIS interface software delivery date, whichever is later. The reimbursement shall be made in accordance with the terms of the Interface Agreement and the information set forth in the following table:

Number of days from reimbursement start date to the go-live date. Amount paid by ARUP for each test built during the relevant period and maximum reimbursement will be as follows:

Number of Test Build Days to Interface Go-Live	Reimbursement per Test Build	Maximum dollar reimbursement
0 to 120 days	\$70.00	\$30,000
121 days to 150 days	\$35.00	\$15,000
151 days to 180 days	\$25.00	\$9,000
> 181 days	\$0	\$0

Thirty days following the go-live date of the interface, ARUP shall evaluate County's commitment to determine the amount of financial assistance to be provided. If the interface did not go live within 180 days of the effective date of the Interface Agreement, ARUP shall have no obligation to provide financial assistance to build the test dictionary. Specimen shipment to ARUP must begin within one day of the go-live date of the interface.

### 23 ONGOING TECHNICAL IT/IS SUPPORT

23.1 ARUP's Interface Support team shall provide ongoing support for established interfaces 24 hours a day, seven days a week. ARUP's Interface Support team can be contacted at the following:

Email: [interface.support@aruplab.com](mailto:interface.support@aruplab.com)

Phone: (800) 242-2787, press 1, enter extension 5000, select option 1 for interface support. During business hours (Monday through Friday: 6:00 a.m. to 6:00 p.m. MST; weekends and holidays: 7:00 a.m. to 5:00 p.m. MST), response times are immediate. On-call support will return calls within two hours during off hours.



- 23.2 ARUP interfaces shall be LIS-to-LIS connections. There is no middleware. Re-sending orders would be a function of the client's LIS. Results can be re-sent from ARUP's LIS to the County's LIS.
- 23.3 If there is a change to the County's LIS, ARUP shall maintain a test system and environment for all client interfaces.
- 23.4 County may notify ARUP Interface Support when they would like to do additional testing. Should ARUP determine a change to the interface is necessary, Interface Support will contact client personnel responsible for the interface to describe any test changes before such changes are moved to production.
- 23.5 Upgrades shall be handled in the same way as new implementations. An interface-support specialist is assigned to each interface upgrade project and works directly with the County and its LIS vendor at the client site to coordinate every detail of the process.
- 23.6 Interface Support  
ARUP's Interface Support team provides ongoing support for established interfaces 24 hours a day, seven days a week. ARUP's Interface Support team can be contacted at the following:  
Email: [interface.support@aruplab.com](mailto:interface.support@aruplab.com)  
Phone: (800) 242-2787, press 1, enter extension 5000, select option 1 for interface support. During business hours (Monday through Friday: 6:00 a.m. to 6:00 p.m. MST; weekends and holidays: 7:00 a.m. to 5:00 p.m. MST), response times are immediate. On-call support will return calls within two hours during off hours.
- 23.7 ARUP shall have and provide interface support for third party billing.

## **24 CLIENT SUPPORT AND CONTACT**

- 24.1 Client Support  
Client services may be contacted via:  
Phone: (800) 522-2787  
Email: [clientservices@aruplab.com](mailto:clientservices@aruplab.com)  
Instant message at [www.aruplab.com](http://www.aruplab.com), select Contact Us for option.
- 24.2 ARUP operates 24 hours a day, seven days a week, 365 days a year. ARUP recognizes the following as official holidays:  
New Year's Day - January 1  
Martin Luther King Jr. Day - Third Monday in January  
Presidents' Day - Third Monday in February  
Memorial Day - Last Monday in May  
Independence Day - July 4  
Labor Day - First Monday in September  
Thanksgiving - Fourth Thursday in November  
Christmas - December 25
- 24.3 Services are maintained during these holidays. However, some assay schedules are adjusted to accommodate the altered workflow resulting from these holidays. Holidays occurring on a Saturday are observed on Friday, while holidays occurring on a Sunday

are observed on Monday. If County has any questions regarding testing schedules, please contact Client Services.

24.4 Off Hour Business Support and Type of Support

- 24.4.1 ARUP's Client Services Department shall be staffed by experienced personnel who are trained to respond to all County's inquiries. Agents are available 24 hours per day, seven days per week and may be contacted at (800) 522-2787.
- 24.4.2 ARUP client services agents can connect County with ARUP's technical staff and medical consultants. ARUP's pathologists, laboratory directors, and staff are committed to client service and are available for consultation. Each technical section has a designated technical expert from senior technical staff that carries a cell phone for immediate contact from a client services agent. These technical liaisons will also take client calls directly when necessary. Client Services also has certified medical technologists available for immediate client assistance.

24.5 Complicated inquiries that cannot be resolved by client services agents are escalated to an ARUP problem resolution specialist (PRS). Their primary function is to assist clients with complex issues that require research and follow-up. The County may request a PRS by contacting ARUP Client Services. These PRS will work directly with County to ensure swift resolution to any complex issues.

24.6 On-Going Service with Support and Sales Team

As of the start date of this Agreement, the Primary Account Representative is ARUP's local Account Executive, Kirstie Douglas. Her contact info is as follows:

Kirstie Douglas  
Email: [kirstie.douglass@aruplab.com](mailto:kirstie.douglass@aruplab.com)  
Phone: (916) 719-0459

24.7 ARUP's local Account Executive shall:

- 24.7.1 Serve as a liaison between the clients and ARUP
- 24.7.2 Connect clients with consultants in technical and support fields
- 24.7.3 Help clients reach their goals
- 24.7.4 Generate ideas and solve problems
- 24.7.5 Update clients on trends and market conditions
- 24.7.6 Serve as an information resource
- 24.7.7 Organize educational support
- 24.7.8 Provide Quarterly Business Reviews

24.8 Regional Vice President of Sales

As of the start date of this agreement, the Regional Vice President of Sales is Rob Hemingway who is responsible for: overseeing the western areas within the United States. He oversees them Primary Account Representative, His contact info is as follows:

Rob Hemingway.  
Email: [robert.hemingway@aruplab.com](mailto:robert.hemingway@aruplab.com)  
Phone: (801) 201-8335

#### 24.9 Medical Directors and Consultants

As of the start date of this agreement, Dr. Julio Delgado is ARUP's Laboratory Director and Chief Medical Officer.

#### 24.10 Third Party Billing

ARUP has a Medi-Cal license and has contracts in place with the some and/or several of the main CA health insurance companies. ARUP may offer third party billing to County based on County's payer mix, test mix, scope of services offered, and whether the volume of services justifies third party billing for County. Upon mutual agreement to move forward, a signed ARUP Third Party Billing Agreement is required prior to execution of third-party billing and ARUP shall make reasonable efforts to get a contract with eligible health plans that the County works with, including Valley Health Plan.

### 25 BUSINESS REVIEW AND REPORTING

#### 25.1 Business Review

County's ARUP account executive will meet with County on a quarterly basis, or as often as needed or requested by County, to discuss service levels, performance, pricing, client business initiatives, future strategic plans, and any issues or concerns. Additionally, ARUP medical directors may be invited to discuss test utilization management.

#### 25.2 Monitoring

ARUP shall provide common challenges inherent with test utilization management and shall support real-time intervention when problems are identified. A variety of services and tools are available to County including, but not limited to:

##### 25.2.1 Utilization Management (UM) Dashboards

ARUP shall provide customized utilization management dashboards for send-out testing that allows County to monitor and improve ordering patterns and quantify cost and volume savings through UM interventions. The dashboards are cloud-based and accessible 24/7, with flexibility to filter data by facility, test, cost, period, and utility. UM dashboards are not limited to pre-selected groups or categories of send-out tests but include the entire spectrum of send-out testing referred to ARUP. Further, the dashboards shall provide information including the name of the ordering physician, ARUP test number, test name, hospital name, and test volume.

#### 25.3 Decision Support

ARUP has the knowledge, expertise, and resource to provide and shall provide innovative decision support to optimize utilization management with tools including, but not limited to:

##### 25.3.1 Duplicate test monitoring in County CPOE and EMR systems.

## 26 BUSINESS INTERRUPTION PLAN

ARUP has and shall maintain a detailed standard operating procedure for disaster recovery and business continuation similar in scope to the ARUP Contingency Plan included as Appendix V in ARUP's response to that certain Request for Proposal, submitted to SCVMC on June 21, 2017. The plan features procedures to be followed in response to an emergency situation that affects ARUP's ability to provide services to its customers and ultimately the patient. ARUP shall provide a then current copy of the plan within a reasonable time upon County request.

## 27 REPORTS

27.1 All Reports will be made at no cost to the County; the following reports must be available in both hard copy and electronic/exportable formats (e.g., Excel). Usage Report (test name, test code number, CPT, test volume, test price) shall be provided monthly.

27.2 Critical Call Log Report

Critical values, or any test results that may indicate the presence of a potentially life-threatening clinical condition for which immediate timely intervention and corrective action is clinically warranted, are promptly reported to healthcare providers. County has the option to review previous critical calls (up to three years) with ARUP's critical call log report. This report includes the patient name, test ordered, result, and critical notification details.

27.3 Exception Handling Report

ARUP sends a report of samples that have been held upon receipt at ARUP, known as the ARUP client exception report. This is a summary of all submission issues resulting in a processing delay and a call to County.

27.4 Turnaround Time Report (TAT)

County shall be able to run TAT reports on a scheduled or on-demand basis through ARUP Connect. The TAT report lists test information, including the test code, test name, performance date, and published TAT, as well as a summary of the number of test results, with test codes, that met or missed the published TAT.

27.5 Utilization Report

ARUP shall provide utilization reports containing monthly and year-to-date volumes and revenues. County will be able to use ARUP's Business Analytics and Reporting Application (BARA) software tool to quickly perform test-utilization report extractions. The application, accessible through ARUP Connect, is easily adaptable to each client's specific situation and includes a scheduling feature that allows ARUP clients to specify a date (e.g., monthly or quarterly) for report generation, along with accompanying date-

range parameters for utilization data. All utilization reports are produced in Microsoft® Excel format.

#### 27.6 Analytics

ARUP shall assist County with test utilization data analysis that creates buy-in from clinicians and executive leadership and helps prioritize utilization management activity going forward. The following analyses are available to County as a primary client:

- 27.6.1 Referral testing analysis
- 27.6.2 Inpatient testing analysis
- 27.6.3 Outpatient testing analysis
- 27.6.4 Comparative analysis or utilization benchmarking

#### 27.7 Consulting

Upon request by the County, ARUP's health care consulting team may assist County with a strong portfolio of consulting services to develop an effective laboratory utilization management program. Consulting services can be used a la carte to address specific challenges or in total to build a complete program.

#### 27.8 Client Test Order Summary

- 27.8.1 ARUP shall provide utilization reports containing monthly and year-to-date volumes and revenues. County will have the ability use ARUP's Business Analytics and Reporting Application (BARA) software tool to quickly perform test-utilization report extractions. The application, accessible through ARUP Connect, is easily adaptable to each client's specific situation and includes a scheduling feature that allows ARUP clients to specify a date (e.g., monthly or quarterly) for report generation, along with accompanying date-range parameters for utilization data. Utilization reports are produced in Microsoft® Excel format.
- 27.8.2 ARUP shall provide the County the ability to generate custom reports from the ARUP website or be provided Crystal reports from ARUP at no additional charge. Specialized reports reviewing usage, price, and savings as required by County will be outlined and developed together with ARUP's local Account Executive, at a predetermined frequency.

### 28 CONTRACT TRANSITION PLANNING

ARUP has no set transition process but shall assist with County's transition where commercially reasonable.

### 29 TRAINING AND IMPLEMENTATION

- 29.1 ARUP shall assign a team of client training specialists responsible for new client education and transition. ARUP assigns a training specialist(s) to come on-site during the transition phase, as determined by client eligibility or client request. There is no charge for the implementation and training services. This team's expertise covers all areas of ARUP's operations, from specimen handling to information technology. These assigned individuals will work closely with County at the client site to coordinate every detail of the conversion process.

29.2 ARUP recommends that the following personnel will be made available by the County:

- 29.2.1 Project manager
- 29.2.2 EMR/LIS test build/validation specialists
- 29.2.3 EPIC Beaker LIS interface specialist
- 29.2.4 Network Admin to assist with VPN connectivity.

29.3 All implementation questions will be navigated to ARUP's local Account Executive. ARUP's Client Response and Communication (CRC) team assists clients before, during, and after their transition to ARUP. This team monitors all new clients and provides ongoing support to current clients, acting as the point group to coordinate responses to critical issues. The CRC team analyzes known client concerns and data from technical sections, Client Services, Quality Assurance, and Exception Handling, communicating any concerns that are identified to division managers and generating weekly reports.

29.4 Internal communication regarding the setup of new clients takes place through ARUP's customer relationship management (CRM) application provided by Salesforce.com. The process begins when the account executive enters County's information into the CRM application. This prompts the appropriate databases and systems within ARUP to establish County as a new client and automatically routes the information to the appropriate personnel involved in implementation for new clients. ARUP's Sales Support team then sends a notification to key administrative groups. This notification and the account action request application within CRM informs all departments involved that a new client will be submitting work to ARUP. Sales Support also announces all new clients each week in its weekly review meeting.

29.5 The conversion plan begins with County's local Account Executive, Kirstie Douglass, arranging a conference call with key individuals that will be involved in dealing with ARUP as County's selected reference laboratory. The purpose of the initial conversion call is to ensure that ARUP addresses County's unique needs, and answers any questions or concerns County might have about capabilities and the conversion process.

29.6 Training by ARUP in the following areas to unlimited numbers of staff shall be provided at a minimum:

- ARUP's Website/Connect
- Ordering Test/Test Codes
- Ordering Supplies
- Pre-Authorization
- Specimen Requirement
- Specimen Pick-Up/Transport/Tracking
- Billing/CPT
- Results
- Interface
- Reports



**EXHIBIT B  
PRICING SUMMARY**

**ATTACHED AS A SEPARATE EXCEL FILE TITLED, "EXHIBIT B, PRICE SUMMARY"**

## **EXHIBIT C TERMS AND CONDITIONS**

### **1. NON-EXCLUSIVE AGREEMENT**

This Agreement does not establish an exclusive contract between the County and the Contractor. The County expressly reserves all its rights, including but not limited to, the following: the right to utilize others to provide products, support and services; the right to request proposals from others with or without requesting proposals from the Contractor; and the unrestricted right to bid any such product, support or service.

### **2. VIZIENT AGREEMENT**

ARUP has entered into the Agreement for Reference Lab Testing between Vizient Supply, LLC (f/k/a Novation, LLC) ("Vizient") and ARUP, dated November 1, 2015, (contract #LB0591) (the "Vizient Agreement"), with respect to the provision of certain reference laboratory Services. Capitalized terms not otherwise defined herein shall have the meaning ascribed to those terms in the Vizient Agreement. The Vizient Agreement is incorporated herein by reference and the parties agree that, with the exception of those items noted herein that are in addition to the Vizient Agreement, the provision of Services to the County shall be governed by the terms of this Agreement and the Vizient Agreement, to the extent applicable to any Participating Member. In the event of any conflict between this Agreement and the Vizient Agreement, this Agreement shall control.

2.1 Modification of Vizient Agreement. If the Vizient Agreement is modified, extended or renewed, or if Contractor should enter in to a new agreement with Vizient, any such modified or new agreement shall be deemed to be the new Vizient Agreement and shall be incorporated herein by reference. In such event, all terms and conditions, except as explicitly set forth herein, shall follow the terms of such modified or new agreement.

2.2 Termination of Vizient Agreement. If for any reason, the Vizient Agreement is terminated, expires, or is not renewed, the parties agree that those provisions relevant to the relationship between the County and Contractor shall survive termination and shall continue for the remainder of the Initial Term of this Agreement.

### **3. TERM**

The term of this Agreement shall be for a period of five years, beginning on the term set forth on page 1 of this agreement.

### **4. SERVICES**

Employees and agents of Contractor, shall, while on the premises of the County, comply with all laws and all rules and regulations of the premises, including, but not limited to, security requirements.

Contractor represents that all prices, warranties, benefits and other terms being provided hereunder are fair, reasonable and commensurate with the terms otherwise being offered by

Contractor to its current customers ordering comparable services and goods at comparable volume levels and prices.

**4.1 Supplies Provided at No Cost.**

Contractor shall provide limited, non-standard, specialty supplies to the County, at no cost, as may be necessary to facilitate the collection, transfer, and transport of specimens from the County to Contractor, including but not limited to, supplies required for specimen management. In accordance with applicable laws, these supplies provided by Contractor should be used only for the collection, preservation, and transportation of specimens to be tested at Contractor's testing locations. Contractor will distribute specialty supplies to the County only as needed and based upon the County utilization of testing performed by Contractor.

**4.2 Client Supply Checklist.**

To view a current and complete list of Supplies offered by Contractor, or to order Supplies (including those offered at a cost, as outlined above, the County may (i) use eSupply, available through ARUP Connect, or (ii) visit <http://www.aruplab.com/Client-Services/client-supply.jsp> for a downloadable version of the Client Supply Checklist.

**5. NECESSARY ACTS AND FURTHER ASSURANCES**

The Contractor shall at its own cost and expense execute and deliver such further documents and instruments and shall take such other actions as may be reasonably required or appropriate to evidence or carry out the intent and purposes of this Agreement.

**6. COUNTING DAYS**

Days are to be counted by excluding the first day and including the last day, unless the last day is a Saturday, a Sunday, or a legal holiday, and then it is to be excluded.

**7. PRICING**

7.1 Unless otherwise stated, prices shall be fixed for the term of the contract, including all extensions. Exhibit B of the Agreement is the basis for pricing and compensation plan throughout the term of the Agreement.

7.2 Anticipated Spend. Contract pricing as set forth in the attached Exhibit B is contingent upon the County's commitment to meeting a mutually agreed upon minimum monthly spend for Services with Contractor in the amount of \$100,000 (the "Anticipated Spend"). Such pricing will be effective throughout the Initial Term, provided the County maintains compliance with the Anticipated Spend requirement.

7.3 Failure to Comply with Anticipated Spend. If at any time during the Initial Term, the County's monthly spend for Services falls below its mutually agreed upon Anticipated Spend for three (3) consecutive months, for any reason other than an Anticipated Spend Exception (as defined below), Contractor shall provide written notice of non-compliance with Anticipated Spend to

the County. Contractor's notification to the County shall include Contractor's proposed adjustment in pricing, should the County be unable to cure. Such notification shall commence a two (2) month review / cure period. If the County is unable to cure the non-compliance with Anticipated Spend within the time period set forth herein, Contractor's price adjustment, as indicated in the written notification to the County shall take place on the first (1st) day of the following month. Any price adjustments as provided for in this Section shall be limited to two adjustments in a twelve (12) month period. Contractor shall limit its remedy to (i) an adjustment in pricing in accordance with the pricing structure of the Vizient Agreement, based on the County's then-current test mix and utilization data, and/or (ii) termination of this Agreement for cause (in which case, upon the County's request, Contractor will enter into a new Vizient EUA with the County).

7.4 CPT-Based Fee Schedule. In general, except as listed below, prices for laboratory tests referred by the County to Contractor will be set based on the sum of Contractor's established prices for each CPT code. Tests falling under the following exceptions will be priced at either the standard Contractor wholesale price for the County, or at a modified price as determined by Contractor:

7.4.1 Carve-outs: Tests categorized as specialty testing, as determined by Contractor

7.4.2 Anatomic pathology services and cytology will be performed on a case-by-case basis, based on operational capacity, and each will include its own unique pricing.

7.4.3 Send-outs: Tests referred to outside Contractor

7.4.4 Unavailable Codes: Tests utilizing one or more CPT code that is an Unlisted Procedure Code

7.4.5 Undetermined number or type of CPT Code(s): Tests whose CPT codes either vary in number or in code based on the amount or the type of work needed to render a final result (e.g. Flow Cytometry, Microbiology, etc.)

7.5 Access. To receive and retain access to Contractor's CPT-Based Fee Schedule, the County must maintain compliance with the following additional requirements:

7.5.1 To the extent applicable, comply with any state or federal codes which prevent hospitals, clinical laboratories and physicians from marking up clinical laboratory testing which they purchase from outside laboratories;

7.5.2 The County's total monthly spend with Contractor, as calculated on Exhibit B, should be substantially consistent with (not more than 10% below) the total monthly spend as calculated using a standard Contractor wholesale fee schedule, as typically awarded to clients of similar size in reference revenue;

7.5.3 The County understands that, due to the nature of Exhibit B, individual test prices may change in conjunction with CPT changes.

7.6 Price Adjustments. Contractor reserves the right to adjust the pricing offered to the County under the following conditions: CPT changes, changes to Contractor's established prices for each CPT code, methodology changes, the introduction of new technologies for existing tests,

tests which become approved by the Food and Drug Administration, testing performed pursuant to a license agreement, tests that are currently, may become, or are no longer outsourced to third-party reference laboratories, and group/panel tests for which a billable component has been added or deleted. Contractor agrees to notify the County Procurement in writing of any such price change forty-five (45) days prior the effective date of change.

7.7 Anticipated Spend Exceptions. The Anticipated Spend requirement shall exclude volume reductions caused by the (i) modification of the County's ordering patterns, when such modifications are made specifically due to the recommendations made to the County by Contractor, through ARUP's Analyzing Test Ordering Patterns ("ATOP") program, or (ii) in-sourcing of testing by the County ("Anticipated Spend Exceptions").

## **8. MODIFICATION**

This Agreement may be supplemented, amended, or modified only by the mutual agreement of the parties. No supplement, amendment, or modification of this Agreement will be binding on County unless it is in writing and signed by the County's authorized representative.

## **9. TIME OF THE ESSENCE**

As set forth in Vizient Agreement, Contractor agrees that all Services ordered by the County shall be delivered to the County within the turnaround time published annually in Contractor's "Laboratory Test Directory" or as modified by Contractor's updates released every sixty (60) days, with the exception of emergency releases, which are sent out immediately. If a problem arises with a test performed by Contractor that will require Contractor to send the test to a send out testing provider on a temporary basis to meet Contractor's published turnaround time, Contractor will send the test to such affiliated send out testing provider at no additional cost to the County. If Contractor fails to deliver any Services(s) within the above mentioned turnaround time for a period of thirty (30) days, the County may purchase any substitute service(s) from another source(s), and Contractor shall reimburse the County for the difference between the County's actual cost for such service(s) and the price(s) the County would have paid for Contractor's Service(s) under this Agreement.

The rights and remedies of County provided herein shall not be exclusive and are in addition to any other rights and remedies provided by law. The acceptance by County of late or partial performance with or without objection or reservation shall not waive the right to claim damage for such breach nor constitute a waiver of the rights or requirements for the complete and timely performance of any obligation remaining to be performed by the Contractor, or of any other claim, right or remedy of the County.

## **10. SHIPPING AND RISK OF LOSS**

The County's specimen pickup and transport to ARUP shall be managed by ARUP's Logistics and Transportation Team. Daily pickup times will be scheduled to allow the latest possible pickup that corresponds with the flight schedule out of each service area. Courier service on holidays may be arranged upon request.

## **11. INSPECTION AND RELATED RIGHTS**

Contractor will perform repeat tests at no charge for the County if the results do not (in the good faith professional judgement of the County's requesting physician) fit the clinical picture of the patient. When requesting these tests, the County's requesting physician or representative will explain the conditions of the patient or any discrepancies observed, or otherwise provide a basis for repeat testing. Repeat tests shall be the same test originally ordered. If such repeat testing is necessitated as a result of the fault of the County, the County will be charged for both the original test and the repeated test.

The rights and remedies of County provided herein shall not be exclusive and are in addition to any other rights and remedies provided by law. The acceptance by County of late or partial performance with or without objection or reservation shall not waive the right to claim damage for such breach nor constitute a waiver of the rights or requirements for the complete and timely performance of any obligation remaining to be performed by the Contractor, or of any other claim, right or remedy of the County.

## **12. ADJUSTMENT BY COUNTY**

The County reserves the right to waive a variation in specification of services required. If contractor agrees to perform Services pursuant to such waiver, Contractor may request an equitable adjustment of payments to be made by County if County requires a change in the services to be delivered. Any claim by the Contractor for resulting adjustment of payment must be asserted within 30 days from the date of receipt by the Contractor of the notification of change required by County; provided however, that the County's authorized representative, if he/she decides that the facts justify such action, may receive and act upon any such claim asserted at any time prior to final payment made for services supplied by Contractor. Where the cost of property made obsolete or excess as a result of a change is included in the Contractor's claim for adjustment, the County's authorized representative shall have the right to prescribe the manner of disposition of such property. Nothing in this clause shall excuse the Contractor from proceeding with any terms with or without adjustment.

## **13. INVOICING**

Contractor shall invoice according to the pricing and/or compensation exhibit of this Agreement. Invoices shall be sent to the County customer or department referenced in the individual contract release purchase order. Invoices for goods or services not specifically listed in the Agreement will not be approved for payment. The County may elect to receive an original, printed invoice or an electronic invoice downloadable from Contractor's secure Internet server in textual and/or Microsoft® Excel formats. If the County establishes multiple Contractor account numbers, The County may elect to receive an individual invoice for each account number or an aggregate invoice reflecting the activity on all account numbers.

Invoices shall include: Contractor's complete name and remit to address; invoice date, invoice number, and payment term; County contract number; pricing per the Agreement; applicable taxes; and total cost.

Contractor and County shall make reasonable efforts to resolve all invoicing disputes within forty-eight (48) hours.



Invoices are to be sent to:

Santa Clara Valley Medical Center  
Attention Accounts Payable  
2325 Enborg Lane, Suite 380  
San Jose, CA 95128  
Re: Agreement No. 5500002947

#### **14. PAYMENT TERM**

As set forth in Vizient Agreement, Contractor's invoices are due in full upon receipt and must be paid within forty-five (45) days of the invoice date. Contractor will offer a discount of one percent (1%) for payments which are (i) received within ten (10) days following either delivery of Service(s) to or receipt of invoice by the County, whichever date is later, and (ii) paid via Automated Clearinghouse (ACH). Payments made via credit card shall not be eligible for a prompt payment discount. Payment is deemed to have been made on the date the County mails the warrant or initiates the electronic fund transfer.

#### **15. OTHER PAYMENT PROVISIONS**

Notwithstanding anything to the contrary, County shall not make payments prior to receipt of service or goods (i.e. the County will not make "advance payments"). Unless specified in writing in an individual purchase order, the County will not accept partial delivery with respect to any purchase order. Any acceptance of partial delivery shall not waive any of County's rights on an ongoing basis.

Sales tax shall be noted separately on every invoice. Items that are not subject to sales tax shall be clearly identified.

Contractor shall be responsible for payment of all state and federal taxes assessed on the compensation received under this Purchase Order and such payment shall be identified under the Contractor's federal and state identification number(s).

The County does not pay Federal Excise Taxes (F.E.T). The County will furnish an exemption certificate in lieu of paying F.E.T. Federal registration for such transactions is: County #94-730482K. Contractor shall not charge County for delivery, drayage, express, parcel post, packing, cartage, insurance, license fees, permits, cost of bonds, or for any other purpose, unless expressly authorized by the County.

#### **16. LATE PAYMENT CHARGES OR FEES**

In the event any amount due and owing by the County is placed with an attorney for collection and the County does not have a good faith dispute with respect to the amount due and owing or fails to prevail, in total, for the amounts alleged to be due and owing, the County shall pay court costs and pursuant to a final judgment.

If any charges remain unpaid after ninety (90) days, such event shall constitute a breach of this Agreement, and ARUP shall have the right to terminate this Agreement immediately, for cause, without providing the thirty-day cure period described below.

## **17. DISALLOWANCE**

In the event the Contractor receives payment, and during the term of this Agreement the payment is later disallowed by a state or federal law or regulation, the Contractor shall promptly refund the disallowed amount to the County upon notification. At County's option, the County may offset the amount disallowed from any payment due to the Contractor under any contract with the County.

## **18. TERMINATION FOR CONVENIENCE**

The County may terminate this Agreement or any order at any time for the convenience of the County by giving at least forty-five (45) days written notice prior to the intended date of termination specifying the effective date and scope of such termination.

In no event shall the County be liable for costs incurred by the Contractor following the effective date of termination under this section or any loss of profits for orders anticipated following termination. Termination for Convenience shall not affect any rights or obligations of the parties arising or accruing prior to the effective date of termination, including the obligation to pay Contractor for services rendered. In the event of termination, all provisions which by their context are intended to survive termination, shall survive

## **19. TERMINATION FOR CAUSE**

In addition to any other termination rights set forth herein, either party may terminate this Agreement for cause under this section upon thirty (30) days written notice to the other party, provided that such notice shall detail the reason(s) for termination and, if the reason(s) for termination are cured prior to the proposed date of termination, then the Agreement shall not terminate. For purposes of this Agreement, cause includes, but is not limited to, any of the following: (a) material breach of this Agreement, (b) violation by either party of any applicable laws or regulations, or (c) performance by either party that is not in strict conformance with terms, conditions, specifications, covenants, representations, warranties or requirements in this Agreement.

If County determines that any action by Contractor poses an immediate threat to life, health or property, County may terminate this Agreement, effective immediately, without penalty, upon issuing either oral or written notice to the Contractor.

If, after notice of termination under the provisions of this clause, it is determined for any reason that the non-terminating party was not in default under the provisions of this clause, the terminating party shall have the option to make its notice of termination pursuant to the Termination for Convenience clause and the rights and obligations of the parties would be in accordance with that provision.

Termination for Cause shall not affect any rights or obligations of the parties arising or accruing prior to the effective date of termination. In the event of termination, all provisions which by their context are intended to survive termination, shall survive.

## **20. TERMINATION FOR BANKRUPTCY**

If either party is adjudged to be bankrupt or should have a general assignment for the benefit of its creditors, or if a receiver should be appointed on account of a party's insolvency, the other party may terminate this Agreement immediately without penalty. For the purpose of this Section, bankruptcy shall mean the filing of a voluntary or involuntary petition of bankruptcy or similar relief from creditors; insolvency; the appointment of a trustee or receiver, or any similar occurrence reasonably indicating an imminent inability to perform substantially all of the party's duties under this Agreement.

## **21. BUDGETARY CONTINGENCY**

Performance and/or payment by the County pursuant to this Agreement or any order is contingent upon the appropriation by the County of sufficient funds for services covered by this Agreement or any order. If funding is reduced or deleted by the County for services covered by this Agreement or any order, the County may, at its option and without penalty or liability, terminate this Agreement or offer an amendment to this Agreement indicating the reduced amount.

## **22. DISENTANGLEMENT**

In the event County terminates this Agreement for a breach of a material term by Contractor, Contractor shall provide commercially reasonable cooperation to County and County's other contractors to ensure a smooth transition at the time of termination of this Agreement, regardless of the timing of the termination. Contractor shall cooperate with County's efforts to ensure that there is no interruption of work required under the Agreement and no adverse impact on the provision of County services or County activities.

## **23. ACCOUNTABILITY**

Contractor will be the primary point of contact for the performance of any subcontractors and assumes the responsibility of all matters relating to the purchase of goods and/or services under this Agreement, including payment issues. If such or similar issues arise, the Contractor must take immediate action to correct or resolve the issues.

## **24. NO ASSIGNMENT, DELEGATION OR SUBCONTRACTING WITHOUT PRIOR WRITTEN CONSENT**

Contractor may not assign any of its rights under this Agreement without the prior written consent of County. No assignment, delegation or subcontracting will release Contractor from any of its obligations or alter any of its obligations to be performed under the Agreement. Any attempted assignment in violation of this provision is voidable at the option of the County and constitutes material breach by Contractor.

As used in this provision, "assignment" and "delegation" means any sale, gift, pledge, hypothecation, encumbrance, or other transfer of all or any portion of the rights, obligations, or liabilities in or arising from this Agreement to any person or entity, whether by operation of law or

otherwise, and regardless of the legal form of the transaction in which the attempted transfer occurs.

## **25. MERGER AND ACQUISITION**

The terms of this Agreement will survive an acquisition, merger, divestiture or other transfer of rights involving Contractor. In the event of an acquisition, merger, divestiture or other transfer of rights Contractor must ensure that the acquiring entity or the new entity is legally required to:

- A. Honor all the terms negotiated in this Agreement and any pre-acquisition or pre-merger Agreement between Contractor and the County, including but not limited to a) established pricing and fees; b) guaranteed product support until the contract term even if a new product is released; and c) no price escalation during the term of the contract.
- B. If applicable, provide the functionality of the software in a future, separate or renamed product, if the acquiring entity or the new entity reduces or replaces the functionality, or otherwise provide a substantially similar functionality of the current licensed product. The County will not be required to pay any additional license or maintenance fee to an acquiring or merging entity in order to continue with full use, benefit, and functionality of software licensed under this Agreement until expiration or termination.
- C. Give 30-day written notice to the County following the closing of an acquisition, merger, divestiture or other transfer of right involving Contractor.

## **26. COMPLIANCE WITH ALL LAWS & REGULATIONS APPLICABLE TO GOODS AND/OR SERVICES PROVIDED**

The parties shall comply with all laws, codes, regulations, rules and orders (collectively, "Regulations") applicable to the goods and/or services to be provided hereunder. A party's violation of this provision shall be deemed a material default by that party, giving the other party a right to terminate the contract. Contractor agrees to indemnify and hold harmless the County for any loss, damage, fine, penalty, or any expense whatsoever as a result of Contractor's failure to comply with any Regulations applicable to the goods and/or services to be provided hereunder.

## **27. FORCE MAJEURE**

Neither party shall be liable for failure of performance, nor incur any liability to the other party on account of any loss or damage resulting from any delay or failure to perform all or any part of this Agreement if such delay or failure is caused by events, occurrences, or causes beyond the reasonable control and without negligence of the parties. Such events, occurrences, or causes will include acts of God/nature (including fire, flood, earthquake, storm, hurricane or other natural disaster), war, invasion, act of foreign enemies, hostilities (whether war is declared or not), civil war, riots, rebellion, revolution, insurrection, military or usurped power or confiscation, terrorist activities, nationalization, government sanction, lockout, blockage, embargo, labor dispute, strike, epidemic or other public health emergency, interruption or failure of electricity or telecommunication service ("Force Majeure Event").

Each party, as applicable, shall give the other party notice of its inability to perform and reasonable detail of the cause of the inability. Each party must use best efforts to remedy the situation and remove, as soon as practicable, the cause of its inability to perform or comply.

The party asserting a Force Majeure Event as a cause for non-performance shall have the burden of proving that reasonable steps were taken to minimize delay or damages caused by foreseeable events, that all non-excused obligations were substantially fulfilled, and that the other party was timely notified of the likelihood or actual occurrence which would justify such an assertion, so that other prudent precautions could be contemplated.

In the event that any Force Majeure Event delays a party's performance for more than thirty (30) days following notice of such party pursuant to this Agreement, then the other party may terminate this Agreement, effective immediately upon written notice to such party.

## **28. INDEPENDENT CONTRACTOR**

Contractor shall perform pursuant to this Agreement as an independent contractor and not as an officer, agent, or employee of County. Contractor shall be solely responsible for the acts and omissions of its officers, agents, employees, contractors, and subcontractors, if any. Nothing herein shall be considered as creating a partnership or joint venture between the County and Contractor. No person performing any services and/or supplying all goods shall be considered an officer, agent, or employee of County, nor shall any such person be entitled to any benefits available or granted solely to employees of the County.

Contractor is responsible for payment to sub-contractors and must monitor, evaluate, and account for the sub-contractor(s) services and operations.

## **29. INSURANCE**

Contractor shall maintain insurance coverage pursuant to the requirements set forth in Exhibit D..

## **30. LIENS, CLAIMS, ENCUMBRANCES AND TITLE**

The Contractor warrants and represents that any goods and materials supplied in connection with performance under the Agreement are free and clear of all liens, claims or encumbrances of any kind. Title to the material and supplies purchased shall pass directly from Contractor to County at the F.O.B. point shown, subject to the right of County to reject upon inspection.

## **31. ASSIGNMENT OF CLAYTON ACT, CARTWRIGHT ACT CLAIMS**

Contractor hereby assigns to the County all rights, title, and interest in and to all causes of action it may have under Section 4 of the Clayton Act (15 U.S.C. Sec. 15) or under the Cartwright Act (Chapter 2 (commencing with Section 16700) of Part 2 of Division 7 of the Business and Professions Code), arising from purchases of goods, materials, or services by the Contractor for sale to the County pursuant to this Agreement.

### 32. INDEMNITY

Contractor shall release, indemnify, hold harmless, and, if requested, defend the County, and its respective officers, directors, regents, agents, subsidiaries, affiliates and employees, from and against any third-party claims, whether in law or in equity ("Claims"), for loss, liability (including, without limitation, strict liability), damages, costs and expenses (including, without limitation, attorneys' fees and expenses, expert fees and court costs) for bodily injury (including death) or damage to property to the extent caused by or arising from:

- any breach of any representation, warranty, covenant or agreement of Contractor contained in this Agreement;
- any negligence or willful misconduct of Contractor or any of its employees, representatives or agents;
- any misrepresentation by Contractor or any of its employees, representatives or agents related to the Services;
- any defect of any Service or the content of any label, insert or instructions; or
- any infringement or misappropriation of a patent, copyright, trademark, trade secret or other intellectual property right of a third party caused by Contractor's performance of the Services ("Infringement Claim"). Such release, indemnification, hold harmless and right to defense shall not be applicable to the County to the extent the Claim arises as a result of the negligence of the County, except that such obligations shall be applicable to any Claim that the County was negligent in selecting the service or contracting with Contractor. Contractor shall have the right to control the litigation and settlement of a Claim, except that any settlement of a Claim shall not obligate the County without the County's consent.

To the extent permitted by law, the County shall release, indemnify, hold harmless, and, if requested, defend Contractor and its respective officers, directors, agents, affiliates and employees from and against any claims, liabilities, damages, actions, costs and expenses (including reasonable attorneys' fees and expenses, expert fees and court costs) of any kind and nature, whether at law or in equity, to the extent arising from or caused by (i) the breach of any representation, warranty, covenant or agreement contained in this Agreement to be performed by the County, or (ii) the County's negligence or willful misconduct in the performance of its obligations under this Agreement. Under no circumstances shall County's indemnification obligations, including reasonable attorneys' fees and expenses, exceed \$1 million annually. Such indemnification holds harmless and right to defense shall not be applicable to the extent the claim is caused by any negligent or wrongful act or failure to act of Contractor.

### 33. INTELLECTUAL PROPERTY INDEMNITY

Contractor represents and warrants for the benefit of the County and its users that, to its knowledge, it is the exclusive owner of all rights, title and interest in the services and/or goods to be supplied. Contractor shall, at its own expense, indemnify, defend, settle, and hold harmless the County and its agents against any claim or potential claim that County's use of any service, provided under this Agreement infringes any patent, trademark, copyright or other proprietary rights, including trade secret rights. Contractor shall pay all costs, damages and attorneys' fees that a court or other adjudicatory body awards as a result of any such claim.



### **34. WARRANTY**

Contractor represents and warrants that Contractor's performance of Services under this Agreement will be conducted with due diligence and consistent with applicable professional standards in the industry. Contractor shall also comply with all warranties set forth in the Vizient Agreement.

### **35. COOPERATION WITH REVIEW**

Contractor shall cooperate with County's periodic review of Contractor's performance. Contractor's Account Executive and a member of Contractor senior management will meet routinely with the County to conduct scheduled business reviews. Each review will include reports of Contractor's overall business performance, an operational overview to ensure contractual obligations are being met, account activity, a quality assurance report to monitor service levels, information and education on new services, a financial analysis of reference laboratory send-out disbursement highlighting both volume and expense distribution, and a discussion of opportunities to enhance the business relationship but only to the extent permissible by applicable state and federal law.

### **36. AUDIT RIGHTS**

Pursuant to California Government Code Section 8546.7, the parties acknowledge and agree that every contract involving the expenditure of public funds in excess of \$10,000 shall be subject to audit by the State Auditor.

All payments made under this Agreement shall be subject to an audit at County's option, and shall be adjusted in accordance with said audit. Adjustments which are found necessary as a result of auditing may be made from current billings.

The Contractor shall be responsible for receiving, replying to, and complying with any payment adjustments set forth in County audits. The Contractor shall pay to County the full amount determined to be due as a result of a County audit. This provision is in addition to other inspection and access rights specified in this Agreement.

### **37. ACCESS AND RETENTION OF RECORDS AND PROVISION OF REPORTS**

Contractor shall maintain financial records adequate to show that County funds paid were used for purposes consistent with the terms of the contract between Contractor and County. Records shall be maintained during the term of the Agreement and for a period of four (4) years from its termination, or until all claims have been resolved, whichever period is longer, unless a longer period is required under any contract or applicable law.

All books, records, reports, and accounts maintained pursuant to the Agreement, or related to the Contractor's activities under the Agreement, shall be open to inspection, examination, and audit by County, federal and state regulatory agencies, and to parties whose Agreements with the County require such access. County shall have the right to obtain copies of any and all of the books and records maintained pursuant to the Agreement, upon the payment of reasonable charges for the copying of such records.

County shall have available on demand applicable utilization reports through “ARUP Connect,” including but not limited to the following reports: Client Test Order Summary, Critical Call Log Report, Exception Handling Report, Quality Assurance Report, and Turnaround Time Report.

### **38. ACCESS TO BOOKS AND RECORDS PURSUANT TO THE SOCIAL SECURITY ACT**

Access to Books and Records: If and to the extent that, Section 1861 (v) (1) (1) of the Social Security Act (42 U.S.C. Section 1395x (v) (1) (1) is applicable, Contractor shall maintain such records and provide such information to County, to any payor which contracts with County and to applicable state and federal regulatory agencies, and shall permit such entities and agencies, at all reasonable times upon request, to access books, records and other papers relating to the Agreement hereunder, as may be required by applicable federal, state and local laws, regulations and ordinances. Contractor agrees to retain such books, records and information for a period of at least four (4) years from and after the termination of this Agreement. Furthermore, if Contractor carries out any of its duties hereunder, with a value or cost of ten thousand dollars (\$10,000) or more over a twelve (12) month period, through a subcontract with a related organization, such subcontract shall contain these same requirements. This provision shall survive the termination of this Agreement regardless of the reason for termination.

### **39. COUNTY NO-SMOKING POLICY**

Contractor and its employees, agents and subcontractors, shall comply with the County’s No-Smoking Policy, as set forth in the Board of Supervisors Policy Manual section 3.47 (as amended from time to time), which prohibits smoking: (1) at the Santa Clara Valley Medical Center Campus and all County-owned and operated health facilities, (2) within thirty (30) feet surrounding County-owned buildings and leased buildings where the County is the sole occupant, and (3) in all County vehicles.

### **40. FOOD AND BEVERAGE STANDARDS**

Except in the event of an emergency or medical necessity, the following nutritional standards shall apply to any foods and/or beverages purchased by Contractor with County funds for County-sponsored meetings or events.

If food is to be provided, healthier food options shall be offered. “Healthier food options” include (1) fruits, vegetables, whole grains, and low fat and low-calorie foods; (2) minimally processed foods without added sugar and with low sodium; (3) foods prepared using healthy cooking techniques; and (4) foods with less than 0.5 grams of trans fat per serving. Whenever possible, Contractor shall (1) offer seasonal and local produce; (2) serve fruit instead of sugary, high calorie desserts; (3) attempt to accommodate special, dietary and cultural needs; and (4) post nutritional information and/or a list of ingredients for items served. If meals are to be provided, a vegetarian option shall be provided, and the Contractor should consider providing a vegan option. If pre-packaged snack foods are provided, the items shall contain: (1) no more than 35% of calories from fat, unless the snack food items consist solely of nuts or seeds; (2) no more than 10% of calories from saturated fat; (3) zero trans-fat; (4) no more than 35% of total weight from sugar and caloric sweeteners, except for fruits and vegetables with no added sweeteners or fats; and (5) no more than 360 mg of sodium per serving.

If beverages are to be provided, beverages that meet the County's nutritional criteria are (1) water with no caloric sweeteners; (2) unsweetened coffee or tea, provided that sugar and sugar substitutes may be provided as condiments; (3) unsweetened, unflavored, reduced fat (either nonfat or 1% low fat) dairy milk; (4) plant-derived milk (e.g., soy milk, rice milk, and almond milk) with no more than 130 calories per 8 ounce serving; (5) 100% fruit or vegetable juice (limited to a maximum of 8 ounces per container); and (6) other low-calorie beverages (including tea and/or diet soda) that do not exceed 40 calories per 8 ounce serving. Sugar-sweetened beverages shall not be provided.

#### **41. DEBARMENT**

Contractor guarantees that it, its employees and any individual or entity with whom ARUP has contracted specifically to exercise legal authority on ARUP's behalf ("Agents") (collectively "Contractor") are not suspended, debarred, excluded, or ineligible for participation in Medicare, Medi-Cal or any other federal or state funded health care program, if applicable, or from receiving Federal funds as listed in the List of Parties Excluded from Federal Procurement or Non-procurement Programs issued by the Federal General Services Administration. Contractor must within thirty (30) calendar days advise the County if, during the term of this Agreement, Contractor becomes suspended, debarred, excluded or ineligible for participation in Medicare, Medi-Cal or any other federal or state funded health care program, as defined by 42. U.S.C. 1320a-7b(f), or from receiving Federal funds as listed in the List of Parties Excluded from Federal Procurement or Non-procurement Programs issued by the Federal General Services Administration. Contractor will indemnify, defend and hold the County harmless for any loss or damage resulting from the conviction, debarment, exclusion or ineligibility of the Contractor.

#### **42. CONTRACTING PRINCIPLES**

All entities that contract with the County to provide services where the contract value is \$100,000 or more per budget unit per fiscal year and/or as otherwise directed by the Board, shall be fiscally responsible entities and shall treat their employees fairly. To ensure compliance with these contracting principles, all contractors shall to the extent applicable to performing under this Agreement comply with all applicable federal, state and local rules, regulations and laws.

#### **43. CALIFORNIA PUBLIC RECORDS ACT**

The County is a public agency subject to the disclosure requirements of the California Public Records Act ("CPRA"). If Contractor's proprietary information is contained in documents or information submitted to County, and Contractor claims that such information falls within one or more CPRA exemptions, Contractor must clearly mark such information "CONFIDENTIAL AND PROPRIETARY," and identify the specific lines containing the information. In the event of a request for such information, the County will make best efforts to provide notice to Contractor prior to such disclosure. If Contractor contends that any documents are exempt from the CPRA and wishes to prevent disclosure, it is required to obtain a protective order, injunctive relief or other appropriate remedy from a court of law in Santa Clara County before the County is required to respond to the CPRA request. If Contractor fails to obtain such remedy within the time the County is required to respond to the CPRA request, County may disclose the requested information.

Contractor further agrees that it shall defend, indemnify and hold County harmless against any claim, action or litigation (including but not limited to all judgments, costs, fees, and attorney's fees) that may result from denial by County of a CPRA request for information arising from any representation, or any action (or inaction), by the Contractor.

#### **44. CONFLICT OF INTEREST; POLITICAL REFORM ACT DISCLOSURE REQUIREMENT**

Contractor shall comply with all applicable requirements governing avoidance of impermissible client conflicts; and federal, state and local conflict of interest laws and regulations including, without limitation, California Government Code section 1090 *et seq.*, the California Political Reform Act (California Government Code section 87100 *et seq.*) and the regulations of the Fair Political Practices Commission concerning disclosure and disqualification (2 California Code of Regulations section 18700 *et seq.*). Failure to do so constitutes a material breach of this Agreement and is grounds for immediate termination of this Agreement by the County.

In accepting this Agreement, Contractor covenants that it presently has no interest, and will not acquire any interest, direct or indirect, financial or otherwise, which would conflict in any manner or degree with the performance of this Agreement. Contractor further covenants that, in the performance of this Agreement, it will not use any contractor or employ any person having such an interest. Contractor, including but not limited to contractor's employees, may be subject to the disclosure and disqualification provisions of the California Political Reform Act of 1974 (the "Act"), that (1) requires such persons to disclose economic interests that may foreseeably be materially affected by the work performed under this Agreement, and (2) prohibits such persons from making or participating in making decisions that will foreseeably financially affect such interests.

Contractor, including but not limited to contractor's employees, may be subject to the disclosure and disqualification provisions of the California Political Reform Act of 1974 (the "Act"), that (1) requires such persons to disclose economic interests that may foreseeably be materially affected by the work performed under the Agreement, and (2) prohibits such persons from making or participating in making decisions that will foreseeably financially affect such interests.

If the disclosure provisions of the Act are applicable to any individual providing service under the Agreement, Contractor shall, upon execution of the Agreement, provide the County with the names, description of individual duties to be performed, and email addresses of all individuals, including but not limited to Contractor's employees and agents, that could be substantively involved in "making a governmental decision" or "serving in a staff capacity and in that capacity participating in making governmental decisions or performing duties that would be performed by an individual in a designated position," as part of Contractor's service to the County under the Agreement. Contractor shall ensure that such individuals file Statements of Economic Interests within thirty (30) days of commencing service under this Agreement, annually by April 1, and within thirty (30) days of their termination of service under the Agreement.

#### **45. SEVERABILITY**

Should any part of this Agreement between County and Contractor or any individual purchase order be held to be invalid, illegal, or unenforceable in any respect, such invalidity, illegality, or unenforceability shall not affect the validity of the remainder of the Agreement or purchase order which shall continue in full force and effect, provided that such remainder can, absent the excised portion, be reasonably interpreted to give the effect to the intentions of the parties.

#### **46. NON-WAIVER**

No waiver of a breach, failure of any condition, or any right or remedy contained in or granted by the provisions of this Agreement will be effective unless it is in writing and signed by both parties. No waiver of any breach, failure, right, or remedy will be deemed a waiver of any other breach, failure, right, or remedy, whether similar or not; nor will any waiver constitute a continuing waiver unless the writing signed by both parties so specifies.

#### **47. USE OF COUNTY'S NAME FOR COMMERCIAL PURPOSES**

Contractor may not use the name of the County or reference any endorsement from the County in any fashion for any purpose, without the prior express written consent of the County as provided by the County's authorized representative.

#### **48. HEADINGS AND TITLES**

The titles and headings in this Agreement are included for convenience and do not by themselves affect the construction or interpretation of any provision in this Agreement, nor affect any of the rights or obligations of the parties to this Agreement.

#### **49. HANDWRITTEN OR TYPED WORDS**

Handwritten or typed words have no greater weight than printed words in the interpretation or construction of this Agreement.

#### **50. AMBIGUITIES**

Any rule of construction to the effect that ambiguities are to be resolved against the drafting party does not apply in interpreting this Agreement.

#### **51. ENTIRE AGREEMENT; MERGER**

This Agreement and its Exhibits and Attachments (if any) constitutes the final, complete and exclusive statement of the terms of the agreement between the parties. It incorporates and supersedes all the agreements, covenants and understandings between the parties concerning the subject matter hereof, and all such agreements, covenants and understandings have been merged into this Agreement. No prior or contemporaneous agreement or understanding, verbal or otherwise, of the parties or their agents shall be valid or enforceable unless embodied in this Agreement.

#### **52. EXECUTION & COUNTERPARTS**

This Agreement may be executed in one or more counterparts, each of which will be considered an original, but all of which together will constitute one and the same instrument. The parties agree that this Agreement, its amendments, and ancillary agreements to be entered into in connection with this Agreement will be considered signed when the signature of a party is delivered by a method described herein.

Unless otherwise prohibited by law or County policy, the parties agree that an electronic copy of a signed contract, or an electronically signed contract, has the same force and legal effect as a contract executed with an original ink signature. The term "electronic copy of a signed contract" refers to a transmission by facsimile, electronic mail, or other electronic means of a copy of an original signed contract in a portable document format. The term "electronically signed contract" means a contract that is executed by applying an electronic signature using technology approved by the County.

### 53. NOTICES

All deliveries, notices, requests, demands or other communications provided for or required by this Agreement shall be in writing and shall be deemed to have been given when sent by registered or certified mail, return receipt requested; when sent by overnight carrier; or upon email confirmation to sender of receipt of a facsimile communication which is followed by a mailed hard copy from sender. Notices shall be addressed to the individuals identified below. Each party may designate a different person and address by sending written notice to the other party, to be effective no sooner than ten (10) days after the date of the notice.

If to County:	County of Santa Clara Procurement 2310 North First Street, #201 San Jose, CA 95131
Attn:	County Contract Administrator
Copy to:	SCVMC Department of Pathology and Laboratory Medicine Attn: Elizabeth A. Mailhot, M.D. 751 South Bascom Avenue San Jose, CA 95128
If to Contractor:	ARUP Laboratories, Inc. 500 Chipeta Way Salt Lake City, UT 84108
Attn:	Nancy L. Andes Senior Vice President, Marketing
Copy to:	Office of General Counsel University of Utah 201 S. Presidents Circle Rm. 309 Salt Lake City, UT 84112



#### **54. ACCOUNT MANAGER**

Contractor must assign an Account Manager to the County upon execution of the Agreement to facilitate the contractual relationship, be fully responsible and accountable for fulfilling the County's requirements. Contractor represents and warrants that such person will ensure that the County receives adequate pre-sales and post-sales support, problem resolution assistance and required information on a timely basis.

#### **55. SURVIVAL**

All representations, warranties, and covenants contained in this Agreement, or in any instrument, certificate, exhibit, or other writing intended by the parties to survive this Agreement, will survive the termination of this Agreement.

#### **56. GOVERNING LAW, JURISDICTION AND VENUE**

This Agreement shall be construed and interpreted according to the laws of the State of California, excluding its conflict of law principles.

#### **57. THIRD PARTY BENEFICIARIES**

This Agreement does not, and is not intended to, confer any rights or remedies upon any person or entity other than the parties.

#### **58. AUTHORITY**

Each party executing the Agreement on behalf of such entity represents that he or she is duly authorized to execute and deliver this Agreement on the entity's behalf, including, as applicable, the Board of Supervisors, Board of Directors or Executive Director. This Agreement shall not be effective or binding unless it is in writing and approved by the County's authorized representative.

#### **59. SAFE HARBOR/ANTI-KICKBACK**

- (a) The parties intend that any price reductions or discounts under this Agreement will satisfy the federal safe harbor regulation for discounts, 42 C.F.R. § 1001.952(h) as it may be amended from time to time and will provide all information required to satisfy the safe harbor.
- (b) Contractor shall fully and accurately report any discount on the invoices, coupons or statements submitted to the County (including showing on such invoices, statements, and coupons the products furnished at no-charge); inform the County in a manner reasonably calculated to give the County notice of its obligations to report discounts and provide information upon request as required by the safe harbor regulation; and refrain from doing anything that would impede the County from meeting its obligations under the safe harbor regulation.

- (c) Where the value of a discount is not known at the time of sale, Contractor shall fully and accurately report the existence of the applicable discount program on the invoice, coupon or statements submitted to the County; inform the County in a manner reasonably calculated to give notice to the County of its obligations to report discounts and provide information as required by the safe harbor regulation when the value of the discount becomes known, provide the County with documentation of the calculation of the discount identifying the specific goods or services purchased to which the discount will be applied; and refrain from doing anything which would impede the County from meeting its obligation under the safe harbor regulation.
- (d) The County will fully and accurately report any discount it is provided under this Agreement in its Medicare and Medi-Cal cost reports. The County will provide upon request by the Secretary of the United States Department of Health and Human Services or a State agency, information provided to it by Contractor as necessary to comply with the safe harbor regulation.
- (e) Contractor also agrees to cooperate with the County by providing any information the County needs in order to comply with federal safe harbor regulation for discounts.

#### **60. COMPLIANCE WITH ALL LAWS AND REGULATIONS INCLUDING NONDISCRIMINATION, EQUAL OPPORTUNITY, AND WAGE THEFT PREVENTION**

A party's violation of this provision shall be deemed a material default by that party, giving the other party a right to terminate the Agreement. Examples of such Regulations include but are not limited to California Occupational Safety and Health Act of 1973, Labor Code §6300 *et seq.* the Fair Packaging and Labeling Act. and the standards and regulations issued there under. Contractor agrees to indemnify and hold harmless the County for any loss, damage, fine, penalty, or any expense whatsoever as a result of Contractor's failure to comply with the act and any standards or regulations issued there under.

- (1) Compliance with All Laws. Contractor shall comply with all applicable Federal, State, and local laws, regulations, rules, and policies (collectively, "Laws"), including but not limited to the non-discrimination, equal opportunity, and wage and hour Laws referenced in the paragraphs below.
- (2) Compliance with Non-Discrimination and Equal Opportunity Laws: Contractor shall comply with all applicable Laws concerning nondiscrimination and equal opportunity in employment and contracting, including but not limited to the following: Title VII of the Civil Rights Act of 1964 as amended; Americans with Disabilities Act of 1990; the Age Discrimination in Employment Act of 1967; the Rehabilitation Act of 1973 (Sections 503 and 504); the Equal Pay Act of 1963; California Fair Employment and Housing Act (Government Code sections 12900 *et seq.*); California Labor Code sections 1101, 1102, and 1197.5; and the Genetic Information Nondiscrimination Act of 2008. In addition to the foregoing, Contractor shall not discriminate against any subcontractor, employee, or applicant for employment because of age, race, color, national origin, ancestry, religion, sex, gender identity, gender expression, sexual orientation, mental disability, physical disability, medical condition, political belief, organizational affiliation, or marital status in the recruitment, selection for training (including but not limited to apprenticeship), hiring, employment, assignment, promotion, layoff, rates of pay or other forms

of compensation. Nor shall Contractor discriminate in the provision of services provided under this contract because of age, race, color, national origin, ancestry, religion, sex, gender identity, gender expression, sexual orientation, mental disability, physical disability, medical condition, political beliefs, organizational affiliations, or marital status.

(3) Compliance with Wage and Hour Laws: Contractor shall comply with all applicable wage and hour Laws, which may include but are not limited to, the Federal Fair Labor Standards Act, the California Labor Code, and, if applicable, any local Minimum Wage, Prevailing Wage, or Living Wage laws.

(4) Definitions: For purposes of this Section, the following definitions shall apply. A "Final Judgment, Decision, Determination, or Order" shall mean a judgment, decision, determination, or order (a) which is issued by a court of law, an investigatory government agency authorized by law to enforce an applicable Law, an arbiter, or arbitration panel and (b) for which all appeals have been exhausted or the time period to appeal has expired. For pay equity Laws, relevant investigatory government agencies include the federal Equal Employment Opportunity Commission, the California Division of Labor Standards Enforcement, and the California Department of Fair Employment and Housing. Violation of a pay equity Law shall mean unlawful discrimination in compensation on the basis of an individual's sex, gender, gender identity, gender expression, sexual orientation, race, color, ethnicity, or national origin under Title VII of the Civil Rights Act of 1964 as amended, the Equal Pay Act of 1963, California Fair Employment and Housing Act, or California Labor Code section 1197.5, as applicable. For wage and hour Laws, relevant investigatory government agencies include the federal Department of Labor, the California Division of Labor Standards Enforcement, and the City of San Jose's Office of Equality Assurance.

(5) Material Breach: Failure to comply with any part of this Section shall constitute a material breach of this Agreement. In the event of such a breach, the County may, in its discretion, exercise any or all remedies available under this Agreement and/or at law. County may, among other things, take any or all of the following actions:

- (i) Suspend or terminate any or all parts of this Agreement.
- (ii) Withhold payment to Contractor until full satisfaction of a Final Judgment, Decision, Determination, or Order.
- (iii) Offer Contractor an opportunity to cure the breach.

## APPENDIX D INSURANCE REQUIREMENTS

### Insurance

Without limiting the Contractor's indemnification of the County, the Contractor shall provide and maintain at its own expense, during the term of this Agreement, or as may be further required herein, the following insurance coverages and provisions:

#### A. Evidence of Coverage

Prior to commencement of this Agreement, the Contractor shall provide a Certificate of Insurance certifying that coverage as required herein has been obtained.

This verification of coverage shall be sent to the requesting County department, unless otherwise directed. The Contractor shall not receive a Notice to Proceed with the work under the Agreement until it has obtained all insurance required and such insurance has been approved by the County. This approval of insurance shall neither relieve nor decrease the liability of the Contractor.

#### B. Qualifying Insurers

All coverages, except surety, shall be issued by companies which hold a current policy holder's alphabetic and financial size category rating of not less than A- V, according to the current Best's Key Rating Guide or a company of equal financial stability that is approved by the County's Insurance Manager.

#### C. Insurance Required

1. Commercial General Liability Insurance - for bodily injury (including death) and property damage which provides limits as follows:
  - a. Each occurrence - \$1,000,000
  - b. General aggregate - \$2,000,000
  - c. Personal Injury - \$1,000,000
2. General liability coverage shall include:
  - a. Premises and Operations
  - b. Personal Injury liability
  - c. Severability of interest
3. General liability coverage shall include the following endorsement, a copy of which shall be provided to the County (this condition may be satisfied by blanket additional insured coverage as required by written contract):

**Additional Insured Endorsement**, which shall read:

"County of Santa Clara, and members of the Board of Supervisors of the County of Santa Clara, and the officers, agents, and employees of the County of Santa Clara, individually and collectively, as additional insureds."

Insurance afforded by the additional insured endorsement shall apply as primary insurance, and other insurance maintained by the County of Santa Clara, its officers, agents, and employees shall be excess only and not contributing with insurance provided under this policy.

4. Automobile Liability Insurance

For bodily injury (including death) and property damage which provides total limits of not less than one million dollars (\$1,000,000) combined single limit per occurrence applicable to owned, non-owned and hired vehicles.

5. Workers' Compensation and Employer's Liability Insurance

- a. Statutory Workers' Compensation coverage including broad form all-states coverage.
- b. Employer's Liability coverage for not less than one million dollars (\$1,000,000) per occurrence.

6. Professional Errors and Omissions Liability Insurance

- a. Coverage shall be in an amount of not less than one million dollars (\$1,000,000) per occurrence/aggregate.
- b. Coverage as required herein shall be maintained for a minimum of two years following termination or completion of this Agreement.

7. Claims Made Coverage

If coverage is written on a claim made basis, the Certificate of Insurance shall clearly state so. In addition to coverage requirements above, such policy shall provide that:

- a. Policy retroactive date coincides with or precedes the Contractor's start of work (including subsequent policies purchased as renewals or replacements).

E. Special Provisions

The following provisions shall apply to this Agreement:

1. The foregoing requirements as to the types and limits of insurance coverage to be maintained by the Contractor and any approval of said insurance by the County or its insurance consultant(s) are not intended to and shall not in any manner limit or qualify the liabilities and obligations otherwise assumed by the Contractor pursuant to this Agreement, including but not limited to the provisions concerning indemnification.
2. The County acknowledges that some insurance requirements contained in this Agreement may be fulfilled by self-insurance on the part of the Contractor. However, this shall not in any way limit liabilities assumed by the Contractor under this Agreement. Any self-insurance shall be approved in writing by the County upon satisfactory evidence of financial capacity. Contractor's obligation hereunder may be satisfied in whole or in part by adequately funded self-insurance programs or self-insurance retentions.
3. Should any of the work under this Agreement be sublet, the Contractor shall require each of its subcontractors of any tier to carry the aforementioned coverages, or Contractor may insure subcontractors under its own policies.
4. The County reserves the right to withhold payments to the Contractor in the event of material noncompliance with the insurance requirements outlined above.

## EXHIBIT B PRICE SUMMARY

**TEST KEY:**

Orderable
Reflex
Task

Line	Test Code	TEST CODE (Billing)	*	Test/Procedure	Fee/Each	Based on the 2019 CPT Code Book and information from our local carrier.	Compliance
1	2002434	2002434		(1:3)-Beta-D-Glucan (Fungitec(R))	\$ 130.00	87449	
2	0081335	0081335		1.5 Anhydroglucitol Quantitative, Serum or Plasma	\$ 12.55	84378	
3	2008458	2008458		11-Deoxycorticosterone Quantitative by HPLC-MS/MS, Serum or Plasma	\$ 33.73	82633	[B]
4	0092331	0092331		11-Deoxycortisol Quantitative by HPLC-MS/MS, Serum or Plasma	\$ 31.87	82634	[B]
5	3000453	3000453	*	14-3-3 eta Protein	\$ 147.92	83520	
6	3001255	3001255	*	14-3-3 Protein Tau, Total, CSF	\$ 631.87	86317/84182/0035U	
7	0070490	0070490		17-Hydroxycorticosteroids, Urine	\$ 19.07	83491	
8	0092336	0092336		17-Hydroxypregnenolone 30-Minute Timed Specimen	\$ 24.84	84143	[B]
9	0092337	0092337		17-Hydroxypregnenolone 60-Minute Timed Specimen	\$ 24.84	84143	[B]
10	0092338	0092338		17-Hydroxypregnenolone 90-Minute Timed Specimen	\$ 24.84	84143	[B]
11	0092335	0092335		17-Hydroxypregnenolone Baseline Specimen	\$ 24.84	84143	[B]
12	0092333	0092333		17-Hydroxypregnenolone Quantitative by LC-MS/MS, Serum or Plasma	\$ 24.84	84143	[B]
13	2009478	2009478		17-Hydroxyprogesterone 30-Min Quantitative by HPLC-MS/MS, Serum or Plasma	\$ 23.93	83498	[B]
14	2009480	2009480		17-Hydroxyprogesterone 60-Min Quantitative by HPLC-MS/MS, Serum or Plasma	\$ 23.93	83498	[B]
15	0092332	0092332		17-Hydroxyprogesterone Quantitative by HPLC-MS/MS, Serum or Plasma	\$ 23.93	83498	[B]
16	0098378	0098378	*	17-Hydroxyprogesterone, Urine	\$ 180.00	83498	
17	0080650	0080650		17-Ketosteroids, Urine	\$ 13.94	83586	
18	2007582	2007582	*	18-Hydroxycorticosterone by Mass Spectrometry	\$ 150.60	82542	
19	3001309	3001309		1p/19q Deletion by FISH	\$ 500.50	88377 x2	[A]
20	0070265	0070265		21-Hydroxylase Antibody	\$ 12.27	83519	
21	2002348	2002348		25-Hydroxyvitamin D[2] and D[3] by Tandem Mass Spectrometry, Serum	\$ 24.79	82306	[B]
22	2013101	2013101		3-Hydroxy-3-Methylglutaryl Coenzyme A Reductase (HMGCR) Antibody, IgG	\$ 8.60	83516	[A]
23	2002349	2002349		5-a-Dihydrotestosterone by Tandem Mass Spectrometry, Serum	\$ 15.35	82642	[B]
24	2007228	2007228		5-Fluorouracil (5-FU) Toxicity and Chemotherapeutic Response, 5 Mutations	\$ 349.62	81232/81346	[C]
25	3000202	3000202	*	5-Hydroxyindoleacetic acid (5-HIAA), Plasma	\$ 325.00	82542	
26	0080420	0080420		5-Hydroxyindoleacetic Acid (HIAA), Urine	\$ 14.04	83497	[B]
27	0080235	0080235		5Nucleotidase	\$ 12.14	83915	[B]
28	2013502	2013502		A1 Antigen Typing, Patient	\$ 3.35	86905	
29	2013725	2013725		ABCC8-Related Hyperinsulinism, 3 Variants	\$ 137.00	81401	[C]
30	0010003	0010003		ABO Group & Rh Type	\$ 4.84	86900/86901	
31	0010014	0010014		ABO-Rh Prenatal	\$ 4.84	86900/86901	
32	0060245	0060245		Acanthamoeba and Naegleria Culture	\$ 5.68	87081	



Line	Test Code	TEST CODE (Billing)	*	Test/Procedure	Fee/Each	Based on the 2019 CPT Code Book and information from our local carrier.	Compliance
33	3000878	3000878		Acanthamoeba and Naegleria Culture and Stain, CSF	\$ 12.20	87081/87207	
34	0090001	0090001		Acetaminophen	\$ 63.85	80307	
35	2014521	2014521	*	Acetaminophen Quantitative, Urine	\$ 61.00	80329 (Alt code: G0480)	
36	0091366	0091366	*	Acetazolamide Quantitative, Serum or Plasma	\$ 101.00	80375 (Alt code: G0480)	
37	0090005	0090005		Acetone, Quantitative	\$ 7.15	82010	
38	2005639	2005639		Acetylcholine Receptor Antibodies and Striated Muscle Antibodies Reflexive Panels, and Titin Antibody (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 40.34	83519/83516 x2/86255	[A]
42	RFLX ACHRMOD	0099521	R	REFLEX Acetylcholine Receptor Modulating Antibody	\$ 8.60	83516	[B]
43	RFLX STM TITER	2012516	R	REFLEX Striated Muscle Antibodies, IgG Titer	\$ 10.39	86256	
44	2001571	2001571		Acetylcholine Receptor Antibody Reflexive Panel (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 20.87	83519/83516	[B]
46	RFLX ACHRMOD	0099521	R	REFLEX Acetylcholine Receptor Modulating Antibody	\$ 8.60	83516	[B]
47	0080009	0080009		Acetylcholine Receptor Binding Antibody	\$ 12.27	83519	[B]
48	0099580	0099580		Acetylcholine Receptor Blocking Antibody	\$ 8.60	83516	[B]
49	0099521	0099521		Acetylcholine Receptor Modulating Antibody	\$ 8.60	83516	[B]
50	2006848	2006848		Acetylcholinesterase and Fetal HGB, Amniotic Fluid	\$ 18.65	82013/83033	[B]
51	0051266	0051266		Achondroplasia (FGFR3) 2 Mutations	\$ 137.00	81401	[C]
52	0051265	0051265		Achondroplasia (FGFR3) 2 Mutations, Fetal	\$ 371.12	81401/81265	[C]
53	0051596	0051596		Maternal Cell Contamination, Fetal Sample	\$ 234.12	81265	[C]
54	0060325	0060099		Acid Fast Stain, Partial or Modified (for Nocardia spp.) (Micro billing tasks will be ordered as needed, see below for possible charges and CPT codes)	Variable	87206	
55	TASK PAFS	0060099		BILL TASK Partial Acid Fast Stain	\$ 4.87	87206	
56	0020544	0020544		Acid Phosphatase, Total, Serum	\$ 7.60	84060	
57	0060152	0060152		Acid-Fast Bacillus (AFB) Culture and AFB Stain (AFB stain is billed separately) (Micro billing tasks will be ordered as needed, see below for possible charges and CPT codes)	\$ 9.12	87116; CPT codes for identification and susceptibility vary based on method.	
58	TASK AFS	0060019		BILL TASK Acid Fast Stain	\$ 4.87	87206	
59	TASK AFBC	2010182		BILL TASK AFB Concentration	\$ 5.81	87015	
60	TASK MTBGP	0060459		BILL TASK DNA Probe - Mycobacterium tuberculosis (Billed)	\$ 16.24	87149	
61	TASK AFBSEQ	0061208		BILL TASK DNA Sequencing - AFB identification (Billed)	\$ 125.58	87153	
62	TASK TBMIC	0060409		BILL TASK Susceptibility - Mycobacterium tuberculosis (Billed)	\$ 28.92	87188 x4	
63	TASK SMIC	0062229		BILL TASK Susceptibility - Single drug by broth dilution (Billed)	\$ 7.57	87186	
64	TASK AFBMIC	0060492		BILL TASK Susceptibility - AFB/Nocardia by broth dilution (Billed)	\$ 7.57	87186	
65	TASK .PF	0062151		BILL TASK Processing fee (Billed)	\$ 35.00	87015	
66	TASK AFBISO	0060725		BILL TASK AFB Isolation (Billed)	\$ 185.00	87015	
67	TASK EMB	2011789		BILL TASK Ethambutol Resistance by Sequencing (Billed)	\$ 125.58	87153	
68	TASK MALDI AFB	2009960		BILL TASK AFB Identification by MALDI (Billed)	\$ 5.70	87158	
69	TASK MTBSP	2014218		BILL TASK M. Tuberculosis species identification Billed	\$ 23.05	87150	

Line	Test Code	TEST CODE (Billing)	*	Test/Procedure	Fee/Each	Based on the 2019 CPT Code Book and information from our local carrier.	Compliance
70	0060738	0060738		Acid-Fast Bacillus (AFB) Culture and AFB Stain with Reflex to Mycobacterium tuberculosis Complex Detection and Rifampin Resistance by PCR (AFB stain is billed separately) (Reflex components billed separately, see below for additional charges and CPT codes) (Micro billing tasks will be ordered as needed, see below for possible charges and CPT codes)	\$ 9.12	87116; CPT codes for identification and susceptibility vary based on method	
71	RFLX MTBRIF PCR	2010775	R	REFLEX Mycobacterium tuberculosis Complex Detection and Rifampin Resistance by PCR	\$ 68.36	87556/87798	
72	TASK AFS	0060019		BILL TASK Acid Fast Stain	\$ 4.87	87206	
73	TASK AFBC	2010182		BILL TASK AFB Concentration	\$ 5.81	87015	
74	TASK MTBGP	0060459		BILL TASK DNA Probe - Mycobacterium tuberculosis (Billed)	\$ 16.24	87149	
75	TASK AFBSEQ	0061208		BILL TASK DNA Sequencing - AFB identification (Billed)	\$ 125.58	87153	
76	TASK TBMIC	0060409		BILL TASK Susceptibility - Mycobacterium tuberculosis (Billed)	\$ 28.92	87188 x4	
77	TASK AFBMIC	0060492		BILL TASK Susceptibility - AFB/Nocardia by broth dilution (Billed)	\$ 7.57	87186	
78	TASK AFBISO	0060725		BILL TASK AFB Isolation (Billed)	\$ 185.00	87015	
79	TASK .PF	0062151		BILL TASK Processing fee (Billed)	\$ 35.00	87015	
80	TASK SMIC	0062229		BILL TASK Susceptibility - Single drug by broth dilution (Billed)	\$ 7.57	87186	
81	TASK EMB	2011789		BILL TASK Ethambutol Resistance by Sequencing (Billed)	\$ 125.58	87153	
82	TASK MTBSP	2014218		BILL TASK M. Tuberculosis species Identification Billed	\$ 23.05	87150	
83	0060999	0060999		Acid-Fast Bacillus (AFB) Identification (Micro billing tasks will be ordered as needed, see below for possible charges and CPT codes)	Variable	Variable	[B]
84	TASK AFBSEQ	0061208		BILL TASK DNA Sequencing - AFB identification (Billed)	\$ 125.58	87153	
85	TASK MTBGP	0060459		BILL TASK DNA Probe - Mycobacterium tuberculosis (Billed)	\$ 16.24	87149	
86	TASK AFBMIC	0060492		BILL TASK Susceptibility - AFB/Nocardia by broth dilution (Billed)	\$ 7.57	87186	
87	TASK .PF	0062151		BILL TASK Processing fee (Billed)	\$ 35.00	87015	
88	TASK TBMIC	0060409		BILL TASK Susceptibility - Mycobacterium tuberculosis (Billed)	\$ 28.92	87188 x4	
89	TASK AFBISO	0060725		BILL TASK AFB Isolation (Billed)	\$ 185.00	87015	
90	TASK CF PSE	TASK CF PSE		BILL TASK Bacterial Identification - Cystic Pseudomonas (Billed)	\$ 7.08	87077	
91	TASK PSE	TASK PSE		BILL TASK Bacterial Identification - Pseudomonas (Billed)	\$ 7.08	87077	
92	TASK BID	0060457		BILL TASK Bacterial Identification (Billed)	\$ 7.08	87077	
93	TASK PID	TASK PID		BILL TASK Bacterial Identification - Gram positive (Phoenix) (Billed)	\$ 7.08	87077	
94	TASK NID	TASK NID		BILL TASK Bacterial Identification - Gram negative (Phoenix) (Billed)	\$ 7.08	87077	
95	TASK BAC	TASK BAC		BILL TASK Bacterial Identification - Bacillus (Billed)	\$ 7.08	87077	
96	TASK NMIC/ID 304	2013217		BILL TASK Gram Negative ID & MIC Panel (Phoenix)	\$ 7.08	87077	
97	TASK MALDI AFB	2009960		BILL TASK AFB Identification by MALDI (Billed)	\$ 5.70	87158	
98	TASK EMB	2011789		BILL TASK Ethambutol Resistance by Sequencing (Billed)	\$ 125.58	87153	
99	TASK MTBSP	2014218		BILL TASK M. Tuberculosis species Identification Billed	\$ 23.05	87150	
100	0060997	0060997		Acid-Fast Bacillus (AFB) Identification with Reflex to Susceptibility (Micro billing tasks will be ordered as needed, see below for possible charges and CPT codes)	Variable	Variable	
101	TASK AFBSEQ	0061208		BILL TASK DNA Sequencing - AFB identification (Billed)	\$ 125.58	87153	
102	TASK AFBMIC	0060492		BILL TASK Susceptibility - AFB/Nocardia by broth dilution (Billed)	\$ 7.57	87186	
103	TASK MTBGP	0060459		BILL TASK DNA Probe - Mycobacterium tuberculosis (Billed)	\$ 16.24	87149	

Line	Test Code	TEST CODE (Billing)	*	Test/Procedure	Fee/Each	Based on the 2019 CPT Code Book and information from our local carrier.	Compliance
104	TASK TBMIC	0060409		BILL TASK Susceptibility - Mycobacterium tuberculosis (Billed)	\$ 28.92	87188 x4	
105	TASK _PF	0062151		BILL TASK Processing fee (Billed)	\$ 35.00	87015	
106	TASK AFBISO	0060725		BILL TASK AFB Isolation (Billed)	\$ 185.00	87015	
107	TASK SMIC	0062229		BILL TASK Susceptibility - Single drug by broth dilution (Billed)	\$ 7.57	87186	
108	TASK MIC	0060408		BILL TASK Susceptibility - Broth dilution panel (Billed)	\$ 7.57	87186	
109	TASK MALDI AFB	2009960		BILL TASK AFB Identification by MALDI (Billed)	\$ 5.70	87158	
110	TASK EMB	2011789		BILL TASK Ethambutol Resistance by Sequencing (Billed)	\$ 125.58	87153	
111	TASK MTBSP	2014218		BILL TASK M. Tuberculosis species Identification Billed	\$ 23.05	87150	
112	0060151	0060019		Acid-Fast Bacillus (AFB) Stain Only (Micro billing tasks will be ordered as needed, see below for possible charges and CPT codes)	\$ 4.87	87206	
113	TASK AFBC	2010182		BILL TASK AFB Concentration	\$ 5.81	87015	
114	TASK EMB	2011789		BILL TASK Ethambutol Resistance by Sequencing (Billed)	\$ 125.58	87153	
115	2003427	2003427		ACTH by Immunohistochemistry	\$ 73.50	88342TC	
116	2002647	2002647		Acute Lymphocytic Leukemia (ALL) Panel by FISH, Adult	\$ 841.38	88271 x5/88275 x5/88291	[A]
117	2002719	2002719		Acute Lymphocytic Leukemia (ALL) Panel by FISH, Pediatric	\$ 841.38	88271 x5/88275 x5/88291	[A]
118	2002653	2002653		Acute Myelogenous Leukemia (AML) with Myelodysplastic Syndrome (MDS), or Therapy-Related AML, by FISH	\$ 533.88	88271 x3/88275 x3/88291	[A]
119	2011132	2011132		Acute Myeloid Leukemia Panel by FISH (orders PML/RARA FISH #2002363 - billed additionally) (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 1,071.00	88271 x6/88275 x6/88291	[A]
120	RFLX FISH PML	2002363	R	REFLEX PML-RARA Translocation by FISH	\$ 266.88	88271/88275/88291	[A]
121	0091328	0091328	*	Acyclovir, Serum or Plasma	\$ 155.00	80375 (Alt code: G0480)	
122	0040033	0040033		Acylcarnitine Quantitative Profile, Plasma	\$ 18.36	82017	[B]
123	0081170	0081170		Acylglycines, Quantitative, Urine	\$ 15.35	82542	[B]
124	2011248	2011248		Adalimumab Activity and Neutralizing Antibody	\$ 395.00	80299/82397	[B]
125	2013605	2013605		Adalimumab Activity with Reflex to Antibody (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 215.00	80299	[B]
126	RFLX ADA R NAB	2013608	R	REFLEX Adalimumab Reflex to Neutralizing Antibody Confirmation	\$ 300.00	82397	[B]
127	0030056	0030056		ADAMTS13 Activity	\$ 24.98	85397	[D]
128	3000182	3000182		ADAMTS13 Antibody	\$ 10.24	83520	[D]
129	3000228	3000228		ADAMTS13 Inhibitor	\$ 14.02	85335	[B]
130	3000239	3000239		ADAMTS13 Reflex Panel (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 24.98	85397	[D]
131	RFLX ADAMTS IN	3000228	R	REFLEX ADAMTS13 Inhibitor	\$ 14.02	85335	[B]
132	RFLX ADAMTS AB	3000182	R	REFLEX ADAMTS13 Antibody	\$ 10.24	83520	[D]
133	2006098	2006098		Adenosine Deaminase, CSF	\$ 6.50	84311	[B]
134	2009357	2009357		Adenosine Deaminase, Pericardial Fluid	\$ 6.50	84311	[B]
135	2006101	2006101		Adenosine Deaminase, Peritoneal Fluid	\$ 6.50	84311	[B]
136	2006096	2006096		Adenosine Deaminase, Pleural Fluid	\$ 6.50	84311	[B]

Line	Test Code	TEST CODE (Billing)	*	Test/Procedure	Fee/Each	Based on the 2019 CPT Code Book and information from our local carrier.	Compliance
137	0083001	0083001		Adenosine Deaminase, RBC	\$ 6.50	84311	
138	2013015	2013015	*	Adenovirus Antibody, Serum	\$ 79.00	86603	
139	2003430	2003430		Adenovirus by Immunohistochemistry	\$ 73.50	88342TC	[B]
140	2007473	2007473		Adenovirus by Qualitative PCR	\$ 30.15	87798	[A]
141	2007192	2007192		Adenovirus, Quantitative PCR	\$ 39.11	87799	[A]
142	0070262	0070262		Adiponectin	\$ 10.24	83520	[D]
143	0092330	0092330		Adrenal Steroid Quantitative Panel by HPLC-MS/MS, Serum or Plasma	\$ 103.14	82634/83498/84143/84140	[B]
147	0070010	0070010		Adrenocorticotrophic Hormone	\$ 42.05	82024	
148	0070031	0070031		Adrenocorticotrophic Hormone Stimulation, 0 Minutes	\$ 14.58	82533	
149	0070032	0070032		Adrenocorticotrophic Hormone Stimulation, 30 Minutes	\$ 14.58	82533	
150	0070033	0070033		Adrenocorticotrophic Hormone Stimulation, 60 Minutes	\$ 14.58	82533	
151	2011902	2011902		Adrenoleukodystrophy, X-Linked (ABCD1) Sequencing	\$ 301.35	81405	[C]
152	2011906	2011906		Adrenoleukodystrophy, X-Linked (ABCD1) Sequencing and Deletion/Duplication	\$ 301.35	81405/81479	[C]
153	0060115	0060115		Aerobic Organism Identification (Micro billing tasks will be ordered as needed, see below for possible charges and CPT codes)	Variable	Variable	
154	TASK BACSEQ	0060719		BILL TASK DNA Sequencing - Bacterial identification (Billed)	\$ 125.58	87153	
155	TASK CF PSE	TASK CF PSE		BILL TASK Bacterial Identification - Cystic Pseudomonas (Billed)	\$ 7.08	87077	
156	TASK PSE	TASK PSE		BILL TASK Bacterial Identification - Pseudomonas (Billed)	\$ 7.08	87077	
157	TASK BID	0060457		BILL TASK Bacterial Identification (Billed)	\$ 7.08	87077	
158	TASK PID	TASK PID		BILL TASK Bacterial Identification - Gram positive (Phoenix) (Billed)	\$ 7.08	87077	
159	TASK NID	TASK NID		BILL TASK Bacterial Identification - Gram negative (Phoenix) (Billed)	\$ 7.08	87077	
160	TASK BAC	TASK BAC		BILL TASK Bacterial Identification - Bacillus (Billed)	\$ 7.08	87077	
161	TASK NMIC/ID 304	2013217		BILL TASK Gram Negative ID & MIC Panel (Phoenix)	\$ 7.08	87077	
162	TASK MIC	0060408		BILL TASK Susceptibility - Broth dilution panel (Billed)	\$ 7.57	87186	
163	TASK .PF	0062151		BILL TASK Processing fee (Billed)	\$ 35.00	87015	
164	TASK AFBMIC	0060492		BILL TASK Susceptibility - AFB/Nocardia by broth dilution (Billed)	\$ 7.57	87186	
165	TASK SMIC	0062229		BILL TASK Susceptibility - Single drug by broth dilution (Billed)	\$ 7.57	87186	
166	TASK AST M	0060790		BILL TASK Susceptibility - Automated broth dilution (Billed)	\$ 7.57	87186	
167	TASK BLAC M	0060401		BILL TASK Susceptibility - Beta-Lactamase (Billed)	\$ 1.21	87185	
168	TASK ETEST	0062228		BILL TASK Susceptibility - Single drug by Etest (Billed)	\$ 1.16	87181	
169	TASK MBC	0060410		BILL TASK Susceptibility - MIC/MBC (Billed)	\$ 18.85	87186/87187	
170	TASK ANAMIC	0060402		BILL TASK Susceptibility - Anaerobe by broth dilution (Billed)	\$ 7.57	87186	
171	TASK DD	0060418		BILL TASK Susceptibility - Disk diffusion (Billed)	\$ 4.23	87184	
172	TASK AFBSEQ	0061208		BILL TASK DNA Sequencing - AFB identification (Billed)	\$ 125.58	87153	
173	TASK BMIC	0060722		BILL TASK Susceptibility - Automated disk diffusion (Billed)	\$ 4.23	87184	
174	TASK MALDI	2005162		BILL TASK Bacterial ID by MALDI-TOF MS (billed)	\$ 7.08	87077	
175	TASK ANA MALDI	2005712		BILL TASK Anaerobic organism ID by MALDI-TOF (billed)	\$ 7.26	87076	
176	TASK PBP	2008641		BILL TASK Susceptibility - Penicillin Binding Protein 2a (Billed)	\$ 3.91	87147	

Line	Test Code	TEST CODE (Billing)	*	Test/Procedure	Fee/Each	Based on the 2019 CPT Code Book and information from our local carrier.	Compliance
177	TASK SalIT	2010709		BILL TASK Salmonella typing (Billed)	\$ 3.91	87147	
178	TASK ShigT	2010710		BILL TASK Shigella serotyping (Billed)	\$ 3.91	87147	
179	TASK EC	2012459		BILL TASK E. coli 0157 Latex Agglutination	\$ 3.91	87147	
180	TASK NF PBP	2014492		BILL TASK PBP2A Normal Flora use(Billed)	\$ 3.91	87147	
181	TASK MECA/C	3000097		BILL TASK Susceptibility – mecA/mecC Gene Detection by PCR (Billed)	\$ 30.88	87641	
182	0065070	0065070		Aerobic Organism Identification with Reflex to Susceptibility (Micro billing tasks will be ordered as needed, see below for possible charges and CPT codes)	Variable	Variable	
183	TASK BACSEQ	0060719		BILL TASK DNA Sequencing - Bacterial identification (Billed)	\$ 125.58	87153	
184	TASK MIC	0060408		BILL TASK Susceptibility - Broth dilution panel (Billed)	\$ 7.57	87186	
185	TASK CF PSE	TASK CF PSE		BILL TASK Bacterial Identification - Cystic Pseudomonas (Billed)	\$ 7.08	87077	
186	TASK PSE	TASK PSE		BILL TASK Bacterial Identification - Pseudomonas (Billed)	\$ 7.08	87077	
187	TASK BID	0060457		BILL TASK Bacterial Identification (Billed)	\$ 7.08	87077	
188	TASK PID	TASK PID		BILL TASK Bacterial Identification - Gram positive (Phoenix) (Billed)	\$ 7.08	87077	
189	TASK NID	TASK NID		BILL TASK Bacterial Identification - Gram negative (Phoenix) (Billed)	\$ 7.08	87077	
190	TASK BAC	TASK BAC		BILL TASK Bacterial Identification - Bacillus (Billed)	\$ 7.08	87077	
191	TASK NMIC/ID 304	2013217		BILL TASK Gram Negative ID & MIC Panel (Phoenix)	\$ 7.08	87077	
192	TASK AFBMIC	0060492		BILL TASK Susceptibility - AFB/Nocardia by broth dilution (Billed)	\$ 7.57	87186	
193	TASK AST M	0060790		BILL TASK Susceptibility - Automated broth dilution (Billed)	\$ 7.57	87186	
194	TASK BLAC M	0060401		BILL TASK Susceptibility - Beta-Lactamase (Billed)	\$ 1.21	87185	
195	TASK ANAMIC	0060402		BILL TASK Susceptibility - Anaerobe by broth dilution (Billed)	\$ 7.57	87186	
196	TASK .PF	0062151		BILL TASK Processing fee (Billed)	\$ 35.00	87015	
197	TASK SMIC	0062229		BILL TASK Susceptibility - Single drug by broth dilution (Billed)	\$ 7.57	87186	
198	TASK DD	0060418		BILL TASK Susceptibility - Disk diffusion (Billed)	\$ 4.23	87184	
199	TASK ETEST	0062228		BILL TASK Susceptibility - Single drug by Etest (Billed)	\$ 1.16	87181	
200	TASK BMIC	0060722		BILL TASK Susceptibility - Automated disk diffusion (Billed)	\$ 4.23	87184	
201	TASK AFBSEQ	0061208		BILL TASK DNA Sequencing - AFB identification (Billed)	\$ 125.58	87153	
202	TASK YSTSEQ	0060757		BILL TASK DNA Sequencing - Fungal identification (Billed)	\$ 125.58	87153	
203	TASK MALDI	2005162		BILL TASK Bacterial ID by MALDI-TOF MS (billed)	\$ 7.08	87077	
204	TASK ANA MALDI	2005712		BILL TASK Anaerobic organism ID by MALDI-TOF (billed)	\$ 7.26	87076	
205	TASK PBP	2008641		BILL TASK Susceptibility - Penicillin Binding Protein 2a (Billed)	\$ 3.91	87147	
206	TASK SalIT	2010709		BILL TASK Salmonella typing (Billed)	\$ 3.91	87147	
207	TASK ShigT	2010710		BILL TASK Shigella serotyping (Billed)	\$ 3.91	87147	
208	TASK EC	2012459		BILL TASK E. coli 0157 Latex Agglutination	\$ 3.91	87147	
209	TASK NF PBP	2014492		BILL TASK PBP2A Normal Flora use(Billed)	\$ 3.91	87147	
210	TASK MECA/C	3000097		BILL TASK Susceptibility – mecA/mecC Gene Detection by PCR (Billed)	\$ 30.88	87641	
211	TASK MCIM M	3000754		BILL TASK Susceptibility - Modified Carapenem Inactivation Method (Billed)	\$ 1.21	87185	
212	2012710	2012710		Aggressive B-Cell Lymphoma FISH Reflex, Tissue (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 375.00	88366	[A]

Line	Test Code	TEST CODE (Billing)	*	Test/Procedure	Fee/Each	Based on the 2019 CPT Code Book and information from our local carrier.	Compliance
213	RFLX BCL6_FISH	3001311	R	REFLEX BCL6 (3q27) Gene Rearrangement by FISH	\$ 347.00	88366	[A]
214	RFLX BCL2_FISH	3001298	R	REFLEX IGH-BCL2 Fusion, t(14;18) by FISH	\$ 400.00	88366	[A]
215	0020008	0020008		Alanine Aminotransferase, Serum or Plasma	\$ 4.58	84460	
216	0050671	0050671		Albumin by Nephelometry	\$ 4.02	82040	
217	0050024	0050024		Albumin, Body Fluid	\$ 2.83	82042	
218	0050200	0050200		Albumin, CSF	\$ 2.83	82042	
219	0020030	0020030		Albumin, Serum or Plasma by Spectrophotometry	\$ 4.02	82040	
220	0050203	0050203		Albumin-Creatinine Ratio, Urine	\$ 9.77	82043/82570	
221	2010136	2010136		Alcohol, Urine, Quantitative	\$ 22.40	80320 (Alt code: G0480)	
222	0090131	0090131		Alcohols	\$ 22.40	80320 (Alt code: G0480)	
223	0020012	0020012		Aldolase, Serum	\$ 8.71	82085	
224	2002582	2002582		Aldosterone & Renin, Direct with Ratio	\$ 68.31	82088/84244	
226	0070016	0070016		Aldosterone 30 Minute	\$ 44.37	82088	
227	0070017	0070017		Aldosterone 60 Minute	\$ 44.37	82088	
228	3000484	3000484		Aldosterone Inferior Vena Cava	\$ 44.37	82088	
229	3000485	3000485		Aldosterone Left Adrenal Vein	\$ 44.37	82088	
230	3000486	3000486		Aldosterone Right Adrenal Vein	\$ 44.37	82088	
231	0070015	0070015		Aldosterone, Serum	\$ 44.37	82088	
232	0070480	0070480		Aldosterone, Urine	\$ 44.37	82088	
233	0070073	0070073		Aldosterone/Renin Activity Ratio	\$ 68.31	82088/84244	
235	2011431	2011431		ALK (D5F3) by Immunohistochemistry with Reflex to ALK Gene Rearrangements by FISH (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 90.00	88342	[A]
236	RFLX ALK_FISH	3001302	R	REFLEX ALK Gene Rearrangements by FISH, Lung	\$ 488.75	88366	[A]
237	2007324	2007324		ALK (D5F3) with Interpretation by Immunohistochemistry	\$ 90.00	88342	[A]
238	3001302	3001302		ALK Gene Rearrangements by FISH, Lung	\$ 488.75	88366	[A]
239	2005736	2005736		Alkaline Phosphatase Isoenzymes, CSF	\$ 20.23	84075/84080	[B]
241	0021020	0021020		Alkaline Phosphatase Isoenzymes, Serum or Plasma	\$ 20.23	84075/84080	
243	0020005	0020005		Alkaline Phosphatase, Serum or Plasma	\$ 4.13	84075	
244	2005894	2005894	*	Allergen Panel, IgE by ImmunoCap ISAC	\$ 210.00	86003 x112	
245	0055421	0055421		Allergen, Drugs, Amoxicillin IgE	\$ 4.65	86003	
246	0099628	0099628		Allergen, Drugs, Penicillin G (major)	\$ 4.65	86003	
247	0099629	0099629		Allergen, Drugs, Penicillin V (minor)	\$ 4.65	86003	
248	0099714	0099714		Allergen, Epidermals & Animal Proteins, Budgerigar Droppings (Parakeet)	\$ 4.65	86003	
249	0055006	0055006		Allergen, Epidermals & Animal Proteins, Cat Dander	\$ 4.65	86003	
250	0055378	0055378		Allergen, Epidermals & Animal Proteins, Chicken Feathers	\$ 4.65	86003	
251	0055044	0055044		Allergen, Epidermals & Animal Proteins, Cow Hair & Dander	\$ 4.65	86003	
252	0099568	0099568		Allergen, Epidermals & Animal Proteins, Dog Dander	\$ 4.65	86003	
253	0055177	0055177		Allergen, Epidermals & Animal Proteins, Goose Feathers	\$ 4.65	86003	



Line	Test Code	TEST CODE (Billing)	*	Test/Procedure	Fee/Each	Based on the 2019 CPT Code Book and information from our local carrier.	Compliance
254	0055189	0055189		Allergen, Epidermals & Animal Proteins, Hamster Epithelium	\$ 4.65	86003	
255	0055059	0055059		Allergen, Epidermals & Animal Proteins, Horse Hair & Dander	\$ 4.65	86003	
256	0055191	0055191		Allergen, Epidermals & Animal Proteins, Mouse Epithelium	\$ 4.65	86003	
257	0055193	0055193		Allergen, Epidermals & Animal Proteins, Parakeet Feathers (Budgerigar)	\$ 4.65	86003	
258	0099544	0099544		Allergen, Epidermals & Animal Proteins, Rabbit Epithelium	\$ 4.65	86003	
259	0055199	0055199		Allergen, Epidermals & Animal Proteins, Sheep Epithelium/Wool	\$ 4.65	86003	
260	0099635	0099635	*	Allergen, Epidermals and Animal Proteins, Australian Parrot Droppings IgE	\$ 21.53	86003	
261	2003300	2003300		Allergen, Epidermals and Animal Proteins, Duck Feathers IgE	\$ 4.65	86003	
262	0055037	0055037		Allergen, Epidermals and Animal Proteins, Feather Mix	\$ 9.84	86005	
263	0055188	0055188		Allergen, Epidermals and Animal Proteins, Goat Epithelium IgE	\$ 4.65	86003	
264	0055190	0055190		Allergen, Epidermals and Animal Proteins, Guinea Pig Epithelium IgE	\$ 4.65	86003	
265	0055192	0055192		Allergen, Epidermals and Animal Proteins, Mouse Urine IgE	\$ 4.65	86003	
266	0055195	0055195		Allergen, Epidermals and Animal Proteins, Pig (Swine) Epithelium IgE	\$ 4.65	86003	
267	0055197	0055197		Allergen, Epidermals and Animal Proteins, Rat Epithelium IgE	\$ 4.65	86003	
268	0055198	0055198		Allergen, Epidermals and Animal Proteins, Rat Urine IgE	\$ 4.65	86003	
269	0099577	0099577		Allergen, Food, Almond	\$ 4.65	86003	
270	0090284	0090284		Allergen, Food, Almond IgG	\$ 5.68	86001	[B]
271	2007994	2007994	*	Allergen, Food, Alpha-Gal (galactose-alpha-1,3-galactose) IgE	\$ 45.00	86003	
272	2014011	2014011	*	Allergen, Food, Alpha-Gal (galactose-alpha-1,3-galactose) Panel	\$ 79.88	86003 x4	
273	0099543	0099543		Allergen, Food, Alpha-Lactalbumin	\$ 22.14	86008	
274	0093498	0093498		Allergen, Food, Anchovy IgE	\$ 4.65	86003	[A]
275	2010720	2010720	*	Allergen, Food, Annatto Seed IgE	\$ 21.53	86003	
276	0099632	0099632		Allergen, Food, Apple	\$ 4.65	86003	
277	0055423	0055423		Allergen, Food, Apricot	\$ 4.65	86003	
278	0098873	0098873		Allergen, Food, Asparagus IgE	\$ 4.65	86003	[A]
279	0099695	0099695		Allergen, Food, Avocado	\$ 4.65	86003	
280	2011723	2011723		Allergen, Food, Avocado IgG	\$ 5.68	86001	[B]
281	0097706	0097706		Allergen, Food, Baker's Yeast IgG	\$ 5.68	86001	[B]
282	0055079	0055079		Allergen, Food, Baker's Yeast/Brewer's Yeast	\$ 4.65	86003	
283	0099634	0099634		Allergen, Food, Banana	\$ 4.65	86003	
284	0090286	0090286		Allergen, Food, Banana IgG	\$ 5.68	86001	[B]
285	0055056	0055056		Allergen, Food, Barley	\$ 4.65	86003	
286	0097707	0097707		Allergen, Food, Barley IgG	\$ 5.68	86001	[B]
287	0093496	0093496		Allergen, Food, Basil IgE	\$ 4.65	86003	[A]
288	0099692	0099692	*	Allergen, Food, Bass Black IgE	\$ 14.96	86003	
289	0093494	0093494		Allergen, Food, Bay Leaf IgE	\$ 4.65	86003	[A]
290	0055096	0055096		Allergen, Food, Beef	\$ 4.65	86003	
291	0097708	0097708		Allergen, Food, Beef IgG	\$ 5.68	86001	[B]
292	2006689	2006689		Allergen, Food, Beet Root IgE	\$ 4.65	86003	[A]

Line	Test Code	TEST CODE (Billing)	*	Test/Procedure	Fee/Each	Based on the 2019 CPT Code Book and information from our local carrier.	Compliance
293	0055074	0055074		Allergen, Food, Beta-lactoglobulin	\$ 22.14	86008	
294	2008599	2008599	*	Allergen, Food, Black Bean IgE	\$ 21.53	86003	
295	2010826	2010826		Allergen, Food, Black Olive IgE	\$ 4.65	86003	[A]
296	0055424	0055424		Allergen, Food, Black Pepper	\$ 4.65	86003	
297	2007629	2007629		Allergen, Food, Blackberry IgE	\$ 4.65	86003	[A]
298	0055425	0055425		Allergen, Food, Blue Mussel	\$ 4.65	86003	
299	0055426	0055426		Allergen, Food, Blueberry	\$ 4.65	86003	[A]
300	0099574	0099574		Allergen, Food, Brazil Nut	\$ 4.65	86003	
301	0098531	0098531		Allergen, Food, Broccoli	\$ 4.65	86003	
302	2011725	2011725		Allergen, Food, Broccoli IgG	\$ 5.68	86001	[B]
303	0092597	0092597		Allergen, Food, Buckwheat IgE (Fagopyrum esculentum)	\$ 4.65	86003	
304	0055094	0055094		Allergen, Food, Cabbage	\$ 4.65	86003	
305	2010834	2010834		Allergen, Food, Canola (Rapeseed) Oil IgE	\$ 4.65	86003	[A]
306	2001903	2001903		Allergen, Food, Caraway Seed IgE	\$ 4.65	86003	[A]
307	2001905	2001905	*	Allergen, Food, Cardamom Seed IgE	\$ 34.41	86003	
308	2001907	2001907		Allergen, Food, Carob Gum/Locust Bean IgE	\$ 4.65	86003	[A]
309	0055005	0055005		Allergen, Food, Carrot	\$ 4.65	86003	
310	0055081	0055081		Allergen, Food, Casein	\$ 22.14	86008	
311	0097653	0097653		Allergen, Food, Casein (Cow's Milk) IgG	\$ 5.68	86001	[B]
312	0099573	0099573		Allergen, Food, Cashew	\$ 4.65	86003	
313	2011727	2011727		Allergen, Food, Cashew IgG	\$ 5.68	86001	[B]
314	0097629	0097629		Allergen, Food, Catfish IgE	\$ 4.65	86003	[A]
315	2010832	2010832		Allergen, Food, Cauliflower IgE	\$ 4.65	86003	[A]
316	0099054	0099054		Allergen, Food, Celery	\$ 4.65	86003	
317	2011817	2011817		Allergen, Food, Cheddar Cheese IgG	\$ 5.68	86001	[B]
318	0099593	0099593		Allergen, Food, Cheese Mold	\$ 4.65	86003	
319	2011729	2011729		Allergen, Food, Cheese Mold IgG	\$ 5.68	86001	[B]
320	0099583	0099583		Allergen, Food, Cheese, Cheddar	\$ 4.65	86003	
321	0099466	0099466		Allergen, Food, Cherry	\$ 4.65	86003	
322	0055254	0055254		Allergen, Food, Chestnut	\$ 4.65	86003	
323	0055008	0055008		Allergen, Food, Chicken	\$ 4.65	86003	
324	0097656	0097656		Allergen, Food, Chicken IgG	\$ 5.68	86001	[B]
325	0055200	0055200		Allergen, Food, Chickpea (Garbanzo Bean) IgE	\$ 4.65	86003	
326	0099642	0099642		Allergen, Food, Chocolate	\$ 4.65	86003	
327	0097657	0097657		Allergen, Food, Chocolate IgG	\$ 5.68	86001	[B]
328	0098876	0098876		Allergen, Food, Cinnamon	\$ 4.65	86003	[A]
329	0099488	0099488		Allergen, Food, Clam	\$ 4.65	86003	
330	2011731	2011731		Allergen, Food, Clam IgG	\$ 5.68	86001	[B]
331	0098875	0098875		Allergen, Food, Clove IgE	\$ 4.65	86003	[A]

Line	Test Code	TEST CODE (Billing)	*	Test/Procedure	Fee/Each	Based on the 2019 CPT Code Book and information from our local carrier.	Compliance
332	0099473	0099473		Allergen, Food, Coconut	\$ 4.65	86003	
333	2011733	2011733		Allergen, Food, Coconut IgG	\$ 5.68	86001	[B]
334	0055036	0055036		Allergen, Food, Codfish IgE	\$ 4.65	86003	
335	0099757	0099757		Allergen, Food, Coffee	\$ 4.65	86003	[A]
336	0097302	0097302		Allergen, Food, Coffee IgG	\$ 5.68	86001	[B]
337	2010828	2010828		Allergen, Food, Common Millet IgE	\$ 4.65	86003	
338	2007623	2007623		Allergen, Food, Coriander/Cilantro IgE	\$ 4.65	86003	[A]
339	0055078	0055078		Allergen, Food, Corn	\$ 4.65	86003	
340	0097658	0097658		Allergen, Food, Corn IgG	\$ 5.68	86001	[B]
341	0055011	0055011		Allergen, Food, Crab	\$ 4.65	86003	
342	2011735	2011735		Allergen, Food, Crab IgG	\$ 5.68	86001	[B]
343	0098874	0098874		Allergen, Food, Cranberry IgE	\$ 4.65	86003	[A]
344	0097637	0097637		Allergen, Food, Crayfish	\$ 4.65	86003	[A]
345	0098868	0098868		Allergen, Food, Cucumber	\$ 4.65	86003	
346	0093492	0093492		Allergen, Food, Dill IgE	\$ 4.65	86003	[A]
347	0055013	0055013		Allergen, Food, Egg White	\$ 4.65	86003	
348	0097659	0097659		Allergen, Food, Egg White IgG	\$ 5.68	86001	[B]
349	0055381	0055381		Allergen, Food, Egg Whole	\$ 4.65	86003	
350	0055212	0055212		Allergen, Food, Egg Yolk	\$ 4.65	86003	
351	0097315	0097315		Allergen, Food, Egg Yolk IgG	\$ 5.68	86001	[B]
352	0055432	0055432		Allergen, Food, Eggplant	\$ 4.65	86003	[A]
353	2003298	2003298		Allergen, Food, Flaxseed/Linseed IgE	\$ 4.65	86003	[A]
354	0099479	0099479		Allergen, Food, Garlic	\$ 4.65	86003	
355	0090287	0090287		Allergen, Food, Garlic IgG	\$ 5.68	86001	[B]
356	2001911	2001911		Allergen, Food, Gelatin Bovine IgE	\$ 4.65	86003	
357	2001913	2001913	*	Allergen, Food, Gelatin Porcine IgE	\$ 14.96	86003	
358	0098865	0098865		Allergen, Food, Ginger	\$ 4.65	86003	[A]
359	0099569	0099569		Allergen, Food, Gluten	\$ 4.65	86003	
360	0090289	0090289		Allergen, Food, Gluten IgG	\$ 5.68	86001	[B]
361	2007619	2007619		Allergen, Food, Goat Milk IgE	\$ 4.65	86003	[A]
362	0055015	0055015		Allergen, Food, Grape	\$ 4.65	86003	
363	0099641	0099641		Allergen, Food, Grapefruit	\$ 4.65	86003	
364	0099649	0099649		Allergen, Food, Green Bean (String) IgE	\$ 4.65	86003	[A]
365	0099739	0099739		Allergen, Food, Gulf Flounder IgE	\$ 4.65	86003	
366	2001917	2001917		Allergen, Food, Gum Guar IgE	\$ 4.65	86003	[A]
367	0098864	0098864		Allergen, Food, Haddock	\$ 4.65	86003	[A]
368	0098516	0098516		Allergen, Food, Halibut	\$ 4.65	86003	[A]
369	0098617	0098617		Allergen, Food, Hazelnut (Filbert)	\$ 4.65	86003	[A]
370	0097631	0097631		Allergen, Food, Herring IgE	\$ 4.65	86003	

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371	2007615	2007615		Allergen, Food, Honey IgE	\$ 4.65	86003	[A]
372	0055435	0055435		Allergen, Food, Honeydew Melon/Cantaloupe	\$ 4.65	86003	
373	0055436	0055436		Allergen, Food, Hops	\$ 4.65	86003	[A]
374	0055440	0055440		Allergen, Food, Kidney Bean	\$ 4.65	86003	[A]
375	0055203	0055203		Allergen, Food, Kiwi	\$ 4.65	86003	
376	0099631	0099631		Allergen, Food, Lamb	\$ 4.65	86003	
377	0098270	0098270		Allergen, Food, Lemon	\$ 4.65	86003	
378	0099659	0099659		Allergen, Food, Lentil	\$ 4.65	86003	
379	0055019	0055019		Allergen, Food, Lettuce	\$ 4.65	86003	
380	0097651	0097651		Allergen, Food, Lettuce IgG	\$ 5.68	86001	[B]
381	0099766	0099766		Allergen, Food, Lima Bean/White Bean IgE	\$ 4.65	86003	[A]
382	0098271	0098271		Allergen, Food, Lime IgE	\$ 4.65	86003	[A]
383	0099062	0099062		Allergen, Food, Lobster	\$ 4.65	86003	
384	2011737	2011737		Allergen, Food, Lobster IgG	\$ 5.68	86001	[B]
385	0093246	0093246		Allergen, Food, Macadamia Nut IgE	\$ 4.65	86003	[A]
386	0098474	0098474		Allergen, Food, Mackerel	\$ 4.65	86003	[A]
387	2010732	2010732	*	Allergen, Food, Mahi Mahi IgE	\$ 21.53	86003	
388	0099744	0099744		Allergen, Food, Malt	\$ 4.65	86003	
389	0097652	0097652		Allergen, Food, Malt IgG	\$ 5.68	86001	[B]
390	2010818	2010818		Allergen, Food, Mandarin IgE	\$ 4.65	86003	[A]
391	0055204	0055204		Allergen, Food, Mango	\$ 4.65	86003	
392	2014007	2014007	*	Allergen, Food, Milk (Boiled) IgE	\$ 34.03	86003	
393	2012146	2012146		Allergen, Food, Milk (Cow's) Components IgE	\$ 71.07	86003/86008 x3	
397	0055020	0055020		Allergen, Food, Milk (Cow's)	\$ 4.65	86003	
398	2007613	2007613		Allergen, Food, Mint IgE	\$ 4.65	86003	[A]
399	0099770	0099770		Allergen, Food, Mushroom	\$ 4.65	86003	[A]
400	0097299	0097299		Allergen, Food, Mushroom IgG	\$ 5.68	86001	[B]
401	0055443	0055443		Allergen, Food, Mustard	\$ 4.65	86003	
402	0055022	0055022		Allergen, Food, Navy Bean	\$ 4.65	86003	
403	2010734	2010734	*	Allergen, Food, Nectarine IgE	\$ 21.53	86003	
404	0093502	0093502		Allergen, Food, Nutmeg IgE	\$ 4.65	86003	[A]
405	0055040	0055040		Allergen, Food, Oat	\$ 4.65	86003	
406	0097654	0097654		Allergen, Food, Oat IgG	\$ 5.68	86001	[B]
407	2001919	2001919		Allergen, Food, Octopus IgE	\$ 4.65	86003	
408	2011815	2011815		Allergen, Food, Olives IgG	\$ 5.68	86001	[B]
409	0099474	0099474		Allergen, Food, Onion	\$ 4.65	86003	
410	0097306	0097306		Allergen, Food, Onion IgG	\$ 5.68	86001	[B]
411	0055023	0055023		Allergen, Food, Orange	\$ 4.65	86003	
412	0097647	0097647		Allergen, Food, Orange IgG	\$ 5.68	86001	[B]

Line	Test Code	TEST CODE (Billing)	*	Test/Procedure	Fee/Each	Based on the 2019 CPT Code Book and information from our local carrier.	Compliance
413	0093500	0093500		Allergen, Food, Oregon IgE	\$ 4.65	86003	[A]
414	0098862	0098862	*	Allergen, Food, Orris Root IgE	\$ 14.96	86003	
415	2006436	2006436		Allergen, Food, Ovalbumin IgE	\$ 22.14	86008	
416	2006434	2006434		Allergen, Food, Ovomucoid IgE	\$ 22.14	86008	
417	0099638	0099638		Allergen, Food, Oyster	\$ 4.65	86003	
418	2011739	2011739		Allergen, Food, Oyster IgG	\$ 5.68	86001	[B]
419	0055250	0055250		Allergen, Food, Papaya	\$ 4.65	86003	[A]
420	0099492	0099492		Allergen, Food, Parsley	\$ 4.65	86003	
421	0099895	0099895		Allergen, Food, Pea	\$ 4.65	86003	
422	0099582	0099582		Allergen, Food, Peach	\$ 4.65	86003	
423	0055024	0055024		Allergen, Food, Peanut	\$ 4.65	86003	
424	2007211	2007211		Allergen, Food, Peanut Components IgE	\$ 115.35	86003/86008 x5	
425	0097648	0097648		Allergen, Food, Peanut IgG	\$ 5.68	86001	[B]
426	0055207	0055207		Allergen, Food, Pear	\$ 4.65	86003	
427	0099572	0099572		Allergen, Food, Pecan	\$ 4.65	86003	
428	0055002	0055002		Allergen, Food, Pepper C. annuum IgE	\$ 4.65	86003	
429	0055428	0055428		Allergen, Food, Pepper C. frutescens IgE	\$ 4.65	86003	[A]
430	0099687	0099687	*	Allergen, Food, Perch IgE	\$ 14.96	86003	
431	0055445	0055445		Allergen, Food, Pine (Pinon) Nut	\$ 4.65	86003	[A]
432	0099477	0099477		Allergen, Food, Pineapple	\$ 4.65	86003	
433	2011741	2011741		Allergen, Food, Pineapple IgG	\$ 5.68	86001	[B]
434	0055447	0055447		Allergen, Food, Pistachio	\$ 4.65	86003	
435	2008798	2008798		Allergen, Food, Plaiice IgE	\$ 4.65	86003	
436	0055448	0055448		Allergen, Food, Plum	\$ 4.65	86003	
437	0098858	0098858		Allergen, Food, Poppy Seed IgE	\$ 4.65	86003	[A]
438	0099780	0099780		Allergen, Food, Pork	\$ 4.65	86003	
439	0097649	0097649		Allergen, Food, Pork IgG	\$ 5.68	86001	[B]
440	0055051	0055051		Allergen, Food, Potato	\$ 4.65	86003	
441	0097641	0097641		Allergen, Food, Potato (White) IgG	\$ 5.68	86001	[B]
442	2010824	2010824		Allergen, Food, Pumpkin IgE	\$ 4.65	86003	
443	2001921	2001921		Allergen, Food, Pumpkin Seed IgE	\$ 4.65	86003	[A]
444	2010820	2010820		Allergen, Food, Quinoa IgE	\$ 4.65	86003	[A]
445	0099493	0099493		Allergen, Food, Raspberry IgE	\$ 4.65	86003	[A]
446	2001923	2001923		Allergen, Food, Red Dye/Carmine (Red 4) IgE	\$ 4.65	86003	[A]
447	0097628	0097628		Allergen, Food, Red Snapper IgE	\$ 4.65	86003	[A]
448	0055054	0055054		Allergen, Food, Rice	\$ 4.65	86003	
449	0097323	0097323		Allergen, Food, Rice IgG	\$ 5.68	86001	[B]
450	0055026	0055026		Allergen, Food, Rye	\$ 4.65	86003	
451	0097642	0097642		Allergen, Food, Rye IgG	\$ 5.68	86001	[B]

Line	Test Code	TEST CODE (Billing)	*	Test/Procedure	Fee/Each	Based on the 2019 CPT Code Book and information from our local carrier.	Compliance
452	2010738	2010738	*	Allergen, Food, Safflower IgE	\$ 21.53	86003	
453	0093514	0093514		Allergen, Food, Sage IgE	\$ 4.65	86003	[A]
454	0099680	0099680		Allergen, Food, Salmon	\$ 4.65	86003	
455	0097638	0097638		Allergen, Food, Sardine IgE	\$ 4.65	86003	
456	0099495	0099495		Allergen, Food, Scallop	\$ 4.65	86003	
457	2011743	2011743		Allergen, Food, Scallop IgG	\$ 5.68	86001	[B]
458	0099698	0099698		Allergen, Food, Sesame Seed	\$ 4.65	86003	
459	0055030	0055030		Allergen, Food, Shrimp	\$ 4.65	86003	
460	2011745	2011745		Allergen, Food, Shrimp IgG	\$ 5.68	86001	[B]
461	0093512	0093512		Allergen, Food, Sole IgE	\$ 4.65	86003	[A]
462	0055031	0055031		Allergen, Food, Soybean	\$ 4.65	86003	
463	0097643	0097643		Allergen, Food, Soybean IgG	\$ 5.68	86001	[B]
464	0055208	0055208		Allergen, Food, Spinach	\$ 4.65	86003	
465	0097632	0097632		Allergen, Food, Squid IgE	\$ 4.65	86003	
466	0099639	0099639		Allergen, Food, Strawberry	\$ 4.65	86003	
467	2011747	2011747		Allergen, Food, Strawberry IgG	\$ 5.68	86001	[B]
468	0099736	0099736	*	Allergen, Food, Sugar Cane IgE	\$ 14.96	86003	
469	0099122	0099122	*	Allergen, Food, Summer Squash IgE	\$ 14.96	86003	
470	0099496	0099496		Allergen, Food, Sunflower Seed IgE	\$ 4.65	86003	
471	0097326	0097326		Allergen, Food, Sweet Potato	\$ 4.65	86003	
472	0097633	0097633		Allergen, Food, Swordfish IgE	\$ 4.65	86003	[A]
473	0055451	0055451		Allergen, Food, Tea	\$ 4.65	86003	[A]
474	0093510	0093510		Allergen, Food, Thyme IgE	\$ 4.65	86003	[A]
475	2003296	2003296		Allergen, Food, Tilapia IgE	\$ 4.65	86003	[A]
476	0055033	0055033		Allergen, Food, Tomato	\$ 4.65	86003	
477	0097644	0097644		Allergen, Food, Tomato IgG	\$ 5.68	86001	[B]
478	0099727	0099727		Allergen, Food, Trout	\$ 4.65	86003	
479	0055062	0055062		Allergen, Food, Tuna	\$ 4.65	86003	
480	2011749	2011749		Allergen, Food, Tuna IgG	\$ 5.68	86001	[B]
481	0099627	0099627		Allergen, Food, Turkey	\$ 4.65	86003	
482	2011751	2011751		Allergen, Food, Turkey IgG	\$ 5.68	86001	[B]
483	2010742	2010742	*	Allergen, Food, Turmeric IgE	\$ 21.53	86003	
484	0055452	0055452		Allergen, Food, Vanilla	\$ 4.65	86003	[A]
485	2007611	2007611		Allergen, Food, Wall-Eyed Pike IgE	\$ 4.65	86003	[A]
486	0055209	0055209		Allergen, Food, Walnut (Juglans spp.) IgE	\$ 4.65	86003	
487	2011753	2011753		Allergen, Food, Walnut IgG	\$ 5.68	86001	[B]
488	0055157	0055157		Allergen, Food, Watermelon IgE	\$ 4.65	86003	[A]
489	0055034	0055034		Allergen, Food, Wheat	\$ 4.65	86003	
490	0097636	0097636		Allergen, Food, Wheat IgG	\$ 5.68	86001	[B]



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491	0055453	0055453		Allergen, Food, Whey IgE	\$ 4.65	86003	
492	0090291	0090291		Allergen, Food, Whey IgG	\$ 5.68	86001	[B]
493	2010822	2010822		Allergen, Food, White Pollock IgE	\$ 4.65	86003	[A]
494	0097634	0097634		Allergen, Food, Whitefish IgE	\$ 4.65	86003	[A]
495	2011819	2011819		Allergen, Food, Whole Egg, IgG	\$ 5.68	86001	[B]
496	0099134	0099134	*	Allergen, Food, Zucchini IgE	\$ 14.96	86003	
497	0055001	0055001		Allergen, Fungi & Molds, Alternaria alternata (tenuis)	\$ 4.65	86003	
498	0055061	0055061		Allergen, Fungi & Molds, Aspergillus fumigatus	\$ 4.65	86003	
499	0055383	0055383		Allergen, Fungi & Molds, Aureobasidium pullulans	\$ 4.65	86003	
500	0055004	0055004		Allergen, Fungi & Molds, Candida albicans	\$ 4.65	86003	
501	0098522	0098522		Allergen, Fungi & Molds, Cephalosporium	\$ 4.65	86003	
502	0055377	0055377		Allergen, Fungi & Molds, Curvularia lunata	\$ 4.65	86003	
503	0099599	0099599		Allergen, Fungi & Molds, Epicoccum	\$ 4.65	86003	
504	0055376	0055376		Allergen, Fungi & Molds, Fusarium moniliforme	\$ 4.65	86003	
505	0099541	0099541		Allergen, Fungi & Molds, Helminthosporium	\$ 4.65	86003	
506	0055038	0055038		Allergen, Fungi & Molds, Hormodendrum (Cladosporium)	\$ 4.65	86003	
507	0055442	0055442		Allergen, Fungi & Molds, Mucor racemosus	\$ 4.65	86003	
508	0055080	0055080		Allergen, Fungi & Molds, Penicillium notatum	\$ 4.65	86003	
509	0055390	0055390		Allergen, Fungi & Molds, Phoma betae	\$ 4.65	86003	
510	0099555	0099555		Allergen, Fungi & Molds, Rhizopus nigricans	\$ 4.65	86003	
511	0050357	0050357		Allergen, Fungi & Molds, Stemphylium botryosum	\$ 4.65	86003	
512	0050147	0050147		Allergen, Fungi & Molds, Trichophyton mentagrophytes, interdigitale variant	\$ 4.65	86003	[A]
513	0097773	0097773		Allergen, Fungi and Molds, Alternaria tenuis IgG	\$ 5.68	86001	[B]
514	2014003	2014003	*	Allergen, Fungi and Molds, Aspergillus flavus IgE	\$ 34.03	86003	
515	0092598	0092598		Allergen, Fungi and Molds, Aspergillus niger IgE	\$ 4.65	86003	
516	0097305	0097305		Allergen, Fungi and Molds, Aureobasidium pullulans IgG	\$ 5.68	86001	[B]
517	2010836	2010836		Allergen, Fungi and Molds, Bipolaris spicifera (Curvularia) IgE	\$ 4.65	86003	[A]
518	2004670	2004670		Allergen, Fungi and Molds, Botrytis cinerea IgE	\$ 4.65	86003	
519	0097304	0097304		Allergen, Fungi and Molds, Candida albicans IgG	\$ 5.68	86001	[B]
520	2007625	2007625		Allergen, Fungi and Molds, Chaetomium globosum IgE	\$ 4.65	86003	[A]
521	0097314	0097314		Allergen, Fungi and Molds, Cladosporium IgG	\$ 5.68	86001	[B]
522	2010726	2010726	*	Allergen, Fungi and Molds, Corn Smut IgE	\$ 21.53	86003	
523	2010728	2010728	*	Allergen, Fungi and Molds, Epidermophyton floccosum IgE	\$ 21.53	86003	
524	0093454	0093454		Allergen, Fungi and Molds, Fusarium proliferatum/moniliforme IgG	\$ 5.68	86001	[B]
525	2014005	2014005	*	Allergen, Fungi and Molds, Fusarium solani IgE	\$ 27.46	86003	
526	0097313	0097313		Allergen, Fungi and Molds, Helminthosporium halodes/Setomelanomma rostrata IgG	\$ 5.68	86001	[B]
527	0097316	0097316		Allergen, Fungi and Molds, Mucor racemosus IgG	\$ 5.68	86001	[B]
528	0097310	0097310		Allergen, Fungi and Molds, Penicillium chrysogenum/notatum IgG	\$ 5.68	86001	[B]
529	0097309	0097309		Allergen, Fungi and Molds, Phoma betae IgG	\$ 5.68	86001	[B]

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530	2006438	2006438		Allergen, Fungi and Molds, Pityrosporum orbiculare/Malassezia IgE	\$ 4.65	86003	
531	0097307	0097307		Allergen, Fungi and Molds, Rhizopus nigricans IgG	\$ 5.68	86001	[B]
532	0092590	0092590		Allergen, Fungi and Molds, Staphylococcal Enterotoxin A IgE	\$ 4.65	86003	
533	0092588	0092588		Allergen, Fungi and Molds, Staphylococcal Enterotoxin B IgE	\$ 4.65	86003	
534	0097308	0097308		Allergen, Fungi and Molds, Stemphylium herbarum/botrysosum IgG	\$ 5.68	86001	[B]
535	2010816	2010816		Allergen, Fungi and Molds, Trichoderma viride IgE	\$ 4.65	86003	
536	0099901	0099901		Allergen, Grass, Alfalfa IgE	\$ 4.65	86003	[A]
537	0055151	0055151		Allergen, Grass, Bahia	\$ 4.65	86003	
538	0055057	0055057		Allergen, Grass, Bent Grass/Redtop Grass	\$ 4.65	86003	
539	0055070	0055070		Allergen, Grass, Bermuda	\$ 4.65	86003	
540	0099774	0099774		Allergen, Grass, Brome Grass	\$ 4.65	86003	
541	0050536	0050536		Allergen, Grass, Canary Grass	\$ 4.65	86003	
542	0055184	0055184		Allergen, Grass, Common Reed IgE	\$ 4.65	86003	
543	0098644	0098644		Allergen, Grass, Cultivated Barley Pollen IgE	\$ 4.65	86003	
544	0098641	0098641		Allergen, Grass, Cultivated Corn Pollen	\$ 4.65	86003	
545	0050533	0050533		Allergen, Grass, Cultivated Oat Pollen	\$ 4.65	86003	
546	0098642	0098642		Allergen, Grass, Cultivated Wheat Pollen	\$ 4.65	86003	
547	0055047	0055047		Allergen, Grass, Johnson Grass	\$ 4.65	86003	
548	0055017	0055017		Allergen, Grass, June Grass/Kentucky Bluegrass	\$ 4.65	86003	
549	0055053	0055053		Allergen, Grass, Meadow Fescue	\$ 4.65	86003	
550	0055052	0055052		Allergen, Grass, Orchard Grass/Cocksfoot	\$ 4.65	86003	
551	0055028	0055028		Allergen, Grass, Perennial Rye Grass	\$ 4.65	86003	
552	0098470	0098470		Allergen, Grass, Salt Grass IgE	\$ 4.65	86003	[A]
553	0099667	0099667		Allergen, Grass, Sweet Vernal Grass	\$ 4.65	86003	
554	0055032	0055032		Allergen, Grass, Timothy Grass	\$ 4.65	86003	
555	0055091	0055091		Allergen, House Dust Greer	\$ 4.65	86003	
556	0055092	0055092		Allergen, House Dust Stier	\$ 4.65	86003	
557	2007627	2007627		Allergen, Insect and Venom, Bumble Bee Venom IgE	\$ 4.65	86003	[A]
558	0055210	0055210		Allergen, Insect, Mosquito, IgE	\$ 4.65	86003	
559	0050151	0050151		Allergen, Insects & Venom, Cockroach, American	\$ 4.65	86003	[A]
560	0055088	0055088		Allergen, Insects & Venom, Cockroach, German	\$ 4.65	86003	
561	0098272	0098272		Allergen, Insects & Venom, Fire Ant, Imported	\$ 4.65	86003	
562	0055048	0055048		Allergen, Insects & Venom, Paper Wasp	\$ 4.65	86003	
563	0055046	0055046		Allergen, Insects & Venom, White-Faced Hornet	\$ 4.65	86003	
564	0055139	0055139		Allergen, Insects & Venom, Yellow Jacket Venom	\$ 4.65	86003	
565	0055065	0055065		Allergen, Insects & Venom, Yellow-Faced Hornet	\$ 4.65	86003	
566	0055039	0055039		Allergen, Insects and Venom, Honey Bee IgE	\$ 4.65	86003	
567	0055400	0055400		Allergen, Insects and Venom, Honey Bee IgG	\$ 5.68	86001	[B]
568	0055415	0055415		Allergen, Insects and Venom, Paper Wasp IgG	\$ 5.68	86001	[B]

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569	0055405	0055405		Allergen, Insects and Venom, White-Faced Hornet IgG	\$ 5.68	86001	[B]
570	0055420	0055420		Allergen, Insects and Venom, Yellow Hornet IgG	\$ 5.68	86001	[B]
571	0055410	0055410		Allergen, Insects and Venom, Yellow Jacket IgG	\$ 5.68	86001	[B]
572	0055009	0055009		Allergen, Mites, Acarus siro IgE	\$ 4.65	86003	
573	2006019	2006019		Allergen, Mites, B. tropicalis IgE	\$ 4.65	86003	
574	0055064	0055064		Allergen, Mites, D. farinae	\$ 4.65	86003	
575	0055060	0055060		Allergen, Mites, D. microceras IgE	\$ 4.65	86003	
576	0055063	0055063		Allergen, Mites, D. pteronyssinus	\$ 4.65	86003	
577	0055095	0055095		Allergen, Mites, Glycyphagus domesticus IgE	\$ 4.65	86003	
578	0050143	0050143		Allergen, Mites, Lepidoglyphus destructor	\$ 4.65	86003	
579	2006687	2006687		Allergen, Occupational, Cotton Seed IgE	\$ 4.65	86003	[A]
580	0098421	0098421	*	Allergen, Occupational, Ethylene Oxide IgE	\$ 21.53	86003	
581	0098423	0098423		Allergen, Occupational, Formaldehyde IgE	\$ 4.65	86003	[A]
582	2001915	2001915	*	Allergen, Occupational, Gum Carageenan IgE	\$ 21.53	86003	
583	0098418	0098418		Allergen, Occupational, Isocyanate HDI	\$ 4.65	86003	
584	0098419	0098419		Allergen, Occupational, Isocyanate MDI	\$ 4.65	86003	
585	0098420	0098420		Allergen, Occupational, Isocyanate TDI	\$ 4.65	86003	
586	0098614	0098614		Allergen, Occupational, Latex IgE, Enhanced	\$ 4.65	86003	
587	0098422	0098422	*	Allergen, Occupational, Phthalic Anhydride IgE	\$ 21.53	86003	
588	0099548	0099548		Allergen, Occupational, Tobacco	\$ 4.65	86003	[A]
589	0055213	0055213		Allergen, Parasite, Ascaris	\$ 4.65	86003	
590	0055141	0055141		Allergen, Tree, Acacia Tree	\$ 4.65	86003	
591	0099486	0099486		Allergen, Tree, Alder Tree	\$ 4.65	86003	
592	0055153	0055153		Allergen, Tree, American Beech Tree IgE	\$ 4.65	86003	
593	0055150	0055150		Allergen, Tree, Arizona Cypress IgE	\$ 4.65	86003	
594	2007775	2007775	*	Allergen, Tree, Aspen IgE	\$ 14.96	86003	
595	0098870	0098870		Allergen, Tree, Bayberry IgE	\$ 4.65	86003	[A]
596	0055058	0055058		Allergen, Tree, Birch Tree	\$ 4.65	86003	
597	0092053	0092053	*	Allergen, Tree, Black Locust IgE	\$ 14.96	86003	
598	2007876	2007876	*	Allergen, Tree, Black Willow IgE	\$ 14.96	86003	
599	0055003	0055003		Allergen, Tree, Box Elder/Maple Tree	\$ 4.65	86003	
600	0097794	0097794		Allergen, Tree, California Pepper IgE	\$ 4.65	86003	[A]
601	0055156	0055156		Allergen, Tree, Cedar/Red Tree	\$ 4.65	86003	
602	0055010	0055010		Allergen, Tree, Cottonwood Tree	\$ 4.65	86003	
603	2007621	2007621		Allergen, Tree, Cypress Bald IgE	\$ 4.65	86003	[A]
604	2003216	2003216		Allergen, Tree, Douglas Fir IgE	\$ 4.65	86003	[A]
605	0055042	0055042		Allergen, Tree, Elm Tree	\$ 4.65	86003	
606	0055098	0055098		Allergen, Tree, Eucalyptus Tree	\$ 4.65	86003	
607	0098871	0098871	*	Allergen, Tree, Groundsel IgE	\$ 21.53	86003	

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608	2007617	2007617		Allergen, Tree, Hackberry IgE	\$ 4.65	86003	[A]
609	0093506	0093506		Allergen, Tree, Hazelnut IgE	\$ 4.65	86003	
610	0097934	0097934	*	Allergen, Tree, Hickory Shagbark IgE	\$ 21.53	86003	
611	0098867	0098867		Allergen, Tree, Italian Cypress IgE	\$ 4.65	86003	
612	0055187	0055187		Allergen, Tree, Japanese Cedar Tree	\$ 4.65	86003	
613	2007773	2007773	*	Allergen, Tree, Maple Sugar IgE	\$ 14.96	86003	
614	0098863	0098863		Allergen, Tree, Melaleuca Tree	\$ 4.65	86003	
615	0055140	0055140		Allergen, Tree, Mesquite Tree	\$ 4.65	86003	
616	0055007	0055007		Allergen, Tree, Mountain Cedar (Juniper) Tree	\$ 4.65	86003	
617	0093504	0093504		Allergen, Tree, Mulberry Red IgE	\$ 4.65	86003	[A]
618	0097933	0097933	*	Allergen, Tree, Oak Red IgE	\$ 21.53	86003	
619	0055045	0055045		Allergen, Tree, Oak Tree	\$ 4.65	86003	
620	0055155	0055155		Allergen, Tree, Olive Tree	\$ 4.65	86003	
621	0098861	0098861		Allergen, Tree, Palm/Queen Tree	\$ 4.65	86003	
622	0055145	0055145		Allergen, Tree, Pecan (Hickory) Tree	\$ 4.65	86003	
623	0055089	0055089		Allergen, Tree, Pine/Australian Tree	\$ 4.65	86003	
624	0098859	0098859	*	Allergen, Tree, Poplar White IgE	\$ 14.96	86003	
625	0055152	0055152		Allergen, Tree, Privet Tree	\$ 4.65	86003	
626	0055380	0055380		Allergen, Tree, Sweet Gum Tree	\$ 4.65	86003	[A]
627	0055090	0055090		Allergen, Tree, Sycamore Tree	\$ 4.65	86003	
628	0055449	0055449		Allergen, Tree, Virginia Live Oak Tree	\$ 4.65	86003	[A]
629	0055093	0055093		Allergen, Tree, Walnut Tree	\$ 4.65	86003	
630	0055073	0055073		Allergen, Tree, White Ash Tree	\$ 4.65	86003	
631	0099554	0099554		Allergen, Tree, White Mulberry Tree	\$ 4.65	86003	
632	0055082	0055082		Allergen, Tree, White Pine Tree	\$ 4.65	86003	
633	0055083	0055083		Allergen, Tree, Willow Tree	\$ 4.65	86003	
634	2007898	2007898		Allergen, Weed, Careless Weed IgE	\$ 4.65	86003	[A]
635	0099472	0099472		Allergen, Weed, Cocklebur	\$ 4.65	86003	
636	0055085	0055085		Allergen, Weed, Common/Short Ragweed	\$ 4.65	86003	
637	0055086	0055086		Allergen, Weed, Dandelion	\$ 4.65	86003	
638	2010830	2010830		Allergen, Weed, Dog Fennel IgE	\$ 4.65	86003	[A]
639	0055049	0055049		Allergen, Weed, English Plantain	\$ 4.65	86003	
640	0055014	0055014		Allergen, Weed, False Ragweed	\$ 4.65	86003	
641	0055084	0055084		Allergen, Weed, Giant Ragweed	\$ 4.65	86003	
642	0098471	0098471		Allergen, Weed, Goldenrod	\$ 4.65	86003	
643	0055018	0055018		Allergen, Weed, Kochia/Firebush	\$ 4.65	86003	
644	0055160	0055160		Allergen, Weed, Lamb's Quarters	\$ 4.65	86003	
645	0050910	0050910		Allergen, Weed, Marsh Elder	\$ 4.65	86003	
646	0055021	0055021		Allergen, Weed, Mugwort	\$ 4.65	86003	

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647	0099775	0099775		Allergen, Weed, Nettle	\$ 4.65	86003	
648	0055025	0055025		Allergen, Weed, Pigweed	\$ 4.65	86003	
649	0055027	0055027		Allergen, Weed, Russian Thistle	\$ 4.65	86003	
650	0055029	0055029		Allergen, Weed, Sagebrush/Wormwood	\$ 4.65	86003	
651	0099553	0099553		Allergen, Weed, Scale	\$ 4.65	86003	
652	0099785	0099785		Allergen, Weed, Sheep Sorrel	\$ 4.65	86003	
653	0055185	0055185		Allergen, Weed, Sunflower Pollen IgE	\$ 4.65	86003	[A]
654	2006021	2006021		Allergen, Weed, Wall pellitory (P. officinalis)	\$ 4.65	86003	
655	0055035	0055035		Allergen, Weed, Western Ragweed	\$ 4.65	86003	
656	2008595	2008595	*	Allergen, Weed, Western Waterhemp (Amaranthus spp.) IgE	\$ 14.96	86003	
657	2014009	2014009	*	Allergen, Weed, Wingscale (Atriplex canescens) IgE	\$ 27.46	86003	
658	0098433	0098433		Allergen, Weed, Yellow Dock (Rumex crispus) IgE	\$ 4.65	86003	[A]
659	0051833	0051833		Allergens, Additional Molds Profile IgE	\$ 23.25	86003 x5	[A]
664	0055120	0055120		Allergens, Animal Epithelium/Dander/Feather Mix Profile	\$ 28.44	86003 x4/86005	
669	0055122	0055122		Allergens, Animal, Dog/Cat Epithelium Profile	\$ 9.30	86003 x2	
671	0055170	0055170		Allergens, Dust/Mite Profile	\$ 18.60	86003 x4	
675	0055350	0055350		Allergens, Food, Cereal Profile	\$ 23.25	86003 x5	
680	0050486	0050486		Allergens, Food, Common Adult Food IgE	\$ 65.75	86003 x11/82785	
692	2007215	2007215		Allergens, Food, Common Panel IgG	\$ 102.24	86001 x18	[B]
710	0055100	0055100		Allergens, Food, Comprehensive Profile 1	\$ 120.90	86003 x26	
736	2013024	2013024		Allergens, Food, Egg Components IgE	\$ 53.58	86003 x2/86008 x2	
740	2007213	2007213		Allergens, Food, Extended Panel IgG	\$ 107.92	86001 x19	[B]
759	2007036	2007036		Allergens, Food, Fish Profile IgE	\$ 27.90	86003 x6	[A]
765	2007216	2007216		Allergens, Food, IgG Panel	\$ 62.48	86001 x11	[B]
776	2007214	2007214		Allergens, Food, Meat Panel IgG	\$ 17.04	86001 x3	[B]
779	0055345	0055345		Allergens, Food, Nut Mix Profile	\$ 23.25	86003 x5	
784	0051831	0051831		Allergens, Food, Nuts	\$ 37.20	86003 x8	
792	0055174	0055174		Allergens, Food, Profile 10	\$ 46.50	86003 x10	
802	0055301	0055301		Allergens, Food, Profile 13	\$ 60.45	86003 x13	
815	0055172	0055172		Allergens, Food, Profile 19	\$ 88.35	86003 x19	
834	0055142	0055142		Allergens, Food, Profile 4	\$ 18.60	86003 x4	
838	0055133	0055133		Allergens, Food, Profile 8	\$ 37.20	86003 x8	
846	0055104	0055104		Allergens, Food, Profile 9	\$ 41.85	86003 x9	
855	0055340	0055340		Allergens, Food, Salad Profile	\$ 23.25	86003 x5	[B]
860	0055335	0055335		Allergens, Food, Seafood Profile	\$ 23.25	86003 x5	
865	0051835	0051835		Allergens, Food, Shell Fish Profile	\$ 32.55	86003 x7	
872	0055384	0055384		Allergens, Food, Southeast Profile	\$ 97.65	86003 x21	
893	0055370	0055370		Allergens, Food, Southwest Basic Profile	\$ 51.15	86003 x11	
904	0055330	0055330		Allergens, Food, Vegetable Profile IgE	\$ 23.25	86003 x5	[A]

Line	Test Code	TEST CODE (Billing)	*	Test/Procedure	Fee/Each	Based on the 2019 CPT Code Book and information from our local carrier.	Compliance
909	0055218	0055218		Allergens, Food, West Kentucky Group IgE	\$ 61.10	86003 x10/82785	
920	2002124	2002124		Allergens, Foods, Common 10	\$ 46.50	86003 x10	
930	0055130	0055130		Allergens, Grass Profile	\$ 37.20	86003 x8	
938	0055105	0055105		Allergens, Hymenoptera, Bee Venom Profile	\$ 23.25	86003 x5	
943	0055368	0055368		Allergens, Inhalant Multiallergen IgE, Qualitative	\$ 9.84	86005	
944	0055113	0055113		Allergens, Inhalants Panel 11 IgE	\$ 61.10	86003 x10/82785	
955	0055309	0055309		Allergens, Inhalants, California Environmental	\$ 23.25	86003 x5	
960	0055306	0055306		Allergens, Inhalants, California Pollen	\$ 46.50	86003 x10	
970	0055231	0055231		Allergens, Inhalants, Comprehensive Profile 2	\$ 74.40	86003 x16	
986	0055312	0055312		Allergens, Inhalants, Comprehensive Profile IgE	\$ 140.15	86003 x27/82785	
1014	0055305	0055305		Allergens, Inhalants, Environmental Profile 10	\$ 51.69	86003 x9/86005	
1024	0051830	0051830		Allergens, Inhalants, Indoor	\$ 37.74	86003 x6/86005	[A]
1031	0055138	0055138		Allergens, Inhalants, Midwest Comprehensive 1	\$ 97.65	86003 x21	
1052	0055171	0055171		Allergens, Inhalants, Midwest Comprehensive 2	\$ 88.35	86003 x19	
1071	0055116	0055116		Allergens, Inhalants, Northeast Comprehensive	\$ 69.75	86003 x15	
1086	0055175	0055175		Allergens, Inhalants, Profile 13 IgE	\$ 55.80	86003 x12	
1098	0055178	0055178		Allergens, Inhalants, Profile 18 IgE	\$ 79.05	86003 x17	
1115	2002123	2002123		Allergens, Inhalants, Profile 28 IgE	\$ 135.39	86003 x27/86005	[A]
1143	0055149	0055149		Allergens, Inhalants, Southeast Coastal Comprehensive	\$ 102.30	86003 x22	
1165	3000600	3000600		Allergens, Inhalants, Southeast Panel IgE	\$ 69.75	86003 x15	
1180	0055111	0055111		Allergens, Inhalants, Southern California Profile	\$ 46.50	86003 x10	
1190	0055043	0055043		Allergens, Inhalants, Southwest Basic	\$ 41.85	86003 x9	
1199	0055360	0055360		Allergens, Inhalants, Southwest Comprehensive 1	\$ 93.00	86003 x20	
1219	0055367	0055367		Allergens, Inhalants, Southwest Comprehensive 2	\$ 111.60	86003 x24	[A]
1243	0055375	0055375		Allergens, Inhalants, Southwest Extended Profile	\$ 144.15	86003 x31	
1274	0055230	0055230		Allergens, Inhalants, Southwest Valley Profile	\$ 46.50	86003 x10	
1284	2006399	2006399		Allergens, Inhalants, Western Environmental IgE	\$ 93.65	86003 x17/82785	
1302	0055114	0055114		Allergens, Inhalants/Foods, Comprehensive Profile 1	\$ 140.04	86003 x28/86005	
1331	0055099	0055099		Allergens, Inhalants/Foods, Comprehensive Profile 2	\$ 134.85	86003 x29	
1360	0055307	0055307		Allergens, Inhalants/Foods, Environmental Profile	\$ 84.24	86003 x16/86005	
1377	0055131	0055131		Allergens, Inhalants/Foods, Pacific Northwest Profile	\$ 79.05	86003 x17	
1394	0055126	0055126		Allergens, Inhalants/Foods, Profile A	\$ 60.45	86003 x13	
1407	0055129	0055129		Allergens, Inhalants/Foods, Western Allergy Profile	\$ 116.79	86003 x23/86005	
1431	0055395	0055395		Allergens, Isocyanate Panel	\$ 13.95	86003 x3	
1434	0055245	0055245		Allergens, Latex/Cross-Reactive Food Panel IgE	\$ 61.10	86003 x10/82785	[A]
1445	0055125	0055125		Allergens, Mold Profile	\$ 23.25	86003 x5	
1450	0055387	0055387		Allergens, Mold Profile, Southeast Comprehensive	\$ 46.50	86003 x10	
1480	0050529	0050529		Allergens, Pediatric Allergy, March (Progression) Profile IgE	\$ 70.40	86003 x12/82785	
1473	0055121	0055121		Allergens, Pediatric Foods Profile 1	\$ 23.25	86003 x5	



Line	Test Code	TEST CODE (Billing)	*	Test/Procedure	Fee/Each	Based on the 2019 CPT Code Book and information from our local carrier.	Compliance
1478	0055300	0055300		Allergens, Pediatric Foods/Inhalants Profile	\$ 51.15	86003 x11	
1489	0055365	0055365		Allergens, Pediatric Inhalants, Southwest	\$ 51.15	86003 x11	
1500	0050152	0050152		Allergens, Pediatric Profile IgE	\$ 69.75	86003 x15	[A]
1515	2014247	2014247		Allergens, Respiratory IgE Panel, Region 1, North Atlantic (CT, MA, NJ, PA, VT, ME, NH, NY, RI)	\$ 140.15	86003 x27/82785	
1543	2006038	2006038		Allergens, Respiratory Panel, Region 10, Southwestern Grasslands (OK, TX) IgE	\$ 149.45	86003 x29/82785	
1573	2006039	2006039		Allergens, Respiratory Panel, Region 11, Rocky Mountain (AZ, ID, NM, WY CO, MT, UT) IgE	\$ 144.80	86003 x28/82785	
1602	2006040	2006040		Allergens, Respiratory Panel, Region 12, Arid Southwest (S. AZ, S.E. CA) IgE	\$ 135.50	86003 x26/82785	
1629	2006041	2006041		Allergens, Respiratory Panel, Region 13, Southern Coastal (CA) IgE	\$ 144.80	86003 x28/82785	
1658	2006042	2006042		Allergens, Respiratory Panel, Region 14, Central California (CA) IgE	\$ 140.15	86003 x27/82785	
1686	2006043	2006043		Allergens, Respiratory Panel, Region 15, Intermountain West (NV, S. ID) IgE	\$ 135.50	86003 x26/82785	
1713	2006044	2006044		Allergens, Respiratory Panel, Region 16, Inland Northwest (OR, Central and East WA) IgE	\$ 130.85	86003 x25/82785	
1739	2006045	2006045		Allergens, Respiratory Panel, Region 17, Pacific Northwest (NW CA, W. OR, WA) IgE	\$ 140.15	86003 x27/82785	
1767	2006046	2006046		Allergens, Respiratory Panel, Region 18, Alaska IgE	\$ 102.95	86003 x19/82785	
1787	2006047	2006047		Allergens, Respiratory Panel, Region 19, Puerto Rico IgE	\$ 130.85	86003 x25/82785	
1813	2005718	2005718		Allergens, Respiratory Panel, Region 2, Mid-Atlantic (DE, MD, VA, DC, NC) IgE	\$ 140.15	86003 x27/82785	
1841	2006048	2006048		Allergens, Respiratory Panel, Region 20, Hawaii IgE	\$ 140.15	86003 x27/82785	
1869	2006025	2006025		Allergens, Respiratory Panel, Region 3, South Atlantic (GA, SC, N. FL) IgE	\$ 135.50	86003 x26/82785	
1896	2006026	2006026		Allergens, Respiratory Panel, Region 4, Subtropic Florida (S. of Orlando) IgE	\$ 135.50	86003 x26/82785	
1923	2006031	2006031		Allergens, Respiratory Panel, Region 5, Ohio Valley (IN, OH, TN, WV, KY) IgE	\$ 154.10	86003 x30/82785	
1954	2006032	2006032		Allergens, Respiratory Panel, Region 6, South Central (AL, AR, LA, MS) IgE	\$ 135.50	86003 x26/82785	
1981	2006033	2006033		Allergens, Respiratory Panel, Region 7, Northern Midwest (MI, WI, MN) IgE	\$ 140.15	86003 x27/82785	
2009	2006034	2006034		Allergens, Respiratory Panel, Region 8, Central Midwest (IL, MO, IA) IgE	\$ 149.45	86003 x29/82785	
2039	2006037	2006037		Allergens, Respiratory Panel, Region 9, Great Plains (KS, NE, ND, SD) IgE	\$ 135.50	86003 x26/82785	
2066	0092584	0092584		Allergens, Staphylococcal aureus Panel IgE	\$ 23.90	86003 x2/82785	
2067	0055115	0055115		Allergens, Tree Profile	\$ 60.45	86003 x13	
2080	0055148	0055148		Allergens, Tree Profile 4	\$ 23.25	86003 x5	
2085	0055385	0055385		Allergens, Tree, Southeast Profile	\$ 37.20	86003 x8	[A]
2093	0051355	0051355		Allergens, Upper Respiratory Disease Profile, Region 9A	\$ 69.75	86003 x15	[A]
2108	0055110	0055110		Allergens, Weed Profile	\$ 60.45	86003 x13	
2121	0055112	0055112		Allergens, Weed Profile 5	\$ 23.25	86003 x5	
2126	0055379	0055379		Allergens, Weeds, Southeast Basic Profile	\$ 23.25	86003 x5	
2131	2004243	2004243		Allergic Bronchopulmonary Aspergillosis (ABPA) Panel	\$ 52.03	82785/86003/86606 x2	
2132	3000142	3000142		Alpha Fetoprotein (Amniotic Fluid) with Reflex to Acetylcholinesterase and Fetal Hemoglobin (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 12.03	82106	
2133	RFLX ACETYL AF	2006848	R	REFLEX Acetylcholinesterase and Fetal HGB, Amniotic Fluid	\$ 18.65	82013/83033	[B]
2134	2014507	2014507		Alpha Fetoprotein, Body Fluid	\$ 18.51	86316	[B]

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2135	0020729	0020729		Alpha Fetoprotein, CSF (Tumor Marker)	\$ 18.51	86316	[B]
2136	0080428	0080428		Alpha Fetoprotein, Serum (Tumor Marker)	\$ 12.03	82105	
2137	0081208	0081208		Alpha Fetoprotein, Total and L3 Percent	\$ 70.12	82107	
2138	2003204	2003204	*	Alpha Galactosidase, Serum	\$ 336.80	82657	
2139	2011622	2011622		Alpha Globin (HBA1 and HBA2) Deletion/Duplication	\$ 202.40	81269	[C]
2140	2011708	2011708		Alpha Globin (HBA1 and HBA2) Sequencing and Deletion/Duplication	\$ 802.40	81259/81269	[C]
2141	2013034	2013034	*	Alpha Subunit, Free, Pituitary Glycoprotein Hormones (PGH)	\$ 98.55	83520	
2142	0051495	0051495		Alpha Thalassemia (HBA1 and HBA2) 7 Deletions	\$ 102.26	81257	[C]
2143	2014513	2014513		Alpha/Beta Double-Negative T-Cells for Autoimmune Lymphoproliferative Syndrome	\$ 58.30	86356 x2	[A]
2144	0050002	0050002		Alpha-1-Acid Glycoprotein	\$ 16.41	82985	
2145	0050001	0050001		Alpha-1-Antitrypsin	\$ 14.63	82103	
2146	2003424	2003424		Alpha-1-Antitrypsin (AAT) by Immunohistochemistry	\$ 73.50	88342TC	
2147	0051256	0051256		Alpha-1-Antitrypsin (SERPINA1) Enzyme Concentration and 2 Mutations with Reflex to Alpha-1-Antitrypsin Phenotype (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 68.52	82103/81332	[C]
2149	RFLX BILL PHENO	0089006	R	REFLEX A1A PHENOTYPE BILL	\$ 15.74	82104	
2150	2011043	2011043		Alpha-1-Antitrypsin Clearance, Quantitative by ELISA, Timed Stool	\$ 29.26	82103 x2	[D]
2151	0080500	0080500		Alpha-1-Antitrypsin Phenotype (Includes Alpha-1-Antitrypsin)	\$ 30.37	82104/82103	
2153	2011041	2011041		Alpha-1-Antitrypsin, Quantitative by ELISA, Random Stool	\$ 14.63	82103	[D]
2154	2003436	2003436		Alpha-1-Fetoprotein (AFP) by Immunohistochemistry	\$ 73.50	88342TC	[B]
2155	0050043	0050043		Alpha-1-Microglobulin, Urine	\$ 12.28	83883	
2156	0098727	0098727		Alpha-2-Antiplasmin, Activity	\$ 8.39	85410	
2157	0050005	0050005		Alpha-2-Macroglobulin	\$ 12.28	83883	
2158	3001257	3001257		Alpha-Amino-3-hydroxy-5-methyl-4-isoxazolepropionic Acid (AMPA) Receptor Antibody, IgG by IFA with Reflex to Titer, CSF (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 10.87	86255	[D]
2159	RFLX AMPACSFTTR	3001263	R	REFLEX Alpha-amino-3-hydroxy-5-methyl-4-isoxazolepropionic Acid (AMPA) Receptor Antibody Titer, IgG, CSF	\$ 10.39	86256	[D]
2160	3001260	3001260		Alpha-amino-3-hydroxy-5-methyl-4-isoxazolepropionic Acid (AMPA) Receptor Antibody, IgG by IFA with Reflex to Titer, Serum (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 10.87	86255	[D]
2161	RFLX AMPASERTTR	3001265	R	REFLEX Alpha-amino-3-hydroxy-5-methyl-4-isoxazolepropionic Acid (AMPA) Receptor Antibody Titer, IgG, Serum	\$ 10.39	86256	[D]
2162	2011415	2011415		Alpha-Iduronidase Enzyme Activity in Leukocytes	\$ 19.66	82657	[B]
2163	2003419	2003419		Alpha-Synuclein by Immunohistochemistry	\$ 73.50	88342TC	
2164	0051786	0051786		Alport Syndrome, X-linked (COL4A5) Sequencing	\$ 2,000.00	81408	[C]
2165	2002398	2002398		Alport Syndrome, X-linked (COL4A5) Sequencing and Deletion/Duplication	\$ 2,846.27	81407/81408	[C]
2166	0090010	0090010		Aprazolam	\$ 29.73	80346 (Alt code: G0480)	
2167	0099266	0099266		Aluminum, Serum	\$ 19.72	82108	[B]
2168	0099408	0099408		Aluminum, Urine	\$ 19.72	82108	[B]
2169	0091195	0091195	*	Amantadine Quantitative, Serum or Plasma	\$ 94.00	80375 (Alt code: G0480)	
2170	0090295	0090295		Amikacin, Peak Level	\$ 13.76	80150	

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2171	0090015	0090015		Amikacin, Random Level	\$ 13.76	80150	
2172	0090300	0090300		Amikacin, Trough Level	\$ 13.76	80150	
2173	2009389	2009389		Amino Acids Quantitative by LC-MS/MS, Plasma	\$ 15.04	82139	[B]
2174	2009419	2009419		Amino Acids Quantitative by LC-MS/MS, Urine	\$ 15.04	82139	[B]
2175	0080137	0080137		Amino Acids Quantitative, CSF	\$ 15.04	82139	[B]
2176	2011474	2011474		Aminolevulinic Acid (ALA), Random Urine	\$ 17.91	82135	
2177	0080103	0080103		Aminolevulinic Acid (ALA), Urine	\$ 17.91	82135	
2178	2011012	2011012	*	Aminolevulinic Acid Dehydratase (ALAD), Blood	\$ 274.08	82657	
2179	0090161	0090161		Amiodarone and Metabolite	\$ 12.59	80299	[B]
2180	0090158	0090158		Amitriptyline and Nortriptyline, Serum or Plasma	\$ 29.76	80335 (Alt code: G0480)	[B]
2181	0020043	0020043		Ammonia, Plasma	\$ 13.22	82140	
2182	0060250	0060250		Amoeba Calcofluor Stain	\$ 4.87	87206	
2183	2014043	2014043	*	Amphetamines (D/L Differentiation), Urine	\$ 229.00	80324 (Alt code: G0480)	
2184	2012209	2012209		Amphetamines Urine Screen with Reflex to Quantitation (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 63.85	80307	[B]
2185	RFLX AMPS UR	2010075	R	REFLEX Amphetamines, Urine, Quantitative	\$ 38.13	80325/80359 (Alt code: G0480)	[B]
2186	2010066	2010066		Amphetamines, Serum or Plasma, Quantitative	\$ 58.63	80324/80359 (Alt code: G0480)	[B]
2187	2010075	2010075		Amphetamines, Urine, Quantitative	\$ 38.13	80325/80359 (Alt code: G0480)	[B]
2188	2008893	2008893		Amphiphsin Antibody, IgG	\$ 8.60	83516	[D]
2189	0020506	0020506		Amylase, Body Fluid	\$ 5.73	82150	[B]
2190	0020804	0020804		Amylase, Isoenzymes	\$ 11.46	82150 x2	
2192	0020013	0020013		Amylase, Serum or Plasma	\$ 5.73	82150	
2193	0020471	0020471		Amylase, Urine	\$ 5.73	82150	
2194	2008682	2008682	*	Anabolic Steroids, Urine - Screen with Reflex to Confirmation (No additional charge if reflex is performed.)	\$ 120.00	80307; if positive add 80328 (Alt code: if positive add G0480)	
2195	0060143	0060143		Anaerobe Culture and Gram Stain (Gram stain 0060101 is billed additionally) (Micro billing tasks will be ordered as needed, see below for possible charges and CPT codes)	\$ 8.59	87075; Identification and susceptibility CPT codes may vary based on method.	
2196	TASK GS	0060011		BILL TASK Gram Stain	\$ 3.46	87205	
2197	TASK AST M	0060790		BILL TASK Susceptibility - Automated broth dilution (Billed)	\$ 7.57	87186	
2198	TASK CF PSE	TASK CF PSE		BILL TASK Bacterial Identification - Cystic Pseudomonas (Billed)	\$ 7.08	87077	
2199	TASK PSE	TASK PSE		BILL TASK Bacterial Identification - Pseudomonas (Billed)	\$ 7.08	87077	
2200	TASK BID	0060457		BILL TASK Bacterial Identification (Billed)	\$ 7.08	87077	
2201	TASK PID	TASK PID		BILL TASK Bacterial Identification - Gram positive (Phoenix) (Billed)	\$ 7.08	87077	
2202	TASK NID	TASK NID		BILL TASK Bacterial Identification - Gram negative (Phoenix) (Billed)	\$ 7.08	87077	
2203	TASK BAC	TASK BAC		BILL TASK Bacterial Identification - Bacillus (Billed)	\$ 7.08	87077	
2204	TASK NMIC/ID 304	2013217		BILL TASK Gram Negative ID & MIC Panel (Phoenix)	\$ 7.08	87077	
2205	TASK BACSEQ	0060719		BILL TASK DNA Sequencing - Bacterial identification (Billed)	\$ 125.58	87153	
2206	TASK ANAMIC	0060402		BILL TASK Susceptibility - Anaerobe by broth dilution (Billed)	\$ 7.57	87186	
2207	TASK DD	0060418		BILL TASK Susceptibility - Disk diffusion (Billed)	\$ 4.23	87184	

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2208	TASK BLAC M	0060401		BILL TASK Susceptibility - Beta-Lactamase (Billed)	\$ 1.21	87185	
2209	TASK ANAID	0062028		BILL TASK Anaerobe Identification (Billed)	\$ 7.26	87076	
2210	TASK .PF	0062151		BILL TASK Processing fee (Billed)	\$ 35.00	87015	
2211	TASK MIC	0060408		BILL TASK Susceptibility - Broth dilution panel (Billed)	\$ 7.57	87186	
2212	TASK SMIC	0062229		BILL TASK Susceptibility - Single drug by broth dilution (Billed)	\$ 7.57	87186	
2213	TASK ETEST	0062228		BILL TASK Susceptibility - Single drug by Etest (Billed)	\$ 1.16	87181	
2214	TASK PBP	2008641		BILL TASK Susceptibility - Penicillin Binding Protein 2a (Billed)	\$ 3.91	87147	
2215	TASK NF PBP	2014492		BILL TASK PBP2A Normal Flora use(Billed)	\$ 3.91	87147	
2216	TASK MECA/C	3000097		BILL TASK Susceptibility – mecA/mecC Gene Detection by PCR (Billed)	\$ 30.88	87641	
2217	0060164	0060164		Anaerobic Organism Identification (Micro billing tasks will be ordered as needed, see below for possible charges and CPT codes)	Variable	Variable	
2218	TASK BACSEQ	0060719		BILL TASK DNA Sequencing - Bacterial Identification (Billed)	\$ 125.58	87153	
2219	TASK ANAID	0062028		BILL TASK Anaerobe Identification (Billed)	\$ 7.26	87076	
2220	TASK ANAMIC	0060402		BILL TASK Susceptibility - Anaerobe by broth dilution (Billed)	\$ 7.57	87186	
2221	TASK .PF	0062151		BILL TASK Processing fee (Billed)	\$ 35.00	87015	
2222	TASK BLAC M	0060401		BILL TASK Susceptibility - Beta-Lactamase (Billed)	\$ 1.21	87185	
2223	TASK MIC	0060408		BILL TASK Susceptibility - Broth dilution panel (Billed)	\$ 7.57	87186	
2224	TASK CF PSE	TASK CF PSE		BILL TASK Bacterial Identification - Cystic Pseudomonas (Billed)	\$ 7.08	87077	
2225	TASK PSE	TASK PSE		BILL TASK Bacterial Identification - Pseudomonas (Billed)	\$ 7.08	87077	
2226	TASK BID	0060457		BILL TASK Bacterial Identification (Billed)	\$ 7.08	87077	
2227	TASK PID	TASK PID		BILL TASK Bacterial Identification - Gram positive (Phoenix) (Billed)	\$ 7.08	87077	
2228	TASK NID	TASK NID		BILL TASK Bacterial Identification - Gram negative (Phoenix) (Billed)	\$ 7.08	87077	
2229	TASK BAC	TASK BAC		BILL TASK Bacterial Identification - Bacillus (Billed)	\$ 7.08	87077	
2230	TASK NMIC/ID 304	2013217		BILL TASK Gram Negative ID & MIC Panel (Phoenix)	\$ 7.08	87077	
2231	TASK AST M	0060790		BILL TASK Susceptibility - Automated broth dilution (Billed)	\$ 7.57	87186	
2232	TASK AFBSEQ	0061208		BILL TASK DNA Sequencing - AFB identification (Billed)	\$ 125.58	87153	
2233	TASK MALDI	2005162		BILL TASK Bacterial ID by MALDI-TOF MS (billed)	\$ 7.08	87077	
2234	TASK ANA MALDI	2005712		BILL TASK Anaerobic organism ID by MALDI-TOF (billed)	\$ 7.26	87076	
2235	TASK CD	2006558		BILL TASK Clostridium difficile battery (Billed)	\$ 7.26	87076	
2236	TASK PBP	2008641		BILL TASK Susceptibility - Penicillin Binding Protein 2a (Billed)	\$ 3.91	87147	
2237	TASK NF PBP	2014492		BILL TASK PBP2A Normal Flora use(Billed)	\$ 3.91	87147	
2238	TASK MECA/C	3000097		BILL TASK Susceptibility – mecA/mecC Gene Detection by PCR (Billed)	\$ 30.88	87641	
2239	0060198	0060198		Anaerobic Organism Identification with Reflex to Susceptibility (Micro billing tasks will be ordered as needed, see below for possible charges and CPT codes)	Variable	Variable	
2240	TASK ANAMIC	0060402		BILL TASK Susceptibility - Anaerobe by broth dilution (Billed)	\$ 7.57	87186	
2241	TASK BACSEQ	0060719		BILL TASK DNA Sequencing - Bacterial Identification (Billed)	\$ 125.58	87153	
2242	TASK ANAID	0062028		BILL TASK Anaerobe Identification (Billed)	\$ 7.26	87076	
2243	TASK BLAC M	0060401		BILL TASK Susceptibility - Beta-Lactamase (Billed)	\$ 1.21	87185	
2244	TASK .PF	0062151		BILL TASK Processing fee (Billed)	\$ 35.00	87015	

Line	Test Code	TEST CODE (Billing)	*	Test/Procedure	Fee/Each	Based on the 2019 CPT Code Book and information from our local carrier.	Compliance
2245	TASK MIC	0060408		BILL TASK Susceptibility - Broth dilution panel (Billed)	\$ 7.57	87186	
2246	TASK SMIC	0062229		BILL TASK Susceptibility - Single drug by broth dilution (Billed)	\$ 7.57	87186	
2247	TASK CF PSE	TASK CF PSE		BILL TASK Bacterial Identification - Cystic Pseudomonas (Billed)	\$ 7.08	87077	
2248	TASK PSE	TASK PSE		BILL TASK Bacterial Identification - Pseudomonas (Billed)	\$ 7.08	87077	
2249	TASK BID	0060457		BILL TASK Bacterial Identification (Billed)	\$ 7.08	87077	
2250	TASK PID	TASK PID		BILL TASK Bacterial Identification - Gram positive (Phoenix) (Billed)	\$ 7.08	87077	
2251	TASK NID	TASK NID		BILL TASK Bacterial Identification - Gram negative (Phoenix) (Billed)	\$ 7.08	87077	
2252	TASK BAC	TASK BAC		BILL TASK Bacterial Identification - Bacillus (Billed)	\$ 7.08	87077	
2253	TASK NMIC/ID 304	2013217		BILL TASK Gram Negative ID & MIC Panel (Phoenix)	\$ 7.08	87077	
2254	TASK AFBMIC	0060492		BILL TASK Susceptibility - AFB/Nocardia by broth dilution (Billed)	\$ 7.57	87186	
2255	TASK AST M	0060790		BILL TASK Susceptibility - Automated broth dilution (Billed)	\$ 7.57	87186	
2256	TASK MALDI	2005162		BILL TASK Bacterial ID by MALDI-TOF MS (billed)	\$ 7.08	87077	
2257	TASK ANA MALDI	2005712		BILL TASK Anaerobic organism ID by MALDI-TOF (billed)	\$ 7.26	87076	
2258	TASK CD	2006558		BILL TASK Clostridium difficile battery (Billed)	\$ 7.26	87076	
2259	TASK PBP	2008641		BILL TASK Susceptibility - Penicillin Binding Protein 2a (Billed)	\$ 3.91	87147	
2260	TASK NF PBP	2014492		BILL TASK PBP2A Normal Flora use(Billed)	\$ 3.91	87147	
2261	TASK MECA/C	3000097		BILL TASK Susceptibility - mecA/mecC Gene Detection by PCR (Billed)	\$ 30.88	87641	
2262	0097303	0097303		Anaplasma phagocytophilum (HGA) Antibodies, IgG and IgM	\$ 22.16	86666 x2	[B]
2264	0097317	0097317		Anaplasma phagocytophilum (HGA) Antibody, IgG	\$ 11.08	86666	[B]
2265	0097318	0097318		Anaplasma phagocytophilum (HGA) Antibody, IgM	\$ 11.08	86666	[B]
2266	2003439	2003439		Anaplastic Lymphoma Kinase 1 (ALK-1) by Immunohistochemistry	\$ 73.50	88342TC	
2267	2006480	2006480		ANCA-Associated Vasculitis Profile (ANCA/MPO/PR-3) with Reflex to ANCA Titer (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 28.07	83516 x2/86255	
2270	RFLX BILL ANCAT	0050243	R	REFLEX Reflexed to ANCA Titer	\$ 10.39	86256	
2271	2005419	2005419	*	Androstenediol Glucuronide Quantitative, Serum or Plasma	\$ 287.75	82154	
2272	2001638	2001638		Androstenedione	\$ 31.87	82157	[B]
2273	0040208	0040208		Aneuploidy Panel by FISH	\$ 841.38	88271 x5/88275 x5/88291	[C]
2274	2005564	2005564		Angelman Syndrome (UBE3A) Sequencing	\$ 282.88	81406	[C]
2275	2005077	2005077		Angelman Syndrome and Prader-Willi Syndrome by Methylation-Sensitive PCR	\$ 58.58	81331	[C]
2276	2012232	2012232		Angelman Syndrome and Prader-Willi Syndrome by Methylation-Sensitive PCR, Fetal	\$ 292.70	81331/81265	[C]
2277	0098974	0098974		Angiotensin Converting Enzyme, CSF	\$ 15.90	82164	[B]
2278	0080001	0080001		Angiotensin Converting Enzyme, Serum	\$ 15.90	82164	
2279	0098771	0098771	*	Angiotensin II, Plasma	\$ 119.00	82163	
2280	0050392	0050392		Ankylosing Spondylitis (HLA-B27) Genotyping	\$ 79.20	81374	[C]
2281	0060845	0060845		Antibiotic Level, Aztreonam	\$ 12.59	80299	
2282	2004886	2004886		Antibiotic Level, Ceftazidime	\$ 12.59	80299	
2283	0060844	0060844		Antibiotic Level, Meropenem	\$ 12.59	80299	

Line	Test Code	TEST CODE (Billing)	*	Test/Procedure	Fee/Each	Based on the 2019 CPT Code Book and information from our local carrier.	Compliance
2284	0060843	0060843		Antibiotic Level, Nafcillin	\$ 12.59	80299	
2285	0060842	0060842		Antibiotic Level, Piperacillin	\$ 12.59	80299	
2286	0060841	0060841		Antibiotic Level, Ticarcillin	\$ 12.59	80299	
2287	0010004	0010004		Antibody Detection, RBC	\$ 2.60	86850	
2288	0013003	0013003		Antibody ID Package (IRL) (NOTE: some charges may occur multiple times and there may be other tests added though less likely than those shown below) (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 64.46	86900/86901/86906/86880/86870 x3	
2292	RFLX PAN-PEG/R	0013415	R	REFLEX PEG Identification	\$ 16.52	86870	
2293	RFLX AD-WARM	0013030	R	REFLEX Warm Auto Adsorption	\$ 188.50	86970/86978	
2294	RFLX AD-TRIPLE	0013025	R	REFLEX Warm Triple Adsorption	\$ 246.85	86970 x3/86978 x3	
2295	RFLX IRL-ELU	0013010	R	REFLEX Elution & Antibody Identification, RBC	\$ 36.35	86860/86870	
2297	RFLX IRL-EXPEN	0013020	R	REFLEX Antigen Testing, RBC Phenotype Extended	\$ 23.45	86905 x7; add 86905 for each antigen not listed	
2298	RFLX IRL-AG/DIR	0013297	R	REFLEX Antigen Testing, Direct - Specify Individual RBC Antigen	\$ 3.35	86905; each antigen	
2299	RFLX IRL-AG/AHG	0013298	R	REFLEX Antigen Testing, AHG - Specify Individual RBC Antigen	\$ 3.35	86905; each antigen	
2300	RFLX PAN-LN2/R	0010082	R	REFLEX Selected Liquid Nitrogen 2 Frozen Red Cell Panel	\$ 33.80	86970/86870	
2301	RFLX IRL-EGA	0010084	R	REFLEX EDTA Glycine-Acid Treated RBC	\$ 22.13	86970/86880	
2302	RFLX AD-COLD	2008945	R	REFLEX Cold Triple Adsorption	\$ 111.75	86970 x3/86978 x3	
2303	RFLX AD-ALLO	2008943	R	REFLEX Warm Allogenic Adsorption	\$ 37.25	86970/86978	
2304	RFLX IRL-THERM	0013410	R	REFLEX Thermal Amplitude Test	\$ 16.52	86870	
2305	0013005	0013005		Antibody Identification, RBC (Prenatal Only) (NOTE: some charges may occur multiple times and there may be other tests added though less likely than those shown below) (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 31.42	86900/86901/86906/86880/86870	
2309	RFLX PAN-PEG/R	0013415	R	REFLEX PEG Identification	\$ 16.52	86870	
2310	RFLX AD-WARM	0013030	R	REFLEX Warm Auto Adsorption	\$ 188.50	86970/86978	
2311	RFLX AD-TRIPLE	0013025	R	REFLEX Warm Triple Adsorption	\$ 246.85	86970 x3/86978 x3	
2312	RFLX IRL-ELU	0013010	R	REFLEX Elution & Antibody Identification, RBC	\$ 36.35	86860/86870	
2314	RFLX IRL-EXPEN	0013020	R	REFLEX Antigen Testing, RBC Phenotype Extended	\$ 23.45	86905 x7; add 86905 for each antigen not listed	
2315	RFLX IRL-AG/DIR	0013297	R	REFLEX Antigen Testing, Direct - Specify Individual RBC Antigen	\$ 3.35	86905; each antigen	
2316	RFLX IRL-AG/AHG	0013298	R	REFLEX Antigen Testing, AHG - Specify Individual RBC Antigen	\$ 3.35	86905; each antigen	
2317	RFLX PAN-LN2/R	0010082	R	REFLEX Selected Liquid Nitrogen 2 Frozen Red Cell Panel	\$ 33.80	86970/86870	
2318	RFLX IRL-EGA	0010084	R	REFLEX EDTA Glycine-Acid Treated RBC	\$ 22.13	86970/86880	
2319	RFLX IRL-ABTR1	0013006	R	REFLEX Antibody Titer	\$ 4.22	86886	
2320	RFLX ABTR2	0013106	R	REFLEX Antibody Titer #2 (IRL)	\$ 4.22	86886	
2321	RFLX ABTR3	0013107	R	REFLEX Antibody Titer #3 (IRL)	\$ 4.22	86886	



Line	Test Code	TEST CODE (Billing)	*	Test/Procedure	Fee/Each	Based on the 2019 CPT Code Book and information from our local carrier.	Compliance
2322	RFLX ABTR4	0013108	R	REFLEX Antibody Titer #4 (IRL)	\$ 4.22	86886	
2323	RFLX ABTR5	0013109	R	REFLEX Antibody Titer #5 (IRL)	\$ 4.22	86886	
2324	RFLX ABTR6	0013110	R	REFLEX Antibody Titer #6 (IRL)	\$ 4.22	86886	
2325	RFLX AD-ALLO	2008943	R	REFLEX Warm Allogenic Adsorption	\$ 37.25	86970/86978	
2326	RFLX AD-COLD	2008945	R	REFLEX Cold Triple Adsorption	\$ 111.75	86970 x3/86978 x3	
2327	0010020	0010020		Antibody Screen RBC with Reflex to Identification (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 2.60	86850	
2328	RFLX PAN	0010930	R	REFLEX Antibody Identification 1	\$ 16.52	86870	
2329	RFLX IRL-ABID	0013005	R	REFLEX Antibody Identification, RBC (Prenatal Only) (NOTE: some charges may occur multiple times and there may be other tests added though less likely than those shown below)	\$ 31.42	86900/86901/86906/86880/86870	
2333	0013006	0013006		Antibody Titer	\$ 4.22	86886	
2334	2007601	2007601		Anti-C1q Antibody, IgG	\$ 8.60	83516	[A]
2335	0096048	0096048	*	Antidepressant Panel Quantitative, Urine	\$ 210.00	80332/80337/80338 (Alt code: G0480)	
2336	0060846	0060846		Antifungal Level, 5-Fluorocytosine (5-FC)	\$ 12.59	80299	
2337	0013020	0013020		Antigen Testing, RBC Phenotype Extended (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 23.45	86905 x7; add 86905 for each antigen not listed	
2338	RFLX IRL-AG/DIR	0013297	R	REFLEX Antigen Testing, Direct - Specify Individual RBC Antigen	\$ 3.35	86905; each antigen	
2339	RFLX IRL-AG/AHG	0013298	R	REFLEX Antigen Testing, AHG - Specify Individual RBC Antigen	\$ 3.35	86905; each antigen	
2340	0013019	0013019		Antigen Testing, Rh Phenotype	\$ 5.21	86906	
2341	2003463	2003463		Anti-Human Epithelial Antigen, Ber-EP4 by Immunohistochemistry	\$ 73.50	88342TC	
2342	2003126	2003126	*	Anti-IgA Antibody by ELISA	\$ 168.60	83520	
2343	2009359	2009359	*	Antimicrobial Level - Azithromycin by HPLC, Serum or Plasma	\$ 114.00	80299	
2344	2009367	2009367	*	Antimicrobial Level - Cycloserine, Serum or Plasma	\$ 114.00	80299	
2345	0093142	0093142	*	Antimicrobial Level - Doxycycline, Serum	\$ 107.00	80299	
2346	2009363	2009363	*	Antimicrobial Level - Rifabutin by HPLC, Serum or Plasma	\$ 114.00	80299	
2347	2009210	2009210	*	Antimicrobial Level - Rifampin by HPLC, Serum or Plasma	\$ 114.00	80299	
2348	2009214	2009214	*	Antimicrobial Level - Streptomycin by HPLC, Serum or Plasma	\$ 114.00	80299	
2349	0060202	0060202		Antimicrobial Susceptibility - Anaerobe (Micro billing tasks will be ordered as needed, see below for possible charges and CPT codes)	Variable	Variable	
2350	TASK ANAMIC	0060402		BILL TASK Susceptibility - Anaerobe by broth dilution (Billed)	\$ 7.57	87186	
2351	TASK BLAC M	0060401		BILL TASK Susceptibility - Beta-Lactamase (Billed)	\$ 1.21	87185	
2352	TASK .PF	0062151		BILL TASK Processing fee (Billed)	\$ 35.00	87015	
2353	TASK BACSEQ	0060719		BILL TASK DNA Sequencing - Bacterial identification (Billed)	\$ 125.58	87153	
2354	TASK MIC	0060408		BILL TASK Susceptibility - Broth dilution panel (Billed)	\$ 7.57	87186	
2355	TASK SMIC	0062229		BILL TASK Susceptibility - Single drug by broth dilution (Billed)	\$ 7.57	87186	
2356	TASK ANAID	0062028		BILL TASK Anaerobe Identification (Billed)	\$ 7.26	87076	
2357	TASK CF PSE	TASK CF PSE		BILL TASK Bacterial Identification - Cystic Pseudomonas (Billed)	\$ 7.08	87077	
2358	TASK PSE	TASK PSE		BILL TASK Bacterial Identification - Pseudomonas (Billed)	\$ 7.08	87077	
2359	TASK BID	0060457		BILL TASK Bacterial Identification (Billed)	\$ 7.08	87077	

Line	Test Code	TEST CODE (Billing)	*	Test/Procedure	Fee/Each	Based on the 2019 CPT Code Book and information from our local carrier.	Compliance
2360	TASK PID	TASK PID		BILL TASK Bacterial Identification - Gram positive (Phoenix) (Billed)	\$ 7.08	87077	
2361	TASK NID	TASK NID		BILL TASK Bacterial Identification - Gram negative (Phoenix) (Billed)	\$ 7.08	87077	
2362	TASK BAC	TASK BAC		BILL TASK Bacterial Identification - Bacillus (Billed)	\$ 7.08	87077	
2363	TASK NIMIC/ID 304	2013217		BILL TASK Gram Negative ID & MIC Panel (Phoenix)	\$ 7.08	87077	
2364	TASK ANA MALDI	2005712		BILL TASK Anaerobic organism ID by MALDI-TOF (billed)	\$ 7.26	87076	
2365	TASK MECA/C	3000097		BILL TASK Susceptibility – mecA/mecC Gene Detection by PCR (Billed)	\$ 30.88	87641	
2366	0060204	0060204		Antimicrobial Susceptibility - Bactericidal Assays (Micro billing tasks will be ordered as needed, see below for possible charges and CPT codes)	\$ 16.30	87197	
2367	TASK .PF	0062151		BILL TASK Processing fee (Billed)	\$ 35.00	87015	
2368	TASK CF PSE	TASK CF PSE		BILL TASK Bacterial Identification - Cystic Pseudomonas (Billed)	\$ 7.08	87077	
2369	TASK PSE	TASK PSE		BILL TASK Bacterial Identification - Pseudomonas (Billed)	\$ 7.08	87077	
2370	TASK BID	0060457		BILL TASK Bacterial Identification (Billed)	\$ 7.08	87077	
2371	TASK PID	TASK PID		BILL TASK Bacterial Identification - Gram positive (Phoenix) (Billed)	\$ 7.08	87077	
2372	TASK NID	TASK NID		BILL TASK Bacterial Identification - Gram negative (Phoenix) (Billed)	\$ 7.08	87077	
2373	TASK BAC	TASK BAC		BILL TASK Bacterial Identification - Bacillus (Billed)	\$ 7.08	87077	
2374	TASK NIMIC/ID 304	2013217		BILL TASK Gram Negative ID & MIC Panel (Phoenix)	\$ 7.08	87077	
2375	TASK MALDI	2005162		BILL TASK Bacterial ID by MALDI-TOF MS (billed)	\$ 7.08	87077	
2376	TASK BACSEQ	0060719		BILL TASK DNA Sequencing - Bacterial identification (Billed)	\$ 125.58	87153	
2377	TASK MECA/C	3000097		BILL TASK Susceptibility – mecA/mecC Gene Detection by PCR (Billed)	\$ 30.88	87641	
2378	2014277	2014277		Antimicrobial Susceptibility - Carbapenemase Gene Detection by PCR (Micro billing tasks will be ordered as needed, see below for possible charges and CPT codes)	\$ 23.05	87150	
2379	TASK .PF	0062151		BILL TASK Processing fee (Billed)	\$ 35.00	87015	
2380	2001503	2001503		Antimicrobial Susceptibility - Carbapenemase Production (Micro billing tasks will be ordered as needed, see below for possible charges and CPT codes)	Variable	Variable	
2381	TASK CARBA NP	2013004		BILL TASK Susceptibility – Carbapenemase Resistance Identification by Imipenem hydrolyzation (Billed)	\$ 1.21	87185	
2382	TASK BMIC	0060722		BILL TASK Susceptibility - Automated disk diffusion (Billed)	\$ 4.23	87184	
2383	TASK DD	0060418		BILL TASK Susceptibility - Disk diffusion (Billed)	\$ 4.23	87184	
2384	TASK SMIC	0062229		BILL TASK Susceptibility - Single drug by broth dilution (Billed)	\$ 7.57	87186	
2385	TASK .PF	0062151		BILL TASK Processing fee (Billed)	\$ 35.00	87015	
2386	TASK CF PSE	TASK CF PSE		BILL TASK Bacterial Identification - Cystic Pseudomonas (Billed)	\$ 7.08	87077	
2387	TASK PSE	TASK PSE		BILL TASK Bacterial Identification - Pseudomonas (Billed)	\$ 7.08	87077	
2388	TASK BID	0060457		BILL TASK Bacterial Identification (Billed)	\$ 7.08	87077	
2389	TASK PID	TASK PID		BILL TASK Bacterial Identification - Gram positive (Phoenix) (Billed)	\$ 7.08	87077	
2390	TASK NID	TASK NID		BILL TASK Bacterial Identification - Gram negative (Phoenix) (Billed)	\$ 7.08	87077	
2391	TASK BAC	TASK BAC		BILL TASK Bacterial Identification - Bacillus (Billed)	\$ 7.08	87077	
2392	TASK NIMIC/ID 304	2013217		BILL TASK Gram Negative ID & MIC Panel (Phoenix)	\$ 7.08	87077	
2393	TASK MALDI	2005162		BILL TASK Bacterial ID by MALDI-TOF MS (billed)	\$ 7.08	87077	
2394	TASK BACSEQ	0060719		BILL TASK DNA Sequencing - Bacterial identification (Billed)	\$ 125.58	87153	

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2395	TASK MCIM M	3000754		BILL TASK Susceptibility - Modified Carbenem Inactivation Method (Billed)	\$ 1.21	87185	
2396	0060059	0060059		Antimicrobial Susceptibility - D-Test (Macrolide, Lincosamide, Streptogramin Resistance) (Micro billing tasks will be ordered as needed, see below for possible charges and CPT codes)	Variable	87184	
2397	TASK DD	0060418		BILL TASK Susceptibility - Disk diffusion (Billed)	\$ 4.23	87184	
2398	TASK CF PSE	TASK CF PSE		BILL TASK Bacterial Identification - Cystic Pseudomonas (Billed)	\$ 7.08	87077	
2399	TASK PSE	TASK PSE		BILL TASK Bacterial Identification - Pseudomonas (Billed)	\$ 7.08	87077	
2400	TASK BID	0060457		BILL TASK Bacterial Identification (Billed)	\$ 7.08	87077	
2401	TASK PID	TASK PID		BILL TASK Bacterial Identification - Gram positive (Phoenix) (Billed)	\$ 7.08	87077	
2402	TASK NID	TASK NID		BILL TASK Bacterial Identification - Gram negative (Phoenix) (Billed)	\$ 7.08	87077	
2403	TASK BAC	TASK BAC		BILL TASK Bacterial Identification - Bacillus (Billed)	\$ 7.08	87077	
2404	TASK NMIC/ID 304	2013217		BILL TASK Gram Negative ID & MIC Panel (Phoenix)	\$ 7.08	87077	
2405	TASK MALDI	2005162		BILL TASK Bacterial ID by MALDI-TOF MS (billed)	\$ 7.08	87077	
2406	TASK BACSEQ	0060719		BILL TASK DNA Sequencing - Bacterial identification (Billed)	\$ 125.58	87153	
2407	TASK .PF	0062151		BILL TASK Processing fee (Billed)	\$ 35.00	87015	
2408	0060706	0060706		Antimicrobial Susceptibility - Enterobacteriaceae (Micro billing tasks will be ordered as needed, see below for possible charges and CPT codes)	Variable	Variable	
2409	TASK AST M	0060790		BILL TASK Susceptibility - Automated broth dilution (Billed)	\$ 7.57	87186	
2410	TASK CF PSE	TASK CF PSE		BILL TASK Bacterial Identification - Cystic Pseudomonas (Billed)	\$ 7.08	87077	
2411	TASK PSE	TASK PSE		BILL TASK Bacterial Identification - Pseudomonas (Billed)	\$ 7.08	87077	
2412	TASK BID	0060457		BILL TASK Bacterial Identification (Billed)	\$ 7.08	87077	
2413	TASK PID	TASK PID		BILL TASK Bacterial Identification - Gram positive (Phoenix) (Billed)	\$ 7.08	87077	
2414	TASK NID	TASK NID		BILL TASK Bacterial Identification - Gram negative (Phoenix) (Billed)	\$ 7.08	87077	
2415	TASK BAC	TASK BAC		BILL TASK Bacterial Identification - Bacillus (Billed)	\$ 7.08	87077	
2416	TASK NMIC/ID 304	2013217		BILL TASK Gram Negative ID & MIC Panel (Phoenix)	\$ 7.08	87077	
2417	TASK BMIC	0060722		BILL TASK Susceptibility - Automated disk diffusion (Billed)	\$ 4.23	87184	
2418	TASK SMIC	0062229		BILL TASK Susceptibility - Single drug by broth dilution (Billed)	\$ 7.57	87186	
2419	TASK .PF	0062151		BILL TASK Processing fee (Billed)	\$ 35.00	87015	
2420	TASK MALDI	2005162		BILL TASK Bacterial ID by MALDI-TOF MS (billed)	\$ 7.08	87077	
2421	TASK BACSEQ	0060719		BILL TASK DNA Sequencing - Bacterial identification (Billed)	\$ 125.58	87153	
2422	TASK MCIM M	3000754		BILL TASK Susceptibility - Modified Carbenem Inactivation Method (Billed)	\$ 1.21	87185	
2423	0060708	0060708		Antimicrobial Susceptibility - Enterococcus (Micro billing tasks will be ordered as needed, see below for possible charges and CPT codes)	Variable	Variable	
2424	TASK AST M	0060790		BILL TASK Susceptibility - Automated broth dilution (Billed)	\$ 7.57	87186	
2425	TASK ETEST	0062228		BILL TASK Susceptibility - Single drug by Etest (Billed)	\$ 1.16	87181	
2426	TASK DD	0060418		BILL TASK Susceptibility - Disk diffusion (Billed)	\$ 4.23	87184	
2427	TASK .PF	0062151		BILL TASK Processing fee (Billed)	\$ 35.00	87015	
2428	TASK CF PSE	TASK CF PSE		BILL TASK Bacterial Identification - Cystic Pseudomonas (Billed)	\$ 7.08	87077	
2429	TASK PSE	TASK PSE		BILL TASK Bacterial Identification - Pseudomonas (Billed)	\$ 7.08	87077	
2430	TASK BID	0060457		BILL TASK Bacterial Identification (Billed)	\$ 7.08	87077	

Line	Test Code	TEST CODE (Billing)	*	Test/Procedure	Fee/Each	Based on the 2019 CPT Code Book and information from our local carrier.	Compliance
2431	TASK PID	TASK PID		BILL TASK Bacterial Identification - Gram positive (Phoenix) (Billed)	\$ 7.08	87077	
2432	TASK NID	TASK NID		BILL TASK Bacterial Identification - Gram negative (Phoenix) (Billed)	\$ 7.08	87077	
2433	TASK BAC	TASK BAC		BILL TASK Bacterial Identification - Bacillus (Billed)	\$ 7.08	87077	
2434	TASK NMIC/ID 304	2013217		BILL TASK Gram Negative ID & MIC Panel (Phoenix)	\$ 7.08	87077	
2435	TASK MALDI	2005162		BILL TASK Bacterial ID by MALDI-TOF MS (billed)	\$ 7.08	87077	
2436	TASK BACSEQ	0060719		BILL TASK DNA Sequencing - Bacterial Identification (Billed)	\$ 125.58	87153	
2437	0063999	0063999		Antimicrobial Susceptibility - Extended Spectrum Beta Lactamase (Micro billing tasks will be ordered as needed, see below for possible charges and CPT codes)	Variable	Variable	
2438	TASK ESBL M	0060260		BILL TASK Susceptibility - ESBL by disk diffusion (Billed)	\$ 4.23	87184	
2439	TASK .PF	0062151		BILL TASK Processing fee (Billed)	\$ 35.00	87015	
2440	TASK CF PSE	TASK CF PSE		BILL TASK Bacterial Identification - Cystic Pseudomonas (Billed)	\$ 7.08	87077	
2441	TASK PSE	TASK PSE		BILL TASK Bacterial Identification - Pseudomonas (Billed)	\$ 7.08	87077	
2442	TASK BID	0060457		BILL TASK Bacterial Identification (Billed)	\$ 7.08	87077	
2443	TASK PID	TASK PID		BILL TASK Bacterial Identification - Gram positive (Phoenix) (Billed)	\$ 7.08	87077	
2444	TASK NID	TASK NID		BILL TASK Bacterial Identification - Gram negative (Phoenix) (Billed)	\$ 7.08	87077	
2445	TASK BAC	TASK BAC		BILL TASK Bacterial Identification - Bacillus (Billed)	\$ 7.08	87077	
2446	TASK NMIC/ID 304	2013217		BILL TASK Gram Negative ID & MIC Panel (Phoenix)	\$ 7.08	87077	
2447	TASK MALDI	2005162		BILL TASK Bacterial ID by MALDI-TOF MS (billed)	\$ 7.08	87077	
2448	TASK BACSEQ	0060719		BILL TASK DNA Sequencing - Bacterial Identification (Billed)	\$ 125.58	87153	
2449	TASK MCIM M	3000754		BILL TASK Susceptibility - Modified Carapenem Inactivation Method (Billed)	\$ 1.21	87185	
2450	0060345	0060345		Antimicrobial Susceptibility - Fastidious Organism (Micro billing tasks will be ordered as needed, see below for possible charges and CPT codes)	Variable	Variable	
2451	TASK MIC	0060408		BILL TASK Susceptibility - Broth dilution panel (Billed)	\$ 7.57	87186	
2452	TASK BLAC M	0060401		BILL TASK Susceptibility - Beta-Lactamase (Billed)	\$ 1.21	87185	
2453	TASK SMIC	0062229		BILL TASK Susceptibility - Single drug by broth dilution (Billed)	\$ 7.57	87186	
2454	TASK ETEST	0062228		BILL TASK Susceptibility - Single drug by Etest (Billed)	\$ 1.16	87181	
2455	TASK BMIC	0060722		BILL TASK Susceptibility - Automated disk diffusion (Billed)	\$ 4.23	87184	
2456	TASK .PF	0062151		BILL TASK Processing fee (Billed)	\$ 35.00	87015	
2457	TASK AST M	0060790		BILL TASK Susceptibility - Automated broth dilution (Billed)	\$ 7.57	87186	
2458	TASK ANAMIC	0060402		BILL TASK Susceptibility - Anaerobe by broth dilution (Billed)	\$ 7.57	87186	
2459	TASK CF PSE	TASK CF PSE		BILL TASK Bacterial Identification - Cystic Pseudomonas (Billed)	\$ 7.08	87077	
2460	TASK PSE	TASK PSE		BILL TASK Bacterial Identification - Pseudomonas (Billed)	\$ 7.08	87077	
2461	TASK BID	0060457		BILL TASK Bacterial Identification (Billed)	\$ 7.08	87077	
2462	TASK PID	TASK PID		BILL TASK Bacterial Identification - Gram positive (Phoenix) (Billed)	\$ 7.08	87077	
2463	TASK NID	TASK NID		BILL TASK Bacterial Identification - Gram negative (Phoenix) (Billed)	\$ 7.08	87077	
2464	TASK BAC	TASK BAC		BILL TASK Bacterial Identification - Bacillus (Billed)	\$ 7.08	87077	
2465	TASK NMIC/ID 304	2013217		BILL TASK Gram Negative ID & MIC Panel (Phoenix)	\$ 7.08	87077	
2466	TASK MALDI	2005162		BILL TASK Bacterial ID by MALDI-TOF MS (billed)	\$ 7.08	87077	

Line	Test Code	TEST CODE (Billing)	*	Test/Procedure	Fee/Each	Based on the 2019 CPT Code Book and information from our local carrier.	Compliance
2467	TASK BACSEQ	0060719		BILL TASK DNA Sequencing - Bacterial Identification (Billed)	\$ 125.58	87153	
2468	2009257	2009257		Antimicrobial Susceptibility - Fungal (Yeasts and Molds) (Micro billing tasks will be ordered as needed, see below for possible charges and CPT codes)	Variable	Variable	
2469	TASK YSTMIC	0061009		BILL TASK Susceptibility - Yeast by broth dilution (Billed)	\$ 7.57	87186	
2470	TASK MLDMIC	0061010		BILL TASK Susceptibility - Mould by broth dilution (Billed)	\$ 7.57	87186	
2471	TASK YID	0062148		BILL TASK Yeast Identification (Billed)	\$ 8.12	87106	
2472	TASK MID	0062149		BILL TASK Mould Identification (Billed)	\$ 11.24	87107	
2473	TASK YSTSEQ	0060757		BILL TASK DNA Sequencing - Fungal Identification (Billed)	\$ 125.58	87153	
2474	TASK MALDI	2005162		BILL TASK Bacterial ID by MALDI-TOF MS (billed)	\$ 7.08	87077	
2475	TASK .PF	0062151		BILL TASK Processing fee (Billed)	\$ 35.00	87015	
2476	TASK MALDI FUNG	2007693		BILL TASK Fungal Identification by MALDI-TOF MS (Matrix Assisted Laser Desorption Ionization- TOF MS)	\$ 5.70	87158	
2477	0060346	0060346		Antimicrobial Susceptibility - Gram Positive Rod (Micro billing tasks will be ordered as needed, see below for possible charges and CPT codes)	Variable	Variable	
2478	TASK MIC	0060408		BILL TASK Susceptibility - Broth dilution panel (Billed)	\$ 7.57	87186	
2479	TASK ANAMIC	0060402		BILL TASK Susceptibility - Anaerobe by broth dilution (Billed)	\$ 7.57	87186	
2480	TASK AFBMIC	0060492		BILL TASK Susceptibility - AFB/Nocardia by broth dilution (Billed)	\$ 7.57	87186	
2481	TASK SMIC	0062229		BILL TASK Susceptibility - Single drug by broth dilution (Billed)	\$ 7.57	87186	
2482	TASK AST M	0060790		BILL TASK Susceptibility - Automated broth dilution (Billed)	\$ 7.57	87186	
2483	TASK BLAC M	0060401		BILL TASK Susceptibility - Beta-Lactamase (Billed)	\$ 1.21	87185	
2484	TASK .PF	0062151		BILL TASK Processing fee (Billed)	\$ 35.00	87015	
2485	TASK CF PSE	TASK CF PSE		BILL TASK Bacterial Identification - Cystic Pseudomonas (Billed)	\$ 7.08	87077	
2486	TASK PSE	TASK PSE		BILL TASK Bacterial Identification - Pseudomonas (Billed)	\$ 7.08	87077	
2487	TASK BID	0060457		BILL TASK Bacterial Identification (Billed)	\$ 7.08	87077	
2488	TASK PID	TASK PID		BILL TASK Bacterial Identification - Gram positive (Phoenix) (Billed)	\$ 7.08	87077	
2489	TASK NID	TASK NID		BILL TASK Bacterial Identification - Gram negative (Phoenix) (Billed)	\$ 7.08	87077	
2490	TASK BAC	TASK BAC		BILL TASK Bacterial Identification - Bacillus (Billed)	\$ 7.08	87077	
2491	TASK NMIC/ID 304	2013217		BILL TASK Gram Negative ID & MIC Panel (Phoenix)	\$ 7.08	87077	
2492	TASK MALDI	2005162		BILL TASK Bacterial ID by MALDI-TOF MS (billed)	\$ 7.08	87077	
2493	TASK BACSEQ	0060719		BILL TASK DNA Sequencing - Bacterial Identification (Billed)	\$ 125.58	87153	
2494	0060203	0060203		Antimicrobial Susceptibility - MBC (Micro billing tasks will be ordered as needed, see below for possible charges and CPT codes)	Variable	Variable	
2495	TASK MBC	0060410		BILL TASK Susceptibility - MIC/MBC (Billed)	\$ 18.85	87186/87187	
2496	TASK SMIC	0062229		BILL TASK Susceptibility - Single drug by broth dilution (Billed)	\$ 7.57	87186	
2497	TASK MIC	0060408		BILL TASK Susceptibility - Broth dilution panel (Billed)	\$ 7.57	87186	
2498	TASK DD	0060418		BILL TASK Susceptibility - Disk diffusion (Billed)	\$ 4.23	87184	
2499	TASK BLAC M	0060401		BILL TASK Susceptibility - Beta-Lactamase (Billed)	\$ 1.21	87185	
2500	TASK AST M	0060790		BILL TASK Susceptibility - Automated broth dilution (Billed)	\$ 7.57	87186	
2501	TASK .PF	0062151		BILL TASK Processing fee (Billed)	\$ 35.00	87015	
2502	TASK CF PSE	TASK CF PSE		BILL TASK Bacterial Identification - Cystic Pseudomonas (Billed)	\$ 7.08	87077	

Line	Test Code	TEST CODE (Billing)	*	Test/Procedure	Fee/Each	Based on the 2019 CPT Code Book and information from our local carrier.	Compliance
2503	TASK PSE	TASK PSE		BILL TASK Bacterial Identification - Pseudomonas (Billed)	\$ 7.08	87077	
2504	TASK BID	0060457		BILL TASK Bacterial Identification (Billed)	\$ 7.08	87077	
2505	TASK PID	TASK PID		BILL TASK Bacterial Identification - Gram positive (Phoenix) (Billed)	\$ 7.08	87077	
2506	TASK NID	TASK NID		BILL TASK Bacterial Identification - Gram negative (Phoenix) (Billed)	\$ 7.08	87077	
2507	TASK BAC	TASK BAC		BILL TASK Bacterial Identification - Bacillus (Billed)	\$ 7.08	87077	
2508	TASK NMIC/ID 304	2013217		BILL TASK Gram Negative ID & MIC Panel (Phoenix)	\$ 7.08	87077	
2509	TASK MALDI	2005162		BILL TASK Bacterial ID by MALDI-TOF MS (billed)	\$ 7.08	87077	
2510	TASK BACSEQ	0060719		BILL TASK DNA Sequencing - Bacterial identification (Billed)	\$ 125.58	87153	
2511	TASK MECA/C	3000097		BILL TASK Susceptibility - mecA/mecC Gene Detection by PCR (Billed)	\$ 30.88	87641	
2512	0060211	0060211		Antimicrobial Susceptibility - mecA/mecC Genes by PCR (Micro billing tasks will be ordered as needed, see below for possible charges and CPT codes)	Variable	Variable	[B]
2513	TASK DD	0060418		BILL TASK Susceptibility - Disk diffusion (Billed)	\$ 4.23	87184	
2514	TASK .PF	0062151		BILL TASK Processing fee (Billed)	\$ 35.00	87015	
2515	TASK CF PSE	TASK CF PSE		BILL TASK Bacterial Identification - Cystic Pseudomonas (Billed)	\$ 7.08	87077	
2516	TASK PSE	TASK PSE		BILL TASK Bacterial Identification - Pseudomonas (Billed)	\$ 7.08	87077	
2517	TASK BID	0060457		BILL TASK Bacterial Identification (Billed)	\$ 7.08	87077	
2518	TASK PID	TASK PID		BILL TASK Bacterial Identification - Gram positive (Phoenix) (Billed)	\$ 7.08	87077	
2519	TASK NID	TASK NID		BILL TASK Bacterial Identification - Gram negative (Phoenix) (Billed)	\$ 7.08	87077	
2520	TASK BAC	TASK BAC		BILL TASK Bacterial Identification - Bacillus (Billed)	\$ 7.08	87077	
2521	TASK NMIC/ID 304	2013217		BILL TASK Gram Negative ID & MIC Panel (Phoenix)	\$ 7.08	87077	
2522	TASK MALDI	2005162		BILL TASK Bacterial ID by MALDI-TOF MS (billed)	\$ 7.08	87077	
2523	TASK BACSEQ	0060719		BILL TASK DNA Sequencing - Bacterial identification (Billed)	\$ 125.58	87153	
2524	TASK MECA/C	3000097		BILL TASK Susceptibility - mecA/mecC Gene Detection by PCR (Billed)	\$ 30.88	87641	
2526	0060201	0060201		Antimicrobial Susceptibility - MIC, Individual (Micro billing tasks will be ordered as needed, see below for possible charges and CPT codes)	Variable	Variable	
2527	TASK SMIC	0062229		BILL TASK Susceptibility - Single drug by broth dilution (Billed)	\$ 7.57	87186	
2528	TASK ETEST	0062228		BILL TASK Susceptibility - Single drug by Etest (Billed)	\$ 1.16	87181	
2529	TASK MIC	0060408		BILL TASK Susceptibility - Broth dilution panel (Billed)	\$ 7.57	87186	
2530	TASK DD	0060418		BILL TASK Susceptibility - Disk diffusion (Billed)	\$ 4.23	87184	
2531	TASK BMIC	0060722		BILL TASK Susceptibility - Automated disk diffusion (Billed)	\$ 4.23	87184	
2532	TASK AST M	0060790		BILL TASK Susceptibility - Automated broth dilution (Billed)	\$ 7.57	87186	
2533	TASK BLAC M	0060401		BILL TASK Susceptibility - Beta-Lactamase (Billed)	\$ 1.21	87185	
2534	TASK .PF	0062151		BILL TASK Processing fee (Billed)	\$ 35.00	87015	
2535	TASK ANAMIC	0060402		BILL TASK Susceptibility - Anaerobe by broth dilution (Billed)	\$ 7.57	87186	
2536	TASK CF PSE	TASK CF PSE		BILL TASK Bacterial Identification - Cystic Pseudomonas (Billed)	\$ 7.08	87077	
2537	TASK PSE	TASK PSE		BILL TASK Bacterial Identification - Pseudomonas (Billed)	\$ 7.08	87077	
2538	TASK BID	0060457		BILL TASK Bacterial Identification (Billed)	\$ 7.08	87077	
2539	TASK PID	TASK PID		BILL TASK Bacterial Identification - Gram positive (Phoenix) (Billed)	\$ 7.08	87077	
2540	TASK NID	TASK NID		BILL TASK Bacterial Identification - Gram negative (Phoenix) (Billed)	\$ 7.08	87077	



Line	Test Code	TEST CODE (Billing)	*	Test/Procedure	Fee/Each	Based on the 2019 CPT Code Book and information from our local carrier.	Compliance
2541	TASK BAC	TASK BAC		BILL TASK Bacterial Identification - Bacillus (Billed)	\$ 7.08	87077	
2542	TASK NMIC/ID 304	2013217		BILL TASK Gram Negative ID & MIC Panel (Phoenix)	\$ 7.08	87077	
2543	TASK MALDI	2005162		BILL TASK Bacterial ID by MALDI-TOF MS (billed)	\$ 7.08	87077	
2544	TASK BACSEQ	0060719		BILL TASK DNA Sequencing - Bacterial identification (Billed)	\$ 125.58	87153	
2545	TASK MECA/C	3000097		BILL TASK Susceptibility - mecA/mecC Gene Detection by PCR (Billed)	\$ 30.88	87641	
2546	TASK MCIM M	3000754		BILL TASK Susceptibility - Modified Carbenem Inactivation Method (Billed)	\$ 1.21	87185	
2547	0060193	0060193		Antimicrobial Susceptibility - Nocardia (Micro billing tasks will be ordered as needed, see below for possible charges and CPT codes)	Variable	Variable	
2548	TASK AFBMIC	0060492		BILL TASK Susceptibility - AFB/Nocardia by broth dilution (Billed)	\$ 7.57	87186	
2549	TASK .PF	0062151		BILL TASK Processing fee (Billed)	\$ 35.00	87015	
2550	TASK SMIC	0062229		BILL TASK Susceptibility - Single drug by broth dilution (Billed)	\$ 7.57	87186	
2551	TASK BACSEQ	0060719		BILL TASK DNA Sequencing - Bacterial identification (Billed)	\$ 125.58	87153	
2552	0060216	0060216		Antimicrobial Susceptibility - Nonfermenter (Micro billing tasks will be ordered as needed, see below for possible charges and CPT codes)	Variable	Variable	
2553	TASK SMIC	0062229		BILL TASK Susceptibility - Single drug by broth dilution (Billed)	\$ 7.57	87186	
2554	TASK AST M	0060790		BILL TASK Susceptibility - Automated broth dilution (Billed)	\$ 7.57	87186	
2555	TASK BLAC M	0060401		BILL TASK Susceptibility - Beta-Lactamase (Billed)	\$ 1.21	87185	
2556	TASK MIC	0060408		BILL TASK Susceptibility - Broth dilution panel (Billed)	\$ 7.57	87186	
2557	TASK .PF	0062151		BILL TASK Processing fee (Billed)	\$ 35.00	87015	
2558	TASK CF PSE	TASK CF PSE		BILL TASK Bacterial Identification - Cystic Pseudomonas (Billed)	\$ 7.08	87077	
2559	TASK PSE	TASK PSE		BILL TASK Bacterial Identification - Pseudomonas (Billed)	\$ 7.08	87077	
2560	TASK BID	0060457		BILL TASK Bacterial Identification (Billed)	\$ 7.08	87077	
2561	TASK PID	TASK PID		BILL TASK Bacterial Identification - Gram positive (Phoenix) (Billed)	\$ 7.08	87077	
2562	TASK NID	TASK NID		BILL TASK Bacterial Identification - Gram negative (Phoenix) (Billed)	\$ 7.08	87077	
2563	TASK BAC	TASK BAC		BILL TASK Bacterial Identification - Bacillus (Billed)	\$ 7.08	87077	
2564	TASK NMIC/ID 304	2013217		BILL TASK Gram Negative ID & MIC Panel (Phoenix)	\$ 7.08	87077	
2565	TASK MALDI	2005162		BILL TASK Bacterial ID by MALDI-TOF MS (billed)	\$ 7.08	87077	
2566	TASK BACSEQ	0060719		BILL TASK DNA Sequencing - Bacterial identification (Billed)	\$ 125.58	87153	
2567	0060200	0060200		Antimicrobial Susceptibility - Not Otherwise Specified (Micro billing tasks will be ordered as needed, see below for possible charges and CPT codes)	Variable	Variable	
2568	TASK MIC	0060408		BILL TASK Susceptibility - Broth dilution panel (Billed)	\$ 7.57	87186	
2569	TASK AST M	0060790		BILL TASK Susceptibility - Automated broth dilution (Billed)	\$ 7.57	87186	
2570	TASK SMIC	0062229		BILL TASK Susceptibility - Single drug by broth dilution (Billed)	\$ 7.57	87186	
2571	TASK BLAC M	0060401		BILL TASK Susceptibility - Beta-Lactamase (Billed)	\$ 1.21	87185	
2572	TASK CF PSE	TASK CF PSE		BILL TASK Bacterial Identification - Cystic Pseudomonas (Billed)	\$ 7.08	87077	
2573	TASK PSE	TASK PSE		BILL TASK Bacterial Identification - Pseudomonas (Billed)	\$ 7.08	87077	
2574	TASK BID	0060457		BILL TASK Bacterial Identification (Billed)	\$ 7.08	87077	
2575	TASK PID	TASK PID		BILL TASK Bacterial Identification - Gram positive (Phoenix) (Billed)	\$ 7.08	87077	
2576	TASK NID	TASK NID		BILL TASK Bacterial Identification - Gram negative (Phoenix) (Billed)	\$ 7.08	87077	

Line	Test Code	TEST CODE (Billing)	*	Test/Procedure	Fee/Each	Based on the 2019 CPT Code Book and information from our local carrier.	Compliance
2577	TASK BAC	TASK BAC		BILL TASK Bacterial Identification - Bacillus (Billed)	\$ 7.08	87077	
2578	TASK NMIC/ID 304	2013217		BILL TASK Gram Negative ID & MIC Panel (Phoenix)	\$ 7.08	87077	
2579	TASK ETEST	0062228		BILL TASK Susceptibility - Single drug by Etest (Billed)	\$ 1.16	87181	
2580	TASK AFBMIC	0060492		BILL TASK Susceptibility - AFB/Nocardia by broth dilution (Billed)	\$ 7.57	87186	
2581	TASK .PF	0062151		BILL TASK Processing fee (Billed)	\$ 35.00	87015	
2582	TASK ANAMIC	0060402		BILL TASK Susceptibility - Anaerobe by broth dilution (Billed)	\$ 7.57	87186	
2583	TASK BMIC	0060722		BILL TASK Susceptibility - Automated disk diffusion (Billed)	\$ 4.23	87184	
2584	TASK BACSEQ	0060719		BILL TASK DNA Sequencing - Bacterial identification (Billed)	\$ 125.58	87153	
2585	TASK ESBL M	0060260		BILL TASK Susceptibility - ESBL by disk diffusion (Billed)	\$ 4.23	87184	
2586	TASK MALDI	2005162		BILL TASK Bacterial ID by MALDI-TOF MS (billed)	\$ 7.08	87077	
2587	TASK MECA/C	3000097		BILL TASK Susceptibility - mecA/mecC Gene Detection by PCR (Billed)	\$ 30.88	87641	
2588	TASK MCIM M	3000754		BILL TASK Susceptibility - Modified Carapenem Inactivation Method (Billed)	\$ 1.21	87185	
2589	0060707	0060707		Antimicrobial Susceptibility - Staphylococcus (Micro billing tasks will be ordered as needed, see below for possible charges and CPT codes)	Variable	Variable	
2590	TASK MIC	0060408		BILL TASK Susceptibility - Broth dilution panel (Billed)	\$ 7.57	87186	
2591	TASK AST M	0060790		BILL TASK Susceptibility - Automated broth dilution (Billed)	\$ 7.57	87186	
2592	TASK DD	0060418		BILL TASK Susceptibility - Disk diffusion (Billed)	\$ 4.23	87184	
2593	TASK SMIC	0062229		BILL TASK Susceptibility - Single drug by broth dilution (Billed)	\$ 7.57	87186	
2594	TASK ETEST	0062228		BILL TASK Susceptibility - Single drug by Etest (Billed)	\$ 1.16	87181	
2595	TASK .PF	0062151		BILL TASK Processing fee (Billed)	\$ 35.00	87015	
2596	TASK CF PSE	TASK CF PSE		BILL TASK Bacterial Identification - Cystic Pseudomonas (Billed)	\$ 7.08	87077	
2597	TASK PSE	TASK PSE		BILL TASK Bacterial Identification - Pseudomonas (Billed)	\$ 7.08	87077	
2598	TASK BID	0060457		BILL TASK Bacterial Identification (Billed)	\$ 7.08	87077	
2599	TASK PID	TASK PID		BILL TASK Bacterial Identification - Gram positive (Phoenix) (Billed)	\$ 7.08	87077	
2600	TASK NID	TASK NID		BILL TASK Bacterial Identification - Gram negative (Phoenix) (Billed)	\$ 7.08	87077	
2601	TASK BAC	TASK BAC		BILL TASK Bacterial Identification - Bacillus (Billed)	\$ 7.08	87077	
2602	TASK NMIC/ID 304	2013217		BILL TASK Gram Negative ID & MIC Panel (Phoenix)	\$ 7.08	87077	
2603	TASK MALDI	2005162		BILL TASK Bacterial ID by MALDI-TOF MS (billed)	\$ 7.08	87077	
2604	TASK BACSEQ	0060719		BILL TASK DNA Sequencing - Bacterial identification (Billed)	\$ 125.58	87153	
2605	TASK PBP	2008641		BILL TASK Susceptibility - Penicillin Binding Protein 2a (Billed)	\$ 3.91	87147	
2606	TASK NF PBP	2014492		BILL TASK PBP2A Normal Flora use(Billed)	\$ 3.91	87147	
2607	TASK MECA/C	3000097		BILL TASK Susceptibility - mecA/mecC Gene Detection by PCR (Billed)	\$ 30.88	87641	
2608	0060221	0060221		Antimicrobial Susceptibility - Streptococcus pneumoniae (Micro billing tasks will be ordered as needed, see below for possible charges and CPT codes)	Variable	Variable	
2609	TASK MIC	0060408		BILL TASK Susceptibility - Broth dilution panel (Billed)	\$ 7.57	87186	
2610	TASK SMIC	0062229		BILL TASK Susceptibility - Single drug by broth dilution (Billed)	\$ 7.57	87186	
2611	TASK .PF	0062151		BILL TASK Processing fee (Billed)	\$ 35.00	87015	
2612	2014284	2014284		Antimicrobial Susceptibility - Surveillance Carapenemase Gene Detection by PCR	\$ 30.15	87798	[B]

Line	Test Code	TEST CODE (Billing)	*	Test/Procedure	Fee/Each	Based on the 2019 CPT Code Book and information from our local carrier.	Compliance
2613	0060222	0060222		Antimicrobial Susceptibility - Viridans Streptococcus (Micro billing tasks will be ordered as needed, see below for possible charges and CPT codes)	Variable	Variable	
2614	TASK MIC	0060408		BILL TASK Susceptibility - Broth dilution panel (Billed)	\$ 7.57	87186	
2615	TASK SMIC	0062229		BILL TASK Susceptibility - Single drug by broth dilution (Billed)	\$ 7.57	87186	
2616	TASK .PF	0062151		BILL TASK Processing fee (Billed)	\$ 35.00	87015	
2617	TASK ETEST	0062228		BILL TASK Susceptibility - Single drug by Etest (Billed)	\$ 1.16	87181	
2618	TASK AST M	0060790		BILL TASK Susceptibility - Automated broth dilution (Billed)	\$ 7.57	87186	
2619	TASK CF PSE	TASK CF PSE		BILL TASK Bacterial Identification - Cystic Pseudomonas (Billed)	\$ 7.08	87077	
2620	TASK PSE	TASK PSE		BILL TASK Bacterial Identification - Pseudomonas (Billed)	\$ 7.08	87077	
2621	TASK BID	0060457		BILL TASK Bacterial Identification (Billed)	\$ 7.08	87077	
2622	TASK PID	TASK PID		BILL TASK Bacterial Identification - Gram positive (Phoenix) (Billed)	\$ 7.08	87077	
2623	TASK NID	TASK NID		BILL TASK Bacterial Identification - Gram negative (Phoenix) (Billed)	\$ 7.08	87077	
2624	TASK BAC	TASK BAC		BILL TASK Bacterial Identification - Bacillus (Billed)	\$ 7.08	87077	
2625	TASK NMIC/ID 304	2013217		BILL TASK Gram Negative ID & MIC Panel (Phoenix)	\$ 7.08	87077	
2626	TASK MALDI	2005162		BILL TASK Bacterial ID by MALDI-TOF MS (billed)	\$ 7.08	87077	
2627	TASK BACSEQ	0060719		BILL TASK DNA Sequencing - Bacterial identification (Billed)	\$ 125.58	87153	
2628	0060217	0060217		Antimicrobial Susceptibility, AFB/Mycobacteria (Micro billing tasks will be ordered as needed, see below for possible charges and CPT codes)	Variable	Variable; CPT codes vary based on method.	[B]
2629	TASK AFBMIC	0060492		BILL TASK Susceptibility - AFB/Nocardia by broth dilution (Billed)	\$ 7.57	87186	
2630	TASK TBMIC	0060409		BILL TASK Susceptibility - Mycobacterium tuberculosis (Billed)	\$ 28.92	87188 x4	
2631	TASK .PF	0062151		BILL TASK Processing fee (Billed)	\$ 35.00	87015	
2632	TASK AFBSEQ	0061208		BILL TASK DNA Sequencing - AFB identification (Billed)	\$ 125.58	87153	
2633	TASK SMIC	0062229		BILL TASK Susceptibility - Single drug by broth dilution (Billed)	\$ 7.57	87186	
2634	TASK MTBGP	0060459		BILL TASK DNA Probe - Mycobacterium tuberculosis (Billed)	\$ 16.24	87149	
2635	TASK AFBISO	0060725		BILL TASK AFB Isolation (Billed)	\$ 185.00	87015	
2636	TASK EMB	2011789		BILL TASK Ethambutol Resistance by Sequencing (Billed)	\$ 125.58	87153	
2637	TASK MTBSP	2014218		BILL TASK M. Tuberculosis species identification Billed	\$ 23.05	87150	
2638	0060347	0060347		Antimicrobial Susceptibility, AFB/Mycobacterium tuberculosis Primary Panel (Micro billing tasks will be ordered as needed, see below for possible charges and CPT codes)	Variable	Variable; CPT codes vary based on method.	
2639	TASK TBMIC	0060409		BILL TASK Susceptibility - Mycobacterium tuberculosis (Billed)	\$ 28.92	87188 x4	
2640	TASK .PF	0062151		BILL TASK Processing fee (Billed)	\$ 35.00	87015	
2641	TASK EMB	2011789		BILL TASK Ethambutol Resistance by Sequencing (Billed)	\$ 125.58	87153	
2642	TASK MTBSP	2014218		BILL TASK M. Tuberculosis species identification Billed	\$ 23.05	87150	
2643	0099007	0099007		Antimony, Blood	\$ 22.37	83018	[B]
2644	2002656	2002656		Anti-Mullerian Hormone	\$ 10.24	83520	[D]
2645	2002068	2002068		Anti-Neutrophil Cytoplasmic Antibody with Reflex to Titer and MPO/PR-3 Antibodies (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 10.87	86255	
2646	RFLX BILL ANCAT	0050243	R	REFLEX Reflexed to ANCA Titer	\$ 10.39	86256	

Line	Test Code	TEST CODE (Billing)	*	Test/Procedure	Fee/Each	Based on the 2019 CPT Code Book and information from our local carrier.	Compliance
2647	RFLX MPO/PR3	0050707	R	REFLEX MPO/PR-3 (ANCA) Antibodies	\$ 17.20	83516 x2	
2649	0050811	0050811		Anti-Neutrophil Cytoplasmic Antibody, IgG (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 10.87	86255	
2650	RFLX BILL ANCAT	0050243	R	REFLEX Reflexed to ANCA Titer	\$ 10.39	86256	
2651	0050317	0050317	R	Antinuclear Antibodies (ANA), IgG by ELISA with Reflex to ANA HEP-2 Substrate, IgG by IFA and ENA Confirmation (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 10.63	86038	
2652	RFLX ANA IFA AB	3000082	R	REFLEX Antinuclear Antibody (ANA) with HEP-2 Substrate, IgG by IFA	\$ 10.08	86039	
2653	RFLX DNA	0050215	R	REFLEX Double-Stranded DNA (dsDNA) Antibody, IgG by ELISA with Reflex to dsDNA Antibody, IgG by IFA	\$ 12.25	86225	
2654	RFLX DNA IFA	2002693	R	REFLEX Double-Stranded DNA (dsDNA) Antibody, IgG by IFA (using Crithidia luciliae)	\$ 10.39	86256	
2655	RFLX RNP	0050470	R	REFLEX RNP (U1) (Ribonucleic Protein) (ENA) Antibody, IgG	\$ 14.59	86235	
2656	RFLX SMITH	0050085	R	REFLEX Smith (ENA) Antibody, IgG	\$ 14.59	86235	
2657	RFLX SSA RO	2012074	R	REFLEX SSA 52 and 60 (Ro) (ENA) Antibodies, IgG	\$ 29.18	86235 x2	
2658	RFLX SSB	0050692	R	REFLEX SSB (La) (ENA) Antibody, IgG	\$ 14.59	86235	
2659	RFLX SCLER	0050599	R	REFLEX Scleroderma (Scl-70) (ENA) Antibody, IgG	\$ 14.59	86235	
2660	RFLX ANTI-JO	0099592	R	REFLEX Jo-1 Antibody, IgG	\$ 14.59	86235	
2661	0050080	0050080		Antinuclear Antibodies (ANA), IgG by ELISA with Reflex to ANA, HEP-2 Substrate, IgG by IFA (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 10.63	86038	
2662	RFLX ANA IFA AB	3000082	R	REFLEX Antinuclear Antibody (ANA) with HEP-2 Substrate, IgG by IFA	\$ 10.08	86039	
2663	3000082	3000082		Antinuclear Antibody (ANA) with HEP-2 Substrate, IgG by IFA	\$ 10.08	86039	
2664	3000601	3000601		Antinuclear Antibody (ANA) with HEP-2 Substrate, IgG by IFA with Reflex by Pattern (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 10.08	86039	
2665	RFLX CHROMATIN	2005287	R	REFLEX Chromatin Antibody, IgG	\$ 8.60	83516	
2666	RFLX DNA	0050215	R	REFLEX Double-Stranded DNA (dsDNA) Antibody, IgG by ELISA with Reflex to dsDNA Antibody, IgG by IFA	\$ 12.25	86225	
2667	RFLX DNA IFA	2002693	R	REFLEX Double-Stranded DNA (dsDNA) Antibody, IgG by IFA (using Crithidia luciliae)	\$ 10.39	86256	
2668	RFLX RNP	0050470	R	REFLEX RNP (U1) (Ribonucleic Protein) (ENA) Antibody, IgG	\$ 14.59	86235	
2669	RFLX SMITH	0050085	R	REFLEX Smith (ENA) Antibody, IgG	\$ 14.59	86235	
2670	RFLX SSA RO	2012074	R	REFLEX SSA 52 and 60 (Ro) (ENA) Antibodies, IgG	\$ 29.18	86235 x2	
2671	RFLX SSB	0050692	R	REFLEX SSB (La) (ENA) Antibody, IgG	\$ 14.59	86235	
2672	RFLX SCLER	0050599	R	REFLEX Scleroderma (Scl-70) (ENA) Antibody, IgG	\$ 14.59	86235	
2673	RFLX PM/SCL	2003040	R	REFLEX PM/Scl-100 Antibody, IgG by Immunoblot	\$ 14.59	86235	[D]
2674	RFLX RNA POL 3	2001601	R	REFLEX RNA Polymerase III Antibody, IgG	\$ 8.60	83516	
2675	RFLX U3 FIB	2012173	R	REFLEX Fibrillarin (U3 RNP) Antibody, IgG	\$ 14.59	86235	[D]
2676	2003222	2003222		Antiphospholipid Syndrome Reflexive Panel (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 98.30	86147 x2/86146 x2/85610/85730/85613	

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2683	RFLX BILL TTR	0030087	R	REFLEX Thrombin Time Reflex Bill	\$ 4.99	85670	
2684	RFLX BILL REPR	0030086	R	REFLEX Reptilase Time Reflex Bill	\$ 10.71	85635	
2685	RFLX BILL PTTHR	0030083	R	REFLEX PTT-D Heparin Reflex Bill	\$ 15.48	85730/85525	
2686	RFLX BILL PTTD	0031546	R	REFLEX Reflexed to Partial Thromboplastin Time-D 1:1 Mix	\$ 7.05	85732	
2687	RFLX BILL PNP	0031547	R	REFLEX Reflexed to Platelet Neutralization	\$ 19.57	85597	
2688	RFLX BILL DRV	0031548	R	REFLEX Reflexed to Dilute Russell Viper Venom Time (dRVVT) 1:1 Mix	\$ 8.45	85613	
2689	RFLX BILL DRVC	0031549	R	REFLEX Reflexed to Dilute Russell Viper Venom Time (dRVVT) Confirmation	\$ 8.45	85613	
2690	RFLX BILL HEXPR	0030081	R	REFLEX Hex Phos Reflex Bill	\$ 19.57	85598	
2691	0030370	0030370		Antithrombin Panel	\$ 22.24	85300/85301	
2693	0030015	0030015		Antithrombin, Antigen	\$ 11.77	85301	
2694	0030010	0030010		Antithrombin, Enzymatic (Activity)	\$ 10.47	85300	
2695	2010866	2010866		Antiviral Susceptibility, Herpes Simplex Virus, Acyclovir (Micro billing tasks will be ordered as needed, see below for possible charges and CPT codes)	\$ 37.29	87252/87253	
2696	TASK BILL VIRO	2010869		BILL TASK Virology Processing Fee (Billed)	\$ 35.00	87252	
2697	2010785	2010785		Antiviral Susceptibility, Herpes Simplex Virus, Foscarnet (Micro billing tasks will be ordered as needed, see below for possible charges and CPT codes)	\$ 37.29	87252/87253	
2698	TASK BILL VIRO	2010869		BILL TASK Virology Processing Fee (Billed)	\$ 35.00	87252	
2699	2006540	2006540		Aortopathy Panel, Sequencing and Deletion/Duplication	\$ 2,340.00	81410/81411	[C]
2700	0030127	0030127		APC Resistance Profile	\$ 16.68	85307	
2701	0030192	0030192		APC Resistance Profile with Reflex to Factor V Leiden (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 16.68	85307	
2702	RFLX BILL FACVR	0031545	R	REFLEX Reflexed to Factor V Leiden by PCR	\$ 75.44	81241	
2703	0050030	0050030		Apolipoprotein A-1	\$ 13.15	82172	
2704	0050029	0050029		Apolipoprotein B	\$ 13.15	82172	
2705	0055654	0055654		Apolipoprotein B (APOB) Mutation Detection	\$ 137.00	81401	[C]
2706	0050028	0050028		Apolipoprotein B/A Ratio	\$ 26.30	82172 x2	
2707	2013341	2013341		Apolipoprotein E (APOE) Genotyping, Alzheimer Disease Risk	\$ 137.00	81401	[C]
2708	2013337	2013337		Apolipoprotein E (APOE) Genotyping, Cardiovascular Risk	\$ 137.00	81401	[C]
2709	2003036	2003036		Aquaporin-4 Receptor Antibody	\$ 8.60	83516	[D]
2710	2013327	2013327		Aquaporin-4 Receptor Antibody by ELISA with Reflex to Aquaporin-4 Receptor Antibody, IgG by IFA (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 8.60	83516	[D]
2711	RFLX AQP4 SER	2013320	R	REFLEX Aquaporin-4 Receptor Antibody, IgG by IFA with Reflex to Titer, Serum	\$ 10.87	86255	[D]
2712	AQP4SERTTR	2013323	R	REFLEX Aquaporin-4 Receptor Antibody, IgG by IFA, Serum Titer (Reflex for New Test AQP4 SER - Not Orderable by Clients)	\$ 10.39	86256	[D]
2713	2013320	2013320		Aquaporin-4 Receptor Antibody, IgG by IFA with Reflex to Titer, Serum (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 10.87	86255	[D]
2714	RFLX AQP4SERTTR	2013323	R	REFLEX Aquaporin-4 Receptor Antibody, IgG by IFA, Serum Titer (Reflex for New Test AQP4 SER - Not Orderable by Clients)	\$ 10.39	86256	[D]
2715	2011699	2011699		Aquaporin-4 Receptor Antibody, IgG by IFA, CSF with Reflex to Titer (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 300.00	86255	[B]

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2716	RFLX AQP4TITER	2011701	R	REFLEX Aquaporin-4 Receptor Antibody, IgG by IFA, CSF Titer	\$ 168.75	86256	[B]
2717	2001597	2001597		Arbovirus Antibodies, IgG and IgM, CSF	\$ 148.88	86651 x2/86652 x2/86653 x2/86654 x2/86789/86788	[B]
2727	2001594	2001594		Arbovirus Antibodies, IgG and IgM, Serum	\$ 148.88	86651 x2/86652 x2/86653 x2/86654 x2/86789/86788	
2737	2001596	2001596		Arbovirus Antibodies, IgG, CSF	\$ 73.10	86651/86652/86653/86654/86789	[B]
2742	2001593	2001593		Arbovirus Antibodies, IgG, Serum	\$ 73.10	86651/86652/86653/86654/86789	
2747	2001595	2001595		Arbovirus Antibodies, IgM, CSF	\$ 75.78	86651/86652/86653/86654/86788	[B]
2752	2001592	2001592		Arbovirus Antibodies, IgM, Serum	\$ 75.78	86651/86652/86653/86654/86788	
2757	2011890	2011890		Arginase 1 by Immunohistochemistry	\$ 73.50	88342TC	[A]
2758	0070027	0070027		Arginine Vasopressin Hormone	\$ 36.95	84588	[D]
2759	2011144	2011144		Arginine:Glycine Amidinotransferase (GATM) Deficiency Sequencing	\$ 625.63	81479	[C]
2760	2007945	2007945		Aripiprazole and Metabolite, Serum or Plasma	\$ 47.40	80342 (Alt code: G0480)	[B]
2761	2007342	2007342	*	Arsenic Analysis, Hair	\$ 210.00	82175	
2762	0099045	0099045		Arsenic, Blood	\$ 20.66	82175	[B]
2763	0020734	0020734		Arsenic, Fractionated, Urine	\$ 20.66	82175	[B]
2764	2011478	2011478		Arsenic, Random Urine with Reflex to Fractionated (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 20.66	82175	
2765	RFLX AS UF	0020734	R	REFLEX Arsenic, Fractionated, Urine	\$ 20.66	82175	[B]
2766	0025000	0025000		Arsenic, Urine with Reflex to Fractionated (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 20.66	82175	[B]
2767	RFLX AS UF	0020734	R	REFLEX Arsenic, Fractionated, Urine	\$ 20.66	82175	[B]
2768	0095227	0095227	*	Arylsulfatase A, 24-Hour Urine	\$ 331.44	84311	
2769	2011058	2011058	*	Arylsulfatase A, Leukocytes, Blood	\$ 317.92	82657	
2770	0051415	0051415		Ashkenazi Jewish Diseases, 16 Genes	\$ 150.24	81200/81205/81209/81242/81250/81251/81255/81260/81290/81330/81400/81401/81479	[C]
2771	0020007	0020007		Aspartate Aminotransferase, Serum or Plasma	\$ 4.41	84450	
2772	0050101	0050101		Aspergillus Antibodies by CF & ID	\$ 32.78	86606 x2	
2774	0050100	0050100		Aspergillus Antibody by CF	\$ 16.39	86606	
2775	3000876	3000876		Aspergillus fumigatus Antibody IgG	\$ 16.39	86606	[B]
2776	2003150	2003150		Aspergillus Galactomannan Antigen by EIA, Bronchoscopy	\$ 8.66	87305	
2777	0060068	0060068		Aspergillus Galactomannan Antigen by EIA, Serum	\$ 8.66	87305	
2778	3000265	3000265		Aspergillus Species by PCR	\$ 30.15	87798	[B]
2779	0050171	0050171		Aspergillus spp. Antibodies by Immunodiffusion	\$ 16.39	86606	
2780	0091570	0091570	*	Aspirin and Oxycodone Quantitative, Serum or Plasma	\$ 109.00	80329/80365 (Alt code: G0480)	
2781	2008471	2008471		ATP7A-Related Copper Transport Disorders (ATP7A) Sequencing and Deletion/Duplication	\$ 1,458.63	81479	[C]
2782	2007872	2007872		ATP7A-Related Copper Transport Disorders (ATP7A), Sequencing	\$ 935.00	81479	[C]
2783	2014499	2014499		ATRX by Immunohistochemistry	\$ 73.50	88342TC	[B]
2784	2014314	2014314		Autism and Intellectual Disability Comprehensive Panel (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 1,347.14	82017/82664/83864/83918/82540 x2/82542 x2/82570/82139/81229/81243	[B]
2785	RFLX BILL MPCR	2009031	R	REFLEX Fragile X Methylation Analysis Status by mPCR Bill	\$ 80.07	81244	



Line	Test Code	TEST CODE (Billing)	*	Test/Procedure	Fee/Each	Based on the 2019 CPT Code Book and information from our local carrier.	Compliance
2786	2014312	2014312		Autism and Intellectual Disability Metabolic Panel	\$ 138.73	82017/82664/83864/83918/82540 x2/82542 x2/82570/82139	[B]
2787	3001283	3001283		Autoimmune CNS Demyelinating Disease Reflexive Panel (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 21.74	86255 x2	[D]
2788	RFLX AQP4SERTTR	2013323	R	REFLEX Aquaporin-4 Receptor Antibody, IgG by IFA, Serum Titer (Reflex for New Test AQP4 SER – Not Orderable by Clients)	\$ 10.39	86256	[D]
2789	RFLX MOGSERTTR	3001280	R	REFLEX Myelin Oligodendrocyte Glycoprotein (MOG) Antibody Titer, IgG	\$ 10.39	86256	[D]
2790	2013601	2013601		Autoimmune Encephalitis Reflexive Panel (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 49.83	83519/83516/86255/86341	
2791	RFLX LG1CASPR2	2009460	R	REFLEX Leucine-Rich, Glioma-Inactivated Protein 1 Antibody, IgG and Contactin-Associated Protein-2 Antibody, IgG with Reflex to Titers	\$ 21.74	86255 x2	[D]
2793	RFLX LG1GTITER	2009458	R	REFLEX Leucine-Rich, Glioma-Inactivated Protein 1 Antibody Titer, IgG by IFA	\$ 10.39	86256	[D]
2794	RFLX CASPR2TIGG	2009454	R	REFLEX Contactin-Associated Protein-2 Antibody Titer, IgG by IFA	\$ 10.39	86256	[D]
2795	RFLX BILL NMDA	2006311	R	REFLEX N-methyl-D-Aspartate Receptor Antibody, IgG, Titer	\$ 143.50	86256	
2796	RFLX AQP4 SER	2013320	R	REFLEX Aquaporin-4 Receptor Antibody, IgG by IFA with Reflex to Titer, Serum	\$ 10.87	86255	[D]
2797	RFLX AQP4SERTTR	2013323	R	REFLEX Aquaporin-4 Receptor Antibody, IgG by IFA, Serum Titer (Reflex for New Test AQP4 SER – Not Orderable by Clients)	\$ 10.39	86256	[D]
2798	2007210	2007210		Autoimmune Liver Disease Evaluation with Reflex to Smooth Muscle Antibody (SMA), IgG by IFA (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 30.17	83516 x2/86376	
2801	RFLX *ASM TITER	0051244	R	REFLEX Smooth Muscle Antibody, IgG Titer	\$ 10.39	86256	
2802	2013944	2013944		Autoimmune Neurologic Disease Reflexive Panel (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 124.18	83519 x3/83516 x3/86255 x4/86341	[D]
2803	RFLX ACHRMOD	0099521	R	REFLEX Acetylcholine Receptor Modulating Antibody	\$ 8.60	83516	[B]
2804	RFLX STM TITER	2012516	R	REFLEX Striated Muscle Antibodies, IgG Titer	\$ 10.39	86256	
2805	RFLX LG1CASPR2	2009460	R	REFLEX Leucine-Rich, Glioma-Inactivated Protein 1 Antibody, IgG and Contactin-Associated Protein-2 Antibody, IgG with Reflex to Titers	\$ 21.74	86255 x2	[D]
2807	RFLX LG1GTITER	2009458	R	REFLEX Leucine-Rich, Glioma-Inactivated Protein 1 Antibody Titer, IgG by IFA	\$ 10.39	86256	[D]
2808	RFLX CASPR2TIGG	2009454	R	REFLEX Contactin-Associated Protein-2 Antibody Titer, IgG by IFA	\$ 10.39	86256	[D]
2809	RFLX BILL NMDA	2006311	R	REFLEX N-methyl-D-Aspartate Receptor Antibody, IgG, Titer	\$ 143.50	86256	
2810	RFLX AQP4 SER	2013320	R	REFLEX Aquaporin-4 Receptor Antibody, IgG by IFA with Reflex to Titer, Serum	\$ 10.87	86255	[D]
2811	RFLX AQP4SERTTR	2013323	R	REFLEX Aquaporin-4 Receptor Antibody, IgG by IFA, Serum Titer (Reflex for New Test AQP4 SER – Not Orderable by Clients)	\$ 10.39	86256	[D]
2812	RFLX NRNL IB	2007963	R	REFLEX Neuronal Nuclear Antibodies (Hu, Ri, Yo) IgG by Immunoblot	\$ 8.60	83516	[D]
2813	RFLX ANNAR IFA	0050892	R	REFLEX Neuronal Nuclear Antibody (ANNA) IFA Titer, IgG	\$ 10.39	86256	[D]
2814	RFLX PCCARTITER	0059441	R	REFLEX Purkinje Cell Antibody, Titer	\$ 10.39	86256	[D]
2815	RFLX CV2.1 TTR	2013957	R	REFLEX CV2.1 Antibody Titer, IgG	\$ 10.39	86256	[D]
2816	2005640	2005640		Autoimmune Neuromuscular Reflexive Panel (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 64.88	83519 x3/83516 x2/86255	[A]



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2822	RFLX ACHRMOD	0099521	R	REFLEX Acetylcholine Receptor Modulating Antibody	\$ 8.60	83516	[B]
2823	RFLX STM TITER	2012516	R	REFLEX Striated Muscle Antibodies, IgG Titer	\$ 10.39	86256	
2824	RFLX LG1/CASPR2	2009460	R	REFLEX Leucine-Rich, Glioma-Inactivated Protein 1 Antibody, IgG and Contactin-Associated Protein-2 Antibody, IgG with Reflex to Titers	\$ 21.74	86255 x2	[D]
2826	RFLX LG1/GTITER	2009458	R	REFLEX Leucine-Rich, Glioma-Inactivated Protein 1 Antibody Titer, IgG by IFA	\$ 10.39	86256	[D]
2827	RFLX CASPR2/TIGG	2009454	R	REFLEX Contactin-Associated Protein-2 Antibody Titer, IgG by IFA	\$ 10.39	86256	[D]
2828	2003442	2003442		B Cell Specific Octamer Binding Protein-1 (BOB-1) by Immunohistochemistry	\$ 73.50	88342TC	[B]
2829	0093048	0093048		Babesia microti Antibodies, IgG and IgM by IFA	\$ 26.98	86753 x2	[A]
2831	0093049	0093049		Babesia microti Antibody, IgG by IFA	\$ 13.49	86753	[A]
2832	0093050	0093050		Babesia microti Antibody, IgM by IFA	\$ 13.49	86753	[A]
2833	2008665	2008665		Babesia Species by PCR	\$ 30.15	87798	[B]
2834	2005273	2005273	*	Baclofen Quantitative, Serum or Plasma	\$ 178.00	80369 (Alt code: G0480)	
2835	0060182	0060182		Bacterial Strain Characterization by Pulsed-Field Gel Electrophoresis	\$ 5.70	87152	[B]
2836	0092311	0092311		Barbiturates - Confirmation - Meconium	\$ 135.50	80345 (Alt code: G0480)	[B]
2837	2012201	2012201		Barbiturates, Serum or Plasma, Quantitative	\$ 66.03	80345 (Alt code: G0480)	[B]
2838	2012211	2012211		Barbiturates, Urine Screen with Reflex to Quantitation (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 63.85	80307	[B]
2839	RFLX BARB UR	2012213	R	REFLEX Barbiturates, Urine, Quantitative	\$ 58.63	80345 (Alt code: G0480)	[B]
2840	2012213	2012213		Barbiturates, Urine, Quantitative	\$ 58.63	80345 (Alt code: G0480)	[B]
2841	0091282	0091282	*	Barium Quantitative, Serum or Plasma	\$ 117.00	83018	
2842	0091165	0091165	*	Barium Quantitative, Urine	\$ 117.00	83018	
2843	2002280	2002280		Bartonella henselae & B. quintana Antibodies, IgG & IgM	\$ 44.32	86611 x4	[A]
2847	0050108	0050108		Bartonella henselae (Cat Scratch) Antibodies, IgG & IgM by IFA	\$ 22.16	86611 x2	[A]
2849	0050091	0050091		Bartonella henselae Antibody, IgG by IFA	\$ 11.08	86611	[A]
2850	0050092	0050092		Bartonella henselae Antibody, IgM by IFA	\$ 11.08	86611	[A]
2851	0050106	0050106		Bartonella quintana Antibodies, IgG & IgM by IFA	\$ 22.16	86611 x2	[A]
2853	0050094	0050094		Bartonella quintana Antibody, IgG by IFA	\$ 11.08	86611	[A]
2854	0050093	0050093		Bartonella quintana Antibody, IgM by IFA	\$ 11.08	86611	[A]
2855	0093057	0093057		Bartonella species by PCR	\$ 38.21	87471	[B]
2856	0020399	0020399		Basic Metabolic Panel	\$ 7.27	80048	
2857	2011411	2011411	*	Bath Salts Panel, Serum or Plasma	\$ 150.00	80371 (Alt code: G0480)	
2858	2008650	2008650	*	Bath Salts Panel, Urine	\$ 130.00	80371 (Alt code: G0480)	
2859	3000724	3000724		B-Cell Acute Lymphocytic Leukemia (B-ALL) Minimum Residual Disease Detection by Flow Cytometry (COG Protocol) (Reflex components billed separately, see below for additional charges and CPT codes)	Variable	Variable	[A]
2860	RFLX TC BALL 6	3000886	R	REFLEX Technical B-ALL MRD, 6 markers	\$ 221.04	88184/88185 x5	
2861	RFLX TC BALL 13	3000887	R	REFLEX Technical B-ALL MRD, 13 markers	\$ 435.24	88184/88185 x12	
2862	0092099	0092099		B-Cell CD20 Expression	\$ 146.88	88184/88185/88187	[A]
2863	2006193	2006193		B-Cell Clonality Screening (IgH and IgK) by PCR	\$ 428.78	81261/81264	[D]

Line	Test Code	TEST CODE (Billing)	*	Test/Procedure	Fee/Each	Based on the 2019 CPT Code Book and information from our local carrier.	Compliance
2864	2008901	2008901		B-Cell Memory and Naive Panel	\$ 121.17	86355/86356 x3	[A]
2865	2004513	2004513		BCL-2 by Immunohistochemistry	\$ 73.50	88342TC	
2866	3001311	3001311		BCL6 (3q27) Gene Rearrangement by FISH	\$ 347.00	88366	[A]
2867	2003457	2003457		BCL-6 by Immunohistochemistry	\$ 73.50	88342TC	
2868	2008420	2008420		BCR-ABL1 Mutation Analysis for Tyrosine Kinase Inhibitor Resistance by Next Generation Sequencing	\$ 741.13	81170	[B]
2869	2005017	2005017		BCR-ABL1, Major (p210), Quantitative	\$ 86.70	81206	[D]
2870	2005016	2005016		BCR-ABL1, Minor (p190), Quantitative	\$ 72.30	81207	[D]
2871	2005010	2005010		BCR-ABL1, Qualitative with Reflex to BCR-ABL1 Quantitative (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 159.00	81206/81207	[B]
2872	RFLX BCR MAJOR	2005011	R	REFLEX BCR-ABL1, Major, Quant (Internal only)	\$ 86.70	81206	
2873	RFLX BCR MINOR	2005025	R	REFLEX BCR-ABL1, Minor, Quant (Internal only)	\$ 72.30	81207	
2874				Bence Jones Protein, Quantitation and Characterization, with Reflex to Kappa/Lambda Free Light Chains with Ratio, Urine (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 51.45	84156/84166/86335	
2877	RFLX K/L F URIN	2002486	R	REFLEX Urine Kappa/Lambda FLC with Ratio	\$ 24.56	83883 x2	
2879	3000136	3000136	*	Benzene Quantitative - Whole Blood	\$ 83.00	84600	
2880	0090367	0090367		Benzodiazepines Detection	\$ 63.85	80307	
2881	2010445	2010445		Benzodiazepines, Serum or Plasma, Quantitative	\$ 68.63	80346 (Alt code: G0480)	[B]
2882	2012225	2012225		Benzodiazepines, Urine Screen with Reflex to Quantitation (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 63.85	80307	[B]
2883	RFLX CDCO BENZO	2008291	R	REFLEX Benzodiazepines, Urine, Quantitative	\$ 38.85	80346 (Alt code: G0480)	[B]
2884	2008291	2008291		Benzodiazepines, Urine, Quantitative	\$ 38.85	80346 (Alt code: G0480)	[B]
2885	0091516	0091516	*	Benzotropine Quantitative, Serum or Plasma	\$ 103.00	80375 (Alt code: G0480)	
2886	2011052	2011052	*	Beryllium Lymphocyte Proliferation, Blood	\$ 296.00	86353/80500	
2887	3000967	3000967	*	Beryllium Quantitative, Serum or Plasma	\$ 67.00	83018	
2888	2010113	2010113		Beta Globin (HBB) Deletion/Duplication	\$ 202.40	81363	[C]
2889	0050578	0050578		Beta Globin (HBB) Gene Sequencing	\$ 324.58	81364	[C]
2890	0051421	0051421		Beta Globin (HBB) HbS, HbC, and HbE Mutations	\$ 174.81	81361	[C]
2891	0051422	0051422		Beta Globin (HBB) HbS, HbC, and HbE Mutations, Fetal	\$ 408.93	81361/81265	[C]
2892	0051596	0051596		Maternal Cell Contamination, Fetal Sample	\$ 234.12	81265	[C]
2893	2010117	2010117		Beta Globin (HBB) Sequencing and Deletion/Duplication	\$ 526.98	81363/81364	[C]
2894	0050388	0050388		Beta Globin (HBB) Sequencing, Fetal	\$ 558.70	81364/81265	[C]
2895	0051596	0051596		Maternal Cell Contamination, Fetal Sample	\$ 234.12	81265	[C]
2896	0050324	0050324		Beta-2 Glycoprotein 1 Antibody, IgA	\$ 20.47	86146	
2897	0050321	0050321		Beta-2 Glycoprotein 1 Antibodies, IgG and IgM	\$ 40.94	86146 x2	
2899	2002569	2002569		Beta-2 Glycoprotein 1 Antibodies, IgG, IgM and IgA	\$ 61.41	86146 x3	
2902	0080054	0080054		Beta-2 Microglobulin, CSF	\$ 14.64	82232	[B]
2903	0080053	0080053		Beta-2 Microglobulin, Serum or Plasma	\$ 14.64	82232	

Line	Test Code	TEST CODE (Billing)	*	Test/Procedure	Fee/Each	Based on the 2019 CPT Code Book and information from our local carrier.	Compliance
2904	0050047	0050047		Beta-2 Transferrin	\$ 31.95	86335	[B]
2905	0080432	0080432		Beta-2-Microglobulin, Urine	\$ 14.64	82232	
2906	2003454	2003454		Beta-Catenin-1 by Immunohistochemistry	\$ 73.50	88342TC	
2907	0070029	0070029		Beta-hCG, Quantitative (Tumor Marker)	\$ 13.24	84702	[B]
2908	0020730	0020730		Beta-hCG, Quantitative (Tumor Marker), CSF	\$ 13.24	84702	[B]
2909	0020063	0020063		Beta-hCG, Serum Qualitative	\$ 6.46	84703	
2910	0070025	0070025		Beta-hCG, Serum Quantitative	\$ 13.24	84702	
2911	0020229	0020229		Beta-hCG, Urine Qualitative	\$ 2.80	81025	
2912	0080045	0080045		Beta-Hydroxybutyric Acid	\$ 7.15	82010	
2913	2003466	2003466		BF-1 by Immunohistochemistry	\$ 73.50	88342TC	[B]
2914	0020245	0020245		Bicarbonate (HCO(sub:3)), Urine	\$ 1.36	82374	
2915	0092610	0092610		Bile Acids, Fractionated and Total by LC-MS/MS	\$ 16.34	83789	[B]
2916	0070189	0070189		Bile Acids, Total	\$ 14.56	82239	
2917	2005248	2005248		Bilirubin, CSF	\$ 17.09	84311 x2/82247	[B]
2918	0020426	0020426		Bilirubin, Direct and Total, Serum or Plasma	\$ 8.50	82247/82248	
2920	0020033	0020033		Bilirubin, Direct, Serum or Plasma	\$ 4.41	82248	
2921	0020510	0020510		Bilirubin, Total, Body Fluid	\$ 4.09	82247	[B]
2922	0020032	0020032		Bilirubin, Total, Serum or Plasma	\$ 4.09	82247	
2923	0051700	0051700		Biotinidase Deficiency (BTD) 5 Mutations	\$ 313.63	81479	[C]
2924	0051730	0051730		Biotinidase Deficiency (BTD) Sequencing	\$ 274.83	81404	[C]
2925	0093362	0093362		Biotinidase, Serum (with Paired Normal Control)	\$ 13.86	82261	[B]
2926	0099478	0099478		Bismuth, Blood	\$ 22.37	83018	[B]
2927	0090067	0090067		BK Virus, Quantitative PCR	\$ 39.11	87799	[A]
2928	2002304	2002304		BK Virus, Quantitative PCR, Blood	\$ 39.11	87799	[A]
2929	2002310	2002310		BK Virus, Quantitative PCR, Urine	\$ 39.11	87799	[A]
2930	2000183	2000324		Bladder Tumor Associated Antigen	\$ 66.75	86294	
2931	3000231	3000231		Blastomyces dermatitidis Antibodies by EIA with Reflex to Immunodiffusion, CSF (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 14.05	86612	[B]
2932	RFLX BLSTPPTCSF	3000232	R	REFLEX Blastomyces dermatitidis Antibodies by Immunodiffusion, CSF	\$ 14.05	86612	[B]
2933	3000236	3000236		Blastomyces dermatitidis Antibodies by EIA with Reflex to Immunodiffusion, Serum (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 14.05	86612	
2934	RFLX BLASTO PPT	0050172	R	REFLEX Blastomyces dermatitidis Antibodies by Immunodiffusion	\$ 14.05	86612	
2935	0050172	0050172		Blastomyces dermatitidis Antibodies by Immunodiffusion	\$ 14.05	86612	
2936	2002926	2002926	*	Blastomyces dermatitidis Antigen Quantitative by EIA	\$ 127.00	87449	
2937	0062224	0062224		Blastomyces dermatitidis Identification by DNA Probe (Micro billing tasks will be ordered as needed, see below for possible charges and CPT codes)	Variable	Variable	
2938	TASK BP	TASK BP		BILL TASK DNA Probe - Blastomyces dermatitidis (Billed)	\$ 16.24	87149	
2939	TASK MID	0062149		BILL TASK Mould Identification (Billed)	\$ 11.24	87107	

Line	Test Code	TEST CODE (Billing)	*	Test/Procedure	Fee/Each	Based on the 2019 CPT Code Book and information from our local carrier.	Compliance
2940	TASK .PF	0062151		BILL TASK Processing fee (Billed)	\$ 35.00	87015	
2941	0060060	0060060		Blood Culture, Acid-Fast Bacillus (AFB) (Micro billing tasks will be ordered as needed, see below for possible charges and CPT codes)	\$ 9.12	87116; CPT codes vary based on method.	
2942	TASK AFBSEQ	0061208		BILL TASK DNA Sequencing - AFB identification (Billed)	\$ 125.58	87153	
2943	TASK MTBGP	0060459		BILL TASK DNA Probe - Mycobacterium tuberculosis (Billed)	\$ 16.24	87149	
2944	TASK BP	TASK BP		BILL TASK DNA Probe - Blastomyces dermatitidis (Billed)	\$ 16.24	87149	
2945	TASK CP	TASK CP		BILL TASK DNA Probe - Coccidioides immitis (Billed)	\$ 16.24	87149	
2946	TASK HP	TASK HP		BILL TASK DNA Probe - Histoplasma capsulatum (Billed)	\$ 16.24	87149	
2947	TASK TBMIC	0060409		BILL TASK Susceptibility - Mycobacterium tuberculosis (Billed)	\$ 28.92	87188 x4	
2948	TASK AFBMIC	0060492		BILL TASK Susceptibility - AFB/Nocardia by broth dilution (Billed)	\$ 7.57	87186	
2949	TASK .PF	0062151		BILL TASK Processing fee (Billed)	\$ 35.00	87015	
2950	TASK MALDI FUNG	2007693		BILL TASK Fungal Identification by MALDI-TOF MS (Matrix Assisted Laser Desorption Ionization- TOF MS)	\$ 5.70	87158	
2951	TASK EMB	2011789		BILL TASK Ethambutol Resistance by Sequencing (Billed)	\$ 125.58	87153	
2952	TASK MTBSP	2014218		BILL TASK M. Tuberculosis species identification Billed	\$ 23.05	87150	
2953	0060024	0060024		Blood Culture, AFB and Fungal (Micro billing tasks will be ordered as needed, see below for possible charges and CPT codes)	\$ 17.13	87103/87116; CPT codes vary based on method.	
2954	TASK MTBGP	0060459		BILL TASK DNA Probe - Mycobacterium tuberculosis (Billed)	\$ 16.24	87149	
2955	TASK AFBSEQ	0061208		BILL TASK DNA Sequencing - AFB identification (Billed)	\$ 125.58	87153	
2956	TASK YID	0062148		BILL TASK Yeast identification (Billed)	\$ 8.12	87106	
2957	TASK BP	TASK BP		BILL TASK DNA Probe - Blastomyces dermatitidis (Billed)	\$ 16.24	87149	
2958	TASK CP	TASK CP		BILL TASK DNA Probe - Coccidioides immitis (Billed)	\$ 16.24	87149	
2959	TASK HP	TASK HP		BILL TASK DNA Probe - Histoplasma capsulatum (Billed)	\$ 16.24	87149	
2960	TASK .PF	0062151		BILL TASK Processing fee (Billed)	\$ 35.00	87015	
2961	TASK MALDI FUNG	2007693		BILL TASK Fungal Identification by MALDI-TOF MS (Matrix Assisted Laser Desorption Ionization- TOF MS)	\$ 5.70	87158	
2962	TASK EMB	2011789		BILL TASK Ethambutol Resistance by Sequencing (Billed)	\$ 125.58	87153	
2963	TASK MTBSP	2014218		BILL TASK M. Tuberculosis species identification Billed	\$ 23.05	87150	
2964	0060070	0060070		Blood Culture, Fungal (Micro billing tasks will be ordered as needed, see below for possible charges and CPT codes)	\$ 8.01	87103; CPT codes vary based on method.	
2965	TASK YID	0062148		BILL TASK Yeast identification (Billed)	\$ 8.12	87106	
2966	TASK AFBSEQ	0061208		BILL TASK DNA Sequencing - AFB identification (Billed)	\$ 125.58	87153	
2967	TASK .PF	0062151		BILL TASK Processing fee (Billed)	\$ 35.00	87015	
2968	TASK YSTSEQ	0060757		BILL TASK DNA Sequencing - Fungal identification (Billed)	\$ 125.58	87153	
2969	TASK MTBGP	0060459		BILL TASK DNA Probe - Mycobacterium tuberculosis (Billed)	\$ 16.24	87149	
2970	TASK MALDI FUNG	2007693		BILL TASK Fungal Identification by MALDI-TOF MS (Matrix Assisted Laser Desorption Ionization- TOF MS)	\$ 5.70	87158	
2971	TASK EMB	2011789		BILL TASK Ethambutol Resistance by Sequencing (Billed)	\$ 125.58	87153	
2972	TASK MTBSP	2014218		BILL TASK M. Tuberculosis species identification Billed	\$ 23.05	87150	
2973	0049003	0049003		Blood Smear - with Interpretation	\$ 70.00	85060	
2974	0051433	0051433		Bloom Syndrome (BLM), 1 Variant	\$ 39.31	81209	[C]

Line	Test Code	TEST CODE (Billing)	*	Test/Procedure	Fee/Each	Based on the 2019 CPT Code Book and information from our local carrier.	Compliance
2975	0060108	0060108		Body Fluid Culture and Gram Stain (Gram stain 0060101 is billed additionally) (Micro billing tasks will be ordered as needed, see below for possible charges and CPT codes)	\$ 7.51	87070	
2976	TASK GS	0060011		BILL TASK Gram Stain	\$ 3.46	87205	
2977	TASK AST M	0060790		BILL TASK Susceptibility - Automated broth dilution (Billed)	\$ 7.57	87186	
2978	TASK CF PSE	TASK CF PSE		BILL TASK Bacterial Identification - Cystic Pseudomonas (Billed)	\$ 7.08	87077	
2979	TASK PSE	TASK PSE		BILL TASK Bacterial Identification - Pseudomonas (Billed)	\$ 7.08	87077	
2980	TASK BID	0060457		BILL TASK Bacterial Identification (Billed)	\$ 7.08	87077	
2981	TASK PID	TASK PID		BILL TASK Bacterial Identification - Gram positive (Phoenix) (Billed)	\$ 7.08	87077	
2982	TASK NID	TASK NID		BILL TASK Bacterial Identification - Gram negative (Phoenix) (Billed)	\$ 7.08	87077	
2983	TASK BAC	TASK BAC		BILL TASK Bacterial Identification - Bacillus (Billed)	\$ 7.08	87077	
2984	TASK NMIC/ID 304	2013217		BILL TASK Gram Negative ID & MIC Panel (Phoenix)	\$ 7.08	87077	
2985	TASK MIC	0060408		BILL TASK Susceptibility - Broth dilution panel (Billed)	\$ 7.57	87186	
2986	TASK BLAC M	0060401		BILL TASK Susceptibility - Beta-Lactamase (Billed)	\$ 1.21	87185	
2987	TASK DD	0060418		BILL TASK Susceptibility - Disk diffusion (Billed)	\$ 4.23	87184	
2988	TASK ETEST	0062228		BILL TASK Susceptibility - Single drug by Etest (Billed)	\$ 1.16	87181	
2989	TASK SMIC	0062229		BILL TASK Susceptibility - Single drug by broth dilution (Billed)	\$ 7.57	87186	
2990	TASK BMIC	0060722		BILL TASK Susceptibility - Automated disk diffusion (Billed)	\$ 4.23	87184	
2991	TASK .PF	0062151		BILL TASK Processing fee (Billed)	\$ 35.00	87015	
2992	TASK PBP	2008641		BILL TASK Susceptibility - Penicillin Binding Protein 2a (Billed)	\$ 3.91	87147	
2993	TASK SA	2011971		BILL TASK Staphylococcus species Latex Agglutination (BILLED)	\$ 3.91	87147	
2994	TASK StrpA	2011972		BILL TASK Streptococcus Group A Latex Agglutination (BILLED)	\$ 3.91	87147	
2995	TASK StrpB	2011973		BILL TASK Streptococcus Group B Latex Agglutination (BILLED)	\$ 3.91	87147	
2996	TASK StrpC	2011974		BILL TASK Streptococcus Group C Latex Agglutination (BILLED)	\$ 3.91	87147	
2997	TASK StrpG	2011975		BILL TASK Streptococcus Group G Latex Agglutination (BILLED)	\$ 3.91	87147	
2998	TASK NF PBP	2014492		BILL TASK PBP2A Normal Flora use(Billed)	\$ 3.91	87147	
2999	TASK MECA/C	3000097		BILL TASK Susceptibility – mecA/mecC Gene Detection by PCR (Billed)	\$ 30.88	87641	
3000	0060103	0060103		Bone Culture and Gram Stain (Micro billing tasks will be ordered as needed, see below for possible charges and CPT codes)	\$ 7.51	87070	
3001	TASK GS	0060011		BILL TASK Gram Stain	\$ 3.46	87205	
3002	TASK AST M	0060790		BILL TASK Susceptibility - Automated broth dilution (Billed)	\$ 7.57	87186	
3003	TASK CF PSE	TASK CF PSE		BILL TASK Bacterial Identification - Cystic Pseudomonas (Billed)	\$ 7.08	87077	
3004	TASK PSE	TASK PSE		BILL TASK Bacterial Identification - Pseudomonas (Billed)	\$ 7.08	87077	
3005	TASK BID	0060457		BILL TASK Bacterial Identification (Billed)	\$ 7.08	87077	
3006	TASK PID	TASK PID		BILL TASK Bacterial Identification - Gram positive (Phoenix) (Billed)	\$ 7.08	87077	
3007	TASK NID	TASK NID		BILL TASK Bacterial Identification - Gram negative (Phoenix) (Billed)	\$ 7.08	87077	
3008	TASK BAC	TASK BAC		BILL TASK Bacterial Identification - Bacillus (Billed)	\$ 7.08	87077	
3009	TASK NMIC/ID 304	2013217		BILL TASK Gram Negative ID & MIC Panel (Phoenix)	\$ 7.08	87077	
3010	TASK DD	0060418		BILL TASK Susceptibility - Disk diffusion (Billed)	\$ 4.23	87184	

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3011	TASK MIC	0060408		BILL TASK Susceptibility - Broth dilution panel (Billed)	\$ 7.57	87186	
3012	TASK BACSEQ	0060719		BILL TASK DNA Sequencing - Bacterial identification (Billed)	\$ 125.58	87153	
3013	TASK ETEST	0062228		BILL TASK Susceptibility - Single drug by Etest (Billed)	\$ 1.16	87181	
3014	TASK BLAC M	0060401		BILL TASK Susceptibility - Beta-Lactamase (Billed)	\$ 1.21	87185	
3015	TASK ANAMIC	0060402		BILL TASK Susceptibility - Anaerobe by broth dilution (Billed)	\$ 7.57	87186	
3016	TASK ANAID	0062028		BILL TASK Anaerobe Identification (Billed)	\$ 7.26	87076	
3017	TASK SMIC	0062229		BILL TASK Susceptibility - Single drug by broth dilution (Billed)	\$ 7.57	87186	
3018	TASK .PF	0062151		BILL TASK Processing fee (Billed)	\$ 35.00	87015	
3019	TASK PBP	2008641		BILL TASK Susceptibility - Penicillin Binding Protein 2a (Billed)	\$ 3.91	87147	
3020	TASK SA	2011971		BILL TASK Staphylococcus species Latex Agglutination (BILLED)	\$ 3.91	87147	
3021	TASK StrpA	2011972		BILL TASK Streptococcus Group A Latex Agglutination (BILLED)	\$ 3.91	87147	
3022	TASK StrpB	2011973		BILL TASK Streptococcus Group B Latex Agglutination (BILLED)	\$ 3.91	87147	
3023	TASK StrpC	2011974		BILL TASK Streptococcus Group C Latex Agglutination (BILLED)	\$ 3.91	87147	
3024	TASK StrpG	2011975		BILL TASK Streptococcus Group G Latex Agglutination (BILLED)	\$ 3.91	87147	
3025	TASK NF PBP	2014492		BILL TASK PBP2A Normal Flora use(Billed)	\$ 3.91	87147	
3026	TASK MECA/C	3000097		BILL TASK Susceptibility – mecA/mecC Gene Detection by PCR (Billed)	\$ 30.88	87641	
3027	0060104	0060104		Bone Marrow Culture (Micro billing tasks will be ordered as needed, see below for possible charges and CPT codes)	\$ 7.51	87070	
3028	TASK AST M	0060790		BILL TASK Susceptibility - Automated broth dilution (Billed)	\$ 7.57	87186	
3029	TASK .PF	0062151		BILL TASK Processing fee (Billed)	\$ 35.00	87015	
3030	TASK PBP	2008641		BILL TASK Susceptibility - Penicillin Binding Protein 2a (Billed)	\$ 3.91	87147	
3031	TASK SA	2011971		BILL TASK Staphylococcus species Latex Agglutination (BILLED)	\$ 3.91	87147	
3032	TASK StrpA	2011972		BILL TASK Streptococcus Group A Latex Agglutination (BILLED)	\$ 3.91	87147	
3033	TASK StrpB	2011973		BILL TASK Streptococcus Group B Latex Agglutination (BILLED)	\$ 3.91	87147	
3034	TASK StrpC	2011974		BILL TASK Streptococcus Group C Latex Agglutination (BILLED)	\$ 3.91	87147	
3035	TASK StrpG	2011975		BILL TASK Streptococcus Group G Latex Agglutination (BILLED)	\$ 3.91	87147	
3036	TASK NF PBP	2014492		BILL TASK PBP2A Normal Flora use(Billed)	\$ 3.91	87147	
3037	TASK MECA/C	3000097		BILL TASK Susceptibility – mecA/mecC Gene Detection by PCR (Billed)	\$ 30.88	87641	
3038	0070053	0070053		Bone Specific Alkaline Phosphatase	\$ 16.10	84080	
3039	2001774	2001774		Bordetella pertussis Antibodies, IgA and IgG by ELISA with Reflex to Immunoblot (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 28.72	86615 x2	[A]
3041	RFLX BORDA BLOT	2004316	R	REFLEX Bordetella pertussis Antibody, IgA by Immunoblot	\$ 14.36	86615	
3042	RFLX BORDG BLOT	2004327	R	REFLEX Bordetella pertussis Antibody, IgG by Immunoblot	\$ 14.36	86615	
3043	2001775	2001775		Bordetella pertussis Antibodies, IgA, IgG, and IgM by ELISA with Reflex to Immunoblot (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 43.08	86615 x3	[A]
3046	RFLX BORDG BLOT	2004327	R	REFLEX Bordetella pertussis Antibody, IgG by Immunoblot	\$ 14.36	86615	
3047	RFLX BORDA BLOT	2004316	R	REFLEX Bordetella pertussis Antibody, IgA by Immunoblot	\$ 14.36	86615	

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3048	RFLX BORDM BLOT	2004326	R	REFLEX Bordetella pertussis Antibody, IgM by Immunoblot	\$ 14.36	86615	
3049	2004328	2004328		Bordetella pertussis Antibodies, IgA, IgG, and IgM by Immunoblot	\$ 43.08	86615 x3	
3052	2001784	2001784		Bordetella pertussis Antibodies, IgG and IgM by ELISA with Reflex to Immunoblot (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 28.72	86615 x2	[A]
3054	RFLX BORDM BLOT	2004326	R	REFLEX Bordetella pertussis Antibody, IgM by Immunoblot	\$ 14.36	86615	
3055	RFLX BORDG BLOT	2004327	R	REFLEX Bordetella pertussis Antibody, IgG by Immunoblot	\$ 14.36	86615	
3056	2004316	2004316		Bordetella pertussis Antibody, IgA by Immunoblot	\$ 14.36	86615	
3057	2005268	2005268		Bordetella pertussis Antibody, IgG by ELISA	\$ 14.36	86615	[D]
3058	2001768	2001768		Bordetella pertussis Antibody, IgG by ELISA with Reflex to Immunoblot (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 14.36	86615	[D]
3059	RFLX BORDG BLOT	2004327	R	REFLEX Bordetella pertussis Antibody, IgG by Immunoblot	\$ 14.36	86615	
3060	2004327	2004327		Bordetella pertussis Antibody, IgG by Immunoblot	\$ 14.36	86615	
3061	2001769	2001769		Bordetella pertussis Antibody, IgM by ELISA with Reflex to Immunoblot (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 14.36	86615	[A]
3062	RFLX BORDM BLOT	2004326	R	REFLEX Bordetella pertussis Antibody, IgM by Immunoblot	\$ 14.36	86615	
3063	2004326	2004326		Bordetella pertussis Antibody, IgM by Immunoblot	\$ 14.36	86615	
3064	0065078	0065078		Bordetella pertussis by PCR	\$ 30.15	87798	[B]
3065	0060117	0060117		Bordetella pertussis Culture (Micro billing tasks will be ordered as needed, see below for possible charges and CPT codes)	\$ 5.68	87081; Identification CPT codes may vary based on method	
3066	TASK .PF	0062151		BILL TASK Processing fee (Billed)	\$ 35.00	87015	
3067	TASK CF PSE	TASK CF PSE		BILL TASK Bacterial Identification - Cystic Pseudomonas (Billed)	\$ 7.08	87077	
3068	TASK PSE	TASK PSE		BILL TASK Bacterial Identification - Pseudomonas (Billed)	\$ 7.08	87077	
3069	TASK BID	0060457		BILL TASK Bacterial Identification (Billed)	\$ 7.08	87077	
3070	TASK PID	TASK PID		BILL TASK Bacterial Identification - Gram positive (Phoenix) (Billed)	\$ 7.08	87077	
3071	TASK NID	TASK NID		BILL TASK Bacterial Identification - Gram negative (Phoenix) (Billed)	\$ 7.08	87077	
3072	TASK BAC	TASK BAC		BILL TASK Bacterial Identification - Bacillus (Billed)	\$ 7.08	87077	
3073	TASK NIMIC/ID 304	2013217		BILL TASK Gram Negative ID & MIC Panel (Phoenix)	\$ 7.08	87077	
3074	TASK MALDI	2005162		BILL TASK Bacterial ID by MALDI-TOF MS (billed)	\$ 7.08	87077	
3075	TASK ANA MALDI	2005712		BILL TASK Anaerobic organism ID by MALDI-TOF (billed)	\$ 7.26	87076	
3076	TASK PERTCONF	2004601		BILL TASK Bordetella pertussis Culture Confirmation DFA (Internal Order Only)	\$ 10.10	87265	
3077	0065080	0065080		Bordetella pertussis/parapertussis by PCR	\$ 30.15	87798	[B]
3078	0091330	0091330	*	Boron Quantitative, Serum or Plasma	\$ 77.00	83018	
3079	2007335	2007335		Borrelia burgdorferi (Lyme Disease) Reflexive Panel (CSF) (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 18.54	86618	[B]
3080	RFLX LYMEMWBCSF	0055258	R	REFLEX Borrelia burgdorferi Antibody, IgM by Immunoblot (CSF)	\$ 16.86	86617	[B]



Line	Test Code	TEST CODE (Billing)	*	Test/Procedure	Fee/Each	Based on the 2019 CPT Code Book and information from our local carrier.	Compliance
3081	RFLX LYMEGWBCSF	0055259	R	REFLEX Borrelia burgdorferi Antibody, IgG by Immunoblot (CSF)	\$ 16.86	86617	[B]
3082	0050254	0050254		Borrelia burgdorferi Antibodies, IgG and IgM by Immunoblot	\$ 33.72	86617 x2	
3084	0055260	0055260		Borrelia burgdorferi Antibodies, IgG and IgM by Immunoblot (CSF)	\$ 33.72	86617 x2	[B]
3086	0050216	0050216		Borrelia burgdorferi Antibodies, Total by ELISA	\$ 18.54	86618	
3087	0050267	0050267		Borrelia burgdorferi Antibodies, Total by ELISA with Reflex to IgG and IgM by Immunoblot (Early Disease) (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 18.54	86618	
3088	RFLX LYME M WB	0050253	R	REFLEX Borrelia burgdorferi Antibody, IgM by Immunoblot	\$ 16.86	86617	
3089	RFLX LYME G WB	0050255	R	REFLEX Borrelia burgdorferi Antibody, IgG by Immunoblot	\$ 16.86	86617	
3090	0099483	0099483		Borrelia burgdorferi Antibodies, Total by ELISA, CSF	\$ 18.54	86618	[B]
3091	0050255	0050255		Borrelia burgdorferi Antibody, IgG by Immunoblot	\$ 16.86	86617	
3092	0055259	0055259		Borrelia burgdorferi Antibody, IgG by Immunoblot (CSF)	\$ 16.86	86617	[B]
3093	0050253	0050253		Borrelia burgdorferi Antibody, IgM by Immunoblot	\$ 16.86	86617	
3094	0055258	0055258		Borrelia burgdorferi Antibody, IgM by Immunoblot (CSF)	\$ 16.86	86617	[B]
3095	0051044	0051044		Borrelia burgdorferi C6 Peptide Antibodies, Total by ELISA	\$ 18.54	86618	
3096	0051046	0051046		Borrelia burgdorferi C6 Peptide Antibodies, Total by ELISA (CSF)	\$ 18.54	86618	[B]
3097	0051043	0051043		Borrelia burgdorferi C6 Peptide Antibodies, Total by ELISA with Reflex to IgG and IgM by Immunoblot (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 18.54	86618	
3098	RFLX LYME G WB	0050255	R	REFLEX Borrelia burgdorferi Antibody, IgG by Immunoblot	\$ 16.86	86617	
3099	RFLX LYME M WB	0050253	R	REFLEX Borrelia burgdorferi Antibody, IgM by Immunoblot	\$ 16.86	86617	
3100	0051045	0051045		Borrelia burgdorferi C6 Peptide Antibodies, Total by ELISA with Reflex to IgG by Immunoblot (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 18.54	86618	
3101	RFLX LYME G WB	0050255	R	REFLEX Borrelia burgdorferi Antibody, IgG by Immunoblot	\$ 16.86	86617	
3102	0050268	0050268		Borrelia burgdorferi Total Antibodies, IgG and/or IgM by ELISA with Reflex to IgG by Immunoblot (Late Disease) (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 18.54	86618	
3103	RFLX LYME G WB	0050255	R	REFLEX Borrelia burgdorferi Antibody, IgG by Immunoblot	\$ 16.86	86617	
3104	0055570	0055570		Borrelia species by PCR (Lyme Disease)	\$ 38.21	87476	[B]
3105	2006297	2006297	*	Borrelia Species by PCR (Lyme Disease), Tick	\$ 251.30	87801	
3106	2002498	2002498		BRAF codon 600 Mutation Detection by Pyrosequencing	\$ 202.88	88381/81210	[B]
3107	0051750	0051750		BRAF Codon 600 Mutation Detection with Reflex to MLH1 Promoter Methylation (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 202.88	88381/81210	[B]
3108	RFLX MLH1 METH	0051747	R	REFLEX MLH1 Promoter Methylation (Reflex Only)	\$ 192.32	81288	[B]
3109	2013921	2013921		BRAF V600E Mutation Detection in Circulating Cell-Free DNA by Digital Droplet PCR	\$ 77.96	81210	[B]
3110	2007132	2007132		BRAF V600E Mutation Detection in Hairy Cell Leukemia by Real-Time PCR, Quantitative	\$ 77.96	81210	[B]

Line	Test Code	TEST CODE (Billing)	*	Test/Procedure	Fee/Each	Based on the 2019 CPT Code Book and information from our local carrier.	Compliance
3111	2011954	2011954		Breast and Ovarian Hereditary Cancer Syndrome (BRCA1 and BRCA 2) Sequencing	\$ 1,034.62	81163	
3112	2011949	2011949		Breast and Ovarian Hereditary Cancer Syndrome (BRCA1 and BRCA2) Sequencing and Deletion/Duplication	\$ 1,988.69	81162	
3113	2003445	2003445		Breast Carcinoma b72.3 by Immunohistochemistry	\$ 73.50	88342TC	
3114	2011436	2011436		Bromide, Serum or Plasma	\$ 12.59	80299	
3115	0050135	0050135		Brucella Antibody (Total) by Agglutination	\$ 9.61	86622	
3116	0060159	0060159		Brucella Culture	\$ 5.68	87081; Identification CPT codes may vary based on method	
3117	0030191	0030191		B-Type Natriuretic Peptide	\$ 30.15	83880	
3118	0092566	0092566	*	Bullous Pemphigoid Antigens (180 kDa and 230 kDa), IgG	\$ 175.75	83516 x2	
3119	2014493	2014493	*	Bupivacaine Quantitative, Serum or Plasma	\$ 90.00	80375 (Alt code: G0480)	
3120	2012647	2012647		Buprenorphine and Metabolites, Serum or Plasma, Quantitative	\$ 58.63	80348 (Alt code: G0480)	[B]
3121	2010092	2010092		Buprenorphine and Metabolites, Urine, Quantitative	\$ 35.88	80348 (Alt code: G0480)	[B]
3122	2011601	2011601		Buprenorphine, Meconium, Quantitative	\$ 79.00	80348 (Alt code: G0480)	[B]
3123	2012273	2012273		Buprenorphine, Urine Screen with Reflex to Quantitation (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 63.85	80307	[B]
3124	RFLX BUPR UR	2010092	R	REFLEX Buprenorphine and Metabolites, Urine, Quantitative	\$ 35.88	80348 (Alt code: G0480)	[B]
3125	2010357	2010357		Bupropion, Serum or Plasma	\$ 55.25	80338 (Alt code: G0480)	[B]
3126	0091299	0091299	*	Bupirone Quantitative, Serum or Plasma	\$ 117.00	80375 (Alt code: G0480)	
3127	2007933	2007933		C Antigen Typing - Patient	\$ 3.35	86905	
3128	0050140	0050140		C1-Esterase Inhibitor	\$ 10.51	86160	
3129	0050141	0050141		C1-Esterase Inhibitor Functional	\$ 13.06	86161	
3130	0050139	0050139		C-1-Esterase Inhibitor Panel	\$ 34.08	86160 x2/86161	
3133	0050301	0050301		C1q Binding Assay	\$ 26.54	86332	
3134	2003475	2003475		C4D by Immunohistochemistry	\$ 73.50	88342TC	[B]
3135	0025013	0025013		Cadmium Exposure Panel - OSHA	\$ 65.02	82300 x2/82232	[B]
3138	0099675	0099675		Cadmium, Blood	\$ 25.19	82300	[B]
3139	2011479	2011479		Cadmium, Random Urine	\$ 25.19	82300	
3140	0025040	0025040		Cadmium, Urine	\$ 25.19	82300	[B]
3141	2011603	2011603		Caffeine, Serum or Plasma	\$ 15.40	80155	
3142	0070006	0070006		Calcitonin	\$ 29.16	82308	
3143	2003481	2003481		Calcitonin by Immunohistochemistry	\$ 73.50	88342TC	
3144	0020135	0020135		Calcium, Ionized, Serum	\$ 12.24	82330	
3145	2014027	2014027	*	Calcium, RBC	\$ 86.00	82310	
3146	0020027	0020027		Calcium, Serum or Plasma	\$ 4.10	82310	
3147	0020472	0020472		Calcium, Urine	\$ 6.57	82340	
3148	0099460	0099460		Calculi (Stone) Analysis	\$ 14.04	82365	
3149	2005231	2005231		Calculi (Stone) Analysis with Photo	\$ 14.04	82365	
3150	2008708	2008708		Calculi Risk Assessment, Urine	\$ 83.62	82340/82436/82507/83735/83945/83986/84105/84133/84300/84560	
3151	2003484	2003484		Caldesmon by Immunohistochemistry	\$ 73.50	88342TC	

Line	Test Code	TEST CODE (Billing)	*	Test/Procedure	Fee/Each	Based on the 2019 CPT Code Book and information from our local carrier.	Compliance
3152	2003487	2003487		Calponin by Immunohistochemistry	\$ 73.50	88342TC	
3153	0092303	0092303		Calprotectin, Fecal	\$ 21.37	83993	
3154	2010673	2010673		CALR (Calreticulin) Exon 9 Mutation Analysis by PCR	\$ 132.54	81219	[B]
3155	2003490	2003490		Calretinin by Immunohistochemistry	\$ 73.50	88342TC	
3156	0058002	0058002		Campylobacter Antigen	\$ 4.87	87899	
3157	0098841	0098841		Campylobacter jejuni Antibody, IgG	\$ 14.29	86625	[D]
3158	0051453	0051453		Canavan Disease (ASPA), 4 Variants	\$ 47.25	81200	[C]
3159	0080462	0080462		Cancer Antigen 125	\$ 18.71	86304	
3160	0080392	0080392		Cancer Antigen 27.29	\$ 18.86	86300	
3161	0080464	0080464		Cancer Antigen-Breast (CA 15-3)	\$ 18.86	86300	
3162	0080461	0080461		Cancer Antigen-GI (CA 19-9)	\$ 18.98	86301	
3163	0020746	0020746		Cancer Antigen-GI (CA 19-9), Body Fluid	\$ 18.98	86301	[B]
3164	0095200	0095200		Candida albicans Antibodies IgA, IgG, and IgM by ELISA	\$ 39.21	86628 x3	[D]
3167	2013901	2013901		Candida FKS Drug Resistance by Sequencing	\$ 365.00	87900	[B]
3168	2013798	2013798		Candida Species by PCR	\$ 33.85	87481	[B]
3169	2013784	2013784		Candida Species by PCR with Reflex to FKS Drug Resistance by Sequencing (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 33.85	87481	[B]
3170	RFLX FKS SEQ	2013901	R	REFLEX Candida FKS Drug Resistance by Sequencing	\$ 365.00	87900	[B]
3171	3001132	3001132		Capillary Malformation-Arteriovenous Malformation (EPHB4 and RASA1) Sequencing, and (RASA1) Deletion/Duplication	\$ 2,323.13	81479	[C]
3172	3001129	3001129		Capillary Malformation-Arteriovenous Malformation 2 (EPHB4) Sequencing	\$ 580.00	81479	[C]
3173	0092211	0092211		Carbamazepine Epoxide and Total	\$ 25.20	80156/80299	[B]
3175	2011763	2011763		Carbamazepine, Free and Total, Serum or Plasma	\$ 23.60	80156/80157	
3176	0090260	0090260		Carbamazepine, Total	\$ 12.61	80156	
3177	2011418	2011418		Carbapenem-Resistant Organism Culture (Micro billing tasks will be ordered as needed, see below for possible charges and CPT codes)	\$ 5.68	87081; Identification CPT codes may vary based on method	
3178	TASK CF PSE	TASK CF PSE		BILL TASK Bacterial Identification - Cystic Pseudomonas (Billed)	\$ 7.08	87077	
3179	TASK PSE	TASK PSE		BILL TASK Bacterial Identification - Pseudomonas (Billed)	\$ 7.08	87077	
3180	TASK BID	0060457		BILL TASK Bacterial Identification (Billed)	\$ 7.08	87077	
3181	TASK PID	TASK PID		BILL TASK Bacterial Identification - Gram positive (Phoenix) (Billed)	\$ 7.08	87077	
3182	TASK NID	TASK NID		BILL TASK Bacterial Identification - Gram negative (Phoenix) (Billed)	\$ 7.08	87077	
3183	TASK BAC	TASK BAC		BILL TASK Bacterial Identification - Bacillus (Billed)	\$ 7.08	87077	
3184	TASK NMIC/ID 304	2013217		BILL TASK Gram Negative ID & MIC Panel (Phoenix)	\$ 7.08	87077	
3185	TASK MALDI	2005162		BILL TASK Bacterial ID by MALDI-TOF MS (billed)	\$ 7.08	87077	
3186	TASK BACSEQ	0060719		BILL TASK DNA Sequencing - Bacterial identification (Billed)	\$ 125.58	87153	
3187	TASK AST M	0060790		BILL TASK Susceptibility - Automated broth dilution (Billed)	\$ 7.57	87186	
3188	TASK DD	0060418		BILL TASK Susceptibility - Disk diffusion (Billed)	\$ 4.23	87184	
3189	TASK MIC	0060408		BILL TASK Susceptibility - Broth dilution panel (Billed)	\$ 7.57	87186	
3190	0091352	0091352	*	Carbidopa and Levodopa Quantitative, Serum or Plasma	\$ 246.00	80375 (Alt code: G0480)	

Line	Test Code	TEST CODE (Billing)	*	Test/Procedure	Fee/Each	Based on the 2019 CPT Code Book and information from our local carrier.	Compliance
3191	0070412	0070412		Carbohydrate Deficient Transferrin for Alcohol Use	\$ 9.32	82373	
3192	2002918	2002918	*	Carbohydrate Deficient Transferrin for Congenital Disorders of Glycosylation (CDG)	\$ 243.84	82373	
3193	0020004	0020004		Carbon Dioxide, Serum or Plasma	\$ 1.36	82374	
3194	2005757	2005757		Carboxyhemoglobin Quantitation, Whole Blood by Co-Oximetry	\$ 11.19	82375	
3195	0080080	0080080		Carcinoembryonic Antigen	\$ 17.28	82378	
3196	0020742	0020742		Carcinoembryonic Antigen, Fluid	\$ 17.28	82378	[B]
3197	2003824	2003824		Carcinoembryonic Antigen, Monoclonal (CEA M) by Immunohistochemistry	\$ 73.50	88342TC	
3198	2003827	2003827		Carcinoembryonic Antigen, Polyclonal (CEA P) by Immunohistochemistry	\$ 73.50	88342TC	
3199	0099344	0099344		Cardiolipin Antibodies, IgG and IgM	\$ 40.04	86147 x2	
3201	0051162	0051162		Cardiolipin Antibodies, IgG, IgM, and IgA	\$ 60.06	86147 x3	
3204	0098358	0098358		Cardiolipin Antibody, IgA	\$ 20.02	86147	
3205	0050901	0050901		Cardiolipin Antibody, IgG	\$ 20.02	86147	
3206	0050902	0050902		Cardiolipin Antibody, IgM	\$ 20.02	86147	
3207	2010183	2010183		Cardiomyopathy and Arrhythmia Panel, Sequencing and Deletion/Duplication	\$ 2,565.00	81413/81414	[C]
3208	2011450	2011450		Carisoprodol and Meprobamate, Serum or Plasma, Quantitative	\$ 98.00	80369 (Alt code: G0480)	[B]
3209	2012219	2012219		Carisoprodol and Meprobamate, Urine, Quantitative	\$ 65.00	80369 (Alt code: G0480)	[B]
3210	2012278	2012278		Carisoprodol Urine with Reflex to Quantitation (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 63.85	80307	[B]
3211	RFLX CARIS U	2012219	R	REFLEX Carisoprodol and Meprobamate, Urine, Quantitative	\$ 65.00	80369 (Alt code: G0480)	[B]
3212	0081110	0081110		Caritnine Panel	\$ 33.38	82017/82379	[B]
3214	0080065	0080065		Caritnine, Free	\$ 16.34	83789	[B]
3215	0080068	0080068		Carnitine, Free and Total (Includes Carnitine, Esterified)	\$ 15.02	82379	[B]
3216	0081308	0081308		Carnitine, Free and Total, Urine	\$ 15.02	82379	[B]
3217	0081309	0081309		Carnitine, Free, Urine	\$ 16.34	83789	[B]
3218	0080067	0080067		Carnitine, Total	\$ 16.34	83789	[B]
3219	0081307	0081307		Carnitine, Total, Urine	\$ 16.34	83789	[B]
3220	0080055	0080055		Carotene, Serum Total	\$ 10.04	82380	
3221	0080957	0080957		Catecholamines Fractionated (Epinephrine, Norepinephrine), Plasma	\$ 27.49	82384	
3222	0080407	0080407		Catecholamines Fractionated by LC-MS/MS, Urine Free	\$ 27.49	82384	[B]
3223	0080216	0080216		Catecholamines Fractionated, Plasma	\$ 27.49	82384	
3224	0040002	0040002		CBC with Platelet Count	\$ 5.71	85027	
3225	0040003	0040003		CBC with Platelet Count and Automated Differential	\$ 6.75	85025	
3226	2011114	2011114		CBFB-MYH11 inv(16) Detection, Quantitative	\$ 137.00	81401	[B]
3227	2003523	2003523		CD10 (CALLA) by Immunohistochemistry	\$ 73.50	88342TC	
3228	2003806	2003806		CD117 (c-Kit) by Immunohistochemistry	\$ 73.50	88342TC	
3229	2003809	2003809		CD123 by Immunohistochemistry	\$ 73.50	88342TC	[B]
3230	2003812	2003812		CD138 (Syndecan-1) by Immunohistochemistry	\$ 73.50	88342TC	[B]
3231	2003526	2003526		CD14 by Immunohistochemistry	\$ 73.50	88342TC	
3232	2003529	2003529		CD15, Leu M1 by Immunohistochemistry	\$ 73.50	88342TC	[B]
3233	2003815	2003815		CD163 by Immunohistochemistry	\$ 73.50	88342TC	[B]

Line	Test Code	TEST CODE (Billing)	*	Test/Procedure	Fee/Each	Based on the 2019 CPT Code Book and information from our local carrier.	Compliance
3234	2005114	2005114		CD19 by Immunohistochemistry	\$ 73.50	88342TC	
3235	2003502	2003502		CD1a by Immunohistochemistry	\$ 73.50	88342TC	[B]
3236	2003505	2003505		CD2 by Immunohistochemistry	\$ 73.50	88342TC	[B]
3237	2003532	2003532		CD20, L26 by Immunohistochemistry	\$ 73.50	88342TC	
3238	2012844	2012844		CD200 by Immunohistochemistry	\$ 73.50	88342TC	
3239	2003535	2003535		CD21 (Dendritic Cell) by Immunohistochemistry	\$ 73.50	88342TC	
3240	2003541	2003541		CD23 by Immunohistochemistry	\$ 73.50	88342TC	
3241	2003544	2003544		CD25 by Immunohistochemistry	\$ 73.50	88342TC	[B]
3242	2003508	2003508		CD3 by Immunohistochemistry	\$ 73.50	88342TC	
3243	2003547	2003547		CD30 (Ki-1) by Immunohistochemistry	\$ 73.50	88342TC	
3244	2003550	2003550		CD31 by Immunohistochemistry	\$ 73.50	88342TC	
3245	2003553	2003553		CD33 by Immunohistochemistry	\$ 73.50	88342TC	
3246	2003556	2003556		CD34, QBEnd/10 by Immunohistochemistry	\$ 73.50	88342TC	
3247	2003559	2003559		CD35 by Immunohistochemistry	\$ 73.50	88342TC	
3248	2003511	2003511		CD4 by Immunohistochemistry	\$ 73.50	88342TC	
3249	2010179	2010179		CD4+ T-Cell Recent Thymic Emigrants (RTEs)	\$ 87.45	86356 x3	[A]
3250	2003568	2003568		CD43, L60 (Leu 22) by Immunohistochemistry	\$ 73.50	88342TC	
3251	2003574	2003574		CD45 by Immunohistochemistry	\$ 73.50	88342TC	
3252	2003514	2003514		CD5 by Immunohistochemistry	\$ 73.50	88342TC	
3253	2003586	2003586		CD52 (CAMPATH-1) by Immunohistochemistry	\$ 73.50	88342TC	[B]
3254	2003589	2003589		CD56 (NCAM) by Immunohistochemistry	\$ 73.50	88342TC	
3255	2008912	2008912		CD57+ NK Cells, Peripheral Blood by Flow Cytometry	\$ 58.30	86356 x2	[A]
3256	2003595	2003595		CD61 (Platelet Glycoprotein IIIA) by Immunohistochemistry	\$ 73.50	88342TC	
3257	2003598	2003598		CD68, KP1 by Immunohistochemistry	\$ 73.50	88342TC	
3258	2003517	2003517		CD7 by Immunohistochemistry	\$ 73.50	88342TC	
3259	2003800	2003800		CD79A by Immunohistochemistry	\$ 73.50	88342TC	
3260	2003520	2003520		CD8 by Immunohistochemistry	\$ 73.50	88342TC	
3261	2005534	2005534		CDK4 by Immunohistochemistry	\$ 73.50	88342TC	[B]
3262	2004931	2004931		CDKL5-Related Disorders (CDKL5) Sequencing	\$ 282.88	81406	[C]
3263	2004935	2004935		CDKL5-Related Disorders (CDKL5) Sequencing and Deletion/Duplication	\$ 584.23	81405/81406	[C]
3264	2003821	2003821		CDX2 by Immunohistochemistry	\$ 73.50	88342TC	
3265	2004247	2004247		CEBPA Mutation Detection	\$ 263.61	81218	[B]
3266	2005018	2005018		Celiac Disease (HLA-DQ2, and HLA-DQ8) Genotyping	\$ 384.93	81383/81376 x2	[C]
3267	0051689	0051689		Celiac Disease Dual Antigen Screen	\$ 8.60	83516	
3268	2002026	2002026		Celiac Disease Dual Antigen Screen with Reflex (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 8.60	83516	
3269	RFLX GLIADPEP A	0051357	R	REFLEX Deamidated Gliadin Peptide (DGP) Antibody, IgA	\$ 8.60	83516	
3270	RFLX GLIADPEP G	0051359	R	REFLEX Deamidated Gliadin Peptide (DGP) Antibody, IgG	\$ 8.60	83516	

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3271	RFLX TTG	0097709	R	REFLEX Tissue Transglutaminase (tTG) Antibody, IgA	\$ 8.60	83516	
3272	RFLX TTG G	0056009	R	REFLEX Tissue Transglutaminase Antibody, IgG	\$ 8.60	83516	
3273	2008114	2008114		Celiac Disease Reflexive Cascade (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 6.08	82784	
3274	RFLX CELIAC SCRN	2002026	R	REFLEX Celiac Disease Dual Antigen Screen with Reflex	\$ 8.60	83516	
3275	RFLX GLIADPEP G	0051359	R	REFLEX Deamidated Gliadin Peptide (DGP) Antibody, IgG	\$ 8.60	83516	
3276	RFLX GLIADPEP A	0051357	R	REFLEX Deamidated Gliadin Peptide (DGP) Antibody, IgA	\$ 8.60	83516	
3277	RFLX TTG G	0056009	R	REFLEX Tissue Transglutaminase Antibody, IgG	\$ 8.60	83516	
3278	RFLX TTG	0097709	R	REFLEX Tissue Transglutaminase (tTG) Antibody, IgA	\$ 8.60	83516	
3279	RFLX EMAR TITER	0050736	R	REFLEX Endomysial Antibody, IgA by IFA	\$ 10.39	86256	
3280	0095019	0095019		Cell Count, Body Fluid	\$ 4.86	89051	
3281	0095018	0095018		Cell Count, CSF	\$ 4.86	89051	
3282	2007715	2007715		Cellano Antigen Typing - Patient	\$ 3.35	86905	
3283	0050714	0050714		Centromere Antibody, IgG	\$ 8.60	83516	
3284	3000531	3000531		Cerebral Autosomal Dominant Arteriopathy with Subcortical Infarcts and Leukoencephalopathy, CADASIL (NOTCH3), Sequencing	\$ 1,130.00	81406	[C]
3285	0060106	0060106		Cerebrospinal Fluid (CSF) Culture and Gram Stain (Gram stain 0060101 is billed additionally) (Micro billing tasks will be ordered as needed, see below for possible charges and CPT codes)	\$ 7.51	87070	
3286	TASK GS	0060011		BILL TASK Gram Stain	\$ 3.46	87205	
3287	TASK AST M	0060790		BILL TASK Susceptibility - Automated broth dilution (Billed)	\$ 7.57	87186	
3288	TASK MIC	0060408		BILL TASK Susceptibility - Broth dilution panel (Billed)	\$ 7.57	87186	
3289	TASK CF PSE	TASK CF PSE		BILL TASK Bacterial Identification - Cystic Pseudomonas (Billed)	\$ 7.08	87077	
3290	TASK PSE	TASK PSE		BILL TASK Bacterial Identification - Pseudomonas (Billed)	\$ 7.08	87077	
3291	TASK BID	0060457		BILL TASK Bacterial Identification (Billed)	\$ 7.08	87077	
3292	TASK PID	TASK PID		BILL TASK Bacterial Identification - Gram positive (Phoenix) (Billed)	\$ 7.08	87077	
3293	TASK NID	TASK NID		BILL TASK Bacterial Identification - Gram negative (Phoenix) (Billed)	\$ 7.08	87077	
3294	TASK BAC	TASK BAC		BILL TASK Bacterial Identification - Bacillus (Billed)	\$ 7.08	87077	
3295	TASK NMIC/ID 304	2013217		BILL TASK Gram Negative ID & MIC Panel (Phoenix)	\$ 7.08	87077	
3296	TASK BACSEQ	0060719		BILL TASK DNA Sequencing - Bacterial identification (Billed)	\$ 125.58	87153	
3297	TASK DD	0060418		BILL TASK Susceptibility - Disk diffusion (Billed)	\$ 4.23	87184	
3298	TASK ANAMIC	0060402		BILL TASK Susceptibility - Anaerobe by broth dilution (Billed)	\$ 7.57	87186	
3299	TASK BLAC M	0060401		BILL TASK Susceptibility - Beta-Lactamase (Billed)	\$ 1.21	87185	
3300	TASK .PF	0062151		BILL TASK Processing fee (Billed)	\$ 35.00	87015	
3301	TASK PBP	2008641		BILL TASK Susceptibility - Penicillin Binding Protein 2a (Billed)	\$ 3.91	87147	
3302	TASK SA	2011971		BILL TASK Staphylococcus species Latex Agglutination (BILLED)	\$ 3.91	87147	
3303	TASK StrpA	2011972		BILL TASK Streptococcus Group A Latex Agglutination (BILLED)	\$ 3.91	87147	
3304	TASK StrpB	2011973		BILL TASK Streptococcus Group B Latex Agglutination (BILLED)	\$ 3.91	87147	

Line	Test Code	TEST CODE (Billing)	*	Test/Procedure	Fee/Each	Based on the 2019 CPT Code Book and information from our local carrier.	Compliance
3305	TASK StrpC	2011974		BILL TASK Streptococcus Group C Latex Agglutination (BILLED)	\$ 3.91	87147	
3306	TASK StrpG	2011975		BILL TASK Streptococcus Group G Latex Agglutination (BILLED)	\$ 3.91	87147	
3307	TASK NF PBP	2014492		BILL TASK PBP2A Normal Flora use(Billed)	\$ 3.91	87147	
3308	TASK MECA/C	3000097		BILL TASK Susceptibility – mecA/mecC Gene Detection by PCR (Billed)	\$ 30.88	87641	
3309	0050160	0050160		Ceruloplasmin	\$ 9.55	82390	
3310	2012151	2012151		Charcot-Marie-Tooth (CMT) and Related Hereditary Neuropathies Panel Sequencing	\$ 1,500.00	81448	[C]
3311	2012155	2012155		Charcot-Marie-Tooth (CMT) and Related Hereditary Neuropathies, PMP22 Deletion/Duplication with Reflex to Sequencing Panel (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 758.36	81324	[C]
3312	RFLX BILL CMT	2012164	R	REFLEX Charcot-Marie-Tooth (CMT) Sequence Bill	\$ 1,500.00	81448	
3313	2012160	2012160		Charcot-Marie-Tooth Type 1A (CMT1A)/Hereditary Neuropathy with Liability to Pressure Palsies (HNPP), PMP22 Deletion/Duplication	\$ 758.36	81324	[C]
3314	2012717	2012717		CHARGE Syndrome (CHD7) Sequencing, Fetal	\$ 1,080.39	81407/81265	[C]
3315	2012609	2012609		CHARGE Syndrome, CHD7 Sequencing	\$ 846.27	81407	[C]
3316	2011812	2011812		Chikungunya Antibodies, IgG and IgM by ELISA, Serum	\$ 28.04	86790 x2	
3317	2011808	2011808		Chikungunya Antibody, IgG by ELISA, Serum	\$ 14.02	86790	
3318	2011810	2011810		Chikungunya Antibody, IgM by ELISA, Serum	\$ 14.02	86790	
3319	2013085	2013085		Chikungunya by PCR	\$ 30.15	87798	[B]
3320	2007545	2007545	*	Childhood-Onset Epilepsy Panel, Sequencing and Deletion/Duplication	\$ 4,780.00	81404/81405/81406/81407	
3321	2008100	2008100		Chimerism, Additional Donor	\$ 304.81	81266; each additional donor	[B]
3322	2002066	2002066		Chimerism, Post-Transplant	\$ 119.78	81267	[B]
3323	2002064	2002064		Chimerism, Post-Transplant, Sorted Cells (If sorted cells is performed, BMT will be billed additionally) (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 119.78	81268	[B]
3324	RFLX BMT ISOL	2005498	R	REFLEX BMT Cell Isolation (Bill Only)	\$ 68.04	88184	
3325	RFLX BMT SORT	0030006	*R	REFLEX BMT Chimerism Sort (Bill Only)	\$ 305.00	88184/88185	
3326	2002065	2002065		Chimerism, Recipient Pre-Transplant	\$ 234.12	81265	[B]
3327	0098880	0098880	*	Chlamydia Antibody Differentiation (Lymphogranuloma Venereum) by Microimmunofluorescence	\$ 106.40	86631 x8/86632 x4	
3328	0065100	0065100		Chlamydia Antibody Panel, IgG & IgM by IFA	\$ 80.07	86631 x3/86632 x3	[A]
3334	0065139	0065139		Chlamydia Antibody Panel, IgG by IFA	\$ 38.61	86631 x3	[A]
3337	0065105	0065105		Chlamydia Antibody Panel, IgM by IFA	\$ 41.46	86632 x3	[A]
3340	0060715	0060715		Chlamydia pneumoniae by PCR	\$ 38.21	87486	[B]
3341	2011164	2011164		Chlamydia trachomatis and Neisseria gonorrhoeae (CTNG) by Transcription-Mediated Amplification (TMA) with Reflex to CTNG Confirmation (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 62.24	87491/87591	[B]
3342	RFLX CHLAM CONF	3000300	R	REFLEX Chlamydia trachomatis Confirmation by TMA	\$ 31.17	87491	
3343	RFLX GONOR CONF	3000302	R	REFLEX Neisseria gonorrhoeae Confirmation by TMA	\$ 31.07	87591	
3344	0060241	0060241		Chlamydia trachomatis and Neisseria gonorrhoeae by Transcription-Mediated Amplification (TMA)	\$ 62.24	87491/87591	



Line	Test Code	TEST CODE (Billing)	*	Test/Procedure	Fee/Each	Based on the 2019 CPT Code Book and information from our local carrier.	Compliance
3345	2013767	2013767		Chlamydia trachomatis and Neisseria gonorrhoeae by Transcription-Mediated Amplification (TMA) with Reflex to Chlamydia trachomatis L serovars (LGV) by PCR (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 62.24	87491/87591	
3346	RFLX CT LGV/PCR	2013768	R	REFLEX Chlamydia trachomatis L serovars (LGV) by PCR	\$ 31.17	87491	[B]
3347	0060774	0060774		Chlamydia trachomatis and Neisseria gonorrhoeae by Transcription-Mediated Amplification (TMA), M4/UTM	\$ 62.24	87491/87591	[B]
3348	2001551	2001551		Chlamydia trachomatis and Neisseria gonorrhoeae by Transcription-Mediated Amplification (TMA), SurePath	\$ 62.24	87491/87591	[B]
3349	0060734	0060734		Chlamydia trachomatis by Transcription-Mediated Amplification (TMA), ThinPrep	\$ 62.24	87491/87591	
3350	0060243	0060243		Chlamydia trachomatis by Transcription-Mediated Amplification (TMA)	\$ 31.17	87491	
3351	0060850	0060850		Chlamydia trachomatis Culture	\$ 23.36	87110/87140	
3352	2013768	2013768		Chlamydia trachomatis L serovars (LGV) by PCR	\$ 31.17	87491	[B]
3353	0020381	0020381		Chloride, Fecal	\$ 5.32	82438	[B]
3354	0020163	0020163		Chloride, Fluid	\$ 5.32	82438	[B]
3355	2011311	2011311		Chloride, Random Urine	\$ 4.39	82436	
3356	0020003	0020003		Chloride, Serum or Plasma	\$ 3.01	82435	
3357	0020850	0020850		Chloride, Urine	\$ 4.39	82436	
3358	0090870	0090870		Chlorpromazine	\$ 55.25	80342 (Alt code: G0480)	
3359	0020714	0020714		Cholesterol, Fluid	\$ 6.50	84311	[B]
3360	0020031	0020031		Cholesterol, Serum or Plasma	\$ 3.89	82465	
3361	0020174	0020174		Cholinesterase, RBC - Ratio to Hemoglobin	\$ 8.36	82482	
3362	0040203	0040203		Chorionic Villus, FISH	\$ 841.38	88271 x5/88275 x5/88291	[C]
3363	2005287	2005287		Chromatin Antibody, IgG	\$ 8.60	83516	
3364	2014505	2014505	*	Chromium, RBC	\$ 99.00	82495	
3365	0098830	0098830		Chromium, Serum	\$ 22.08	82495	[B]
3366	0025068	0025068		Chromium, Urine	\$ 22.08	82495	[B]
3367	0080469	0080469		Chromogranin A	\$ 18.51	86316	[D]
3368	2003830	2003830		Chromogranin A by Immunohistochemistry	\$ 73.50	88342TC	
3369	0097688	0097688		Chromosome Analysis - Breakage, Fanconi Anemia, Whole Blood	\$ 1,276.24	88230/88249	
3370	2002293	2002293		Chromosome Analysis, Amniotic Fluid	\$ 373.75	88269/88235/88291	
3371	2008367	2008367		Chromosome Analysis, Amniotic Fluid, with Reflex to Genomic Microarray (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 373.75	88269/88235/88291	
3372	RFLX ARRAY FE	2002366	R	REFLEX Cytogetic SNP Microarray - Fetal	\$ 1,502.50	81229/81265	[C]
3373	2002292	2002292		Chromosome Analysis, Bone Marrow	\$ 373.75	88237/88264/88291	
3374	2007130	2007130		Chromosome Analysis, Bone Marrow with Reflex to Genomic Microarray (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 373.75	88237/88264/88291	
3375	RFLX CMA ONC	2006325	R	REFLEX Cytogetic SNP Microarray-Oncology	\$ 1,535.00	81406	[B]
3376	2002291	2002291		Chromosome Analysis, Chorionic Villus	\$ 515.00	88267/88235/88291	
3377	2002290	2002290		Chromosome Analysis, Leukemic Blood	\$ 373.75	88237/88264/88291	

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3378	2007131	2007131		Chromosome Analysis, Leukemic Blood with Reflex to Genomic Microarray (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 373.75	88237/88264/88291	
3379	RFLX CMA ONC	2006325	R	REFLEX Cyto-genomic SNP Microarray-Oncology	\$ 1,535.00	81406	[B]
3380	2002300	2002300		Chromosome Analysis, Lymph Node	\$ 367.50	88239/88264/88291	
3381	2002289	2002289		Chromosome Analysis, Peripheral Blood	\$ 331.88	88262/88230/88291	
3382	2005763	2005763		Chromosome Analysis, Peripheral Blood, with Reflex to Genomic Microarray (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 331.88	88262/88230/88291	[C]
3383	RFLX CMA SNP	2003414	R	REFLEX Cyto-genomic SNP Microarray	\$ 1,194.13	81229	[C]
3384	2002288	2002288		Chromosome Analysis, Products of Conception	\$ 450.00	88262/88233/88291	[C]
3385	2005762	2005762		Chromosome Analysis, Products of Conception, with Reflex to Genomic Microarray (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 450.00	88262/88233/88291	[C]
3386	RFLX ARRAY POC	2005633	R	REFLEX Genomic SNP Microarray, Products of Conception	\$ 1,447.50	81229	[C]
3387	2002287	2002287		Chromosome Analysis, Rule Out Mosaicism	\$ 467.50	88230/88263/88291	
3388	2002286	2002286		Chromosome Analysis, Skin Biopsy	\$ 475.63	88262/88233/88291	
3389	2002296	2002296		Chromosome Analysis, Solid Tumor	\$ 515.00	88239/88264/88291	
3390	2011130	2011130		Chromosome FISH, Amniotic Fluid with Reflex to Chromosome Analysis or Genomic Microarray (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 625.00	88271 x5/88275 x5/88291	[C]
3391	RFLX CHR AF	2002293	R	REFLEX Chromosome Analysis, Amniotic Fluid	\$ 373.75	88269/88235/88291	
3392	RFLX ARRAY FE	2002366	R	REFLEX Cyto-genomic SNP Microarray - Fetal	\$ 1,502.50	81229/81265	[C]
3393	2011131	2011131		Chromosome FISH, Chorionic Villus with Reflex to Chromosome Analysis or Genomic Microarray (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 841.38	88271 x5/88275 x5/88291	[C]
3394	RFLX CHR AF	2002293	R	REFLEX Chromosome Analysis, Amniotic Fluid	\$ 373.75	88269/88235/88291	
3395	RFLX ARRAY FE	2002366	R	REFLEX Cyto-genomic SNP Microarray - Fetal	\$ 1,502.50	81229/81265	[C]
3396	2002295	2002295		Chromosome FISH, CLL Panel	\$ 720.00	88271 x4/88275 x4/88291	[A]
3397	2002298	2002298		Chromosome FISH, Interphase	\$ 266.88	88271/88275/88291	[A]
3398	2002299	2002299		Chromosome FISH, Metaphase	\$ 266.88	88271/88273/88291	[A]
3399	2006270	2006270		Chromosome FISH, Multiple Myeloma Panel Process and Hold	\$ 97.50	88237	
3400	2002297	2002297		Chromosome FISH, Prenatal	\$ 625.00	88271 x5/88275 x5/88291	
3401	2010161	2010161		Chronic Enteric Hypersensitivity Reflexive Profile (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 64.40	86003 x12/83516	
3414	RFLX TTG	0097709	R	REFLEX Tissue Transglutaminase (tTG) Antibody, IgA	\$ 8.60	83516	
3415	RFLX GLIADPEP A	0051357	R	REFLEX Deamidated Gliadin Peptide (DGP) Antibody, IgA	\$ 8.60	83516	
3416	RFLX TTG G	0056009	R	REFLEX Tissue Transglutaminase Antibody, IgG	\$ 8.60	83516	
3417	RFLX GLIADPEP G	0051359	R	REFLEX Deamidated Gliadin Peptide (DGP) Antibody, IgG	\$ 8.60	83516	
3418	2006366	2006366		Chronic Granulomatous Disease (NCF1) Exon 2 GT Deletion	\$ 187.00	81479	[C]
3419	3000544	3000544		Chronic Granulomatous Disease Panel (CYBB Sequencing and NCF1 Exon 2 GT Deletion)	\$ 614.25	81479	
3420	3000541	3000541		Chronic Granulomatous Disease, X-Linked (CYBB) Sequencing	\$ 427.25	81479	

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3421	0098457	0098457		Chylomicron Screen, Body Fluid	\$ 24.01	82664	
3422	2005160	2005160	*	Chymotrypsin, Fecal	\$ 132.00	84311	
3423	0093399	0093399		Circulating Tumor Cell Count	\$ 303.34	86152/86153	
3424	2003302	2003302	*	Citalopram Quantitative, Serum or Plasma	\$ 125.00	80332 (Alt code: G0480)	
3425	0080011	0080011	*	Citric Acid, Serum or Plasma	\$ 143.00	82507	
3426	0020852	0020852		Citric Acid, Urine	\$ 30.27	82507	[B]
3427	2006261	2006261		Citrin Deficiency (SLC25A13) Sequencing	\$ 1,035.00	81479	[C]
3428	2007069	2007069		Citrullinemia, Type I (ASS1) Sequencing	\$ 282.88	81406	[C]
3429	2008597	2008597	*	Clobazam Quantitative, Serum or Plasma	\$ 126.00	80339 (Alt code: G0480)	
3430	0099336	0099336		Clomipramine and Metabolite, Serum or Plasma	\$ 24.08	80335 (Alt code: G0480)	[B]
3431	0090055	0090055		Clonazepam	\$ 29.73	80346 (Alt code: G0480)	
3432	0091362	0091362	*	Clonidine, Serum or Plasma	\$ 223.00	80375 (Alt code: G0480)	
3433	0090196	0090196		Clorazepate (Assayed as Nordiazepam)	\$ 31.75	80346 (Alt code: G0480)	
3434	0060140	0060140		Clostridium difficile Culture with Reflex to Cytotoxin Cell Assay (Reflex components billed separately, see below for additional charges and CPT codes) (Micro billing tasks will be ordered as needed, see below for possible charges and CPT codes)	\$ 8.59	87075	
3435	RFLX CDIFTX	0060851	R	REFLEX Clostridium difficile Cytotoxin Cell Assay	\$ 21.50	87230	
3436	TASK ANAMIC	0060402		BILL TASK Susceptibility - Anaerobe by broth dilution (Billed)	\$ 7.57	87186	
3437	TASK ANAID	0062028		BILL TASK Anaerobe Identification (Billed)	\$ 7.26	87076	
3438	TASK .PF	0062151		BILL TASK Processing fee (Billed)	\$ 35.00	87015	
3439	TASK CD	2006558		BILL TASK Clostridium difficile battery (Billed)	\$ 7.26	87076	
3440	TASK ANA MALDI	2005712		BILL TASK Anaerobic organism ID by MALDI-TOF (billed)	\$ 7.26	87076	
3441	2002552	2002552	*	Clostridium difficile Cytotoxin Antibody by Neutralization	\$ 92.60	87230	
3442	0060851	0060851		Clostridium difficile Cytotoxin Cell Assay	\$ 21.50	87230	
3443	2002838	2002838		Clostridium difficile toxin B gene (tcdB) by PCR	\$ 28.64	87493	
3444	2013433	2013433		Clozapine and Metabolites, Serum or Plasma, Quantitative	\$ 20.14	80159	[B]
3445	2008652	2008652		c-MET by Immunohistochemistry	\$ 73.50	88342TC	
3446	2008317	2008317		C-MYC by Immunohistochemistry	\$ 73.50	88342TC	
3447	2011157	2011157		Cobalamin/Propionate/Homocysteine Metabolism Related Disorders Panel, Sequencing and Deletion/Duplication	\$ 2,430.00	81404/81405/81406/81479	[C]
3448	0099231	0099231		Cobalt, Blood	\$ 22.37	83018	[B]
3449	0025037	0025037		Cobalt, Serum or Plasma	\$ 22.37	83018	[B]
3450	0025032	0025032		Cobalt, Urine	\$ 22.37	83018	[B]
3451	0092312	0092312		Cocaine and Metabolites - Confirmation/Quantitation - Meconium	\$ 98.88	80353 (Alt code: G0480)	[B]
3452	0090684	0090684		Cocaine Metabolite, Serum or Plasma, Quantitative	\$ 48.63	80353 (Alt code: G0480)	[B]
3453	0090359	0090359		Cocaine Metabolite, Urine, Quantitative	\$ 34.25	80353 (Alt code: G0480)	[B]
3454	2012231	2012231		Cocaine, Urine Screen with Reflex to Quantitation (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 63.85	80307	[B]
3455	RFLX CDCO COCA	0090359	R	REFLEX Cocaine Metabolite, Urine, Quantitative	\$ 34.25	80353 (Alt code: G0480)	[B]
3456	3000061	3000061		Coccidioides Antibodies Panel, CSF by CF, ID, ELISA	\$ 40.96	86635 x4	[B]

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3457	0050588	0050588		Coccidioides Antibodies Panel, Serum by CF, ID, ELISA	\$ 40.96	86635 x4	
3461	0050137	0050137		Coccidioides Antibodies, IgG and IgM by ELISA	\$ 20.48	86635 x2	
3463	3000057	3000057		Coccidioides Antibodies, IgG and IgM by ELISA, CSF	\$ 20.48	86635 x2	[B]
3464	0050170	0050170		Coccidioides Antibody by CF	\$ 10.24	86635	
3465	3000059	3000059		Coccidioides Antibody by CF, CSF	\$ 10.24	86635	[B]
3466	3000055	3000055		Coccidioides Antibody IgG ELISA, CSF	\$ 10.24	86635	[B]
3467	3000056	3000056		Coccidioides Antibody IgM ELISA, CSF	\$ 10.24	86635	[B]
3468	0050179	0050179		Coccidioides Antibody, IgG by ELISA	\$ 10.24	86635	
3469	0050178	0050178		Coccidioides Antibody, IgM by ELISA	\$ 10.24	86635	
3470	2011075	2011075	*	Coccidioides Antigen Quantitative by EIA	\$ 127.00	87449	
3471	0050183	0050183		Coccidioides immitis Antibodies by Immunodiffusion	\$ 10.24	86635	
3472	3000058	3000058		Coccidioides immitis by Immunodiffusion, CSF	\$ 10.24	86635	[B]
3473	0062225	0062225		Coccidioides immitis Identification by DNA Probe (Micro billing tasks will be ordered as needed, see below for possible charges and CPT codes)	Variable	Variable	
3474	TASK CP	TASK CP		BILL TASK DNA Probe - Coccidioides immitis (Billed)	\$ 16.24	87149	
3475	TASK MID	0062149		BILL TASK Mould Identification (Billed)	\$ 11.24	87107	
3476	TASK PF	0062151		BILL TASK Processing fee (Billed)	\$ 35.00	87015	
3477	0081119	0081119		Coenzyme Q10, Total	\$ 15.35	82542	[B]
3478	0050175	0050175		Cold Agglutinins	\$ 8.78	86157	
3479	2003839	2003839		Collagen IV by Immunohistochemistry	\$ 73.50	88342TC	
3480	2011056	2011056	*	Collagen Type II Antibody by ELISA, Serum	\$ 135.00	83520	
3481	2010905	2010905	*	Collagen Type VII Antibody IgG by ELISA	\$ 92.88	83516	
3482	0050198	0050198		Complement Activity Enzyme Immunoassay, Total	\$ 22.12	86162	
3483	2005373	2005373		Complement Activity, Alternative Pathway (AH50)	\$ 22.12	86161	[D]
3484	0099130	0099130		Complement Component 1Q Level	\$ 10.51	86160	
3485	0050148	0050148		Complement Component 2	\$ 10.51	86160	[D]
3486	0050150	0050150		Complement Component 3	\$ 10.51	86160	
3487	0050155	0050155		Complement Component 4	\$ 10.51	86160	
3488	0050156	0050156		Complement Component 5	\$ 10.51	86160	
3489	0099073	0099073	*	Complement Component 7	\$ 127.00	86160	
3490	0099074	0099074	*	Complement Component 8	\$ 127.00	86160	
3491	0099076	0099076	*	Complement Component 9	\$ 127.00	86160	
3492	0050149	0050149		Complement Components 3 and 4	\$ 21.02	86160 x2	
3494	0051720	0051720		Complement Factor B	\$ 10.51	86160	[D]
3495	0020408	0020408		Comprehensive Metabolic Panel	\$ 9.28	80053	
3496	3000480	3000480		Comprehensive Systemic Sclerosis Panel	\$ 77.04	86039/86235 x4/83516	
3497	2013386	2013386	*	Congenital Adrenal Hyperplasia (CAH) (21-Hydroxylase Deficiency) Common Mutations	\$ 505.00	81402	
3498	2002282	2002282		Congenital Adrenal Hyperplasia Panel, 11-Beta Hydroxylase Deficiency	\$ 137.98	82157/83498/84403/82634/82626	[B]
3503	2002283	2002283		Congenital Adrenal Hyperplasia Panel, 21-Hydroxylase Deficiency	\$ 108.15	82157/83498/84143/82626	[B]

Line	Test Code	TEST CODE (Billing)	*	Test/Procedure	Fee/Each	Based on the 2019 CPT Code Book and information from our local carrier.	Compliance
3507	2002029	2002029		Congenital Adrenal Hyperplasia Treatment Panel	\$ 78.60	82157/83498/84403	[B]
3510	0051668	0051668		Connective Tissue Diseases Profile	\$ 119.33	86235 x7/83516 x2	
3518	0051374	0051374		Connexin 26 (GJB2), Sequencing	\$ 101.12	81252	[C]
3519	2009452	2009452		Contactin-Associated Protein-2 Antibody, IgG with Reflex to Titer (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 10.87	86255	[D]
3520	RFLX CASPR2TIGG	2009454	R	REFLEX Contactin-Associated Protein-2 Antibody Titer, IgG by IFA	\$ 10.39	86256	[D]
3521	0020694	0020694		Copper, Liver	\$ 13.51	82525	[B]
3522	2011480	2011480		Copper, Random Urine	\$ 13.51	82525	[B]
3523	2007252	2007252	*	Copper, RBC	\$ 66.00	82525	
3524	0020596	0020596		Copper, Serum Free (Direct)	\$ 13.51	82525	[B]
3525	0020096	0020096		Copper, Serum or Plasma	\$ 13.51	82525	[B]
3526	0020461	0020461		Copper, Urine	\$ 13.51	82525	[B]
3527	2010990	2010990	*	Corticosteroid-Binding Globulin (CBG)	\$ 105.00	84449	
3528	2008456	2008456		Corticosterone Quantitative by HPLC-MS/MS, Serum or Plasma	\$ 24.51	82528	[B]
3529	2003250	2003250		Cortisol by LC-MS/MS, Serum or Plasma	\$ 14.58	82533	[B]
3530	2012697	2012697		Cortisol, Free by Equilibrium Dialysis/LC-MS/MS	\$ 18.19	82530	[B]
3531	3000501	3000501		Cortisol, Inferior Vena Cava	\$ 14.58	82533	
3532	3000502	3000502		Cortisol, Left Adrenal Vein	\$ 14.58	82533	
3533	3000503	3000503		Cortisol, Right Adrenal Vein	\$ 14.58	82533	
3534	0081117	0081117		Cortisol, Saliva	\$ 14.58	82533	
3535	0070030	0070030		Cortisol, Serum or Plasma	\$ 14.58	82533	
3536	0097222	0097222		Cortisol, Urine Free by LC-MS/MS	\$ 18.19	82530	[B]
3537	0092100	0092100		Cortisol/Cortisone Urine Free by LC-MS/MS	\$ 34.53	82530/83789	[B]
3539	2003252	2003252		Cortisone by LC-MS/MS, Serum or Plasma	\$ 19.07	83491	[B]
3540	0060360	0060360		Corynebacterium diphtheriae Culture (Micro billing tasks will be ordered as needed, see below for possible charges and CPT codes)	\$ 5.68	87081; Identification CPT codes may vary based on method	
3541	TASK CF PSE	TASK CF PSE		BILL TASK Bacterial Identification - Cystic Pseudomonas (Billed)	\$ 7.08	87077	
3542	TASK PSE	TASK PSE		BILL TASK Bacterial Identification - Pseudomonas (Billed)	\$ 7.08	87077	
3543	TASK BID	0060457		BILL TASK Bacterial Identification (Billed)	\$ 7.08	87077	
3544	TASK PID	TASK PID		BILL TASK Bacterial Identification - Gram positive (Phoenix) (Billed)	\$ 7.08	87077	
3545	TASK NID	TASK NID		BILL TASK Bacterial Identification - Gram negative (Phoenix) (Billed)	\$ 7.08	87077	
3546	TASK BAC	TASK BAC		BILL TASK Bacterial Identification - Bacillus (Billed)	\$ 7.08	87077	
3547	TASK NMIC/ID 304	2013217		BILL TASK Gram Negative ID & MIC Panel (Phoenix)	\$ 7.08	87077	
3548	TASK BACSEQ	0060719		BILL TASK DNA Sequencing - Bacterial identification (Billed)	\$ 125.58	87153	
3549	TASK .PF	0062151		BILL TASK Processing fee (Billed)	\$ 35.00	87015	
3550	2007081	2007081		Cotinine Screen, Urine	\$ 63.85	80307	
3551	2012634	2012634		Coxiella burnetii (Q-Fever) Antibodies, IgG and IgM, Phase I and II with Reflex to Titer (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 52.80	86638 x4	

Line	Test Code	TEST CODE (Billing)	*	Test/Procedure	Fee/Each	Based on the 2019 CPT Code Book and information from our local carrier.	Compliance
3552	RFLX QFG1TITER	2012630	R	REFLEX Coxiella burnetii (Q-Fever) Antibody, IgG Phase I Titer	\$ 13.20	86638	
3553	RFLX QFG2TITER	2012632	R	REFLEX Coxiella burnetii (Q-Fever) Antibody, IgG Phase II Titer	\$ 13.20	86638	
3554	RFLX QFM1TITER	2012643	R	REFLEX Coxiella burnetii (Q-Fever) Antibody, IgM Phase I Titer	\$ 13.20	86638	
3555	RFLX QFM2TITER	2012645	R	REFLEX Coxiella burnetii (Q-Fever) Antibody, IgM Phase II Titer	\$ 13.20	86638	
3556	2012625	2012625		Coxiella burnetii (Q-Fever) Antibody IgG, Phase I and II with Reflex to Titer (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 26.40	86638 x2	
3557	RFLX QFG1TITER	2012630	R	REFLEX Coxiella burnetii (Q-Fever) Antibody, IgG Phase I Titer	\$ 13.20	86638	
3558	RFLX QFG2TITER	2012632	R	REFLEX Coxiella burnetii (Q-Fever) Antibody, IgG Phase II Titer	\$ 13.20	86638	
3559	2002932	2002932	*	Coxsackie A Antibodies (Serotypes 2, 4, 7, 9, 10 and 16), Serum	\$ 77.70	86658 x6	
3560	0050503	0050503		Coxsackie A9 Virus Antibodies by CF	\$ 14.18	86658	
3561	0060055	0060055		Coxsackie B Virus Antibodies	\$ 85.08	86658 x6	
3562	2013562	2013562		C-Peptide, 120 Minutes	\$ 17.83	84681	
3563	2013564	2013564		C-Peptide, 180 Minutes	\$ 17.83	84681	
3564	0081121	0081121		C-Peptide, 24-Hour Urine	\$ 17.83	84681	
3565	2013558	2013558		C-Peptide, 30 Minutes	\$ 17.83	84681	
3566	2013560	2013560		C-Peptide, 60 Minutes	\$ 17.83	84681	
3567	3000529	3000529		C-Peptide, Other	\$ 17.83	84681	
3568	0070103	0070103		C-Peptide, Serum or Plasma	\$ 17.83	84681	
3569	0050180	0050180		C-Reactive Protein	\$ 4.63	86140	
3570	0050182	0050182		C-Reactive Protein, High Sensitivity	\$ 11.19	86141	
3571	0050181	0050181		C-Reactive Protein, Neonatal	\$ 4.63	86140	
3572	2002328	2002328		Creatinine Disorders Panel, Serum or Plasma	\$ 20.40	82540/82542	[B]
3574	2002333	2002333		Creatinine Disorders Panel, Urine	\$ 25.09	82540/82570/82542	[B]
3577	0020414	0020414		Creatinine Kinase Isoenzymes	\$ 17.80	82552/82550	
3579	0080480	0080480		Creatinine Kinase, MB	\$ 10.13	82553	
3580	0020010	0020010		Creatinine Kinase, Total, Serum or Plasma	\$ 5.80	82550	
3591	2008615	2008615		Creatine Transporter Deficiency (SLC6A8) Sequencing	\$ 650.63	81479	[C]
3582	2008610	2008610		Creatine Transporter Deficiency (SLC6A8) Sequencing and Deletion/Duplication	\$ 1,174.26	81479	[C]
3583	2002340	2002340		Creatine, Serum or Plasma	\$ 5.05	82540	
3584	2002343	2002343		Creatine, Urine	\$ 5.05	82540	[B]
3585	0020474	0020474		Creatinine Clearance, Urine	\$ 8.56	82575	
3586	0020473	0020473		Creatinine, 24-Hour Urine	\$ 4.69	82570	
3587	0020509	0020509		Creatinine, Body Fluid	\$ 4.69	82570	[B]
3588	0020025	0020025		Creatinine, Serum or Plasma	\$ 4.31	82565	
3589	3000479	3000479		Criteria Systemic Sclerosis Panel	\$ 33.27	86039/86235/83516	
3590	2001613	2001613		Crohn Disease Prognostic Panel	\$ 39.14	86671/83516 x3	[A]

Line	Test Code	TEST CODE (Billing)	*	Test/Procedure	Fee/Each	Based on the 2019 CPT Code Book and information from our local carrier.	Compliance
3594	0050190	0050190		Cryofibrinogen	\$ 9.34	82585	
3595	0050185	0050185		Cryoglobulin, Qualitative	\$ 5.32	82595	
3596	2002403	2002403		Cryoglobulin, Qualitative with Reflex to IFE Typing and Quantitative IgA, IgG, and IgM (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 5.32	82595	[B]
3597	RFLX IFE Q GEL	2012572	R	REFLEX Immunofixation Electrophoresis, Qualitative, Gel	\$ 20.03	86334	
3598	RFLX QNTIG CRYO	2002125	R	REFLEX Immunoglobulins, Serum Cryoprecipitins	\$ 18.24	82784 x3	[B]
3601	2002063	2002063		Cryoglobulin, Qualitative, with Reflex to Quantitative IgA, IgG, and IgM (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 5.32	82595	[B]
3602	RFLX QNTIG CRYO	2002125	R	REFLEX Immunoglobulins, Serum Cryoprecipitins	\$ 18.24	82784 x3	[B]
3605	0050195	0050195		Cryptococcus Antigen, CSF	\$ 10.10	87327	
3606	0050196	0050196		Cryptococcus Antigen, Serum	\$ 10.10	87327	
3607	0060045	0060045		Cryptosporidium Antigen by EIA	\$ 8.62	87328	
3608	0070416	0070416		C-Telopeptide, Beta-Cross-Linked, Serum	\$ 20.20	82523	
3609	0092572	0092572	*	Cutaneous Direct Immunofluorescence, Biopsy	\$ 569.50	88346/88350 x5	
3610	2013956	2013956		CV2.1 Screen by IFA with Reflex to Titer (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 10.87	86255	[D]
3611	RFLX CV2.1 TTR	2013957	R	REFLEX CV2.1 Antibody Titer, IgG	\$ 10.39	86256	[D]
3612	2013504	2013504		Cw Antigen Typing, Patient	\$ 3.35	86905	
3613	2008622	2008622		CXCL13 by Immunohistochemistry	\$ 73.50	88342TC	
3614	0090060	0090060		Cyanide	\$ 21.12	82600	
3615	0055256	0055256		Cyclic Citrullinated Peptide (CCP) Antibody, IgG	\$ 7.10	86200	
3616	2003842	2003842		Cyclin D1, SP4 by Immunohistochemistry	\$ 73.50	88342TC	
3617	0091155	0091155	*	Cyclobenzaprine Quantitative, Urine	\$ 103.00	80369 (Alt code: G0480)	
3618	0070035	0070035		Cyclosporine A by Tandem Mass Spectrometry	\$ 16.14	80158	[B]
3619	0058902	0058902		Cyclosporine A, 2-Hour Post Dose (C2) by Tandem Mass Spectrometry	\$ 16.14	80158	[B]
3620	0081344	0081344		CYFRA 21-1 (Cytokeratin 19 Fragment), Serum	\$ 18.51	86316	
3621	0095229	0095229		Cystatin C, Serum with Reflex to Estimated Glomerular Filtration Rate (eGFR) (no charge for reflex)	\$ 14.80	82610	
3622	2013661	2013661		Cystic Fibrosis (CFTR) 165 Pathogenic Variants	\$ 180.00	81220	
3623	2013663	2013663		Cystic Fibrosis (CFTR) 165 Pathogenic Variants with Reflex to Sequencing (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 180.00	81220	
3624	RFLX BILL CFCFT	0054785	R	REFLEX CFCFTR BILL	\$ 499.00	81223	
3625	2013664	2013664		Cystic Fibrosis (CFTR) 165 Pathogenic Variants with Reflex to Sequencing and Reflex to Deletion/Duplication (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 180.00	81220	
3626	RFLX BILL CFTR	0051736	R	REFLEX CFTR Sequencing Bill	\$ 499.00	81223	
3627	RFLX BILL CFDD	0051735	R	REFLEX CFTR Deletion/Duplication BILL	\$ 435.07	81222	
3628	2013662	2013662		Cystic Fibrosis (CFTR) 165 Pathogenic Variants, Fetal	\$ 414.12	81220/81265	
3629	0051110	0051110		Cystic Fibrosis (CFTR) Sequencing	\$ 499.00	81223	[C]



Line	Test Code	TEST CODE (Billing)	*	Test/Procedure	Fee/Each	Based on the 2019 CPT Code Book and information from our local carrier.	Compliance
3630	0051640	0051640		Cystic Fibrosis (CFTR) Sequencing with Reflex to Deletion/Duplication (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 499.00	81223	[C]
3631	RFLX BILL CFDD	0051735	R	REFLEX CFTR Deletion/Duplication BILL	\$ 435.07	81222	
3632	0060130	0060130		Cystic Respiratory Culture (Micro billing tasks will be ordered as needed, see below for possible charges and CPT codes)	\$ 7.51	87070	
3633	TASK CF PSE	TASK CF PSE		BILL TASK Bacterial Identification - Cystic Pseudomonas (Billed)	\$ 7.08	87077	
3634	TASK PSE	TASK PSE		BILL TASK Bacterial Identification - Pseudomonas (Billed)	\$ 7.08	87077	
3635	TASK BID	0060457		BILL TASK Bacterial Identification (Billed)	\$ 7.08	87077	
3636	TASK PID	TASK PID		BILL TASK Bacterial Identification - Gram positive (Phoenix) (Billed)	\$ 7.08	87077	
3637	TASK NID	TASK NID		BILL TASK Bacterial Identification - Gram negative (Phoenix) (Billed)	\$ 7.08	87077	
3638	TASK BAC	TASK BAC		BILL TASK Bacterial Identification - Bacillus (Billed)	\$ 7.08	87077	
3639	TASK NMIC/ID 304	2013217		BILL TASK Gram Negative ID & MIC Panel (Phoenix)	\$ 7.08	87077	
3640	TASK AST M	0060790		BILL TASK Susceptibility - Automated broth dilution (Billed)	\$ 7.57	87186	
3641	TASK DD	0060418		BILL TASK Susceptibility - Disk diffusion (Billed)	\$ 4.23	87184	
3642	TASK BLAC M	0060401		BILL TASK Susceptibility - Beta-Lactamase (Billed)	\$ 1.21	87185	
3643	TASK BACSEQ	0060719		BILL TASK DNA Sequencing - Bacterial identification (Billed)	\$ 125.58	87153	
3644	TASK MIC	0060408		BILL TASK Susceptibility - Broth dilution panel (Billed)	\$ 7.57	87186	
3645	TASK .PF	0062151		BILL TASK Processing fee (Billed)	\$ 35.00	87015	
3646	TASK PBP	2008641		BILL TASK Susceptibility - Penicillin Binding Protein 2a (Billed)	\$ 3.91	87147	
3647	TASK SA	2011971		BILL TASK Staphylococcus species Latex Agglutination (BILLED)	\$ 3.91	87147	
3648	TASK StrpA	2011972		BILL TASK Streptococcus Group A Latex Agglutination (BILLED)	\$ 3.91	87147	
3649	TASK StrpB	2011973		BILL TASK Streptococcus Group B Latex Agglutination (BILLED)	\$ 3.91	87147	
3650	TASK StrpC	2011974		BILL TASK Streptococcus Group C Latex Agglutination (BILLED)	\$ 3.91	87147	
3651	TASK StrpG	2011975		BILL TASK Streptococcus Group G Latex Agglutination (BILLED)	\$ 3.91	87147	
3652	TASK NF PBP	2014492		BILL TASK PBP2A Normal Flora use(Billed)	\$ 3.91	87147	
3653	TASK MECA/C	3000097		BILL TASK Susceptibility - mecA/mecC Gene Detection by PCR (Billed)	\$ 30.88	87641	
3654	0055285	0055285		Cysticercosis Antibody, IgG by ELISA, CSF	\$ 13.88	86682	[B]
3655	0055284	0055284		Cysticercosis Antibody, IgG by ELISA, Serum	\$ 13.88	86682	
3656	0081106	0081106		Cystine Quantitative, Urine	\$ 18.36	82131	[B]
3657	0081105	0081105		Cystinuria Panel	\$ 18.36	82136	[B]
3658	2012769	2012769		Cytochrome P450 2C19, CYP2C19 - 9 Variants	\$ 291.36	81225	[C]
3659	2012766	2012766		Cytochrome P450 2C9, CYP2C9 - 2 Variants	\$ 174.81	81227	[C]
3660	2014547	2014547		Cytochrome P450 2D6 (CYP2D6) 15 Variants and Gene Duplication	\$ 450.91	81226	[C]
3661	2012740	2012740		Cytochrome P450 3A5 Genotyping, CYP3A5, 2 Variants	\$ 174.81	81231	[C]
3662	2013098	2013098		Cytochrome P450 Genotype Panel	\$ 1,091.89	81225/81226/81227/81231	[C]
3663	2010229	2010229		Cytogenomic Molecular Inversion Probe Array, FFPE Tissue – Oncology	\$ 407.80	88381/81406	[C]
3664	2010795	2010795		Cytogenomic Molecular Inversion Probe Array, FFPE Tissue – Products of Conception	\$ 1,284.92	88381/81229	[C]
3665	2003414	2003414		Cytogenomic SNP Microarray	\$ 1,194.13	81229	[C]
3666	2002366	2002366		Cytogenomic SNP Microarray - Fetal	\$ 1,502.50	81229/81265	[C]

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3667	2006267	2006267		Cytogenomic SNP Microarray Buccal Sponge	\$ 1,257.88	81229	[C]
3668	2009353	2009353		Cytogenomic SNP Microarray with Five-Cell Chromosome Study, Peripheral Blood	\$ 1,441.63	88230/88261/88291/81229	[C]
3669	2006325	2006325		Cytogenomic SNP Microarray-Oncology	\$ 1,535.00	81406	[B]
3670	2003848	2003848		Cytokeratin 20 (CK 20) by Immunohistochemistry	\$ 73.50	88342TC	
3671	2003851	2003851		Cytokeratin 5,6 (CK 5,6) by Immunohistochemistry	\$ 73.50	88342TC	[B]
3672	2003854	2003854		Cytokeratin 7 (CK 7) by Immunohistochemistry	\$ 73.50	88342TC	
3673	2003493	2003493		Cytokeratin 8,18 Low Molecular Weight (CAM 5.2) by Immunohistochemistry	\$ 73.50	88342TC	
3674	0051394	0051394		Cytokine Panel	\$ 133.12	83520 x13	[B]
3675	0051524	0051524		Cytokine Panel, Monokines	\$ 40.96	83520 x4	[B]
3676	0051408	0051408		Cytokine Panel, TH1	\$ 40.96	83520 x4	[B]
3677	0051518	0051518		Cytokine Panel, TH2	\$ 40.96	83520 x4	[B]
3678	2013111	2013111		Cytokine Production by Mononuclear Cells in Response to Antigen and Mitogen Stimulation	\$ 335.99	86353 x5/83520 x11	[B]
3679	2013109	2013109		Cytokine Production by Mononuclear Cells in Response to Mitogen Stimulation	\$ 246.65	86353 x3/83520 x11	[B]
3680	1956380	SurePath88142 A		Cytology, CPT 88142, CIVAG THIN LAYER MANUAL SCN, SurePath	\$ 33.38	88142	
3681	1956521	ThinPrep88142 A		Cytology, CPT 88142, CIVAG THIN LAYER MANUAL SCN, ThinPrep	\$ 35.38	88142	
3682	1956640	Convent88164 A		Cytology, CPT 88164, CIVAG BETHESDA, MANUAL SCN	\$ 30.00	88164	
3683	2000623	2000623		Cytology, Non-Gynecologic (Price based on CPT, refer to "Cytology, CPT")	Variable	Variable	
3684	2000134	2000134		Cytology, SurePath Liquid-Based Pap Test (Price based on CPT, refer to "Cytology, CPT")	Variable	88142; if reviewed by pathologist add 88141	
3685	2000133	2000133		Cytology, SurePath Liquid-Based Pap Test with Reflex to Human Papillomavirus (HPV), High Risk by PCR, SurePath (Human Papillomavirus (HPV) DNA Probe, High-Risk Surepath(TM) (AutoCyte) will always be performed and charged for separately.) (Price based on CPT, refer to "Cytology, CPT") (Reflex components billed separately, see below for additional charges and CPT codes)	Variable	88142; if reviewed by pathologist add 88141	
3686	RFLX SP HPV PCR	2011942	R	REFLEX Human Papillomavirus (HPV), High Risk by PCR, SurePath	\$ 35.05	87624	
3687	2000135	2000135		Cytology, SurePath Liquid-Based Pap Test with Reflex to Human Papillomavirus (HPV), High Risk by PCR, SurePath (Price based on CPT, refer to "Cytology, CPT") (Reflex components billed separately, see below for additional charges and CPT codes)	Variable	88142; if reviewed by pathologist add 88141	
3688	RFLX SP HPV PCR	2011942	R	REFLEX Human Papillomavirus (HPV), High Risk by PCR, SurePath	\$ 35.05	87624	
3689	2000136	2000136		Cytology, ThinPrep Pap Test and Human Papillomavirus (HPV), High Risk by Transcription-Mediated Amplification (TMA) (for routine co-testing in women over 30) (Human Papillomavirus (HPV), High Risk, E6/E7 mRNA by Transcription-Mediated Amplification (TMA) will always be performed and charged for separately.) (Price based on CPT, refer to "Cytology, CPT")	Variable	88142; if reviewed by pathologist add 88141	
3690	RFLX HPV TMA	2007893	R	REFLEX Human Papillomavirus (HPV), High Risk by Transcription-Mediated Amplification (TMA), ThinPrep	\$ 35.05	87624	
3691	2000138	2000138		Cytology, ThinPrep Pap Test with Reflex to Human Papillomavirus (HPV), High Risk, E6/E7 mRNA by Transcription-Mediated Amplification (TMA) (Price based on CPT, refer to "Cytology, CPT") (Reflex components billed separately, see below for additional charges and CPT codes)	Variable	88142; if reviewed by pathologist add 88141	

Line	Test Code	TEST CODE (Billing)	*	Test/Procedure	Fee/Each	Based on the 2019 CPT Code Book and information from our local carrier.	Compliance
3692	RFLX HPV TMA	2007893	R	REFLEX Human Papillomavirus (HPV), High Risk by Transcription-Mediated Amplification (TMA), ThinPrep	\$ 35.05	87624	
3693	2003833	2003833		Cytomegalovirus (CMV) by Immunohistochemistry	\$ 73.50	88342TC	[A]
3694	0050622	0050622		Cytomegalovirus Antibodies, IgG and IgM	\$ 26.74	86644/86645	
3696	0050165	0050165		Cytomegalovirus Antibody, IgG	\$ 12.38	86644	
3697	2011813	2011813		Cytomegalovirus Antibody, IgG Avidity	\$ 12.38	86644	[B]
3698	0050553	0050553		Cytomegalovirus Antibody, IgM	\$ 14.36	86645	
3699	2004760	2004760		Cytomegalovirus Antiviral Drug Resistance by Sequencing	\$ 23.38	87910	[B]
3700	0060040	0060040		Cytomegalovirus by Qualitative PCR	\$ 31.27	87496	[A]
3701	2008555	2008555		Cytomegalovirus by Qualitative PCR, Saliva	\$ 31.27	87496	[A]
3702	0065004	0065004		Cytomegalovirus Rapid Culture	\$ 5.41	87254	
3703	0051813	0051813		Cytomegalovirus, Quantitative PCR	\$ 38.75	87497	[A]
3704	2006966	2006966		Cytomegalovirus, Quantitative PCR with Reflex to Drug Resistance Testing by Sequencing (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 38.75	87497	[A]
3705	RFLX CMV/ RESIST	2004760	R	REFLEX Cytomegalovirus Antiviral Drug Resistance by Sequencing	\$ 23.38	87910	[B]
3706	2003857	2003857		D2-40 by Immunohistochemistry	\$ 73.50	88342TC	
3707	0030057	0030057		D-Dimer	\$ 9.16	85379	
3708	3001304	3001304		DDIT3 (CHOP) (12q13) Gene Rearrangement by FISH	\$ 450.63	88366	[A]
3709	0051358	0051358		Deamidated Gliadin Peptide (DGP) Antibodies, IgA and IgG	\$ 17.20	83516 x2	
3711	0051357	0051357		Deamidated Gliadin Peptide (DGP) Antibody, IgA	\$ 8.60	83516	
3712	0051359	0051359		Deamidated Gliadin Peptide (DGP) Antibody, IgG	\$ 8.60	83516	
3713	0070040	0070040		Dehydroepiandrosterone Sulfate, Serum	\$ 19.62	82627	
3714	2001640	2001640		Dehydroepiandrosterone, Serum or Plasma	\$ 27.51	82626	[B]
3715	0093096	0093096		Dengue Fever Virus Antibodies, IgG and IgM	\$ 28.04	86790 x2	[D]
3717	0093097	0093097		Dengue Fever Virus Antibody, IgG	\$ 14.02	86790	[D]
3718	0093098	0093098		Dengue Fever Virus Antibody, IgM	\$ 14.02	86790	
3719	2013294	2013294		Dengue Virus (1-4) Subtype by PCR	\$ 30.15	87798	[B]
3720	0070212	0070212		Deoxyuridine Crosslinks, Urine	\$ 20.20	82523	
3721	2013991	2013991		Dermatomyositis Panel	\$ 51.60	83516 x6	[D]
3722	0081312	0081312		Des-gamma-carboxy Prothrombin	\$ 70.12	83951	
3723	2011487	2011487		Desipramine, Serum or Plasma by Tandem Mass Spectrometry	\$ 31.25	80335 (Alt code: G0480)	[B]
3724	2003863	2003863		Desmin by Immunohistochemistry	\$ 73.50	88342TC	
3725	0090649	0090649	*	Desmoglein 1 and Desmoglein 3 Antibodies in Pemphigus, IgG	\$ 175.75	83516 x2	
3726	2003248	2003248		Dexamethasone, Serum or Plasma by LC-MS/MS	\$ 12.59	80299	[B]
3727	0090076	0090076		Diazepam and Nordiazepam	\$ 36.76	80346 (Alt code: G0480)	
3728	0091301	0091301	*	Diazoxide Quantitative, Serum or Plasma	\$ 296.00	80375 (Alt code: G0480)	
3729	0090085	0090085		Digitoxin	\$ 12.59	80299	
3730	0090080	0090080		Digoxin	\$ 11.93	80162	
3731	2012166	2012166		Dihydropyrimidine Dehydrogenase (DPYD), 3 Variants	\$ 174.81	81232	[C]

Line	Test Code	TEST CODE (Billing)	*	Test/Procedure	Fee/Each	Based on the 2019 CPT Code Book and information from our local carrier.	Compliance
3732	0030461	0030461		Dilute Russell Viper Venom Time (dRVVT) with Reflex to dRVVT 1:1 Mix and Confirmation (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 8.45	85613	
3733	RFLX BILL DRV	0031548	R	REFLEX Reflexed to Dilute Russell Viper Venom Time (dRVVT) 1:1 Mix	\$ 8.45	85613	
3734	RFLX BILL DRVC	0031549	R	REFLEX Reflexed to Dilute Russell Viper Venom Time (dRVVT) Confirmation	\$ 8.45	85613	
3735	0091308	0091308	*	Diphenhydramine Quantitative, Serum or Plasma	\$ 90.00	80375 (Alt code: G0480)	
3736	0091219	0091219	*	Diphenhydramine Quantitative, Urine	\$ 90.00	80375 (Alt code: G0480)	
3737	0050595	0050595		Diphtheria and Tetanus Antibodies, IgG	\$ 27.04	86317 x2	[B]
3739	0050210	0050210		Diphtheria Antibody, IgG	\$ 13.52	86317	[B]
3740	0050779	0050779		Diphtheria, Tetanus, and H. Influenzae b Antibodies, IgG	\$ 40.56	86317 x3	[B]
3743	0013008	0013008		Direct Coombs (Anti-Human Globulin)	\$ 4.85	86880	
3744	2002247	2002247		Disaccharidase, Tissue	\$ 78.64	82657 x4	[B]
3748	2011632	2011632		Disopyramide, Serum or Plasma	\$ 12.59	80299	
3749	0091258	0091258	*	Diuretic Screen, Urine	\$ 125.59	80377 (Alt code: G0480)	
3750	2007763	2007763	*	Diuretic Survey Quantitative, Serum or Plasma	\$ 120.00	80375 (Alt code: G0480)	
3751	0095155	0095155		DNA Cell Cycle Analysis - Ploidy and S-Phase	\$ 133.92	88182	[B]
3752	0050757	0050757		DNA Extraction and Storage	\$ 50.00	81479	
3753	0050220	0050220		DNase-B Antibody	\$ 14.42	86215	
3754	2010168	2010168		DOG1 by Immunohistochemistry	\$ 82.25	88342TC	
3755	0013039	0013039		Donath Landsteiner	\$ 19.51	86940/86941	
3756	0050215	0050215		Double-Stranded DNA (dsDNA) Antibody, IgG by ELISA with Reflex to dsDNA Antibody, IgG by IFA (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 12.25	86225	
3757	RFLX DNA IFA	2002693	R	REFLEX Double-Stranded DNA (dsDNA) Antibody, IgG by IFA (using Crithidia luciliae)	\$ 10.39	86256	
3758	2002693	2002693		Double-Stranded DNA (dsDNA) Antibody, IgG by IFA (using Crithidia luciliae)	\$ 10.39	86256	
3759	0090102	0090102		Doxepin and Metabolite, Serum or Plasma	\$ 26.75	80335 (Alt code: G0480)	
3760	2006621	2006621		Drug Detection Panel, Umbilical Cord Tissue, Qualitative	\$ 63.85	80307	[B]
3761	0092184	0092184		Drug Panel 7, Urine - Screen with Reflex to Confirmation/Quantitation (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 63.85	80307	
3762	RFLX AMPS UR	2010075	R	REFLEX Amphetamines, Urine, Quantitative	\$ 38.13	80325/80359 (Alt code: G0480)	[B]
3763	RFLX CDCO COCA	0090359	R	REFLEX Cocaine Metabolite, Urine, Quantitative	\$ 34.25	80353 (Alt code: G0480)	[B]
3764	RFLX CDCO BENZO	2008291	R	REFLEX Benzodiazepines, Urine, Quantitative	\$ 38.85	80346 (Alt code: G0480)	[B]
3765	RFLX BARB UR	2012213	R	REFLEX Barbiturates, Urine, Quantitative	\$ 58.63	80345 (Alt code: G0480)	[B]
3766	RFLX CDCO THC	0090369	R	REFLEX THC Metabolite, Urine, Quantitative	\$ 34.75	80349 (Alt code: G0480)	[B]
3767	RFLX CDCO OPI	0090364	R	REFLEX Opiates, Urine, Quantitative	\$ 30.73	80361/80365 (Alt code: G0480)	[B]
3768	RFLX PCP URINE	2010482	R	REFLEX Phencyclidine (PCP), Urine, Quantitative	\$ 63.75	83992 (Alt code: G0480)	[B]
3769	0092185	0092185		Drug Panel 7A, Urine - Screen with Reflex to Confirmation/Quantitation (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 63.85	80307	
3770	RFLX CDCO ETOH	2010136	R	REFLEX Alcohol, Urine, Quantitative	\$ 22.40	80320 (Alt code: G0480)	

Line	Test Code	TEST CODE (Billing)	*	Test/Procedure	Fee/Each	Based on the 2019 CPT Code Book and information from our local carrier.	Compliance
3771	RFLX AMPS UR	2010075	R	REFLEX Amphetamines, Urine, Quantitative	\$ 38.13	80325/80359 (Alt code: G0480)	[B]
3772	RFLX BARB UR	2012213	R	REFLEX Barbiturates, Urine, Quantitative	\$ 58.63	80345 (Alt code: G0480)	[B]
3773	RFLX CDCO BENZO	2008291	R	REFLEX Benzodiazepines, Urine, Quantitative	\$ 38.85	80346 (Alt code: G0480)	[B]
3774	RFLX CDCO THC	0090369	R	REFLEX THC Metabolite, Urine, Quantitative	\$ 34.75	80349 (Alt code: G0480)	[B]
3775	RFLX CDCO COCA	0090359	R	REFLEX Cocaine Metabolite, Urine, Quantitative	\$ 34.25	80353 (Alt code: G0480)	[B]
3776	RFLX CDCO OPI	0090364	R	REFLEX Opiates, Urine, Quantitative	\$ 30.73	80361/80365 (Alt code: G0480)	[B]
3777	RFLX PCP URINE	2010462	R	REFLEX Phencyclidine (PCP), Urine, Quantitative	\$ 63.75	83992 (Alt code: G0480)	[B]
3778	0092186	0092186		Drug Panel 9, Urine - Screen with Reflex to Confirmation/Quantitation (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 63.85	80307	
3779	RFLX AMPS UR	2010075	R	REFLEX Amphetamines, Urine, Quantitative	\$ 38.13	80325/80359 (Alt code: G0480)	[B]
3780	RFLX BARB UR	2012213	R	REFLEX Barbiturates, Urine, Quantitative	\$ 58.63	80345 (Alt code: G0480)	[B]
3781	RFLX CDCO BENZO	2008291	R	REFLEX Benzodiazepines, Urine, Quantitative	\$ 38.85	80346 (Alt code: G0480)	[B]
3782	RFLX CDCO THC	0090369	R	REFLEX THC Metabolite, Urine, Quantitative	\$ 34.75	80349 (Alt code: G0480)	[B]
3783	RFLX CDCO COCA	0090359	R	REFLEX Cocaine Metabolite, Urine, Quantitative	\$ 34.25	80353 (Alt code: G0480)	[B]
3784	RFLX CDCO METH	0090362	R	REFLEX Methadone and Metabolite, Urine, Quantitative	\$ 43.00	80358 (Alt code: G0480)	[B]
3785	RFLX CDCO OPI	0090364	R	REFLEX Opiates, Urine, Quantitative	\$ 30.73	80361/80365 (Alt code: G0480)	[B]
3786	RFLX PPXY UR	2010468	R	REFLEX Propoxyphene and Metabolite, Urine, Quantitative	\$ 63.75	80367 (Alt code: G0480)	[B]
3787	RFLX PCP URINE	2010462	R	REFLEX Phencyclidine (PCP), Urine, Quantitative	\$ 63.75	83992 (Alt code: G0480)	[B]
3788	0092187	0092187		Drug Panel 9A, Urine - Screen with Reflex to Confirmation/Quantitation (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 63.85	80307	
3789	RFLX CDCO ETOH	2010136	R	REFLEX Alcohol, Urine, Quantitative	\$ 22.40	80320 (Alt code: G0480)	
3790	RFLX AMPS UR	2010075	R	REFLEX Amphetamines, Urine, Quantitative	\$ 38.13	80325/80359 (Alt code: G0480)	[B]
3791	RFLX BARB UR	2012213	R	REFLEX Barbiturates, Urine, Quantitative	\$ 58.63	80345 (Alt code: G0480)	[B]
3792	RFLX CDCO BENZO	2008291	R	REFLEX Benzodiazepines, Urine, Quantitative	\$ 38.85	80346 (Alt code: G0480)	[B]
3793	RFLX CDCO THC	0090369	R	REFLEX THC Metabolite, Urine, Quantitative	\$ 34.75	80349 (Alt code: G0480)	[B]
3794	RFLX CDCO COCA	0090359	R	REFLEX Cocaine Metabolite, Urine, Quantitative	\$ 34.25	80353 (Alt code: G0480)	[B]
3795	RFLX CDCO METH	0090362	R	REFLEX Methadone and Metabolite, Urine, Quantitative	\$ 43.00	80358 (Alt code: G0480)	[B]
3796	RFLX CDCO OPI	0090364	R	REFLEX Opiates, Urine, Quantitative	\$ 30.73	80361/80365 (Alt code: G0480)	[B]
3797	RFLX PPXY UR	2010468	R	REFLEX Propoxyphene and Metabolite, Urine, Quantitative	\$ 63.75	80367 (Alt code: G0480)	[B]
3798	RFLX PCP URINE	2010462	R	REFLEX Phencyclidine (PCP), Urine, Quantitative	\$ 63.75	83992 (Alt code: G0480)	[B]
3799	0090499	0090499		Drug Screen (Nonforensic), Serum	\$ 63.85	80307	[B]
3800	0090500	0090500		Drug Screen (Nonforensic), Urine, Qualitative	\$ 63.85	80307	[B]
3801	0092420	0092420		Drug Screen 9 Panel, Serum or Plasma - Immunoassay Screen with Reflex to Mass Spectrometry Confirmation/Quantitation (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 63.85	80307	[B]
3802	RFLX AMPS SP	2010066	R	REFLEX Amphetamines, Serum or Plasma, Quantitative	\$ 58.63	80324/80359 (Alt code: G0480)	[B]

Line	Test Code	TEST CODE (Billing)	*	Test/Procedure	Fee/Each	Based on the 2019 CPT Code Book and information from our local carrier.	Compliance
3803	RFLX BARBS SP	2012201	R	REFLEX Barbiturates, Serum or Plasma, Quantitative	\$ 66.03	80345 (Alt code: G0480)	[B]
3804	RFLX BENZO SP	2010445	R	REFLEX Benzodiazepines, Serum or Plasma, Quantitative	\$ 68.63	80346 (Alt code: G0480)	[B]
3805	RFLX CANNAB SP	0090676	R	REFLEX THC Metabolite, Serum or Plasma, Quantitative	\$ 58.63	80349 (Alt code: G0480)	[B]
3806	RFLX COC MET SP	0090684	R	REFLEX Cocaine Metabolite, Serum or Plasma, Quantitative	\$ 48.63	80353 (Alt code: G0480)	[B]
3807	RFLX METHADO SP	0090699	R	REFLEX Methadone and Metabolite, Serum or Plasma, Quantitative	\$ 61.13	80358 (Alt code: G0480)	[B]
3808	RFLX OPIS SP	0092354	R	REFLEX Opiates, Serum or Plasma, Quantitative	\$ 58.63	80361/80365 (Alt code: G0480)	[B]
3809	RFLX BUPR SP	2012647	R	REFLEX Buprenorphine and Metabolites, Serum or Plasma, Quantitative	\$ 58.63	80348 (Alt code: G0480)	[B]
3810	RFLX PCP SP	2010460	R	REFLEX Phencyclidine (PCP), Serum or Plasma, Quantitative	\$ 68.63	83992 (Alt code: G0480)	[B]
3811	0090448	0090448		Drugs of Abuse 7 Panel, Urine - Screen Only	\$ 63.85	80307	
3812	0090449	0090449		Drugs of Abuse 7A Panel, Urine - Screen Only	\$ 63.85	80307	
3813	0090453	0090453		Drugs of Abuse 9 Panel, Urine - Screen Only	\$ 63.85	80307	
3814	0090454	0090454		Drugs of Abuse 9A Panel, Urine - Screen Only	\$ 63.85	80307	
3815	0092310	0092310		Drugs of Abuse Confirmation/Quantitation - Amphetamines (Amphetamine and Methamphetamine) - Meconium	\$ 138.75	80324/80359 (Alt code: G0480)	[B]
3816	0092520	0092520		Drugs of Abuse Confirmation/Quantitation - Benzodiazepines - Meconium	\$ 128.75	80346 (Alt code: G0480)	[B]
3817	0092316	0092316		Drugs of Abuse Confirmation/Quantitation - Cannabinoids (Marijuana) - Meconium	\$ 102.13	80349 (Alt code: G0480)	[B]
3818	0092313	0092313		Drugs of Abuse Confirmation/Quantitation - Methadone and Metabolite - Meconium	\$ 98.38	80358 (Alt code: G0480)	[B]
3819	0092314	0092314		Drugs of Abuse Confirmation/Quantitation - Opiates - Meconium	\$ 102.13	80361/80365 (Alt code: G0480)	[B]
3820	0092516	0092516		Drugs of Abuse Panel, Meconium - Screen with Reflex to Confirmation/Quantitation (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 63.85	80307	[B]
3821	RFLX BILLAMPHME	0092219	R	REFLEX AMPHETAMINES CONF CHARGE, MEC	\$ 138.75	80324/80359 (Alt code: G0480)	
3822	RFLX BILLBARBME	0092321	R	REFLEX Meconium, Barbiturates	\$ 135.50	80345 (Alt code: G0480)	
3823	RFLX BILLBENZME	0092564	R	REFLEX BENZODIAZEPINE CONF CHARGE, MEC	\$ 128.75	80346 (Alt code: G0480)	
3824	RFLX BILLCANNME	0092215	R	REFLEX MARIJUANA CONF CHARGE, MEC	\$ 102.13	80349 (Alt code: G0480)	
3825	RFLX BILLCOCAME	0092216	R	REFLEX COCAINE CONF CHARGE, MEC	\$ 98.88	80353 (Alt code: G0480)	
3826	RFLX BILLMETHME	0092322	R	REFLEX Meconium, Methadone & Metabolite	\$ 98.38	80358 (Alt code: G0480)	
3827	RFLX BILLOPIMEC	0092217	R	REFLEX OPIATES CONF CHARGE, MEC	\$ 102.13	80361/80365 (Alt code: G0480)	
3828	RFLX BILLBUPREN	2012418	R	REFLEX Buprenorphine Confirmation, Meconium - Bill	\$ 79.00	80348 (Alt code: G0480)	
3829	RFLX BILLPCPMEC	0092218	R	REFLEX PHENCYCLIDINE CONF CHARGE, MEC	\$ 131.25	83992 (Alt code: G0480)	
3830	0090306	0090306		Drugs of Abuse Screen - Cocaine and Metabolites - Urine	\$ 63.85	80307	
3831	0090302	0090302		Drugs of Abuse Screen - Stimulant Amines - Urine	\$ 63.85	80307	



Line	Test Code	TEST CODE (Billing)	*	Test/Procedure	Fee/Each	Based on the 2019 CPT Code Book and information from our local carrier.	Compliance
3832	0092280	0092280		Drugs of Abuse Test, Alcohol, Urine - Screen with Reflex to Confirmation/Quantitation (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 63.85	80307	
3833	REFLX CDCO ETOH	2010136	R	REFLEX Alcohol, Urine, Quantitative	\$ 22.40	80320 (Alt code: G0480)	
3834	2011235	2011235		Duchenne/Becker Muscular Dystrophy (DMD) Deletion/Duplication	\$ 140.14	81161	[C]
3835	2011241	2011241		Duchenne/Becker Muscular Dystrophy (DMD) Deletion/Duplication with Reflex to Sequencing (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 140.14	81161	[C]
3836	REFLX BILL DMD	2011239	R	REFLEX Duchenne/Becker MD (DMD) Sequence Bill	\$ 1,500.00	81408	
3837	2011231	2011231		Duchenne/Becker Muscular Dystrophy (DMD) Deletion/Duplication, Fetal	\$ 374.26	81161/81265	[C]
3838	2011153	2011153		Duchenne/Becker Muscular Dystrophy (DMD) Sequencing	\$ 1,500.00	81408	[C]
3839	2006473	2006473	*	Duloxetine Quantitative, Serum or Plasma	\$ 200.00	80332 (Alt code: G0480)	
3840	0051463	0051463		Dysautonomia, Familial (IKBKAP), 2 Variants	\$ 75.12	81260	[C]
3841	2007941	2007941		E Antigen Typing - Patient	\$ 3.35	86905	
3842	0060047	0060047		E. coli Shiga-like Toxin by EIA	\$ 8.82	87427	
3843	0060361	0060361		Ear Culture and Gram Stain (Micro billing tasks will be ordered as needed, see below for possible charges and CPT codes)	\$ 7.51	87070	
3844	TASK AST M	0060790		BILL TASK Susceptibility - Automated broth dilution (Billed)	\$ 7.57	87186	
3845	TASK CF PSE	TASK CF PSE		BILL TASK Bacterial Identification - Cystic Pseudomonas (Billed)	\$ 7.08	87077	
3846	TASK PSE	TASK PSE		BILL TASK Bacterial Identification - Pseudomonas (Billed)	\$ 7.08	87077	
3847	TASK BID	0060457		BILL TASK Bacterial Identification (Billed)	\$ 7.08	87077	
3848	TASK PID	TASK PID		BILL TASK Bacterial Identification - Gram positive (Phoenix) (Billed)	\$ 7.08	87077	
3849	TASK NID	TASK NID		BILL TASK Bacterial Identification - Gram negative (Phoenix) (Billed)	\$ 7.08	87077	
3850	TASK BAC	TASK BAC		BILL TASK Bacterial Identification - Bacillus (Billed)	\$ 7.08	87077	
3851	TASK NMIC/ID 304	2013217		BILL TASK Gram Negative ID & MIC Panel (Phoenix)	\$ 7.08	87077	
3852	TASK GS	0060011		BILL TASK Gram Stain	\$ 3.46	87205	
3853	TASK DD	0060418		BILL TASK Susceptibility - Disk diffusion (Billed)	\$ 4.23	87184	
3854	TASK BLAC M	0060401		BILL TASK Susceptibility - Beta-Lactamase (Billed)	\$ 1.21	87185	
3855	TASK MIC	0060408		BILL TASK Susceptibility - Broth dilution panel (Billed)	\$ 7.57	87186	
3856	TASK .PF	0062151		BILL TASK Processing fee (Billed)	\$ 35.00	87015	
3857	TASK PBP	2008641		BILL TASK Susceptibility - Penicillin Binding Protein 2a (Billed)	\$ 3.91	87147	
3858	TASK SA	2011971		BILL TASK Staphylococcus species Latex Agglutination (BILLED)	\$ 3.91	87147	
3859	TASK StrpA	2011972		BILL TASK Streptococcus Group A Latex Agglutination (BILLED)	\$ 3.91	87147	
3860	TASK StrpB	2011973		BILL TASK Streptococcus Group B Latex Agglutination (BILLED)	\$ 3.91	87147	
3861	TASK StrpC	2011974		BILL TASK Streptococcus Group C Latex Agglutination (BILLED)	\$ 3.91	87147	
3862	TASK StrpG	2011975		BILL TASK Streptococcus Group G Latex Agglutination (BILLED)	\$ 3.91	87147	
3863	TASK NF PBP	2014492		BILL TASK PBP2A Normal Flora use(Billed)	\$ 3.91	87147	
3864	TASK MECA/C	3000097		BILL TASK Susceptibility - mecA/mecC Gene Detection by PCR (Billed)	\$ 30.88	87641	
3865	2003869	2003869		E-Cadherin by Immunohistochemistry	\$ 73.50	88342TC	
3866	2007220	2007220		Echinococcus Antibody, IgG	\$ 13.88	86682	



Line	Test Code	TEST CODE (Billing)	*	Test/Procedure	Fee/Each	Based on the 2019 CPT Code Book and information from our local carrier.	Compliance
3867	0060053	0060053		Echovirus Antibodies	\$ 70.90	86658 x5	
3868	3001310	3001310		EGFR Gene Amplification by FISH	\$ 480.00	88377	[A]
3869	2002440	2002440		EGFR Mutation Detection by Pyrosequencing	\$ 304.92	88381/81235	[B]
3870	2012868	2012868		EGFR T790M Mutation Detection in Circulating Tumor DNA by Digital Droplet PCR	\$ 180.00	81235	
3871	2005559	2005559		Ehlers-Danlos Syndrome Kyphoscoliotic Form, Type VI (PLOD1) Sequencing and Deletion/Duplication	\$ 1,812.50	81479	[C]
3872	0080351	0080351		Ehlers-Danlos Syndrome Type VI Screen	\$ 20.20	82523	[B]
3873	2007862	2007862		Ehrlichia and Anaplasma Species by PCR	\$ 30.15	87798	[B]
3874	0051002	0051002		Ehrlichia chaffeensis Antibodies, IgG & IgM by IFA	\$ 22.16	86666 x2	[B]
3876	0051004	0051004		Ehrlichia chaffeensis Antibody, IgG by IFA	\$ 11.08	86666	[B]
3877	0051003	0051003		Ehrlichia chaffeensis Antibody, IgM by IFA	\$ 11.08	86666	[B]
3878	2010696	2010696		EIF2AK4-Associated Disorders (EIF2AK4) Sequencing	\$ 1,167.50	81479	[C]
3879	0020699	0020699		Electrolyte and Osmolality Profile, Fecal	\$ 47.37	84999 x2/84302/83735	
3883	0020410	0020410		Electrolyte Panel	\$ 6.24	80051	
3884	0060185	0060185		Electrolytes, Fecal	\$ 23.97	84999/84302/82438	
3887	0020498	0020498		Electrolytes, Urine	\$ 12.66	82436/84133/84300	
3890	0013010	0013010		Elution & Antibody Identification, RBC	\$ 36.35	86860/86870	
3892	2008916	2008916		Encephalitis Panel with Reflex to Herpes Simplex Virus Types 1 and 2 Glycoprotein G-Specific Antibodies, IgG, CSF (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 123.66	86765 x2/86735 x2/86787 x2/86789/86788/86694 x2	[B]
3902	RFLX HERP/CSF	0050379	R	REFLEX Herpes Simplex Virus Type 1 Glycoprotein G-Specific Antibody, IgG by ELISA (Herpeselect(R)), CSF	\$ 11.80	86695	[E]
3903	RFLX HERP/CSF	0050359	R	REFLEX Herpes Simplex Virus Type 2 Glycoprotein G-Specific Antibody, IgG by ELISA, CSF	\$ 17.20	86696	[B]
3904	2008915	2008915		Encephalitis Panel with Reflex to Herpes Simplex Virus Types 1 and 2 Glycoprotein G-Specific Antibodies, IgG, Serum (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 123.66	86765 x2/86735 x2/86787 x2/86789/86788/86694 x2	
3914	RFLX HERP I	0050292	R	REFLEX Herpes Simplex Virus Type 1 Glycoprotein G-Specific Antibody, IgG by CIA	\$ 11.80	86695	
3915	RFLX HERP II	0050294	R	REFLEX Herpes Simplex Virus Type 2 Glycoprotein G-Specific Antibody, IgG by CIA	\$ 17.20	86696	
3916	0050736	0050736		Endomysial Antibody, IgA by IFA	\$ 10.39	86256	
3917	2005501	2005501		Endomysial Antibody, IgG	\$ 10.39	86256	[D]
3918	2008110	2008110		Endotoxin Detection by Limulus Amebocyte Recombinant Factor C	\$ 127.00	NA	
3919	0050070	0050070		Entamoeba histolytica (amebiasis), Antibody, IgG	\$ 13.49	86753	
3920	0058001	0058001		Entamoeba histolytica Antigen, EIA	\$ 10.10	87337	
3921	2005730	2005730		Enterovirus and Parechovirus Detection by PCR	\$ 68.36	87498/87798	[A]
3923	2014108	2014108		Enterovirus Antibodies Panel	\$ 198.52	86658 x14	
3924	0050249	0050249		Enterovirus by PCR	\$ 38.21	87498	[A]
3925	0065058	0065058		Enterovirus Typing	\$ 37.29	87252/87253	
3926	3000537	3000537		Eosinophil Cationic Protein (ECP)	\$ 10.24	83520	[B]
3927	2010921	2010921	*	Eosinophil Granule Major Basic Protein, Tissue	\$ 314.30	88305/88342	
3928	2002378	2002378		Eosinophilia Panel by FISH	\$ 720.00	88271 x4/88275 x4/88291	[A]

Line	Test Code	TEST CODE (Billing)	*	Test/Procedure	Fee/Each	Based on the 2019 CPT Code Book and information from our local carrier.	Compliance
3929	0040190	0040190		Eosinophils, Nasal	\$ 5.17	89190	
3930	0040192	0040192		Eosinophils, Sputum	\$ 9.35	89240	
3931	2013906	2013906		Epi proColon	\$ 83.67	81327	
3932	2010902	2010902	*	Epidermal Transglutaminase (eG/ITG3) Antibody, IgA by ELISA	\$ 92.88	83516	
3933	0092056	0092056	*	Epithelial Basement Membrane Zone Antibody IgG	\$ 282.00	88346/88350	
3934	0092057	0092057	*	Epithelial Basement Membrane Zone IgA Antibodies	\$ 282.00	88346/88350	
3935	0090266	0090266	*	Epithelial Cell Surface Antibody IgG	\$ 282.00	88346/88350	
3936	2003872	2003872		Epithelial Membrane Antigen (EMA) by Immunohistochemistry	\$ 73.50	88342TC	
3937	0090299	0090299	*	Epithelial Skin Antibody	\$ 523.40	88346/88350 x5	
3938	2003875	2003875		Epithelial-Related Antigen, MOC-31 by Immunohistochemistry	\$ 73.50	88342TC	
3939	2007914	2007914		EPOR Mutation Detection by Sequencing	\$ 372.25	81479	[B]
3940	2002902	2002902		Epstein-Barr Virus (EBV) By in situ Hybridization, Paraffin	\$ 216.75	88365	[A]
3941	2013592	2013592		Epstein-Barr Virus (EBV) by In Situ Hybridization, Stain Only	\$ 195.00	88365TC	[A]
3942	0050600	0050600		Epstein-Barr Virus Antibody Panel I	\$ 59.59	86665 x2/86664/86663	
3946	0050602	0050602		Epstein-Barr Virus Antibody Panel II	\$ 31.64	86665 x2	
3948	0050225	0050225		Epstein-Barr Virus Antibody to Early D Antigen (EA-D), IgG	\$ 14.29	86663	
3949	0050245	0050245		Epstein-Barr Virus Antibody to Nuclear Antigen, IgG	\$ 13.66	86664	
3950	0051626	0051626		Epstein-Barr Virus Antibody to Viral Capsid Antigen, IgA	\$ 15.82	86665	[D]
3951	0050235	0050235		Epstein-Barr Virus Antibody to Viral Capsid Antigen, IgG	\$ 15.82	86665	
3952	0051627	0051627		Epstein-Barr Virus Antibody to Viral Capsid Antigen, IgG and IgA	\$ 31.64	86665 x2	[D]
3954	0050240	0050240		Epstein-Barr Virus Antibody to Viral Capsid Antigen, IgM	\$ 15.82	86665	
3955	0050246	0050246		Epstein-Barr Virus by PCR	\$ 30.15	87798	[A]
3956	0051352	0051352		Epstein-Barr Virus, Quantitative PCR	\$ 39.11	87799	[A]
3957	2007332	2007332		ERBB2 (HER2) (HercepTest) by Immunohistochemistry	\$ 73.50	88360TC	
3958	0049178	0049178		ERBB2 (HER2/neu) (HercepTest) by Immunohistochemistry, Tissue with Reflex to FISH if 2+ (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 147.00	88360	
3959	RFLX ERBB2 FISH	2008603	R	REFLEX ERBB2 (HER2/neu) Gene Amplification by FISH with Reflex, Tissue	\$ 413.50	88377	[A]
3960	0049174	0049174		ERBB2 (HER2/neu) (HercepTest) with Interpretation by Immunohistochemistry, Tissue	\$ 147.00	88360	
3961	2008603	2008603		ERBB2 (HER2/neu) Gene Amplification by FISH with Reflex, Tissue (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 413.50	88377	[A]
3962	RFLX HERCEPIP	0049174	R	REFLEX ERBB2 (HER2/neu) (HercepTest) with Interpretation by Immunohistochemistry, Tissue	\$ 147.00	88360	
3963	RFLX BILL RAI1	3001127	R	REFLEX HER2 RAI1 REFLEX FISH BILL	\$ 395.00	88377	
3964	2012555	2012555		ERG by Immunohistochemistry	\$ 73.50	88342TC	
3965	0020610	0020610		Erythrocyte Porphyrin (EP), Whole Blood	\$ 15.62	84202	
3966	0050227	0050227		Erythropoietin	\$ 20.46	82668	
3967	0092382	0092382	*	Escitalopram Quantitative, Serum or Plasma	\$ 149.00	80332 (Alt code: G0480)	
3968	0049050	0049050		Esterase Stain, Nonspecific	\$ 81.75	88319	
3969	0070045	0070045		Estradiol, Adult Premenopausal Female, Serum or Plasma	\$ 24.71	82670	

Line	Test Code	TEST CODE (Billing)	*	Test/Procedure	Fee/Each	Based on the 2019 CPT Code Book and information from our local carrier.	Compliance
3970	0093247	0093247		Estradiol, Males, Children or Postmenopausal Females by Tandem Mass Spectrometry	\$ 24.71	82670	[B]
3971	0070051	0070051		Estriol, Serum	\$ 26.33	82677	
3972	2004516	2004516		Estrogen Receptor (ER) by Immunohistochemistry	\$ 73.50	88360TC	
3973	0049210	0049210		Estrogen/Progesterone Receptor with Interpretation by Immunohistochemistry	\$ 180.00	88360 x2	[A]
3975	0093248	0093248		Estrogens, Fractionated by Tandem Mass Spectrometry	\$ 35.17	82671	[B]
3976	0093249	0093249		Estrone, by Tandem Mass Spectrometry	\$ 27.17	82679	[B]
3977	0091319	0091319	*	Ethambutol Quantitative, Serum or Plasma	\$ 250.00	80375 (Alt code: G0480)	
3978	0090120	0090120		Ethanol, Serum or Plasma - Medical	\$ 18.70	80320 (Alt code: G0480)	
3979	0090518	0090518		Ethanol, Urine, Qualitative - Medical	\$ 63.85	80307	
3980	2010358	2010358		Ethosuximide, Serum or Plasma	\$ 17.79	80168	
3981	2007909	2007909		Ethyl Glucuronide and Ethyl Sulfate Confirmation, Urine	\$ 39.73	80321 (Alt code: G0480)	[B]
3982	2012695	2012695		Ethyl Glucuronide Screen Only, Urine	\$ 63.85	80307	[B]
3983	2007912	2007912		Ethyl Glucuronide Screen with Reflex to Confirmation, Urine (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 63.85	80307	[B]
3984	RFLX CDCO ETG/S	2007909	R	REFLEX Ethyl Glucuronide and Ethyl Sulfate Confirmation, Urine	\$ 39.73	80321 (Alt code: G0480)	[B]
3985	3000443	3000443		Ethyl Glucuronide, Umbilical Cord Tissue, Qualitative	\$ 60.00	80321 (Alt code: G0480)	[B]
3986	0090110	0090110		Ethylene Glycol	\$ 16.22	82693	[B]
3987	0092118	0092118		Everolimus by Tandem Mass Spectrometry	\$ 14.95	80169	[B]
3988	2004055	2004055		Ewing Sarcoma (O13) by Immunohistochemistry	\$ 73.50	88342TC	
3989	3001305	3001305		EWSR1 (22q12) Gene Rearrangement by FISH	\$ 410.00	88366	[A]
3990	2006336	2006336		Exome Sequencing, Proband	\$ 3,000.00	81415	[C]
3991	2006332	2006332		Exome Sequencing, Trio	\$ 6,600.00	81415/81416 x2	[C]
3992	2014680	2014680	*	Expanded Carrier Screen by Next Generation Sequencing	\$ 619.00	81479	
3993	2014677	2014677	*	Expanded Carrier Screen by Next Generation Sequencing with Fragile X	\$ 619.00	81479	
3994	2014674	2014674	*	Expanded Carrier Screen, Genotyping	\$ 469.00	81479	
3995	2014671	2014671	*	Expanded Carrier Screen, Genotyping with Fragile X	\$ 469.00	81479	
3996	2008803	2008803		Expanded Hearing Loss Panel, Sequencing and Deletion/Duplication	\$ 2,565.00	81430	[C]
3997	2013694	2013694		Expiify Respiratory Pathogens by Next Generation Sequencing	\$ 2,200.00	87999	[B]
3998	0050652	0050652		Extractable Nuclear Antigen Antibodies (RNP, Smith, SSA 52, SSA 60, and SSB)	\$ 72.95	86235 x5	
4002	0050791	0050791		Extractable Nuclear Antigen Antibodies (SSA 52, SSA 60, and SSB)	\$ 43.77	86235 x3	
4004	0060142	0060142		Eye Culture and Gram Stain (Micro billing tasks will be ordered as needed, see below for possible charges and CPT codes)	\$ 7.51	87070	
4005	TASK GS	0060011		BILL TASK Gram Stain	\$ 3.46	87205	
4006	TASK AST M	0060790		BILL TASK Susceptibility - Automated broth dilution (Billed)	\$ 7.57	87186	
4007	TASK CF PSE	TASK CF PSE		BILL TASK Bacterial Identification - Cystic Pseudomonas (Billed)	\$ 7.08	87077	
4008	TASK PSE	TASK PSE		BILL TASK Bacterial Identification - Pseudomonas (Billed)	\$ 7.08	87077	
4009	TASK BID	0060457		BILL TASK Bacterial Identification (Billed)	\$ 7.08	87077	
4010	TASK PID	TASK PID		BILL TASK Bacterial Identification - Gram positive (Phoenix) (Billed)	\$ 7.08	87077	
4011	TASK NID	TASK NID		BILL TASK Bacterial Identification - Gram negative (Phoenix) (Billed)	\$ 7.08	87077	

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4012	TASK BAC	TASK BAC		BILL TASK Bacterial Identification - Bacillus (Billed)	\$ 7.08	87077	
4013	TASK NMIC/ID 304	2013217		BILL TASK Gram Negative ID & MIC Panel (Phoenix)	\$ 7.08	87077	
4014	TASK BLAC M	0060401		BILL TASK Susceptibility - Beta-Lactamase (Billed)	\$ 1.21	87185	
4015	TASK MIC	0060408		BILL TASK Susceptibility - Broth dilution panel (Billed)	\$ 7.57	87186	
4016	TASK DD	0060418		BILL TASK Susceptibility - Disk diffusion (Billed)	\$ 4.23	87184	
4017	TASK BACSEQ	0060719		BILL TASK DNA Sequencing - Bacterial identification (Billed)	\$ 125.58	87153	
4018	TASK PF	0062151		BILL TASK Processing fee (Billed)	\$ 35.00	87015	
4019	TASK PBP	2008641		BILL TASK Susceptibility - Penicillin Binding Protein 2a (Billed)	\$ 3.91	87147	
4020	TASK SA	2011971		BILL TASK Staphylococcus species Latex Agglutination (BILLED)	\$ 3.91	87147	
4021	TASK StrpA	2011972		BILL TASK Streptococcus Group A Latex Agglutination (BILLED)	\$ 3.91	87147	
4022	TASK StrpB	2011973		BILL TASK Streptococcus Group B Latex Agglutination (BILLED)	\$ 3.91	87147	
4023	TASK StrpC	2011974		BILL TASK Streptococcus Group C Latex Agglutination (BILLED)	\$ 3.91	87147	
4024	TASK StrpG	2011975		BILL TASK Streptococcus Group G Latex Agglutination (BILLED)	\$ 3.91	87147	
4025	TASK NF PBP	2014492		BILL TASK PBP2A Normal Flora use(Billed)	\$ 3.91	87147	
4026	TASK MECA/C	3000097		BILL TASK Susceptibility - mecA/mecC Gene Detection by PCR (Billed)	\$ 30.88	87641	
4027	0051724	0051724		F-Actin (Smooth Muscle) Antibody, IgA	\$ 8.60	83516	
4028	0051174	0051174		F-Actin (Smooth Muscle) Antibody, IgG with Reflex to Smooth Muscle Antibody, IgG Titer (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 8.60	83516	
4029	RFLX *ASM TITER	0051244	R	REFLEX Smooth Muscle Antibody, IgG Titer	\$ 10.39	86256	
4030	2007209	2007209		F-Actin and Mitochondrial M2 Antibodies, IgG by ELISA with Reflex to Smooth Muscle Antibody (SMA), IgG by IFA (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 17.20	83516 x2	
4032	RFLX *ASM TITER	0051244	R	REFLEX Smooth Muscle Antibody, IgG Titer	\$ 10.39	86256	
4033	0030007	0030007		Factor II, Activity (Prothrombin)	\$ 14.14	85210	
4034	0030032	0030032		Factor IX Activity with Reflex to Bethesda Quantitative, Factor IX (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 20.73	85250	
4035	RFLX BILLBETHF9	0030037	R	REFLEX Beth F9 Bill	\$ 14.02	85335	
4036	0030100	0030100		Factor IX, Activity	\$ 20.73	85250	
4037	0097720	0097720		Factor V Leiden (F5) R506Q Mutation	\$ 75.44	81241	[C]
4038	0030075	0030075		Factor V, Activity	\$ 19.21	85220	
4039	2014248	2014248	*	Factor V, R2 Mutation Detection by PCR	\$ 405.00	81400	
4040	0030080	0030080		Factor VII, Activity	\$ 19.50	85230	
4041	0030026	0030026		Factor VIII Activity with Reflex to Bethesda Quantitative, Factor VIII (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 15.86	85240	
4042	RFLX BILLBETHF8	0030034	R	REFLEX Beth F8 Bill	\$ 14.02	85335	
4043	0030095	0030095		Factor VIII, Activity	\$ 15.86	85240	
4044	0030105	0030105		Factor X, Activity	\$ 19.50	85260	
4045	0030110	0030110		Factor XI, Activity	\$ 19.50	85270	

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4046	0030115	0030115		Factor XII, Activity	\$ 21.06	85280	
4047	2003220	2003220		Factor XIII (F13A1) V34L Variant	\$ 63.96	81400	[C]
4048	2006182	2006182		Factor XIII Activity	\$ 17.79	85290	[D]
4049	2002819	2002819		Factor XIII, Qualitative, with Reflex to Factor XIII 1:1 Mix (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 9.69	85291	
4050	RFLX BILLF13MIX	2002911	R	REFLEX Factor XIII 1:1 Mix bill	\$ 9.69	85291	
4051	2003878	2003878		Factor XIIIa by Immunohistochemistry	\$ 73.50	88342TC	
4052	2004863	2004863		Familial Adenomatous Polyposis (APC) Sequencing	\$ 599.94	81201	[C]
4053	2004915	2004915		Familial Adenomatous Polyposis Panel: (APC) Sequencing and Deletion/Duplication, (MUTYH) 2 Mutations	\$ 1,192.98	81201/81203/81401	[C]
4054	2002658	2002658		Familial Mediterranean Fever (MEFV) Sequencing	\$ 274.83	81404	[C]
4055	2001961	2001961		Familial Mutation, Targeted Sequencing (Reflex components billed separately, see below for additional charges and CPT codes)	Variable	Variable	[C]
4056	RFLX BILL 81202	2008387	R	REFLEX APC Targeted Sequencing Bill	\$ 75.15	81202	
4057	RFLX BILL 81215	2012725	R	REFLEX BRCA1 Targeted Sequencing Bill	\$ 74.41	81215	
4058	RFLX BILL 81217	2012723	R	REFLEX BRCA2 Targeted Sequencing Bill	\$ 74.41	81217	
4059	RFLX BILL 81221	2008158	R	REFLEX CFTR Targeted Sequencing Bill	\$ 97.22	81221	
4060	RFLX BILL 81253	2008389	R	REFLEX GJB2 Targeted Sequencing Bill	\$ 61.52	81253	
4061	RFLX BILL 81293	2008159	R	REFLEX MLH1 Targeted Sequencing Bill	\$ 75.12	81293	
4062	RFLX BILL 81296	2008160	R	REFLEX MSH2 Targeted Sequencing Bill	\$ 75.15	81296	
4063	RFLX BILL 81299	2008157	R	REFLEX MSH6 Targeted Sequencing Bill	\$ 75.15	81299	
4064	RFLX BILL 81303	2008162	R	REFLEX MECP2 Targeted Sequencing Bill	\$ 120.00	81303	
4065	RFLX BILL 81318	2008161	R	REFLEX PMS2 Targeted Sequencing Bill	\$ 75.15	81318	
4066	RFLX BILL 81322	2008392	R	REFLEX PTEN Targeted Sequencing Bill	\$ 46.60	81322	
4067	RFLX BILL 81402	2013153	R	REFLEX Targeted Sequencing Bill 81402	\$ 150.33	81402	
4068	RFLX BILL 81401	2013151	R	REFLEX Targeted Sequencing Bill 81401	\$ 137.00	81401	
4069	RFLX BILL 81403	2008163	R	REFLEX Targeted Sequencing Bill 81403	\$ 185.20	81403	
4070	RFLX BILL 81258	3000317	R	REFLEX HBA1/HBA2 Targeted Sequencing Bill	\$ 375.25	81258	
4071	RFLX BILL 81362	3000318	R	REFLEX HBB Targeted Sequencing Bill	\$ 375.25	81362	
4072	RFLX BILL 81248	3000316	R	REFLEX G6PD Targeted Sequencing Bill	\$ 375.25	81248	

Line	Test Code	TEST CODE (Billing)	*	Test/Procedure	Fee/Each	Based on the 2019 CPT Code Book and information from our local carrier.	Compliance
4073	2001980	2001980		Familial Mutation, Targeted Sequencing, Fetal (Charge is for fetal contamination only.) (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 234.12	81265	[C]
4074	RFLX BILL 81202	2008387	R	REFLEX APC Targeted Sequencing Bill	\$ 75.15	81202	
4075	RFLX BILL 81215	2012725	R	REFLEX BRCA1 Targeted Sequencing Bill	\$ 74.41	81215	
4076	RFLX BILL 81217	2012723	R	REFLEX BRCA2 Targeted Sequencing Bill	\$ 74.41	81217	
4077	RFLX BILL 81221	2008158	R	REFLEX CFTR Targeted Sequencing Bill	\$ 97.22	81221	
4078	RFLX BILL 81253	2008389	R	REFLEX GJB2 Targeted Sequencing Bill	\$ 61.52	81253	
4079	RFLX BILL 81293	2008159	R	REFLEX MLH1 Targeted Sequencing Bill	\$ 75.12	81293	
4080	RFLX BILL 81296	2008160	R	REFLEX MSH2 Targeted Sequencing Bill	\$ 75.15	81296	
4081	RFLX BILL 81299	2008157	R	REFLEX MSH6 Targeted Sequencing Bill	\$ 75.15	81299	
4082	RFLX BILL 81303	2008162	R	REFLEX MECP2 Targeted Sequencing Bill	\$ 120.00	81303	
4083	RFLX BILL 81318	2008161	R	REFLEX PMS2 Targeted Sequencing Bill	\$ 75.15	81318	
4084	RFLX BILL 81322	2008392	R	REFLEX PTEN Targeted Sequencing Bill	\$ 46.60	81322	
4085	RFLX BILL 81402	2013153	R	REFLEX Targeted Sequencing Bill 81402	\$ 150.33	81402	
4086	RFLX BILL 81401	2013151	R	REFLEX Targeted Sequencing Bill 81401	\$ 137.00	81401	
4087	RFLX BILL 81403	2008163	R	REFLEX Targeted Sequencing Bill 81403	\$ 185.20	81403	
4088	RFLX BILL 81258	3000317	R	REFLEX HBA1/HBA2 Targeted Sequencing Bill	\$ 375.25	81258	
4089	RFLX BILL 81362	3000318	R	REFLEX HBB Targeted Sequencing Bill	\$ 375.25	81362	
4090	RFLX BILL 81248	3000316	R	REFLEX G6PD Targeted Sequencing Bill	\$ 375.25	81248	
4091	2014035	2014035		Familial Transferrin Amyloidosis (TTR) Sequencing	\$ 274.83	81404	[C]
4092	0051468	0051468		Fanconi Anemia, Group C (FANCC), 2 Variants	\$ 36.62	81242	[C]
4093	0060315	0060315		Fat, Body Fluid	\$ 4.70	89125	
4094	0020385	0020385		Fat, Fecal Qualitative	\$ 5.54	82705	
4095	2002354	2002354		Fat, Fecal Quantitative 24-Hour Collection (Includes Homogenization)	\$ 18.30	82710	[B]
4096	2002355	2002355		Fat, Fecal Quantitative 48-Hour Collection (Includes Homogenization)	\$ 18.30	82710	[B]
4097	2002356	2002356		Fat, Fecal Quantitative 72-Hour Collection (Includes Homogenization)	\$ 18.30	82710	[B]
4098	2002350	2002350		Fat, Fecal Quantitative, Homogenized Aliquot	\$ 18.30	82710	[B]
4099	0020240	0020240		Fat, Urine Qualitative	\$ 4.70	89125	
4100	2013518	2013518		Fatty Acids Profile, Essential Serum or Plasma	\$ 15.35	82542	[B]

Line	Test Code	TEST CODE (Billing)	*	Test/Procedure	Fee/Each	Based on the 2019 CPT Code Book and information from our local carrier.	Compliance
4101	0080120	0080120		Fatty Acids, Free	\$ 14.50	82725	
4102	2010805	2010805		Febrile Antibodies Identification Panel	\$ 165.69	86622/86757 x4/86768 x5	
4103	0094030	0094030		Feibamate	\$ 19.35	80339 (Alt code: G0480)	
4104	2012284	2012284		Fentanyl, Urine Screen with Reflex to Quantitation (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 63.85	80307	[B]
4105	RFLX GDCO FENU	0092570	R	REFLEX Fentanyl and Metabolite, Urine, Quantitative	\$ 65.00	80354 (Alt code: G0480)	[B]
4106	2011776	2011776		Fentanyl and Metabolite, Serum or Plasma, Quantitative	\$ 68.75	80354 (Alt code: G0480)	[B]
4107	0092570	0092570		Fentanyl and Metabolite, Urine, Quantitative	\$ 65.00	80354 (Alt code: G0480)	[B]
4108	0070065	0070065		Ferritin	\$ 12.07	82728	
4109	0082024	0082024		Fetal Fibronectin	\$ 56.19	82731	
4110	2001743	2001743		Fetal Hemoglobin Determination for Fetomaternal Hemorrhage	\$ 29.15	86356	[B]
4111	2012173	2012173		Fibrinogen (U3 RNP) Antibody, IgG	\$ 14.59	86235	[D]
4112	2006491	2006491		Fibrin/Fibrinogen Degradation Split Products, Plasma	\$ 5.91	85362	
4113	0030130	0030130		Fibrinogen	\$ 7.63	85384	
4114	0030135	0030135		Fibrinogen Antigen	\$ 9.25	85385	
4115	0030137	0030137		Fibrinogen Panel	\$ 16.88	85384/85385	
4117	2011017	2011017	*	Fibroblast Growth Factor 23, Plasma	\$ 223.20	83520	
4118	2014093	2014093	*	Filaria Antibody IgG4 by ELISA, Serum	\$ 82.60	86682	
4119	3000550	3000550		FISH Bilig FUS	\$ 472.00	88366	
4120	0090003	0090003		Flecainide	\$ 12.59	80299	[B]
4121	3001161	3001161		FLT3 ITD and TKD Mutation Detection	\$ 248.51	81245/81246	[B]
4122	0097621	0097621		Fluconazole, Quantitative by LC-MS/MS	\$ 12.59	80299	[B]
4123	0091116	0091116	*	Flunitrazepam and Metabolites, Serum or Plasma, Screen with Reflex to Confirmation/Quantitation (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 155.00	80307	
4124	RFLX °C FLUNIT	0091594	*R	REFLEX Flunitrazepam and Metabolite Confirmation/Quantitation, Serum or Plasma	\$ 187.00	80346 (Alt code: G0480)	
4125	3000183	3000183	*	Flunitrazepam and Metabolites, Urine Screen with Reflex to Confirmation/Quantitation (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 155.00	80307	
4126	RFLX °C FLUNI U	3000187	*R	REFLEX Flunitrazepam and Metabolite Confirmation/Quantitation, Urine	\$ 187.00	80346 (Alt code: G0480)	
4127	0091341	0091341	*	Fluoride Quantitative, Serum or Plasma	\$ 108.00	82735	
4128	2008476	2008476		Fluoroquinolone-Resistant Organism, Culture (Micro billing tasks will be ordered as needed, see below for possible charges and CPT codes)	\$ 5.68	87081; Identification CPT codes may vary based on method	
4129	TASK CF PSE	TASK CF PSE		BILL TASK Bacterial Identification - Cystic Pseudomonas (Billed)	\$ 7.08	87077	
4130	TASK PSE	TASK PSE		BILL TASK Bacterial Identification - Pseudomonas (Billed)	\$ 7.08	87077	
4131	TASK BID	0060457		BILL TASK Bacterial Identification (Billed)	\$ 7.08	87077	
4132	TASK PID	TASK PID		BILL TASK Bacterial Identification - Gram positive (Phoenix) (Billed)	\$ 7.08	87077	
4133	TASK NID	TASK NID		BILL TASK Bacterial Identification - Gram negative (Phoenix) (Billed)	\$ 7.08	87077	
4134	TASK BAC	TASK BAC		BILL TASK Bacterial Identification - Bacillus (Billed)	\$ 7.08	87077	
4135	TASK NIMIC/ID 304	2013217		BILL TASK Gram Negative ID & MIC Panel (Phoenix)	\$ 7.08	87077	



Line	Test Code	TEST CODE (Billing)	*	Test/Procedure	Fee/Each	Based on the 2019 CPT Code Book and information from our local carrier.	Compliance
4136	TASK MALDI	2005162		BILL TASK Bacterial ID by MALDI-TOF MS (billed)	\$ 7.08	87077	
4137	TASK DD	0060418		BILL TASK Susceptibility - Disk diffusion (Billed)	\$ 4.23	87184	
4138	TASK AST M	0060790		BILL TASK Susceptibility - Automated broth dilution (Billed)	\$ 7.57	87186	
4139	2014180	2014180	*	Fluoxetine and Metabolite Quantitative, Serum or Plasma	\$ 90.00	80332 (Alt code: G0480)	
4140	0099906	0099906		Fluphenazine	\$ 25.78	80342 (Alt code: G0480)	
4141	0091234	0091234	*	Fluvoxamine Quantitative, Serum or Plasma	\$ 110.00	80332 (Alt code: G0480)	
4142	0070385	0070385		Folate, RBC	\$ 11.49	82747	
4143	0070070	0070070		Folate, Serum	\$ 13.25	82746	
4144	2010166	2010166	*	Follicle Stimulating Hormone (FSH) by Immunohistochemistry	\$ 83.00	883427C	
4145	0070055	0070055		Follicle Stimulating Hormone, Serum	\$ 16.41	83001	
4146	3001297	3001297		FOXO1 (FKHR) (13q14) Gene Rearrangement by FISH	\$ 400.00	88366	[A]
4147	2009033	2009033		Fragile X (FMR1) with Reflex to Methylation Analysis (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 48.41	81243	[C]
4148	RFLX BILL MPCR	2009031	R	REFLEX Fragile X Methylation Analysis Status by mPCR Bill	\$ 80.07	81244	
4149	2009034	2009034		Fragile X (FMR1) with Reflex to Methylation Analysis, Fetal (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 282.53	81243/81265	[C]
4150	RFLX BILL MPCR	2009031	R	REFLEX Fragile X Methylation Analysis Status by mPCR Bill	\$ 80.07	81244	
4151	2005350	2005350		Francisella tularensis Antibodies, IgG and IgM	\$ 22.66	86668 x2	[D]
4153	2005353	2005353		Francisella tularensis Antibody, IgG	\$ 11.33	86668	[D]
4154	2005354	2005354		Francisella tularensis Antibody, IgM	\$ 11.33	86668	[D]
4155	2006160	2006160		Free Estradiol by ED/LC-MS/MS	\$ 24.71	82670	[B]
4156	2002662	2002662		Freeman-Sheldon Syndrome (MYH3) Sequencing Exon 17	\$ 370.00	81479	[C]
4157	0099012	0099012		Fructosamine	\$ 16.41	82985	
4158	0080112	0080112		Fructose, Semen	\$ 21.40	82757	
4159	0060163	0060163		Fungal (Mold/Yeast) Identification (Micro billing tasks will be ordered as needed, see below for possible charges and CPT codes)	Variable	Variable	
4160	TASK MID	0062149		BILL TASK Mould Identification (Billed)	\$ 11.24	87107	
4161	TASK YSTSEQ	0060757		BILL TASK DNA Sequencing - Fungal Identification (Billed)	\$ 125.58	87153	
4162	TASK YID	0062148		BILL TASK Yeast Identification (Billed)	\$ 8.12	87106	
4163	TASK BP	TASK BP		BILL TASK DNA Probe - Blastomyces dermatitidis (Billed)	\$ 16.24	87149	
4164	TASK CP	TASK CP		BILL TASK DNA Probe - Coccidioides immitis (Billed)	\$ 16.24	87149	
4165	TASK HP	TASK HP		BILL TASK DNA Probe - Histoplasma capsulatum (Billed)	\$ 16.24	87149	
4166	TASK .PF	0062151		BILL TASK Processing fee (Billed)	\$ 35.00	87015	
4167	TASK BACSEQ	0060719		BILL TASK DNA Sequencing - Bacterial identification (Billed)	\$ 125.58	87153	
4168	TASK CF PSE	TASK CF PSE		BILL TASK Bacterial Identification - Cystic Pseudomonas (Billed)	\$ 7.08	87077	
4169	TASK PSE	TASK PSE		BILL TASK Bacterial Identification - Pseudomonas (Billed)	\$ 7.08	87077	
4170	TASK BID	0060457		BILL TASK Bacterial Identification (Billed)	\$ 7.08	87077	
4171	TASK PID	TASK PID		BILL TASK Bacterial Identification - Gram positive (Phoenix) (Billed)	\$ 7.08	87077	
4172	TASK NID	TASK NID		BILL TASK Bacterial Identification - Gram negative (Phoenix) (Billed)	\$ 7.08	87077	
4173	TASK BAC	TASK BAC		BILL TASK Bacterial Identification - Bacillus (Billed)	\$ 7.08	87077	

Line	Test Code	TEST CODE (Billing)	*	Test/Procedure	Fee/Each	Based on the 2019 CPT Code Book and information from our local carrier.	Compliance
4174	TASK NMIC/ID 304	2013217		BILL TASK Gram Negative ID & MIC Panel (Phoenix)	\$ 7.08	87077	
4175	TASK MLDMIC	0061010		BILL TASK Susceptibility - Mould by broth dilution (Billed)	\$ 7.57	87186	
4176	TASK MALDI FUNG	2007693		BILL TASK Fungal Identification by MALDI-TOF MS (Matrix Assisted Laser Desorption Ionization- TOF MS)	\$ 5.70	87158	
4177	0050164	0050164		Fungal Antibodies by Immunodiffusion	\$ 54.29	86606/86612/86635/86698	
4181	3000235	3000235		Fungal Antibodies with Reflex to Blastomyces dermatitidis Antibodies by Immunodiffusion (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 67.90	86606/86612/86635/86698 x2	
4182	RFLX BLASTO PPT	0050172	R	REFLEX Blastomyces dermatitidis Antibodies by Immunodiffusion	\$ 14.05	86612	
4183	3000230	3000230		Fungal Antibodies with Reflex to Blastomyces dermatitidis Antibodies by Immunodiffusion, CSF (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 67.90	86606/86612/86635/86698 x2	
4184	RFLX BLSTPPTCSF	3000232	R	REFLEX Blastomyces dermatitidis Antibodies by Immunodiffusion, CSF	\$ 14.05	86612	[B]
4185	0060149	0060149		Fungal Culture (Micro billing tasks will be ordered as needed, see below for possible charges and CPT codes)	\$ 7.44	87102	
4186	TASK MID	0062149		BILL TASK Mould Identification (Billed)	\$ 11.24	87107	
4187	TASK YID	0062148		BILL TASK Yeast Identification (Billed)	\$ 8.12	87106	
4188	TASK YSTSEQ	0060757		BILL TASK DNA Sequencing - Fungal identification (Billed)	\$ 125.58	87153	
4189	TASK BP	TASK BP		BILL TASK DNA Probe - Blastomyces dermatitidis (Billed)	\$ 16.24	87149	
4190	TASK CP	TASK CP		BILL TASK DNA Probe - Coccidioides immitis (Billed)	\$ 16.24	87149	
4191	TASK HP	TASK HP		BILL TASK DNA Probe - Histoplasma capsulatum (Billed)	\$ 16.24	87149	
4192	TASK .PF	0062151		BILL TASK Processing fee (Billed)	\$ 35.00	87015	
4193	TASK AFBSEQ	0061208		BILL TASK DNA Sequencing - AFB identification (Billed)	\$ 125.58	87153	
4194	TASK MALDI FUNG	2007693		BILL TASK Fungal Identification by MALDI-TOF MS (Matrix Assisted Laser Desorption Ionization- TOF MS)	\$ 5.70	87158	
4195	TASK CWP KOH	2011290		BILL TASK Calcofluor White Stain	\$ 4.87	87206	
4196	0060756	0060756		Fungal Identification by ITS rDNA Sequencing (Micro billing tasks will be ordered as needed, see below for possible charges and CPT codes)	Variable	Variable	[B]
4197	TASK YSTSEQ	0060757		BILL TASK DNA Sequencing - Fungal identification (Billed)	\$ 125.58	87153	
4198	TASK .PF	0062151		BILL TASK Processing fee (Billed)	\$ 35.00	87015	
4199	2004589	2004589		Fungal Stain, KOH with Calcofluor White	\$ 4.87	87206	
4200	0091263	0091263	*	Furosemide Quantitative, Serum or Plasma	\$ 118.00	80375 (Alt code: G0480)	
4201	3000548	3000548		FUS (16p11) Gene Rearrangement by FISH	\$ 472.00	88366	[A]
4202	2007717	2007717		FYA Antigen Typing - Patient	\$ 3.35	86905	
4203	2007725	2007725		FYB Antigen Typing - Patient	\$ 3.35	86905	
4204	0090057	0090057		Gabapentin	\$ 14.43	80171	[B]
4205	2012227	2012227		Gabapentin, Urine	\$ 45.00	80355 (Alt code: G0480)	[B]
4206	0081296	0081296		Galactose-1-Phosphate in Red Blood Cells	\$ 12.55	84378	[B]
4207	0080125	0080125		Galactose-1-Phosphate Uridyltransferase	\$ 22.94	82775	[B]
4208	0051176	0051176		Galactosemia (GALT) 9 Mutations	\$ 137.00	81401	[C]
4209	0051270	0051270		Galactosemia (GALT) 9 Mutations, Fetal	\$ 371.12	81401/81265	[C]

Line	Test Code	TEST CODE (Billing)	*	Test/Procedure	Fee/Each	Based on the 2019 CPT Code Book and information from our local carrier.	Compliance
4210	0051596	0051596		Maternal Cell Contamination, Fetal Sample	\$ 234.12	81265	[C]
4211	0051175	0051175		Galactosemia (GAL T) Enzyme Activity and 9 Mutations	\$ 159.94	82775/81401	[C]
4213	2006697	2006697		Galactosemia (GAL T), Sequencing	\$ 282.88	81406	[C]
4214	2007138	2007138		Galectin-3, Serum	\$ 44.25	82777	
4215	3001267	3001267		Gamma Aminobutyric Acid Receptor, Type B (GABA-BR) Antibody, IgG by IFA with Reflex to Titer, CSF (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 10.87	86255	[D]
4216	RFLX GABASFTTR	3001273	R	REFLEX Gamma Aminobutyric Acid Receptor, Type B (GABA-BR) Antibody Titer, IgG, CSF	\$ 10.39	86256	[D]
4217	3001270	3001270		Gamma Aminobutyric Acid Receptor, Type B (GABA-BR) Antibody, IgG by IFA with Reflex to Titer, Serum (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 10.87	86255	[D]
4218	RFLX GABASERTTR	3001275	R	REFLEX Gamma Aminobutyric Acid Receptor, Type B (GABA-BR) Antibody Titer, IgG, Serum	\$ 10.39	86256	[D]
4219	0020009	0020009		Gamma Glutamyl Transferase, Serum or Plasma	\$ 6.46	82977	
4220	0091193	0091193	*	Gamma-Hydroxybutyric Acid (GHB), Serum or Plasma - Screen with Reflex to Confirmation/Quantitation (No additional charge if reflex is performed.)	\$ 165.00	80307; if positive add 80375 (Alt code: if positive add G0480)	
4221	0091161	0091161	*	Gamma-Hydroxybutyric Acid (GHB), Urine - Screen with Reflex to Confirmation/Quantitation (No additional charge if reflex is performed.)	\$ 165.00	80307; if positive add 80375 (Alt code: if positive add G0480)	
4222	0051033	0051033		Ganglioside (Asialo-GM1, GM1, GM2, GD1a, GD1b, and GQ1b) Antibodies Asialo component temporarily not performed. One less CPT 83516 will be performed.	\$ 51.60	83516 x6	[D]
4228	0050591	0050591		Ganglioside (GM1) Antibodies, IgG and IgM	\$ 17.20	83516 x2	[D]
4230	2004998	2004998		Ganglioside (GM1, GD1b, and GQ1b) Antibodies, IgG and IgM	\$ 51.60	83516 x6	[D]
4236	0050596	0050596		Gastric Parietal Cell Antibody, IgG	\$ 8.60	83516	
4237	0070075	0070075		Gastrin	\$ 19.20	82941	
4238	2003896	2003896		Gastrin by Immunohistochemistry	\$ 73.50	88342TC	
4239	2012636	2012636		Gastrin, 1 Minute	\$ 19.26	82938	
4240	2012734	2012734		Gastrin, 10 Minute	\$ 19.26	82938	
4241	2012638	2012638		Gastrin, 2 Minute	\$ 19.26	82938	
4242	2012736	2012736		Gastrin, 30 Minute	\$ 19.26	82938	
4243	2012732	2012732		Gastrin, 5 Minute	\$ 19.26	82938	
4244	2012738	2012738		Gastrin, Baseline	\$ 19.20	82941	
4245	2012678	2012678		Gastrointestinal Bacterial Panel by PCR	\$ 232.36	87506	[B]
4246	2011660	2011660		Gastrointestinal Parasite and Microsporidia by PCR	\$ 169.81	87505/87798	[B]
4247	2011150	2011150		Gastrointestinal Parasite Panel by PCR	\$ 139.66	87505	[B]
4248	2002674	2002674		Gastrointestinal Stromal Tumor Mutation	\$ 652.14	88381/81272/81314	[B]
4249	2013577	2013577		Gastrointestinal Viral Panel by PCR	\$ 232.36	87506	[B]
4250	2012558	2012558		GATA3 by Immunohistochemistry	\$ 73.50	88342TC	
4251	0051438	0051438		Gaucher Disease (GBA), 8 Variants	\$ 47.25	81251	[C]
4252	2014459	2014459		Gaucher Disease (GBA), Enzyme Activity in Leukocytes	\$ 19.66	82657	
4253	3000258	3000258		Genetic Carrier Screen, (CF, FXS, and SMA) with Reflex to Methylation (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 365.41	81220/81329/81243	[C]
4254	RFLX BILL MPCR	2009031	R	REFLEX Fragile X Methylation Analysis Status by mPCR Bill	\$ 80.07	81244	

Line	Test Code	TEST CODE (Billing)	*	Test/Procedure	Fee/Each	Based on the 2019 CPT Code Book and information from our local carrier.	Compliance
4255	2005633	2005633		Genomic SNP Microarray, Products of Conception	\$ 1,447.50	81229	[C]
4256	0090305	0090305		Gentamicin, Peak Level	\$ 15.32	80170	
4257	0090130	0090130		Gentamicin, Random Level	\$ 15.32	80170	
4258	0090310	0090310		Gentamicin, Trough Level	\$ 15.32	80170	
4259	0060048	0060048		Giardia Antigen by EIA	\$ 8.28	87329	
4260	2009410	2009410	*	Giardia lamblia Antibodies Panel by ELISA	\$ 129.00	86674 x3	
4261	2009414	2009414	*	Giardia lamblia Antibody, IgG by ELISA	\$ 63.00	86674	
4262	0051476	0051476		Glaucoma (Primary Congenital), CYP1B1 Sequencing	\$ 274.83	81404	[C]
4263	2011470	2011470		GLI3-Related Disorders (GLI3) Sequencing	\$ 1,051.25	81479	[C]
4264	2011465	2011465		GLI3-Related Disorders (GLI3) Sequencing and Deletion/Duplication	\$ 1,574.88	81479	[C]
4265	2003899	2003899		Glial Fibrillary Acidic Protein (GFAP) by Immunohistochemistry	\$ 73.50	88342TC	
4266	0049191	0049191		Glomerular Basement Membrane Antibody, IgG by IFA	\$ 10.87	86255	[B]
4267	0051000	0051000		Glomerular Basement Membrane Antibody, IgG by Multiplex Bead Assay	\$ 8.60	83516	
4268	2008403	2008403		Glomerular Basement Membrane Antibody, IgG by Multiplex Bead Assay and IFA	\$ 19.47	83516/86255	[D]
4270	0020725	0020725		Glomerular Filtration Rate, Estimated	\$ 4.31	82565	
4271	0099165	0099165		Glucagon	\$ 15.55	82943	
4272	0020047	0020047		Glucose Screen, Pregnancy	\$ 4.19	82950	
4273	0020542	0020542		Glucose Tolerance Test	\$ 7.49	82947/82950	
4274	0020543	0020543		Glucose Tolerance Test, Pregnancy	\$ 14.73	82951/82952	
4276	2003905	2003905		Glucose Transporter-1 (GLUT-1) by Immunohistochemistry	\$ 73.50	88342TC	
4277	0020503	0020503		Glucose, Body Fluid	\$ 3.29	82945	[B]
4278	0020515	0020515		Glucose, CSF	\$ 3.29	82945	
4279	0020024	0020024		Glucose, Plasma or Serum	\$ 3.30	82947	
4280	0020476	0020476		Glucose, Urine	\$ 3.29	82945	
4281	0080135	0080135		Glucose-6-Phosphate Dehydrogenase	\$ 10.55	82955	
4282	0051684	0051684		Glucose-6-Phosphate Dehydrogenase (G6PD) 2 Mutations	\$ 174.81	81247	[C]
4283	2007163	2007163		Glucose-6-Phosphate Dehydrogenase Deficiency (G6PD) Sequencing	\$ 600.00	81249	[C]
4284	2001771	2001771		Glutamic Acid Decarboxylase Antibody	\$ 18.09	86341	
4285	2002862	2002862		Glutamic Acid Decarboxylase Antibody (GAD65) and Insulin Antibodies with Reflex to IA-2 Antibody (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 41.39	86337/86341	
4287	RFLX IA-2	0050202	R	REFLEX IA-2 Antibody	\$ 18.09	86341	
4288	3000464	3000464		Glutamine Synthetase by Immunohistochemistry	\$ 73.50	88342TC	[A]
4289	2001510	2001510		Glutarylcarbamate Quantitative, Urine	\$ 18.36	82017	[B]
4290	2006328	2006328	*	Glutathione Total	\$ 68.00	82978	
4291	2013740	2013740		Glycogen Storage Disease, Type 1A (G6PC), 9 Variants	\$ 75.12	81250	[C]
4292	2003908	2003908		Glycophorin A by Immunohistochemistry	\$ 73.50	88342TC	
4293	2011925	2011925		Glypican 3 by Immunohistochemistry	\$ 73.50	88342TC	[B]
4294	0060101	0060011		Gram Stain	\$ 3.46	87205	
4295	2007173	2007173		Granzyme B by Immunohistochemistry	\$ 73.50	88342TC	

Line	Test Code	TEST CODE (Billing)	*	Test/Procedure	Fee/Each	Based on the 2019 CPT Code Book and information from our local carrier.	Compliance
4296	0070080	0070080		Growth Hormone	\$ 18.16	83003	
4297	0092142	0092142	*	Growth Hormone Antibody	\$ 138.00	86277	
4298	2003929	2003929		Growth Hormone by Immunohistochemistry	\$ 73.50	88342TC	
4299	0070081	0070081		Growth Hormone, 0 Minutes	\$ 18.16	83003	
4300	0070164	0070164		Growth Hormone, 120 Minutes	\$ 18.16	83003	
4301	0070048	0070048		Growth Hormone, 15 Minutes	\$ 18.16	83003	
4302	2013929	2013929		Growth Hormone, 150 Minutes	\$ 18.16	83003	
4303	2013927	2013927		Growth Hormone, 180 Minutes	\$ 18.16	83003	
4304	0070082	0070082		Growth Hormone, 30 Minutes	\$ 18.16	83003	
4305	0070049	0070049		Growth Hormone, 45 Minutes	\$ 18.16	83003	
4306	0070083	0070083		Growth Hormone, 60 Minutes	\$ 18.16	83003	
4307	0070084	0070084		Growth Hormone, 90 Minutes	\$ 18.16	83003	
4308	0070069	0070069		Growth Hormone, Timed - Other	\$ 18.16	83003	
4309	2011140	2011140		Guanidinoacetate Methyltransferase (GAMT) Deficiency Sequencing	\$ 583.75	81479	[C]
4310	0050542	0050542		Haemophilus influenzae b Antibody, IgG	\$ 13.52	86317	[B]
4311	0092068	0092068	*	Hairstat 5 Reflexive Panel	\$ 65.00	80307	
4312	2003860	2003860		Hairy Cell Leukemia, DBA.44 by Immunohistochemistry	\$ 73.50	88342TC	
4313	0099640	0099640		Haloperidol	\$ 15.86	80173	
4314	0050280	0050280		Haptoglobin	\$ 10.99	83010	
4315	0020053	0020053		HDL Cholesterol	\$ 6.75	83718	
4316	2001992	2001992		Hearing Loss, Nonsyndromic Panel (GJB2) Sequencing, (GJB6) 2 Deletions and Mitochondrial DNA 2 Mutations	\$ 273.12	81252/81254/81401	[C]
4317	2001956	2001956		Hearing Loss, Nonsyndromic, Connexin 30 (GJB6) 2 Deletions	\$ 35.00	81254	[C]
4318	2002044	2002044		Hearing Loss, Nonsyndromic, Mitochondrial DNA 2 Mutations	\$ 137.00	81401	[C]
4319	2013590	2013590		Heat Shock Protein 70, IgG by Immunoblot	\$ 8.60	83516	[D]
4320	0099470	0099470		Heavy Metals Panel 3, Blood	\$ 45.41	82175/83655/83825	[B]
4323	2011304	2011304		Heavy Metals Panel 3, Random Urine with Reflex to Arsenic Fractionated (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 45.41	82175/83655/83825	
4324	RFLX AS UF	0020734	R	REFLEX Arsenic, Fractionated, Urine	\$ 20.66	82175	[B]
4325	0099475	0099475		Heavy Metals Panel 3, Urine with Reflex to Arsenic Fractionated (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 45.41	82175/83655/83825	[B]
4328	RFLX AS UF	0020734	R	REFLEX Arsenic, Fractionated, Urine	\$ 20.66	82175	[B]
4329	0020584	0020584		Heavy Metals Panel 4, Blood	\$ 70.60	82175/83655/83825/82300	[B]
4333	0020572	0020572		Heavy Metals Panel 4, Urine with Reflex to Arsenic Fractionated (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 70.60	82175/83655/83825/82300	[B]
4337	RFLX AS UF	0020734	R	REFLEX Arsenic, Fractionated, Urine	\$ 20.66	82175	[B]
4338	0025055	0025055		Heavy Metals Panel 6, Urine with Reflex to Arsenic Fractionated (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 94.32	82175/82300/82525/83655/83825/84630	[B]
4344	RFLX AS UF	0020734	R	REFLEX Arsenic, Fractionated, Urine	\$ 20.66	82175	[B]
4345	0049090	0049090		Heinz Body Stain	\$ 113.50	85441/85445	
4347	0065147	0065147		Helicobacter pylori Antigen, Fecal by EIA	\$ 12.92	87338	

Line	Test Code	TEST CODE (Billing)	*	Test/Procedure	Fee/Each	Based on the 2019 CPT Code Book and information from our local carrier.	Compliance
4348	2010476	2010476		Helicobacter pylori Breath Test, Adult	\$ 60.71	83013	
4349	2010925	2010925		Helicobacter pylori Breath Test, Pediatric	\$ 60.71	83013	
4350	2003941	2003941		Helicobacter pylori by Immunohistochemistry	\$ 73.50	88342TC	[A]
4351	2006686	2006686		Helicobacter pylori, Culture (Micro billing tasks will be ordered as needed, see below for possible charges and CPT codes)	\$ 13.92	87070/87176; Identification and susceptibility CPT codes may vary based on method.	
4352	TASK BACSEQ	0060719		BILL TASK DNA Sequencing - Bacterial identification (Billed)	\$ 125.58	87153	
4353	TASK MALDI	2005162		BILL TASK Bacterial ID by MALDI-TOF MS (billed)	\$ 7.08	87077	
4354	0040080	0040080		Hematocrit	\$ 2.15	85014	
4355	0055656	0055656		Hemochromatosis (HFE) 3 Mutations	\$ 56.16	81256	[C]
4356	0040085	0040085		Hemoglobin	\$ 2.07	85018	
4357	0050613	0050613		Hemoglobin (Hb) A2 and F by Column	\$ 15.40	83021	
4358	0070426	0070426		Hemoglobin A1c	\$ 8.54	83036	
4359	2005792	2005792		Hemoglobin Evaluation Reflexive Cascade (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 15.40	83021	
4360	RFLX BILL SS	0081271	R	REFLEX Sickle Solubility Bill	\$ 4.52	85660	
4361	RFLX BILL CAP	2008995	R	REFLEX Bill for Capillary electrophoresis reflex testing	\$ 10.93	83020	
4362	RFLX BILL HBSCE	2005828	R	REFLEX Beta Globin (HBB) Mutations Bill	\$ 174.81	81361	
4363	RFLX BILL AGFGS	2005834	R	REFLEX Alpha Thalassemia HBA1 & HBA2 Seq Bill	\$ 600.00	81259	
4364	RFLX BILL LEPOP	2005838	R	REFLEX Hemoglobin Lepore (HBD/HBB) 3 Mut Bill	\$ 217.00	81479	
4365	RFLX BILL HPFH	2005836	R	REFLEX Hereditary Persistent Fetal HGB Bill	\$ 185.20	81403	
4366	RFLX BILL HBADD	2011646	R	REFLEX BILL Alpha Globin (HBA1 and HBA2) Deletion/Duplication	\$ 202.40	81269	[C]
4367	RFLX BILL BGSEQ	2005830	R	REFLEX Beta Globin Full Gene Sequencing Bill	\$ 324.58	81364	
4368	RFLX BILL BG DD	2011857	R	REFLEX Beta Globin (HBB) Deletion/Duplication Bill	\$ 202.40	81363	
4369	0050610	0050610		Hemoglobin Evaluation with Reflex to Electrophoresis and/or RBC Solubility (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 15.40	83021	
4370	RFLX BILL SS	0081271	R	REFLEX Sickle Solubility Bill	\$ 4.52	85660	
4371	RFLX BILL CAP	2008995	R	REFLEX Bill for Capillary electrophoresis reflex testing	\$ 10.93	83020	
4372	0081348	0081348		Hemoglobin F	\$ 15.40	83021	
4373	2004686	2004686		Hemoglobin Lepore (HBD/HBB Fusion) 3 Mutations	\$ 217.00	81479	[C]
4374	0050520	0050520		Hemoglobin S, Evaluation with Reflex to RBC Solubility (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 15.40	83021	
4375	RFLX BILL SS	0081271	R	REFLEX Sickle Solubility Bill	\$ 4.52	85660	
4376	2013399	2013399		Hemoglobin S, Sickle Solubility	\$ 4.52	85660	[B]
4377	0020058	0020058		Hemoglobin, Plasma	\$ 7.96	83051	
4378	0020057	0020057		Hemoglobin, Serum	\$ 6.50	84311	
4379	0049020	0049020		Hemoglobin, Unstable	\$ 9.21	83068	
4380	0020221	0020221		Hemoglobin, Urine	\$ 4.30	83069	
4381	2001759	2001759		Hemophilia A (F8) 2 Inversions	\$ 185.20	81403	[C]



Line	Test Code	TEST CODE (Billing)	*	Test/Procedure	Fee/Each	Based on the 2019 CPT Code Book and information from our local carrier.	Compliance
4382	2001614	2001614		Hemophilia A (F8) 2 Inversions with Reflex to Sequencing and Reflex to Deletion/Duplication (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 185.20	81403	[C]
4383	RFLX BILL F8FGS	2001623	R	REFLEX F8 Sequencing Bill	\$ 846.27	81407	
4384	RFLX BILL F8DD	2001624	R	REFLEX F8 Deletion/Duplication Bill	\$ 282.88	81406	
4385	2001755	2001755		Hemophilia A (F8) 2 Inversions, Fetal	\$ 419.32	81403/81265	[C]
4386	0051596	0051596		Maternal Cell Contamination, Fetal Sample	\$ 234.12	81265	[C]
4387	2001747	2001747		Hemophilia A (F8) Sequencing	\$ 846.27	81407	[C]
4388	2001578	2001578		Hemophilia B (F9) Sequencing	\$ 600.00	81238	[C]
4389	2010494	2010494		Hemophilia B (F9) Sequencing and Deletion/Duplication	\$ 600.00	81238/81479	[C]
4390	0099414	0099414	*	HemoQuant, Fecal	\$ 94.72	84126	
4391	0020222	0020222		Hemosiderin, Urine	\$ 5.17	83070	
4392	0030144	0030144		Heparin Anti-Xa, Low Molecular Weight Heparin	\$ 11.47	85520	
4393	0030143	0030143		Heparin Anti-Xa, Unfractionated	\$ 11.47	85520	
4394	2007580	2007580	*	Heparin Cofactor II, Plasma	\$ 140.00	85130	
4395	2007145	2007145	*	Heparin-Induced Thrombocytopenia (HIT) Antibodies, PF4 IgA and IgM by ELISA	\$ 420.00	86022 X2	
4396	2012179	2012179		Heparin-Induced Thrombocytopenia (HIT) PF4 Antibody, IgG	\$ 20.00	86022	
4397	2012181	2012181		Heparin-Induced Thrombocytopenia (HIT) PF4 Antibody, IgG with Reflex to Serotonin Release Assay (Heparin Dependent Platelet Antibody) Unfractionated Heparin (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 20.00	86022	[B]
4398	RFLX SRA UFH	2005631	R	REFLEX Serotonin Release Assay (Heparin Dependent Platelet Antibody), Unfractionated Heparin	\$ 20.00	86022	[B]
4399	0020416	0020416		Hepatic Function Panel	\$ 6.38	80076	
4400	0020591	0020591		Hepatitis A Virus Antibodies (Total)	\$ 11.26	86708	
4401	0020093	0020093		Hepatitis A Virus Antibody, IgM	\$ 9.91	86709	
4402	0020597	0020597		Hepatitis A Virus Panel	\$ 21.17	86708/86709	
4404	3000863	3000863		Hepatitis B Virus (HBV) by Quantitative NAAAT	\$ 38.33	87517	
4405	3000866	3000866		Hepatitis B Virus (HBV) by Quantitative NAAAT with Reflex to HBV Genotype by Sequencing (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 38.33	87517	
4406	RFLX HBVGENO	2001587	R	REFLEX Hepatitis B Virus Genotype by Sequencing	\$ 23.38	87912	[B]
4407	2013476	2013476	*	Hepatitis B Virus (HBV) Drug Resistance, Genotype and BCP/Precore Mutations by Sequencing	\$ 353.00	87912	
4408	2014285	2014285		Hepatitis B Virus (HBV) Perinatal Exposure Follow-up by CIA, Panel (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 22.64	86317/87340	
4409	RFLX HBSAG CONF	0020128	R	REFLEX Hepatitis B Virus Surface Antigen, Confirmation	\$ 11.25	87341	
4410	0020091	0020091		Hepatitis B Virus Core Antibodies (Total)	\$ 10.83	86704	
4411	0020092	0020092		Hepatitis B Virus Core Antibody, IgM	\$ 10.37	86705	
4412	2001567	2001567		Hepatitis B Virus Genotype by Sequencing	\$ 23.38	87912	[B]
4413	0020454	0020454		Hepatitis B Virus Panel, Chronic with Reflex to HBsAg Confirmation (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 37.72	86317/86707/87340/87350	



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4417	RFLX HBSAG CONF	0020128	R	REFLEX Hepatitis B Virus Surface Antigen, Confirmation	\$ 11.25	87341	
4418	0020090	0020090		Hepatitis B Virus Surface Antibody	\$ 13.52	86317	
4419	2007575	2007575		Hepatitis B Virus Surface Antigen Confirmation, Prenatal	\$ 11.25	87341	
4420	0020089	0020089		Hepatitis B Virus Surface Antigen with Reflex to Confirmation (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 9.12	87340	
4421	RFLX HBSAG CONF	0020128	R	REFLEX Hepatitis B Virus Surface Antigen, Confirmation	\$ 11.25	87341	
4422	2007573	2007573		Hepatitis B Virus Surface Antigen with Reflex to Confirmation, Prenatal (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 9.12	87340	
4423	RFLX HBSAGCONPN	2007575	R	REFLEX Hepatitis B Virus Surface Antigen Confirmation, Prenatal	\$ 11.25	87341	
4424	0020128	0020128		Hepatitis B Virus Surface Antigen, Confirmation	\$ 11.25	87341	
4425	0020095	0020095		Hepatitis Be Virus Antibody	\$ 4.68	86707	
4426	0020094	0020094		Hepatitis Be Virus Antigen	\$ 10.40	87350	
4427	2012141	2012141		Hepatitis Be Virus Antigen and Antibody Panel	\$ 15.08	87350/86707	
4428	3000572	3000572		Hepatitis C Virus (HCV) by Quantitative NAAAT	\$ 38.68	87522	
4429	3000576	3000576		Hepatitis C Virus (HCV) by Quantitative NAAAT with Reflex to HCV Genotype by Sequencing (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 38.68	87522	
4430	RFLX HEPGENO	0055593	R	REFLEX Hepatitis C Virus Genotype by Sequencing	\$ 232.21	87902	[B]
4431	3000577	3000577		Hepatitis C Virus (HCV) by Quantitative NAAAT with Reflex to HCV High-Resolution Genotype by Sequencing (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 38.68	87522	
4432	RFLX HCV CORE	2006898	R	REFLEX Hepatitis C Virus High-Resolution Genotype by Sequencing	\$ 232.21	87902	[B]
4433	2009255	2009255		Hepatitis C Virus (HCV) Genotype with Reflex to HCV High-Resolution Genotype by Sequencing (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 232.21	87902	[B]
4434	RFLX HCV CORE	2006898	R	REFLEX Hepatitis C Virus High-Resolution Genotype by Sequencing	\$ 232.21	87902	[B]
4435	2014598	2014598		Hepatitis C Virus (HCV) Genotype with Reflex to HCV NS5A Drug Resistance by Sequencing (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 232.21	87902	[B]
4436	RFLX HCV NS5A	2014139	R	REFLEX Hepatitis C Virus (HCV) NS5A Drug Resistance by Sequencing	\$ 232.21	87902	[B]
4437	2010647	2010647	*	Hepatitis C Virus (HCV) NS3/4A Protease Inhibitor Resistance, GenoSure	\$ 714.44	87900/87902	
4438	2014139	2014139		Hepatitis C Virus (HCV) NS5A Drug Resistance by Sequencing	\$ 232.21	87902	[B]
4439	2002483	2002483		Hepatitis C Virus Antibody by CIA	\$ 12.57	86803	
4440	2010784	2010784		Hepatitis C Virus Antibody by CIA with Reflex to HCV by Quantitative NAAAT (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 12.57	86803	
4441	RFLX HEPC QNT	3000572	R	REFLEX Hepatitis C Virus (HCV) by Quantitative NAAAT	\$ 38.68	87522	
4442	0055593	0055593		Hepatitis C Virus Genotype by Sequencing	\$ 232.21	87902	[B]
4443	2006898	2006898		Hepatitis C Virus High-Resolution Genotype by Sequencing	\$ 232.21	87902	[B]
4444	2006450	2006450	*	Hepatitis Delta Antigen by ELISA	\$ 125.00	87380	
4445	0098507	0098507	*	Hepatitis Delta Virus (HDV), IgM Antibody, EIA	\$ 88.30	86692	
4446	0020799	0020799		Hepatitis Delta Virus Antibody	\$ 18.68	86692	[D]

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4447	2013881	2013881		Hepatitis Delta Virus by Quantitative PCR	\$ 39.11	87799	[B]
4448	2012023	2012023		Hepatitis E Virus (HEV) Antibodies, IgG and IgM	\$ 28.04	86790 x2	[D]
4449	2010151	2010151		Hepatitis E Virus (HEV) Antibody, IgG	\$ 14.02	86790	[D]
4450	2010156	2010156		Hepatitis E Virus (HEV) Antibody, IgM	\$ 14.02	86790	[D]
4451	2011654	2011654		Hepatitis E Virus by Quantitative PCR	\$ 39.11	87799	[B]
4452	0020457	0020457		Hepatitis Panel, Acute with Reflex to HBsAg Confirmation (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 41.79	80074	
4453	RFLX HBSAG CONF	0020128	R	REFLEX Hepatitis B Virus Surface Antigen, Confirmation	\$ 11.25	87341	
4454	0081326	0081326		Hepatocellular Carcinoma Tumor Marker Panel	\$ 140.24	82107/83951	
4456	2003923	2003923		Hepatocyte Specific Antigen (HSA) by Immunohistochemistry	\$ 73.50	88342TC	[B]
4457	2004672	2004672	*	HER2/neu Quantitative by ELISA	\$ 339.25	83950	
4458	2012026	2012026		Hereditary Breast and Ovarian Cancer Panel, Sequencing and Deletion/Duplication	\$ 2,340.00	81432/81433	[C]
4459	2012032	2012032		Hereditary Cancer Panel, Sequencing and Deletion/Duplication	\$ 2,430.00	81432/81433/81435/81436/81437/81438	[C]
4460	2013449	2013449		Hereditary Gastrointestinal Cancer Panel, Sequencing and Deletion/Duplication	\$ 2,340.00	81435/81436	
4461	2012052	2012052		Hereditary Hemolytic Anemia Panel Sequencing	\$ 1,702.50	81443	[C]
4462	0051381	0051381		Hereditary Hemorrhagic Telangiectasia (ACVRL1 and ENG) Sequencing	\$ 282.88	81406/81479	[C]
4463	0051382	0051382		Hereditary Hemorrhagic Telangiectasia (ACVRL1 and ENG) Sequencing and Deletion/Duplication	\$ 584.23	81406/81405/81479	[C]
4464	2009008	2009008		Hereditary Hemorrhagic Telangiectasia (ACVRL1 and ENG) Sequencing and Deletion/Duplication (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 584.23	81405/81406/81479	[C]
4465	RFLX BILL SMAD4	2010919	R	REFLEX SMAD4 FGA Bill	\$ 584.23	81405/81406	
4466	2009337	2009337		Hereditary Hemorrhagic Telangiectasia (HHT) Panel, Sequencing and Deletion/Duplication	\$ 2,160.00	81405/81406/81479	[C]
4467	2011461	2011461		Hereditary Paraganglioma-Pheochromocytoma (SDHA) Sequencing	\$ 282.88	81406	[C]
4468	2007108	2007108		Hereditary Paraganglioma-Pheochromocytoma (SDHB) Sequencing and Deletion/Duplication	\$ 301.35	81405/81479	[C]
4469	2007167	2007167		Hereditary Paraganglioma-Pheochromocytoma (SDHB, SDHC, and SDHD) Sequencing and Deletion/Duplication Panel	\$ 576.18	81404/81405/81479	[C]
4470	2007117	2007117		Hereditary Paraganglioma-Pheochromocytoma (SDHC) Sequencing and Deletion/Duplication	\$ 576.18	81404/81405	[C]
4471	2007122	2007122		Hereditary Paraganglioma-Pheochromocytoma (SDHD) Sequencing and Deletion/Duplication	\$ 274.83	81404/81479	[C]
4472	2010214	2010214		Hereditary Renal Cancer Panel, Sequencing and Deletion/Duplication	\$ 2,340.00	81445	[C]
4473	0091203	0091203	*	Heroin - Screen with Reflex to Confirmation/Quantitation - Serum or Plasma (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 105.00	80307	
4474	RFLX °C HEROIN	0091612	*R	REFLEX Heroin Metabolites, Free - Confirmation, Serum or Plasma (Cannot be ordered by client)	\$ 232.00	80356/80361 (Alt code: G0480)	
4475	0091586	0091586	*	Heroin - Screen with Reflex to Confirmation/Quantitation - Urine (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 105.00	80307	
4476	RFLX °C HER URN	0096095	*R	REFLEX Heroin Metabolites, Free - Confirmation, Urine (Cannot be ordered by client)	\$ 230.00	80356/80361 (Alt code: G0480)	

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4477	0092283	0092283	*	Herpes Gestationis Factor (Complement-Fixing Basement Membrane Zone Antibody IgG)	\$ 485.58	88346/88350 x3/83516	
4478	0051152	0051152		Herpes Simplex Type 1 and Type 2 Glycoprotein G-Specific Antibodies, IgG by CIA	\$ 29.00	86695/86696	
4480	2011148	2011148		Herpes Simplex Virus (HSV) by PCR with Reflex to HSV (HSV-1/HSV-2) Subtype by PCR (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 30.73	87529	[B]
4481	RFLX HSVTYPEPCR	2010095	R	REFLEX Herpes Simplex Virus (HSV-1/HSV-2) Subtype by PCR	\$ 30.73	87529	[B]
4482	3000101	3000101		Herpes Simplex Virus (HSV) Types I/II by Immunohistochemistry	\$ 73.50	88342TC	[B]
4483	2013897	2013897		Herpes Simplex Virus (HSV) Typing	\$ 12.14	87140 x2	
4484	2010095	2010095		Herpes Simplex Virus (HSV-1/HSV-2) Subtype by PCR	\$ 30.73	87529	[B]
4485	0060041	0060041		Herpes Simplex Virus by PCR	\$ 30.73	87529	[B]
4486	0065005	0065005		Herpes Simplex Virus Culture	\$ 37.29	87252/87253	
4487	0065065	0065065		Herpes Simplex Virus Culture with Reflex to HSV Typing (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 37.29	87252/87253	
4488	RFLX V HSVT	2013897	R	REFLEX Herpes Simplex Virus (HSV) Typing	\$ 12.14	87140 x2	
4489	0060280	0060280		Herpes Simplex Virus DFA with Reflex to Herpes Simplex Virus Culture (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 20.20	87274/87273	
4491	RFLX V HSVC	0065005	R	REFLEX Herpes Simplex Virus Culture	\$ 37.29	87252/87253	
4492	0050293	0050293		Herpes Simplex Virus Type 1 and/or 2 Antibodies, IgG	\$ 10.41	86694	
4493	0050364	0050364		Herpes Simplex Virus Type 1 and/or 2 Antibodies, IgG & IgM (CSF) with Reflex to Type 1 & 2 Glycoprotein G-Specific Ab, IgG (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 20.82	86694 x2	[E]
4495	RFLX HERPICSF	0050379	R	REFLEX Herpes Simplex Virus Type 1 Glycoprotein G-Specific Antibody, IgG by ELISA (HerpeSelect(R)), CSF	\$ 11.80	86695	[E]
4496	RFLX HERPICSF	0050359	R	REFLEX Herpes Simplex Virus Type 2 Glycoprotein G-Specific Antibody, IgG by ELISA, CSF	\$ 17.20	86696	[B]
4497	0050291	0050291		Herpes Simplex Virus Type 1 and/or 2 Antibodies, IgG and IgM	\$ 20.82	86694 x2	
4499	0050916	0050916		Herpes Simplex Virus Type 1 and/or 2 Antibodies, IgG and IgM with Reflex to Type 1 and 2 Glycoprotein G-Specific Ab, IgG (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 20.82	86694 x2	
4501	RFLX HERP I	0050292	R	REFLEX Herpes Simplex Virus Type 1 Glycoprotein G-Specific Antibody, IgG by CIA	\$ 11.80	86695	
4502	RFLX HERP II	0050294	R	REFLEX Herpes Simplex Virus Type 2 Glycoprotein G-Specific Antibody, IgG by CIA	\$ 17.20	86696	
4503	0051708	0051708		Herpes Simplex Virus Type 1 and/or 2 Antibodies, IgG with Reflex to Type 1 and 2 Glycoprotein G-Specific Ab, IgG (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 10.41	86694	
4504	RFLX HERP I	0050292	R	REFLEX Herpes Simplex Virus Type 1 Glycoprotein G-Specific Antibody, IgG by CIA	\$ 11.80	86695	
4505	RFLX HERP II	0050294	R	REFLEX Herpes Simplex Virus Type 2 Glycoprotein G-Specific Antibody, IgG by CIA	\$ 17.20	86696	
4506	0050394	0050394		Herpes Simplex Virus Type 1 and/or 2 Antibodies, IgG, CSF	\$ 10.41	86694	[B]
4507	0050641	0050641		Herpes Simplex Virus Type 1 and/or 2 Antibodies, IgM by ELISA	\$ 10.41	86694	
4508	0050408	0050408		Herpes Simplex Virus Type 1 and/or 2 Antibodies, IgM by ELISA, CSF	\$ 10.41	86694	[B]
4509	0050292	0050292		Herpes Simplex Virus Type 1 Glycoprotein G-Specific Antibody, IgG by CIA	\$ 11.80	86695	

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4510	0050379	0050379		Herpes Simplex Virus Type 1 Glycoprotein G-Specific Antibody, IgG by ELISA (HerpeSelect(R)), CSF	\$ 11.80	86695	[E]
4511	2012135	2012135	*	Herpes Simplex Virus Type 2 (HSV-2) IgG Inhibition, by ELISA	\$ 200.10	86696	[B]
4512	0050294	0050294		Herpes Simplex Virus Type 2 Glycoprotein G-Specific Antibody, IgG by CIA	\$ 17.20	86696	
4513	0050359	0050359		Herpes Simplex Virus Type 2 Glycoprotein G-Specific Antibody, IgG by ELISA, CSF	\$ 17.20	86696	[B]
4514	2003932	2003932		Herpes Virus 8 by Immunohistochemistry	\$ 73.50	88342TC	
4515	2013423	2013423	*	Herpesvirus 6 Antibody, IgG	\$ 100.00	86790	
4516	3001284	3001284	*	Herpesvirus 6 Antibody, IgM by IFA, Serum	\$ 127.63	86790	
4517	2007697	2007697		Heterophile Antibody (Infectious Mononucleosis) by LA with Reflex to Titer (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 4.49	86308	
4518	RFLX HETERITITER	2007600	R	REFLEX Heterophile Antibody (Infectious Mononucleosis) by Latex Agglutination Titer	\$ 7.05	86309	
4519	0050385	0050385		Heterophile Antibody (Infectious Mononucleosis) by Latex Agglutination, Qualitative	\$ 4.49	86308	
4520	0030064	0030064		Hexagonal Phospholipid Neutralization	\$ 19.57	85598	
4521	2008125	2008125		Hexosaminidase A Percent and Total Hexosaminidase in Leukocytes	\$ 18.36	83080	[B]
4522	2008129	2008129		Hexosaminidase A Percent and Total Hexosaminidase in Plasma with Reflex to Hexosaminidase A Percent and Total Hexosaminidase in Leukocytes (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 18.36	83080	[B]
4523	RFLX NP	2008470	R	REFLEX Hexosaminidase A Percent and Total in Leukocytes (Internal Only)	\$ 18.36	83080	
4524	2008121	2008121		Hexosaminidase A Percent and Total Hexosaminidase, Plasma or Serum	\$ 18.36	83080	[B]
4525	2007578	2007578	*	High Molecular Weight Kininogen (HMWK), Activity	\$ 178.50	85293	
4526	2005457	2005457		High-Specificity Antiphospholipid Antibodies, IgG and IgM	\$ 17.20	83516 x2	
4528	2001763	2001763		Hirsutism Evaluation Panel	\$ 93.01	82157/82627/84403/84270	[B]
4532	0070036	0070036		Histamine, Plasma	\$ 32.15	83088	[D]
4533	0070038	0070038		Histamine, Urine	\$ 32.15	83088	[D]
4534	0070037	0070037		Histamine, Whole Blood	\$ 32.15	83088	[D]
4535	0050860	0050860		Histone Antibody, IgG	\$ 8.60	83516	
4536	0050625	0050625		Histoplasma Antibodies by CF	\$ 27.22	86698 x2	
4538	0050627	0050627		Histoplasma Antibodies by CF and ID	\$ 40.83	86698 x3	
4541	0092522	0092522		Histoplasma Antigen by EIA, Serum	\$ 10.10	87385	[B]
4542	0062226	0062226		Histoplasma capsulatum Identification by DNA Probe (Micro billing tasks will be ordered as needed, see below for possible charges and CPT codes)	Variable	Variable	
4543	TASK HP	TASK HP		BILL TASK DNA Probe - Histoplasma capsulatum (Billed)	\$ 16.24	87149	
4544	TASK .PF	0062151		BILL TASK Processing fee (Billed)	\$ 35.00	87015	
4545	2009418	2009418		Histoplasma Galactomannan Antigen Quantitative by EIA, Urine	\$ 10.10	87385	[B]
4546	0050174	0050174		Histoplasma spp. Antibodies by Immunodiffusion	\$ 13.61	86698	
4547	2004331	2004331	*	HIV GenoSure MG	\$ 654.44	87900/87901	
4548	0092399	0092399	*	HIV PhenoSense GT	\$ 1,725.79	87900/87901/87903/87904 x11	
4549	2011283	2011283	*	HIV-1 Co-Receptor Tropism by Next Generation Sequencing (DEEPGEN)	\$ 294.00	87906	
4550	2009256	2009256		HIV/1 Genotype and Integrase Inhibitor Resistance by Sequencing	\$ 420.42	87901/87906	[B]
4552	2011279	2011279	*	HIV-1 Genotyping and Tropism by Next Generation Sequencing (DEEPGEN)	\$ 954.00	87901/87906	[C]

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4553	2004457	2004457		HIV-1 Sequencing for Integrase Inhibitor Drug Resistance	\$ 140.14	87906	[D]
4554	2002805	2002805	*	HLA Antibody Detection	\$ 330.00	86828	
4555	2011264	2011264	*	HLA Class I Panel (ABC) by Next Generation Sequencing	\$ 780.00	81379	
4556	2011272	2011272	*	HLA Class II Panel (DRB1 and DQB1) by Next Generation Sequencing	\$ 516.00	81382 x2	
4557	0051067	0051067	*	HLA DRB 3* 4* 5*	\$ 355.00	81382	
4558	2012482	2012482	*	HLA-A by Next Generation Sequencing	\$ 287.00	81380	
4559	2006984	2006984	*	HLA-A Genotype	\$ 325.00	81380	
4560	2012486	2012486	*	HLA-B by Next Generation Sequencing	\$ 287.00	81380	
4561	2006986	2006986	*	HLA-B Genotype	\$ 325.00	81380	
4562	2012049	2012049	*	HLA-B*15:02 Genotyping, Carbamazepine Hypersensitivity	\$ 240.00	81381	
4563	2002429	2002429		HLA-B*57:01 for Abacavir Sensitivity	\$ 102.97	81381	[C]
4564	3001393	3001393	*	HLA-B*58:01 Genotyping, Allopurinol Hypersensitivity	\$ 240.00	81381	
4565	0095840	0095840		HLA-B27	\$ 28.10	86812	[B]
4566	2012490	2012490	*	HLA-C by Next Generation Sequencing	\$ 287.00	81380	
4567	2006988	2006988	*	HLA-C Genotype	\$ 325.00	81380	
4568	2014073	2014073	*	HLA-DP Genotyping	\$ 355.00	81382	
4569	2012502	2012502	*	HLA-DPB1 by Next Generation Sequencing	\$ 273.00	81382	
4570	2014079	2014079	*	HLA-DQ Genotyping	\$ 355.00	81382	
4571	2012498	2012498	*	HLA-DQB1 by Next Generation Sequencing	\$ 273.00	81382	
4572	2002798	2002798	*	HLA-DR Genotyping	\$ 355.00	81382	
4573	2012494	2012494	*	HLA-DRB1 by Next Generation Sequencing	\$ 273.00	81382	
4574	0051650	0051650		HNPCC/Lynch Syndrome (MLH1) Sequencing and Deletion/Duplication	\$ 667.86	81292/81294	[C]
4575	0051654	0051654		HNPCC/Lynch Syndrome (MSH2) Sequencing and Deletion/Duplication	\$ 242.12	81295/81297	[C]
4576	0051656	0051656		HNPCC/Lynch Syndrome (MSH6) Sequencing and Deletion/Duplication	\$ 358.71	81298/81300	[C]
4577	0051737	0051737		HNPCC/Lynch Syndrome (PMS2) Sequencing and Deletion/Duplication (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 690.95	81317/81319	[C]
4578	RFLX BILL CL	2005537	R	REFLEX PMS2 Pseudogene Analysis Bill	\$ 216.88	81479	
4579	2001728	2001728		HNPCC/Lynch Syndrome Deletion/Duplication (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 579.13	81294/81297/81300/81319	[C]
4580	RFLX BILL LR3CL	2005538	R	REFLEX PMS2 Seq & Pseudogene Analysis Bill	\$ 340.00	81479	
4581	2008848	2008848		Holoprosencephaly Panel, Sequencing and Deletion/Duplication	\$ 2,340.00	81479	[C]
4582	2008863	2008863		Holoprosencephaly Panel, Sequencing and Deletion/Duplication, Fetal	\$ 2,487.50	81479/81265	[C]
4583	0098669	0098669		Homocysteine, Total	\$ 15.18	83090	
4584	0080422	0080422		Homovanillic Acid (HVA), Urine	\$ 11.40	83150	[B]
4585	0098299	0098299	*	Human Anti-Mouse Antibody (HAMA), ELISA	\$ 227.00	83520	
4586	2003920	2003920		Human Chorionic Gonadotropin (Beta-hCG) by Immunohistochemistry	\$ 73.50	88342TC	
4587	2003020	2003020		Human Epididymis Protein 4 (HE4)	\$ 22.66	86305	
4588	0060071	0060071		Human Herpesvirus 6 (HHV-6A and HHV-6B) by Quantitative PCR	\$ 45.46	87533	[A]
4589	2013089	2013089		Human Herpesvirus 8 (HHV-8) by Quantitative PCR	\$ 39.11	87799	[B]

Line	Test Code	TEST CODE (Billing)	*	Test/Procedure	Fee/Each	Based on the 2019 CPT Code Book and information from our local carrier.	Compliance
4590	2012674	2012674		Human Immunodeficiency Virus (HIV) Combo Antigen/Antibody (HIV-1/O/2) by CIA, Reflexive Panel (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 20.26	87389	
4591	RFLX HIV AB DIF	2012669	R	REFLEX Human Immunodeficiency Virus Types 1 and 2 (HIV-1/2) Antibody Differentiation, Supplemental, with Reflex to HIV-1 Quantitative NAAT, Plasma	\$ 19.72	86701/86702	
4592	RFLX HIV QNT	3000867	R	REFLEX Human Immunodeficiency Virus 1 (HIV-1) by Quantitative NAAT, Plasma	\$ 76.33	87536	
4593	2006526	2006526		Human Immunodeficiency Virus (HIV) Combo Antigen/Antibody (HIV-1/O/2) by CIA, with Reflex to HIV-1 Antibody Confirmation by Western Blot (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 20.26	87389	
4594	RFLX HIV WBLOT	0020284	R	REFLEX Human Immunodeficiency Virus Type 1 (HIV-1) Antibody Confirmation by Western Blot	\$ 17.68	86689	
4595	2013333	2013333		Human Immunodeficiency Virus (HIV) Combo Antigen/Antibody (HIV-1/O/2) by CIA, with Reflex to HIV-1/HIV-2 Antibody Differentiation, Supplemental (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 20.26	87389	
4596	RFLX HIV AB SUP	2013107	R	REFLEX Human Immunodeficiency Virus Types 1 and 2 (HIV-1/2) Antibody Differentiation, Supplemental	\$ 19.72	86701/86702	
4597	0092050	0092050	*	Human Immunodeficiency Virus (HIV) Phenotype Comprehensive	\$ 1,184.87	87903/87904 x11	
4598	0093061	0093061		Human Immunodeficiency Virus 1 (HIV-1) by Qualitative PCR	\$ 38.21	87535	[D]
4599	2014234	2014234	*	Human Immunodeficiency Virus 1 (HIV-1) by Qualitative Transcription-Mediated Amplification (TMA)	\$ 369.00	87535	
4600	3000871	3000871		Human Immunodeficiency Virus 1 (HIV-1) by Quantitative NAAT with Reflex to HIV PhenoSense GT (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 76.33	87536	
4601	RFLX HIVPHENOGT	0092399	*R	REFLEX HIV PhenoSense GT	\$ 1,725.79	87900/87901/87903/87904 x11	
4602	3000870	3000870		Human Immunodeficiency Virus 1 (HIV-1) by Quantitative NAAT with Reflex to HIV-1 Genotype by Sequencing (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 76.33	87536	
4603	RFLX HIV1GENO	0055670	R	REFLEX Human Immunodeficiency Virus 1, Genotype by Sequencing	\$ 280.28	87901	[B]
4604	3000872	3000872		Human Immunodeficiency Virus 1 (HIV-1) by Quantitative NAAT, CSF	\$ 76.33	87536	[B]
4605	3000867	3000867		Human Immunodeficiency Virus 1 (HIV-1) by Quantitative NAAT, Plasma	\$ 76.33	87536	
4606	0055670	0055670		Human Immunodeficiency Virus 1, Genotype by Sequencing	\$ 280.28	87901	[B]
4607	0020284	0020284		Human Immunodeficiency Virus Type 1 (HIV-1) Antibody Confirmation by Western Blot	\$ 17.68	86689	
4608	2008438	2008438	*	Human Immunodeficiency Virus Type 1 (HIV-1) Drug Resistance (GenoSURE PRIme)	\$ 849.06	87900/87901/87906	
4609	2010808	2010808	*	Human Immunodeficiency Virus Type 1 (HIV-1) Drug Resistance (PhenoSense GT Plus Integrase)	\$ 2,260.98	87900/87901/87903/87904 x14/87906	
4610	2013107	2013107		Human Immunodeficiency Virus Types 1 and 2 (HIV-1/2) Antibody Differentiation, Supplemental	\$ 19.72	86701/86702	
4611	2012669	2012669		Human Immunodeficiency Virus Types 1 and 2 (HIV-1/2) Antibody Differentiation, Supplemental, with Reflex to HIV-1 Quantitative NAAT, Plasma (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 19.72	86701/86702	
4612	RFLX HIV QNT	3000867	R	REFLEX Human Immunodeficiency Virus 1 (HIV-1) by Quantitative NAAT, Plasma	\$ 76.33	87536	
4613	0060784	0060784		Human Metapneumovirus by PCR	\$ 30.15	87798	[A]
4614	0060779	0060779		Human Metapneumovirus DFA	\$ 10.10	87299	
4615	3000414	3000414		Human Papillomavirus (HPV) Genotype 16 and 18 by PCR, Head and Neck	\$ 151.23	88381/87625	[B]



Line	Test Code	TEST CODE (Billing)	*	Test/Procedure	Fee/Each	Based on the 2019 CPT Code Book and information from our local carrier.	Compliance
4616	2007894	2007894		Human Papillomavirus (HPV) Genotypes 16 and 18/45 by Transcription-Mediated Amplification (TMA), ThinPrep	\$ 38.21	87625	
4617	2002896	2002896		Human Papillomavirus (HPV) Low Risk by in situ Hybridization, Paraffin	\$ 270.25	88365	[A]
4618	2002899	2002899		Human Papillomavirus (HPV), High Risk by in situ Hybridization, Paraffin	\$ 270.25	88365	[A]
4619	2011942	2011942		Human Papillomavirus (HPV), High Risk by PCR, SurePath	\$ 35.05	87624	
4620	2011947	2011947		Human Papillomavirus (HPV), High Risk by PCR, ThinPrep	\$ 35.05	87624	
4621	2007890	2007890		Human Papillomavirus (HPV), High Risk by Transcription-Mediated Amplification (TMA) with Reflex to HPV Genotypes 16 and 18/45 by TMA, ThinPrep (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 35.05	87624	
4622	RFLX HPVGENOTMA	2007894	R	REFLEX Human Papillomavirus (HPV) Genotypes 16 and 18/45 by Transcription-Mediated Amplification (TMA), ThinPrep	\$ 38.21	87625	
4623	2007893	2007893		Human Papillomavirus (HPV), High Risk by Transcription-Mediated Amplification (TMA), ThinPrep	\$ 35.05	87624	
4624	2011933	2011933		Human Papillomavirus (HPV), High Risk with 16 and 18 Genotype by PCR, SurePath	\$ 35.05	87624	
4625	2011940	2011940		Human Papillomavirus (HPV), High Risk with 16 and 18 Genotype by PCR, ThinPrep	\$ 35.05	87624	
4626	0099721	0099721	*	Human Placental Lactogen (HPL)	\$ 146.00	83632	
4627	2003938	2003938		Human Placental Lactogen (HPL) by Immunohistochemistry	\$ 73.50	88342TC	[B]
4628	0051164	0051164		Human T-Lymphotropic Virus (HTLV) Types I/II Antibodies by ELISA with Reflex to HTLV-I/II Confirmation by Western Blot (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 14.02	86790	[D]
4629	RFLX HTLV WBLOT	0020642	R	REFLEX Human T-Lymphotropic Virus Types I/II Antibodies, Western Blot	\$ 17.68	86689	[D]
4630	0020642	0020642		Human T-Lymphotropic Virus Types I/II Antibodies, Western Blot	\$ 17.68	86689	[D]
4631	2003075	2003075	*	Human T-Lymphotropic Virus Types I/II DNA, Qualitative Real-Time PCR	\$ 223.70	87798 x2	
4632	0050980	0050980		Humoral Immunity Panel I	\$ 269.48	86317 x16/82787 x4/82784 x3	[B]
4655	0050981	0050981		Humoral Immunity Panel II	\$ 216.32	86317 x16	[B]
4671	0040018	0040018		Huntington Disease (HD) Mutation by PCR	\$ 137.00	81271	[C]
4672	0081138	0081138		Hyaluronic Acid, Serum	\$ 10.24	83520	[D]
4673	2008326	2008326	*	Hydrocarbon and Oxygenated Volatiles Panel, Blood	\$ 106.00	84600	
4674	0050157	0050157		Hypersensitivity Pneumonitis Extended Panel (Farmer's Lung Panel)	\$ 147.04	86003 x3/86005/86331 x7/86606 x5	[A]
4690	0055076	0055076		Hypersensitivity Pneumonitis I	\$ 56.38	86331 x4/86606 x2	
4696	0055226	0055226		Hypersensitivity Pneumonitis II	\$ 66.87	86331 x3/86606 x3	[A]
4702	3000477	3000477		Hypersensitivity Pneumonitis Panel	\$ 123.25	86331 x7/86606 x5	
4703	0051367	0051367		Hypochondroplasia (FGFR3) 2 Mutations	\$ 137.00	81401	[C]
4704	2010292	2010292		Hypoglycemia Panel, Sulfonyleureas Qualitative, Serum or Plasma	\$ 43.50	80377 (Alt code: G0480)	[B]
4705	0050202	0050202		IA-2 Antibody	\$ 18.09	86341	
4706	2014183	2014183	*	Ibuprofen Quantitative, Serum or Plasma	\$ 62.00	80329 (Alt code: G0480)	
4707	2006444	2006444		IDH1 and IDH2 Mutation Analysis, exon 4	\$ 489.04	81120/81121	[B]
4708	2014188	2014188		IDH1 and IDH2 Mutation Analysis, Exon 4, Formalin-Fixed, Paraffin-Embedded (FFPE) Tissue	\$ 613.96	88381/81120/81121	[B]
4709	2005857	2005857		IDH1 R132H Mutation by Immunohistochemistry	\$ 73.50	88342TC	[B]
4710	2007357	2007357		IDH1 R132H Point Mutation Detection with Interpretation by Immunohistochemistry	\$ 90.13	88342	
4711	2014056	2014056	*	IgA Deficiency (IgAD) Panel	\$ 297.20	82784/83520	



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4712	3001298	3001298		IGH-BCL2 Fusion, t(14;18) by FISH	\$ 400.00	88366	[A]
4713	3001306	3001306		IGH-CCND1 Fusion, t(11;14) by FISH	\$ 450.63	88366	[A]
4714	3001299	3001299		IGH-MYC Fusion t(8;14) by FISH	\$ 400.00	88366	[A]
4715	0040227	0040227		IGHV Mutation Analysis by Sequencing	\$ 363.60	81263	[B]
4716	3000539	3000539		Imatinib	\$ 50.00	80299	
4717	0090157	0090157		Imipramine and Desipramine, Serum or Plasma	\$ 24.02	80335 (Alt code: G0480)	
4718	3000462	3000462		Immature PLT Fraction	\$ 29.15	85055	
4719	0050667	0050667		Immune Complex Panel	\$ 53.08	86332 x2	[A]
4721	0050049	0050049		Immunofixation Electrophoresis, Immunoglobulin D and Immunoglobulin E, Serum	\$ 20.03	86334	
4722	2012572	2012572		Immunofixation Electrophoresis, Qualitative, Gel	\$ 20.03	86334	
4723	0050340	0050340		Immunoglobulin A	\$ 6.08	82784	
4724	0093149	0093149		Immunoglobulin A Subclasses (1 and 2)	\$ 23.54	82784/82787 x2	
4725	0050341	0050341		Immunoglobulin A, CSF	\$ 6.08	82784	
4726	0050525	0050525		Immunoglobulin A, Saliva	\$ 6.08	82784	
4727	2003960	2003960		Immunoglobulin D (IgD) by Immunohistochemistry	\$ 73.50	88342TC	[A]
4728	0099200	0099200		Immunoglobulin D, Serum	\$ 6.08	82784	
4729	0050345	0050345		Immunoglobulin E	\$ 14.60	82785	
4730	0050350	0050350		Immunoglobulin G	\$ 6.08	82784	
4731	2003963	2003963		Immunoglobulin G (IgG) by Immunohistochemistry	\$ 73.50	88342TC	
4732	0050571	0050571		Immunoglobulin G Subclass 1	\$ 8.73	82787	
4733	0050572	0050572		Immunoglobulin G Subclass 2	\$ 8.73	82787	
4734	0050573	0050573		Immunoglobulin G Subclass 3	\$ 8.73	82787	
4735	0050576	0050576		Immunoglobulin G Subclass 4	\$ 8.73	82787	
4736	0050577	0050577		Immunoglobulin G Subclasses (1, 2, 3, 4)	\$ 34.92	82787 x4	
4740	0050670	0050670		Immunoglobulin G, CSF	\$ 6.08	82784	
4741	0050676	0050676		Immunoglobulin G, CSF Index	\$ 19.01	82784 x2/82040/82042	
4745	0050680	0050680		Immunoglobulin G/Albumin Ratio, CSF	\$ 8.91	82784/82042	
4747	2005844	2005844		Immunoglobulin G4 by Immunohistochemistry	\$ 73.50	88342TC	
4748	0050355	0050355		Immunoglobulin M	\$ 6.08	82784	
4749	0050356	0050356		Immunoglobulin M, CSF	\$ 6.08	82784	
4750	0050630	0050630		Immunoglobulins (IgA, IgG, IgM), Quantitative	\$ 18.24	82784 x3	
4753	0050631	0050631		Immunoglobulins, CSF Quantitative	\$ 18.24	82784 x3	
4756	2007535	2007535	*	Infantile Epilepsy Panel, Sequence Analysis and Exon-Level Deletion/Duplication	\$ 4,780.00	81404/81405/81406/81407	
4757	2013270	2013270		Inflammatory Bowel Disease Differentiation Panel (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 37.55	86671 x2/86255	
4758	REFLX BILL ANCAT	0050243	R	REFLEX Reflexed to ANCA Titer	\$ 10.39	86256	
4759	2008320	2008320		Infliximab or Biosimilar Activity and Neutralizing Antibody	\$ 395.00	80299/82397	[B]
4760	2013612	2013612		Infliximab or Biosimilar Activity with Reflex to Antibody (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 215.00	80299	[B]

Line	Test Code	TEST CODE (Billing)	*	Test/Procedure	Fee/Each	Based on the 2019 CPT Code Book and information from our local carrier.	Compliance
4761	RFLX IFX R NAB	2013615	R	REFLEX Infliximab or Biosimilar Reflex to Neutralizing Antibody Confirmation	\$ 300.00	82397	[B]
4762	0051069	0051069		Influenza A & B Virus Antibodies, IgG & IgM	\$ 48.60	86710 x4	
4766	2004421	2004421		Influenza A Virus Antibodies, IgG & IgM	\$ 24.30	86710 x2	
4768	0051074	0051074		Influenza A Virus Antibody, IgG	\$ 12.15	86710	
4769	0051081	0051081		Influenza A Virus Antibody, IgM	\$ 12.15	86710	
4770	2007469	2007469		Influenza A Virus H1/H3 Subtype by PCR	\$ 77.00	87502	[B]
4771	2008788	2008788		Influenza A Virus H1/H3 Subtype by PCR with Reflex to H1N1 (2009) Oseltamivir Resistance by Sequencing (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 77.00	87502	
4772	RFLX H1N1 RES	2004218	R	REFLEX Influenza A H1N1 (2009) Oseltamivir Resistance by Sequencing	\$ 380.38	87999	[B]
4773	2004422	2004422		Influenza B Virus Antibodies, IgG & IgM	\$ 24.30	86710 x2	
4775	0051080	0051080		Influenza B Virus Antibody, IgG	\$ 12.15	86710	
4776	0051079	0051079		Influenza B Virus Antibody, IgM	\$ 12.15	86710	
4777	0060284	0060284		Influenza Virus A and B DFA with Reflex to Influenza Virus A and B Rapid Culture (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 11.90	87276/87275	
4778	RFLX V FLUC	0060286	R	REFLEX Influenza Virus A and B Rapid Culture	\$ 5.41	87254	
4779	2002643	2002643		Influenza Virus A and B DFA with Reflex to Respiratory Virus Mini Panel by PCR (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 11.90	87276/87275	
4780	RFLX RESP MINI	0060764	R	REFLEX Respiratory Virus Mini Panel by PCR	\$ 61.07	87631	[B]
4781	0060286	0060286		Influenza Virus A and B Rapid Culture	\$ 5.41	87254	
4782	2006274	2006274		Inherited Insulin Resistance Syndromes (INSR) Sequencing	\$ 1,035.00	81479	[C]
4783	0070137	0070137		Inhibin A (Dimer)	\$ 16.97	86336	
4784	0070413	0070413		Inhibin B	\$ 10.24	83520	[D]
4785	2003969	2003969		Inhibin by Immunohistochemistry	\$ 73.50	88342TC	[B]
4786	2003260	2003260		Inhibitor Assay, PT with Reflex to PT 1:1 Mix (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 3.49	85610	
4787	RFLX IN PT MIX	2003264	R	REFLEX PT, Inhibitor Screen, 1:1 Mix	\$ 4.29	85611	
4788	2003266	2003266		Inhibitor Assay, PTT with Reflex to PTT 1:1 Mix, with Reflex to 1-Hour Incubation (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 5.38	85730	
4789	RFLX IN PTT MIX	2003270	R	REFLEX Partial Thromboplastin Time 1:1 Mix (performed if PTT > 48 seconds)	\$ 7.05	85732	
4790	RFLX IN PTT 1HR	2003272	R	REFLEX Partial Thromboplastin Time 1 hour	\$ 12.43	85730/85732	
4791	2003448	2003448		IN1 (BAF47) by Immunohistochemistry	\$ 73.50	88342TC	[B]
4792	0020175	0020175		Insecticide Exposure Panel	\$ 16.94	82480/82482	
4794	0099228	0099228		Insulin Antibody	\$ 23.30	86337	
4795	0070068	0070068		Insulin, 120 Minutes	\$ 10.16	83525	
4796	2013566	2013566		Insulin, 180 Minutes	\$ 10.16	83525	
4797	0070064	0070064		Insulin, 30 Minutes	\$ 10.16	83525	
4798	0070066	0070066		Insulin, 60 Minutes	\$ 10.16	83525	
4799	0070067	0070067		Insulin, 90 Minutes	\$ 10.16	83525	

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4800	0070063	0070063		Insulin, Fasting	\$ 10.16	83525	
4801	0070155	0070155		Insulin, Free and Total	\$ 24.26	83525/83527	
4803	0070240	0070240		Insulin, I.V. Fluid	\$ 10.16	83525	[B]
4804	0070022	0070022		Insulin, Other	\$ 10.16	83525	
4805	0070107	0070107		Insulin, Random	\$ 10.16	83525	
4806	2007698	2007698		Insulin-Like Growth Factor 1 (IGF-1) with calculated Z-score	\$ 18.39	84305	
4807	2013599	2013599		Insulin-Like Growth Factor 2	\$ 10.24	83520	
4808	0098843	0098843	*	Insulin-Like Growth Factor Binding Protein 1 (IGFBP-1)	\$ 122.00	83519	
4809	0098842	0098842	*	Insulin-Like Growth Factor Binding Protein 2 (IGFBP-2)	\$ 112.00	83519	
4810	0070060	0070060		Insulin-Like Growth Factor Binding Protein 3 (IGFBP-3)	\$ 15.38	82397	
4811	2003390	2003390		Interferon Beta Neutralizing Antibody with Reflex to Titer (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 167.73	86352	[B]
4812	REFLX BILL IFNB	2004329	R	REFLEX Interferon Beta Neut Ab Reflex Bill Only	\$ 167.73	86352	
4813	0051531	0051531		Interferon gamma	\$ 10.24	83520	[B]
4814	0093148	0093148	*	Interferon-Alpha by ELISA, Serum	\$ 187.00	83520	
4815	0051536	0051536		Interleukin 1 beta	\$ 10.24	83520	[B]
4816	0051534	0051534		Interleukin 10	\$ 10.24	83520	[B]
4817	0051530	0051530		Interleukin 12	\$ 10.24	83520	[B]
4818	0051535	0051535		Interleukin 13	\$ 10.24	83520	[B]
4819	2013115	2013115		Interleukin 17	\$ 10.24	83520	[B]
4820	0051588	0051588		Interleukin 2	\$ 10.24	83520	[B]
4821	0051529	0051529		Interleukin 2 Receptor (CD25), Soluble	\$ 10.24	83520	[B]
4822	2004680	2004680		Interleukin 28B-Associated Variants, IL28B, 2 SNPs	\$ 63.96	81283/81479	[C]
4823	0051532	0051532		Interleukin 4	\$ 10.24	83520	[B]
4824	0051533	0051533		Interleukin 5	\$ 10.24	83520	[B]
4825	0051537	0051537		Interleukin 6	\$ 10.24	83520	[B]
4826	0051538	0051538		Interleukin 8	\$ 10.24	83520	[B]
4827	2013993	2013993		Interstitial Lung Disease Panel	\$ 165.45	83516 x9/86235 x5/86200/86431/86039	[D]
4828	0070210	0070210		Intrinsic Factor Blocking Antibody	\$ 16.41	86340	
4829	2007463	2007463		Iodine, Serum	\$ 22.37	83018	[B]
4830	2007465	2007465		Iodine, Urine	\$ 22.37	83018	[B]
4831	0020420	0020420		Iron and Iron Binding Capacity	\$ 12.61	83540/83550	
4833	0049110	0049110		Iron Stain	\$ 48.38	88313	
4834	0028250	0028250		Iron, Liver	\$ 5.72	83540	[B]
4835	0020037	0020037		Iron, Plasma or Serum	\$ 5.72	83540	
4836	0050138	0050138		Islet Cell Cytoplasmic Antibody, IgG	\$ 18.09	86341	[A]
4837	2000271	2000271		Isohemagglutinin Titer, IgG (Depending on blood type, IRL A IGG BILL and/or IRL B IGG BILL may be performed at an additional charge-billed separately) (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 2.38	86900	
4838	REFLX BILLA IGG	2000276	R	REFLEX IRL A IgG Bill	\$ 4.22	86886	

Line	Test Code	TEST CODE (Billing)	*	Test/Procedure	Fee/Each	Based on the 2019 CPT Code Book and information from our local carrier.	Compliance
4839	RFLX BILLB IGG	2000278	R	REFLEX IRL B IgG Bill	\$ 4.22	86886	
4840	2000280	2000280		Isohemagglutinin Titer, IgG and IgM (Depending on blood type, IRL A IGG BILL and/or IRL B IGG BILL may be performed at an additional charge-billed separately) (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 2.38	86900	
4841	RFLX BILLA IGG	2000276	R	REFLEX IRL A IgG Bill	\$ 4.22	86886	
4842	RFLX BILLA IGM	2000291	R	REFLEX IRL A IgM Bill	\$ 10.58	86941	
4843	RFLX BILLB IGG	2000278	R	REFLEX IRL B IgG Bill	\$ 4.22	86886	
4844	RFLX BILLB IGM	2000293	R	REFLEX IRL B IgM Bill	\$ 10.58	86941	
4845	2000270	2000270		Isohemagglutinin Titer, IgM (Depending on blood type, IRL A IGM BILL and/or IRL B IGM BILL may be performed at an additional charge-billed separately) (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 2.38	86900	
4846	RFLX BILLA IGM	2000291	R	REFLEX IRL A IgM Bill	\$ 10.58	86941	
4847	RFLX BILLB IGM	2000293	R	REFLEX IRL B IgM Bill	\$ 10.58	86941	
4848	0090144	0090144		Isopropanol (Includes Acetone)	\$ 22.40	80320 (Alt code: G0480)	
4849	0098519	0098519		Itraconazole, Quantitative by LC-MS/MS	\$ 12.59	80299	[B]
4850	2002357	2002357		JAK2 Exon 12 Mutation Analysis by PCR	\$ 185.20	81403	[B]
4851	0051245	0051245		JAK2 Gene, V617F Mutation, Qualitative	\$ 66.30	81270	[B]
4852	2012084	2012084		JAK2 Gene, V617F Mutation, Qualitative with Reflex to CALR (Calreticulin) Exon 9 Mutation Analysis by PCR with Reflex to MPL Mutation Detection (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 66.30	81270	[B]
4853	RFLX CALR	2010673	R	REFLEX CALR (Calreticulin) Exon 9 Mutation Analysis by PCR	\$ 132.54	81219	[B]
4854	RFLX MPL	2005545	R	REFLEX MPL Mutation Detection by Capillary Electrophoresis	\$ 150.33	81402	[B]
4855	2012085	2012085		JAK2 Gene, V617F Mutation, Qualitative with Reflex to JAK2 Exon 12 Mutation Analysis by PCR (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 66.30	81270	[B]
4856	RFLX JAK2 EX12	2002357	R	REFLEX JAK2 Exon 12 Mutation Analysis by PCR	\$ 185.20	81403	[B]
4857	0040168	0040168		JAK2 Gene, V617F Mutation, Quantitative	\$ 66.30	81270	[B]
4858	2005689	2005689		Japanese Encephalitis Virus Antibodies, IgG and IgM by ELISA	\$ 28.04	86790 x2	[D]
4860	2005687	2005687		Japanese Encephalitis Virus Antibody, IgG by ELISA	\$ 14.02	86790	[D]
4861	2005685	2005685		Japanese Encephalitis Virus Antibody, IgM by ELISA	\$ 14.02	86790	[D]
4862	0099169	0099169		JC Virus by PCR	\$ 30.15	87798	[B]
4863	2007727	2007727		JKA Antigen Typing - Patient	\$ 3.35	86905	
4864	2007729	2007729		JKB Antigen Typing - Patient	\$ 3.35	86905	
4865	0098592	0098592		Jo-1 Antibody, IgG	\$ 14.59	86235	
4866	2013909	2013909		Joubert Syndrome Type 2 (TMEM216), 1 Variant	\$ 317.50	81479	[C]
4867	0051510	0051510		Juvenile Polyposis (SMAD4) Sequencing	\$ 282.88	81406	[C]
4868	2001971	2001971		Juvenile Polyposis (SMAD4) Sequencing and Deletion/Duplication	\$ 584.23	81405/81406	[C]
4869	2004988	2004988		Juvenile Polyposis Syndrome (BMPR1A) Sequencing	\$ 491.88	81479	[C]
4870	2004992	2004992		Juvenile Polyposis Syndrome (BMPR1A) Sequencing and Deletion/Duplication	\$ 983.76	81479	[C]
4871	2009306	2009306		Kabuki Syndrome (KMT2D) Sequencing	\$ 1,835.00	81479	[C]
4872	0050161	0050161		Kappa and Lambda Free Light Chains (Bence Jones Protein), Qualitative, Urine	\$ 35.21	84156/86335	

Line	Test Code	TEST CODE (Billing)	*	Test/Procedure	Fee/Each	Based on the 2019 CPT Code Book and information from our local carrier.	Compliance
4874	0050618	0050618		Kappa and Lambda Free Light Chains (Bence Jones Protein), Quantitative, Urine	\$ 59.77	84156/86335/83883 x2	
4878	0050689	0050689		Kappa Free Light Chains (Bence Jones Protein), Quantitative, Urine	\$ 47.49	84156/86335/83883	
4881	2003981	2003981		Kappa Light Chains by Immunohistochemistry	\$ 73.50	88342TC	
4882	2002888	2002888		Kappa/Lambda Light Chain Panel by in situ Hybridization, Paraffin	\$ 500.00	88368/88369	[A]
4883	2013595	2013595		Kappa/Lambda Light Chain Panel by In Situ Hybridization, Stain Only	\$ 470.00	88368TC/88369TC	[A]
4884	0055167	0055167		Kappa/Lambda Quantitative Free Light Chains with Ratio, Serum	\$ 24.56	83883 x2	
4886	2007731	2007731		Kell Antigen Typing - Patient	\$ 3.35	86905	
4887	0051644	0051644		Kell K/k Antigen (KEL) Genotyping	\$ 185.20	81403	[C]
4888	0098627	0098627		Keppra (Levetiracetam)	\$ 14.43	80177	[B]
4889	2012259	2012259		Keratan Sulfate, Quantitative by LC-MS/MS, Urine	\$ 15.94	83864	[B]
4890	2003978	2003978		Keratin 903 (K903) High Molecular Weight by Immunohistochemistry	\$ 73.50	88342TC	[B]
4891	0091507	0091507	*	Ketamine and Metabolite Quantitative, Serum or Plasma	\$ 106.00	80357 (Alt code: G0480)	
4892	2007182	2007182		KI-67 with Interpretation by Immunohistochemistry	\$ 95.00	88360	[B]
4893	2004519	2004519		KI-67, MIB-1, by Immunohistochemistry	\$ 73.50	88360TC	
4894	3000599	3000599		Kidney Profile	\$ 14.08	82043/82570/82565	
4895	0020843	0020843		Kidney Stone Risk Panel, Urine	\$ 56.03	82507/83945/84560/82340	
4896	3000440	3000440		KIT (D816V) Mutation by PCR	\$ 99.90	81273	[B]
4897	2012207	2012207		KIT D816V Mutation Detection by PCR for Gleevec Eligibility in Aggressive Systemic Mastocytosis (ASM)	\$ 250.00	81273	
4898	2002437	2002437		KIT Mutations in AML by Fragment Analysis and Sequencing	\$ 263.61	81272	[B]
4899	2002695	2002695		KIT Mutations, Melanoma	\$ 652.14	81272/88381/81314	[B]
4900	0040105	0040105		Kleihauer-Betke Stain for Fetal Hemoglobin	\$ 6.28	85460	
4901	2013690	2013690		Kpa Pt Antigen Typing IRL	\$ 3.35	86905	
4902	0040248	0040248		KRAS Mutation Detection	\$ 440.26	88381/81275/81276	[B]
4903	2001932	2001932		KRAS Mutation Detection with Reflex to BRAF Codon 600 Mutation Detection (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 440.26	88381/81275/81276	[B]
4904	RFLX BRAF V600E	0049001	R	REFLEX BRAF codon 600 Mutation Detection (Reflex Only)	\$ 77.96	81210	[B]
4905	2003182	2003182		Lacosamide, Serum or Plasma	\$ 100.00	80339 (Alt code: G0480)	[B]
4906	0020505	0020505		Lactate Dehydrogenase Total, Body Fluid	\$ 5.41	83615	[B]
4907	0020413	0020413		Lactate Dehydrogenase, Isoenzymes	\$ 19.35	83625/83615	
4909	0020006	0020006		Lactate Dehydrogenase, Serum or Plasma	\$ 5.41	83615	
4910	2007935	2007935		Lactate to Pyruvate Ratio, Whole Blood	\$ 21.23	84210/83605	[B]
4911	0020504	0020504		Lactic Acid, Body Fluid	\$ 9.41	83605	[B]
4912	0020516	0020516		Lactic Acid, CSF	\$ 9.41	83605	
4913	0020045	0020045		Lactic Acid, Plasma	\$ 9.41	83605	[B]
4914	0061164	0061164		Lactoferrin, Fecal by ELISA	\$ 21.37	83630	
4915	0020407	0020407		Lactose Tolerance	\$ 18.19	82951/82952 x2	
4918	0050682	0050682		Lambda Free Light Chains (Bence Jones Protein), Quantitative, Urine	\$ 47.49	84156/86335/83883	
4921	2003984	2003984		Lambda Light Chains by Immunohistochemistry	\$ 73.50	88342TC	

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4922	0090177	0090177		Lamotrigine	\$ 14.43	80175	
4923	2013802	2013802		LANGERIN by Immunohistochemistry	\$ 73.50	88342TC	
4924	0020257	0020257		LDL Cholesterol, Direct	\$ 8.22	83721	
4925	0050021	0050021		LDL Subclasses	\$ 30.91	83701/82465	
4926	2007733	2007733		LEA Antigen Typing - Patient	\$ 3.35	86905	
4927	0020745	0020745		Lead, Blood (Capillary)	\$ 10.63	83655	[B]
4928	0020098	0020098		Lead, Blood (Venous)	\$ 10.63	83655	[B]
4929	0025016	0025016		Lead, Industrial Exposure Panel, Adults	\$ 26.25	83655/84202	[B]
4931	2011482	2011482		Lead, Random Urine	\$ 10.63	83655	[B]
4932	2011413	2011413	*	Lead, RBC	\$ 72.00	83655	
4933	0025060	0025060		Lead, Urine	\$ 10.63	83655	[B]
4934	2007723	2007723		LEB Antigen Typing - Patient	\$ 3.35	86905	
4935	2007460	2007460		Leftunomide Metabolite, Serum or Plasma	\$ 12.59	80299	[B]
4936	0050376	0050376		Legionella pneumophila Antibody (Type 1), IgG by IFA	\$ 16.66	86713	
4937	0050273	0050273		Legionella pneumophila Antibody (Type 1), IgM by IFA	\$ 16.66	86713	
4938	0050365	0050365		Legionella pneumophila Antibody (Types 1-6), IgG by IFA	\$ 16.66	86713	
4939	0050274	0050274		Legionella pneumophila Antibody (Types 1-6), IgM by IFA	\$ 16.66	86713	
4940	0070322	0070322		Legionella pneumophila Antigen, Urine	\$ 8.40	87449	
4941	2004598	2004598		Legionella pneumophila DFA	\$ 10.10	87278	
4942	2010125	2010125		Legionella Species by Qualitative PCR	\$ 68.36	87541/87798	[B]
4943	0060113	0060113		Legionella Species, Culture (Micro billing tasks will be ordered as needed, see below for possible charges and CPT codes)	\$ 5.68	87081; Identification CPT codes may vary based on method	
4944	TASK BACSEQ	0060719		BILL TASK DNA Sequencing - Bacterial identification (Billed)	\$ 125.58	87153	
4945	TASK .PF	0062151		BILL TASK Processing fee (Billed)	\$ 35.00	87015	
4946	TASK CF PSE	TASK CF PSE		BILL TASK Bacterial Identification - Cystic Pseudomonas (Billed)	\$ 7.08	87077	
4947	TASK PSE	TASK PSE		BILL TASK Bacterial Identification - Pseudomonas (Billed)	\$ 7.08	87077	
4948	TASK BID	0060457		BILL TASK Bacterial Identification (Billed)	\$ 7.08	87077	
4949	TASK PID	TASK PID		BILL TASK Bacterial Identification - Gram positive (Phoenix) (Billed)	\$ 7.08	87077	
4950	TASK NID	TASK NID		BILL TASK Bacterial Identification - Gram negative (Phoenix) (Billed)	\$ 7.08	87077	
4951	TASK BAC	TASK BAC		BILL TASK Bacterial Identification - Bacillus (Billed)	\$ 7.08	87077	
4952	TASK NMIC/ID 304	2013217		BILL TASK Gram Negative ID & MIC Panel (Phoenix)	\$ 7.08	87077	
4953	TASK MALDI	2005162		BILL TASK Bacterial ID by MALDI-TOF MS (billed)	\$ 7.08	87077	
4954	TASK ANA MALDI TASK	2005712		BILL TASK Anaerobic organism ID by MALDI-TOF (billed)	\$ 7.26	87076	
4955	LEGIONCONF	2004596		BILL TASK Legionella pneumophila Culture Confirmation DFA (Internal Order Only, Billed)	\$ 10.10	87278	
4956	2002945	2002945		Legius Syndrome (SPRED1) Sequencing	\$ 301.35	81405	[C]
4957	2008347	2008347		Legius Syndrome (SPRED1) Sequencing and Deletion/Duplication	\$ 301.35	81405/81479	[C]
4958	0051726	0051726		Leishmania Antibody, IgG (Visceral Leishmaniasis)	\$ 13.34	86717	
4959	0070263	0070263		Leptin, Quantitative by Chemiluminescent Immunoassay	\$ 10.24	83520	[B]

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4960	0055233	0055233		Leptospira Antibody, IgM by Dot Blot	\$ 12.23	86720	
4961	0060158	0060158		Leptospira Culture (Micro billing tasks will be ordered as needed, see below for possible charges and CPT codes)	\$ 17.98	87081/87166	
4962	TASK BACSEQ	0060719		BILL TASK DNA Sequencing - Bacterial identification (Billed)	\$ 125.58	87153	
4963	TASK .PF	0062151		BILL TASK Processing fee (Billed)	\$ 35.00	87015	
4964	2009460	2009460		Leucine-Rich, Glioma-Inactivated Protein 1 Antibody, IgG and Contactin-Associated Protein-2 Antibody, IgG with Reflex to Titers (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 21.74	86255 x2	[D]
4966	CASPR2TIGG	2009454	R	REFLEX Contactin-Associated Protein-2 Antibody Titer, IgG by IFA	\$ 10.39	86256	[D]
4967	LG1TGITER	2009458	R	REFLEX Leucine-Rich, Glioma-Inactivated Protein 1 Antibody Titer, IgG by IFA	\$ 10.39	86256	[D]
4968	2009456	2009456		Leucine-Rich, Glioma-Inactivated Protein 1 Antibody, IgG with Reflex to Titer (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 10.87	86255	[D]
4969	LG1GTITER	2009458	R	REFLEX Leucine-Rich, Glioma-Inactivated Protein 1 Antibody Titer, IgG by IFA	\$ 10.39	86256	[D]
4970	2008003	2008003		Leukemia/Lymphoma Phenotyping by Flow Cytometry (Charges based on number of markers performed. One technical charge and one professional charge will be used. Please see below for possible charges and CPT codes.)	Variable		[A]
4971	RFLX PC 88187	2008060	R	REFLEX Professional Charge for Leuk/Lymph Pheno 2-8 markers	\$ 61.75	88187	[A]
4972	RFLX PC 88188	2008062	R	REFLEX Professional Charge for Leuk/Lymph Pheno 9-15 markers	\$ 81.75	88188	[A]
4973	RFLX PC 88189	2008063	R	REFLEX Professional Charge for Leuk/Lymph Pheno 16 or more markers	\$ 96.75	88189	[A]
4974	RFLX TC HFCm 5	2008090	R	REFLEX Technical Charge for Leuk/Lymph Pheno, 5 markers	\$ 200.50	88184/88185 x4	[A]
4975	RFLX TC HFCm 6	2008065	R	REFLEX Technical Charge for Leuk/Lymph Pheno, 6 markers	\$ 213.88	88184/88185 x5	[A]
4976	RFLX TC HFCm 7	2008066	R	REFLEX Technical Charge for Leuk/Lymph Pheno, 7 markers	\$ 227.25	88184/88185 x6	[A]
4977	RFLX TC HFCm 8	2008067	R	REFLEX Technical Charge for Leuk/Lymph Pheno, 8 markers	\$ 240.63	88184/88185 x7	[A]
4978	RFLX TC HFCm 9	2008068	R	REFLEX Technical Charge for Leuk/Lymph Pheno, 9 markers	\$ 254.00	88184/88185 x8	[A]
4979	RFLX TC HFCm 10	2008069	R	REFLEX Technical Charge for Leuk/Lymph Pheno, 10 markers	\$ 267.38	88184/88185 x9	[A]
4980	RFLX TC HFCm 11	2008070	R	REFLEX Technical Charge for Leuk/Lymph Pheno, 11 markers	\$ 280.75	88184/88185 x10	[A]
4981	RFLX TC HFCm 12	2008071	R	REFLEX Technical Charge for Leuk/Lymph Pheno, 12 markers	\$ 294.13	88184/88185 x11	[A]
4982	RFLX TC HFCm 13	2008072	R	REFLEX Technical Charge for Leuk/Lymph Pheno, 13 markers	\$ 307.50	88184/88185 x12	[A]
4983	RFLX TC HFCm 14	2008073	R	REFLEX Technical Charge for Leuk/Lymph Pheno, 14 markers	\$ 320.88	88184/88185 x13	[A]
4984	RFLX TC HFCm 15	2008074	R	REFLEX Technical Charge for Leuk/Lymph Pheno, 15 markers	\$ 334.25	88184/88185 x14	[A]
4985	RFLX TC HFCm 16	2008075	R	REFLEX Technical Charge for Leuk/Lymph Pheno, 16 markers	\$ 347.63	88184/88185 x15	[A]
4986	RFLX TC HFCm 17	2008076	R	REFLEX Technical Charge for Leuk/Lymph Pheno, 17 markers	\$ 361.00	88184/88185 x16	[A]
4987	RFLX TC HFCm 18	2008077	R	REFLEX Technical Charge for Leuk/Lymph Pheno, 18 markers	\$ 374.38	88184/88185 x17	[A]
4988	RFLX TC HFCm 19	2008078	R	REFLEX Technical Charge for Leuk/Lymph Pheno, 19 markers	\$ 387.75	88184/88185 x18	[A]



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4989	RFLX TC HFCm 20	2008079	R	REFLEX Technical Charge for Leuk/Lymph Pheno, 20 markers	\$ 401.13	88184/88185 x19	[A]
4990	RFLX TC HFCm 21	2008080	R	REFLEX Technical Charge for Leuk/Lymph Pheno, 21 markers	\$ 414.50	88184/88185 x20	[A]
4991	RFLX TC HFCm 22	2008081	R	REFLEX Technical Charge for Leuk/Lymph Pheno, 22 markers	\$ 427.88	88184/88185 x21	[A]
4992	RFLX TC HFCm 23	2008082	R	REFLEX Technical Charge for Leuk/Lymph Pheno, 23 markers	\$ 441.25	88184/88185 x22	[A]
4993	RFLX TC HFCm 24	2008083	R	REFLEX Technical Charge for Leuk/Lymph Pheno, 24 markers	\$ 454.63	88184/88185 x23	[A]
4994	RFLX TC HFCm 25	2008084	R	REFLEX Technical Charge for Leuk/Lymph Pheno, 25 markers	\$ 468.00	88184/88185 x24	[A]
4995	RFLX TC HFCm 26	2008085	R	REFLEX Technical Charge for Leuk/Lymph Pheno, 26 markers	\$ 481.38	88184/88185 x25	[A]
4996	RFLX TC HFCm 27	2008086	R	REFLEX Technical Charge for Leuk/Lymph Pheno, 27 markers	\$ 494.75	88184/88185 x26	[A]
4997	RFLX TC HFCm 28	2008087	R	REFLEX Technical Charge for Leuk/Lymph Pheno, 28 markers	\$ 508.13	88184/88185 x27	[A]
4998	RFLX TC HFCm 29	2008088	R	REFLEX Technical Charge for Leuk/Lymph Pheno, 29 markers	\$ 521.50	88184/88185 x28	[A]
4999	RFLX TC HFCm 30	2008089	R	REFLEX Technical Charge for Leuk/Lymph Pheno 30 or more markers	\$ 534.88	88184/88185 x29; additional CPT codes may apply	[A]
5000	2004359	2004359		Leukocyte Adhesion Deficiency Panel	\$ 87.45	86356 x3	[A]
5001	0049000	0049000		Leukocyte Alkaline Phosphatase	\$ 59.45	85540	
5002	0099603	0099603	*	Leukocyte Lysosomal Enzyme Screen	\$ 742.00	82657/82658	
5003	0090148	0090148		Librium and Nordiazepam	\$ 36.76	80346 (Alt code: G0480)	
5004	0090155	0090155		Lidocaine	\$ 15.99	80176	
5005	0091197	0091197	*	Lidocaine and Metabolite Quantitative, Serum or Plasma	\$ 106.00	80176	
5006	2009302	2009302		Li-Fraumeni (TP53) Sequencing	\$ 301.35	81405	[C]
5007	2009313	2009313		Li-Fraumeni (TP53) Sequencing and Deletion/Duplication	\$ 301.35	81479/81405	[C]
5008	0020715	0020715		Lipase, Fluid	\$ 6.08	83690	[B]
5009	0020014	0020014		Lipase, Serum or Plasma	\$ 6.08	83690	
5010	0020421	0020421		Lipid Panel	\$ 11.54	80061	
5011	0020468	0020468		Lipid Panel, Extended	\$ 19.76	80061/83721	
5012	2013735	2013735		Lipoamide Dehydrogenase Deficiency (DLD), 2 Variants	\$ 317.50	81479	[C]
5013	2013716	2013716		LipoFit by NMR	\$ 45.88	83704/80061	[B]
5014	2013715	2013715		LipoFit by NMR, Particle Count Only	\$ 34.34	83704	[B]
5015	0099174	0099174		Lipoprotein (a)	\$ 14.10	83695	
5016	0080503	0080503		Lipoprotein Electrophoresis	\$ 23.80	83700/80061	
5017	2002086	2002086	*	Listeria Antibody, CSF by CF	\$ 82.00	86609	
5018	0099529	0099529	*	Listeria Antibody, Serum by CF	\$ 70.30	86609	
5019	0020038	0020038		Lithium, Serum or Plasma	\$ 5.95	80178	
5020	2007939	2007939		Little c Antigen Typing - Patient	\$ 3.35	86905	
5021	2007943	2007943		Little e Antigen Typing - Patient	\$ 3.35	86905	

Line	Test Code	TEST CODE (Billing)	*	Test/Procedure	Fee/Each	Based on the 2019 CPT Code Book and information from our local carrier.	Compliance
5022	2007721	2007721		Little s Antigen Typing - Patient	\$ 3.35	86905	
5023	2010711	2010711		Liver Cytosolic Antigen Type 1 (LC-1) Antibody, IgG	\$ 8.60	83516	
5024	2005661	2005661		Liver Fibrosis, Chronic Viral Hepatitis (Echoscens FibroMeter)	\$ 160.00	83883/84450/84460/84520/82977 (Alt code: 81599)	[B]
5025	2012521	2012521		Liver Fibrosis, Non-Alcoholic Fatty Liver Disease (Echoscens)	\$ 140.00	84450/84460/82728/82947 (Alt code: 81599)	[B]
5026	0056241	0056241		Liver-Kidney Microsome - 1 Antibody, IgG	\$ 12.97	86376	
5027	0099270	0099270		Liver-Kidney Microsome Antibody, IgG	\$ 12.97	86376	[D]
5028	2004539	2004539		LMNA-Related Disorders (LMNA) Deletion/Duplication	\$ 523.63	81479	[C]
5029	2004543	2004543		LMNA-Related Disorders (LMNA) Sequencing	\$ 282.88	81406	[C]
5030	2002705	2002705		Loeys-Dietz Syndrome (TGFB1 & TGFB2) Sequencing	\$ 301.35	81405	[C]
5031	0090181	0090181		Lorazepam	\$ 31.75	80346 (Alt code: G0480)	
5032	0091200	0091200	*	LSD, Serum or Plasma - Screen with Reflex to Confirmation/Quantitation (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 91.00	80307	
5033	RFLX *C LSD SP	0091628	*R	REFLEX LSD Confirmation, Serum or Plasma (Can not be ordered by client)	\$ 151.00	80323 (Alt code: G0480)	
5034	0091224	0091224	*	LSD, Urine - Screen with Reflex to Confirmation/Quantitation (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 91.00	80307	
5035	RFLX *C LSD UR	0091627	*R	REFLEX LSD Confirmation, Urine (Can not be ordered by client)	\$ 151.00	80323 (Alt code: G0480)	
5036	2008894	2008894		Lung Cancer Limited Panel (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 654.71	88381/81235/88342/88341	[A]
5037	RFLX ROS1_FISH	3001308	R	REFLEX ROS1 by FISH	\$ 548.63	88366	[B]
5038	2008895	2008895		Lung Cancer Limited Panel with KRAS (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 925.76	88381/81275/81276/81235/88342/88341	[A]
5039	RFLX ROS1_FISH	3001308	R	REFLEX ROS1 by FISH	\$ 548.63	88366	[B]
5040	0030181	0030181		Lupus Anticoagulant Reflexive Panel (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 17.32	85610/85730/85613	
5043	RFLX BILL TTR	0030087	R	REFLEX Thrombin Time Reflex Bill	\$ 4.99	85670	
5044	RFLX BILL REPR	0030086	R	REFLEX Reptilase Time Reflex Bill	\$ 10.71	85635	
5045	RFLX BILL PTTHR	0030083	R	REFLEX PTT-D Heparin Reflex Bill	\$ 15.48	85730/85625	
5046	RFLX BILL PTTD	0031546	R	REFLEX Reflexed to Partial Thromboplastin Time-D 1:1 Mix	\$ 7.05	85732	
5047	RFLX BILL PNP	0031547	R	REFLEX Reflexed to Platelet Neutralization	\$ 19.57	85597	
5048	RFLX BILL DRV	0031548	R	REFLEX Reflexed to Dilute Russell Viper Venom Time (dRVVT) 1:1 Mix	\$ 8.45	85613	
5049	RFLX BILL DRVC	0031549	R	REFLEX Reflexed to Dilute Russell Viper Venom Time (dRVVT) Confirmation	\$ 8.45	85613	
5050	RFLX BILL HEXPR	0030081	R	REFLEX Hex Phos Reflex Bill	\$ 19.57	85598	
5051	0050119	0050119	R	Lupus Comprehensive Reflexive Panel (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 36.67	86431/86160 x2/86038	
5055	RFLX RNP	0050470	R	REFLEX RNP (U1) (Ribonucleic Protein) (ENA) Antibody, IgG	\$ 14.59	86235	
5056	RFLX SMITH	0050085	R	REFLEX Smith (ENA) Antibody, IgG	\$ 14.59	86235	
5057	RFLX SSA RO	2012074	R	REFLEX SSA 52 and 60 (Ro) (ENA) Antibodies, IgG	\$ 29.18	86235 x2	
5058	RFLX SSB	0050692	R	REFLEX SSB (La) (ENA) Antibody, IgG	\$ 14.59	86235	
5059	RFLX SCLER	0050599	R	REFLEX Scleroderma (Scl-70) (ENA) Antibody, IgG	\$ 14.59	86235	

Line	Test Code	TEST CODE (Billing)	*	Test/Procedure	Fee/Each	Based on the 2019 CPT Code Book and information from our local carrier.	Compliance
5060	RFLX AMICR	0050075	R	REFLEX Thyroid Peroxidase (TPO) Antibody	\$ 12.97	86376	
5061	RFLX DNA	0050215	R	REFLEX Double-Stranded DNA (dsDNA) Antibody, IgG by ELISA with Reflex to dsDNA Antibody, IgG by IFA	\$ 12.25	86225	
5062	RFLX DNA IFA	2002693	R	REFLEX Double-Stranded DNA (dsDNA) Antibody, IgG by IFA (using Crithidia luciliae)	\$ 10.39	86256	
5063	RFLX ANA IFA AB	3000082	R	REFLEX Antinuclear Antibody (ANA) with HEp-2 Substrate, IgG by IFA	\$ 10.08	86039	
5064	2013018	2013018	*	Lurasidone Quantitative, Serum or Plasma	\$ 171.00	80342 (Alt code: G0480)	
5065	2010164	2010164	*	Luteinizing Hormone (LH) by Immunohistochemistry	\$ 83.00	88342TC	
5066	2007567	2007567	*	Luteinizing Hormone (LH), Pediatric	\$ 55.00	83002	
5067	0070193	0070193		Luteinizing Hormone and Follicle Stimulating Hormone	\$ 32.79	83001/83002	
5069	0070093	0070093		Luteinizing Hormone, Serum	\$ 16.38	83002	
5070	0096056	0096056		Lymphocyte Antigen and Mitogen Proliferation Panel	\$ 223.35	86353 x5	[B]
5071	2013117	2013117		Lymphocyte Antigen and Mitogen Proliferation Panel with Cytokine Response	\$ 346.23	86353 x5/83520 x12	[B]
5072	0096055	0096055		Lymphocyte Antigen Proliferation	\$ 89.34	86353 x2	[B]
5073	0096043	0096043		Lymphocyte Mitogen Proliferation	\$ 134.01	86353 x3	[B]
5074	0095854	0095854		Lymphocyte Subset Panel 1 - CD4 Absolute Count Only	\$ 24.54	86361	[B]
5075	0095885	0095885		Lymphocyte Subset Panel 2 - CD4 Percent and Absolute	\$ 24.54	86361	[B]
5076	0095853	0095853		Lymphocyte Subset Panel 3 - T-Cell Subsets (CD4 and CD8), Absolute Counts Only	\$ 75.91	86359/86360	[B]
5077	0095950	0095950		Lymphocyte Subset Panel 4 - T-Cell Subsets Percent and Absolute, Whole Blood	\$ 75.91	86359/86360	[B]
5078	0093420	0093420		Lymphocyte Subset Panel 4 - T-Cell Subsets Percent and Ratio, Bronchoalveolar Lavage	\$ 87.45	86356 x3	[B]
5079	0095892	0095892		Lymphocyte Subset Panel 5 - Total Lymphocyte Enumeration	\$ 143.00	86355/86357/86359/86360	[B]
5080	0095862	0095862		Lymphocyte Subset Panel 6 - Total Lymphocyte Enumeration with CD45RA and CD45RO	\$ 201.30	86355/86357/86359/86360/86356 x2	[A]
5081	0095899	0095899		Lymphocyte Subset Panel 7 - Congenital Immunodeficiencies	\$ 259.60	86355/86357/86359/86360/86356 x4	[A]
5082	0095949	0095949		Lymphocyte Transplantation CD3	\$ 29.15	86356	[A]
5083	2001635	2001635		Lymphocytic Choriomeningitis (LCM) Virus Antibodies, IgG & IgM	\$ 28.02	86727 x2	[D]
5085	2001628	2001628		Lymphocytic Choriomeningitis (LCM) Virus Antibodies, IgG & IgM, CSF	\$ 28.02	86727 x2	[D]
5087	2001633	2001633		Lymphocytic Choriomeningitis (LCM) Virus Antibody, IgG	\$ 14.01	86727	[D]
5088	2001629	2001629		Lymphocytic Choriomeningitis (LCM) Virus Antibody, IgG, CSF	\$ 14.01	86727	[D]
5089	2001634	2001634		Lymphocytic Choriomeningitis (LCM) Virus Antibody, IgM	\$ 14.01	86727	[D]
5090	2001630	2001630		Lymphocytic Choriomeningitis (LCM) Virus Antibody, IgM, CSF	\$ 14.01	86727	[D]
5091	2002650	2002650		Lymphoma (Aggressive) Panel by FISH	\$ 533.88	88271 x3/88275 x3/88291	[A]
5092	2012266	2012266		Lysosomal Acid Lipase Activity, Dried Blood Spot	\$ 19.66	82657	[B]
5093	2003990	2003990		Lysozyme (Murex) by Immunohistochemistry	\$ 73.50	88342TC	
5094	2012039	2012039		Lysozyme, Serum	\$ 20.42	85549	
5095	2007719	2007719		M Antigen Typing - Patient	\$ 3.35	86905	
5096	2004464	2004464		Macroamylase Determination	\$ 37.83	82150/84999	[B]
5098	0020765	0020765		Macroprolactin	\$ 34.22	84146 x2	
5100	0020105	0020105		Magnesium, Fecal	\$ 6.02	83735	[B]

Line	Test Code	TEST CODE (Billing)	*	Test/Procedure	Fee/Each	Based on the 2019 CPT Code Book and information from our local carrier.	Compliance
5101	0020039	0020039		Magnesium, Plasma or Serum	\$ 6.02	83735	
5102	0092079	0092079		Magnesium, RBC	\$ 6.02	83735	[B]
5103	0020477	0020477		Magnesium, Urine	\$ 6.02	83735	
5104	2004963	2004963		Malaria Detection and Speciation, Qualitative by Real-Time PCR	\$ 30.15	87798	[B]
5105	2001547	2001547		Malaria, Rapid Screen and Giemsa Stain	\$ 11.39	87899/87207	
5107	3000394	3000394	*	Malignancy Risk Assessment, Pelvic Mass, OVA1	\$ 620.00	81503	
5108	2010162	2010162	*	Mammaglobin by Immunohistochemistry	\$ 83.00	88342TC	
5109	2007254	2007254	*	Manganese, RBC	\$ 92.00	83785	
5110	0099265	0099265		Manganese, Serum	\$ 26.78	83785	[B]
5111	0025070	0025070		Manganese, Urine	\$ 26.78	83785	[B]
5112	0099272	0099272		Manganese, Whole Blood	\$ 26.78	83785	[B]
5113	0051692	0051692		Mannose Binding Lectin	\$ 10.24	83520	[D]
5114	0040005	0040005		Manual Differential	\$ 2.71	85007	
5115	2013730	2013730		Maple Syrup Urine Disease, Type 1B (BCKDHB), 3 Variants	\$ 94.99	81205	[C]
5116	2005584	2005584		Marfan Syndrome (FBN1) Sequencing and Deletion/Duplication	\$ 2,000.00	81408/81479	[C]
5117	2005589	2005589		Marfan Syndrome, FBN1 Sequencing	\$ 2,000.00	81408	[C]
5118	3000256	3000256		Marijuana Metabolite, Umbilical Cord Tissue, Qualitative	\$ 50.00	80349 (Alt code: G0480)	[B]
5119	2003993	2003993		Mast Cell Trypsin by Immunohistochemistry	\$ 73.50	88342TC	
5120	3000146	3000146		Maternal Screening, Sequential, Specimen #1, hCG, PAPP-A, NT	\$ 207.00	81508	
5121	3000148	3000148		Maternal Screening, Sequential, Specimen #2, Alpha Fetoprotein, hCG, Estriol, and Inhibin A	\$ 207.00	81511	
5122	3000144	3000144		Maternal Serum Screen, Alpha Fetoprotein	\$ 12.03	82105	
5123	3000143	3000143		Maternal Serum Screen, Alpha Fetoprotein, hCG, Estriol, and Inhibin A (Quad)	\$ 207.00	81511	
5124	3000145	3000145		Maternal Serum Screen, First Trimester, hCG, PAPP-A, NT	\$ 207.00	81508	
5125	3000147	3000147		Maternal Serum Screening, Integrated, Specimen #1, PAPP-A, NT	\$ 16.39	84163	
5126	3000149	3000149		Maternal Serum Screening, Integrated, Specimen #2, Alpha Fetoprotein, hCG, Estriol, and Inhibin A	\$ 207.00	81511	
5127	2014699	2014699		Maternal T Cell Engraftment in SCID (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 119.78	81268	[B]
5128	RFLX BMT ISOL	2005498	R	REFLEX BMT Cell Isolation (Bill Only)	\$ 68.04	88184	
5129	2014694	2014694		Maternal T Cell Engraftment in SCID, Pre-Engraftment Specimen	\$ 234.12	81265	
5130	3001301	3001301		MDM2 Gene Amplification by FISH	\$ 520.50	88377	[A]
5131	0050375	0050375		Measles (Rubeola) Antibodies, IgG and IgM	\$ 22.90	86765 x2	
5133	0050380	0050380		Measles (Rubeola) Antibody, IgG	\$ 11.45	86765	
5134	0054440	0054440		Measles (Rubeola) Antibody, IgG, CSF	\$ 11.45	86765	[B]
5135	0099597	0099597		Measles (Rubeola) Antibody, IgM	\$ 11.45	86765	
5136	0054441	0054441		Measles (Rubeola) Antibody, IgM, CSF	\$ 11.45	86765	[B]
5137	0065055	0065055		Measles (Rubeola) Virus Culture	\$ 26.70	87252/87254	
5138	0051205	0051205		Medium Chain Acyl-CoA Dehydrogenase (ACADM) 2 Mutations	\$ 137.00	81401	[C]
5139	0051758	0051758		Medium Chain Acyl-CoA Dehydrogenase Deficiency (ACADM) Sequencing	\$ 851.25	81479	[C]

Line	Test Code	TEST CODE (Billing)	*	Test/Procedure	Fee/Each	Based on the 2019 CPT Code Book and information from our local carrier.	Compliance
5140	2003996	2003996		Melan A by Immunohistochemistry	\$ 73.50	88342TC	
5141	0098818	0098818	*	Melanocyte Stimulating Hormone, Beta (b-MSH)	\$ 180.00	83519	
5142	0098819	0098819	*	Melanocyte Stimulation Hormone, Alpha (a-MSH)	\$ 180.00	83519	
5143	0098817	0098817	*	Melanocyte Stimulation Hormone, Gamma (g-MSH)	\$ 180.00	83519	
5144	2003935	2003935		Melanoma Antibody, HMB45 by Immunohistochemistry	\$ 73.50	88342TC	
5145	3001158	3001158	*	Melatonin Quantitative, Serum or Plasma	\$ 203.00	80375 (Alt code: G0480)	
5146	2013305	2013305		Meningitis/Encephalitis Panel by PCR	\$ 457.38	87483	
5147	3000248	3000248	*	Meperidine and Metabolite Quantitative, Urine	\$ 184.00	80362 (Alt code: G0480)	
5148	2012288	2012288		Meperidine, Urine Screen with Reflex to Quantitation (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 63.85	80307	[B]
5149	RFLX MEPERI U	3000248	*R	REFLEX Meperidine and Metabolite Quantitative, Urine	\$ 184.00	80362 (Alt code: G0480)	
5150	2011521	2011521		Meprobamate, Serum or Plasma, Quantitative	\$ 104.25	80369 (Alt code: G0480)	[B]
5151	0091272	0091272	*	Mercury, Hair	\$ 350.00	83825	
5152	2011481	2011481		Mercury, Random Urine	\$ 14.12	83825	[B]
5153	0025050	0025050		Mercury, Urine	\$ 14.12	83825	[B]
5154	0099305	0099305		Mercury, Whole Blood	\$ 14.12	83825	[B]
5155	3001313	3001313		MET Gene Amplification by FISH	\$ 480.00	88366	[A]
5156	2007996	2007996		Metanephrines Fractionated by HPLC-MS/MS, Urine	\$ 18.44	83835	[B]
5157	0050184	0050184		Metanephrines, Plasma (Free)	\$ 18.44	83835	[B]
5158	0092390	0092390	*	Metformin Quantitative, Serum or Plasma	\$ 132.00	80375 (Alt code: G0480)	
5159	0090699	0090699		Methadone and Metabolite, Serum or Plasma, Quantitative	\$ 61.13	80358 (Alt code: G0480)	[B]
5160	0090362	0090362		Methadone and Metabolite, Urine, Quantitative	\$ 43.00	80358 (Alt code: G0480)	[B]
5161	2012245	2012245		Methadone, Urine Screen with Reflex to Quantitation (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 63.85	80307	[B]
5162	RFLX CDCO METH	0090362	R	REFLEX Methadone and Metabolite, Urine, Quantitative	\$ 43.00	80358 (Alt code: G0480)	[B]
5163	0090165	0090165		Methanol	\$ 22.40	80320 (Alt code: G0480)	
5164	2006299	2006299	*	Methaqualone Quantitative, Urine	\$ 148.00	80368 (Alt code: G0480)	
5165	2011015	2011015	*	Methemoglobin Reductase, Blood	\$ 298.32	82657	
5166	2005405	2005405		Methotrexate, Sensitive	\$ 12.59	80299	
5167	3000251	3000251	*	Methsuximide Metabolite, Serum or Plasma	\$ 97.00	80339 (Alt code: G0480)	
5168	0055655	0055655		Methylenetetrahydrofolate Reductase (MTHFR), 2 Variants	\$ 65.34	81291	[C]
5169	0083918	0083918		Methylmalonic Acid (MMA) Quantitative, Urine	\$ 14.68	83921	[B]
5170	2005255	2005255		Methylmalonic Acid, Serum or Plasma (Metabolic Disorders)	\$ 14.68	83921	[B]
5171	0099431	0099431		Methylmalonic Acid, Serum or Plasma (Vitamin B12 Status)	\$ 14.68	83921	[B]
5172	3000253	3000253	*	Methylphenidate and Metabolite Quantitative, Serum or Plasma	\$ 87.00	80360 (Alt code: G0480)	
5173	2003115	2003115		Methylphenidate and Metabolite, Urine, Quantitative	\$ 66.88	80360 (Alt code: G0480)	[B]
5174	0091453	0091453	*	Metoprolol Quantitative, Serum or Plasma	\$ 128.00	80375 (Alt code: G0480)	
5175	2011539	2011539		Mexiletine, Serum or Plasma	\$ 12.59	80299	[B]
5176	2009310	2009310		MGMT Promoter Methylation Detection	\$ 249.56	88381/81287	[B]

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5177	0051740	0051740		Microsatellite Instability (MSI), HNPCC/Lynch Syndrome, by PCR	\$ 381.59	88381/81301	[B]
5178	2011626	2011626		Microsporidia by PCR	\$ 30.15	87798	[B]
5179	0060050	0060050		Microsporidia Stain by Modified Trichrome	\$ 12.33	87207/87015	
5180	0049302	0049302		Mismatch Repair by Immunohistochemistry	\$ 187.00	88342/88341 x3	[B]
5184	2002327	2002327		Mismatch Repair by Immunohistochemistry with Reflex to BRAF Codon 600 Mutation and MLH1 Promoter Methylation (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 187.00	88342/88341 x3	[B]
5188	RFLX BRAF RFLX	0051750	R	REFLEX BRAF Codon 600 Mutation Detection with Reflex to MLH1 Promoter Methylation	\$ 202.88	88381/81210	[B]
5189	RFLX MLH1 METH	0051747	R	REFLEX MLH1 Promoter Methylation (Reflex Only)	\$ 192.32	81288	[B]
5190	2005270	2005270		Mismatch Repair by Immunohistochemistry with Reflex to MLH1 Promoter Methylation (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 187.00	88342/88341 x3	[B]
5194	RFLX MLH1PCR	2002499	R	REFLEX MLH1 Promoter Methylation, Paraffin	\$ 317.24	88381/81288	[B]
5195	2011998	2011998		MTIF by Immunohistochemistry	\$ 73.50	88342TC	[B]
5196	0050065	0050065		Mitochondrial M2 Antibody, IgG (ELISA)	\$ 8.60	83516	
5197	2013014	2013014	*	Mitotane, Serum or Plasma	\$ 134.00	80375 (Alt code: G0480)	
5198	2002499	2002499		MLH1 Promoter Methylation, Paraffin	\$ 317.24	88381/81288	[B]
5199	0051755	0051755		Molar Pregnancy, 16 DNA Markers	\$ 359.04	81265/88381	[B]
5200	0091280	0091280	*	Molybdenum Quantitative, Serum or Plasma	\$ 79.00	83018	
5201	0050615	0050615		Monoclonal Protein Detection Quantitation and Characterization, SPEP, IFE, IgA, IgG, IgM, Serum	\$ 53.17	82784 x3/84165/86334/84160	
5207	2002715	2002715		Monoclonal Protein Detection, Quantitation, Characterization, SPEP, IFE, IgA, IgG, IgM, FLC	\$ 77.73	82784 x3/84165/86334/84160/83883 x2	
5215	2007967	2007967		Motor and Sensory Neuropathy Evaluation with Immunofixation Electrophoresis and Reflex to Titer and Neuronal Immunoblot Asialo component temporarily not performed. One less CPT 83516 will be performed. (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 124.24	83516 x7/84160/82784 x3/84165/86334/86255	[D]
5229	RFLX NRNL IB	2007963	R	REFLEX Neuronal Nuclear Antibodies (Hu, Ri, Yo) IgG by Immunoblot	\$ 8.60	83516	[D]
5230	RFLX ANNAR IFA	0050892	R	REFLEX Neuronal Nuclear Antibody (ANNA) IFA Titer, IgG	\$ 10.39	86256	[D]
5231	RFLX PCCARTITER	0059441	R	REFLEX Purkinje Cell Antibody, Titer	\$ 10.39	86256	[D]
5232	2007966	2007966		Motor and Sensory Neuropathy Evaluation with Reflex to Titer and Neuronal Immunoblot Asialo component temporarily not performed. One less CPT 83516 will be performed. (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 71.07	83516 x7/86255	[D]
5240	RFLX ANNAR IFA	0050892	R	REFLEX Neuronal Nuclear Antibody (ANNA) IFA Titer, IgG	\$ 10.39	86256	[D]
5241	RFLX PCCARTITER	0059441	R	REFLEX Purkinje Cell Antibody, Titer	\$ 10.39	86256	[D]
5242	RFLX NRNL IB	2007963	R	REFLEX Neuronal Nuclear Antibodies (Hu, Ri, Yo) IgG by Immunoblot	\$ 8.60	83516	[D]
5243	0051225	0051225		Motor Neuropathy Panel Asialo component temporarily not performed. One less CPT 83516 will be performed.	\$ 113.37	83516 x7/84160/82784 x3/84165/86334	[D]
5256	2005545	2005545		MPL Mutation Detection by Capillary Electrophoresis	\$ 150.33	81402	[B]



Line	Test Code	TEST CODE (Billing)	*	Test/Procedure	Fee/Each	Based on the 2019 CPT Code Book and information from our local carrier.	Compliance
5257	0050707	0050707		MPO/PR-3 (ANCA) Antibodies	\$ 17.20	83516 x2	
5259	2004002	2004002		Muc-1 by Immunohistochemistry	\$ 73.50	88342TC	
5260	2004008	2004008		Muc-4 by Immunohistochemistry	\$ 73.50	88342TC	
5261	0051448	0051448		Mucopolipidosis Type IV (MCOLN1), 2 Variants	\$ 39.31	81290	[C]
5262	0081352	0081352		Mucopolysaccharides Screen - Electrophoresis and Quantitation, Urine	\$ 39.95	82664/83864	[B]
5264	0081357	0081357		Mucopolysaccharides, Quantitative, Urine	\$ 15.94	83864	[B]
5265	2007497	2007497		Mucopolysaccharidosis Type 1, Total HS and NRE (Sensi-Pro) Quantitative, Cerebrospinal Fluid	\$ 15.94	83864	
5266	2007599	2007599		Mucopolysaccharidosis Type 1, Total HS and NRE (Sensi-Pro) Quantitative, Serum or Plasma	\$ 15.94	83864	[B]
5267	2007488	2007488		Mucopolysaccharidosis Type 1, Total HS and NRE (Sensi-Pro) Quantitative, Urine	\$ 15.94	83864	[B]
5268	2008775	2008775		Mucopolysaccharidosis Type II, Total HS and NRE (Sensi-Pro) Quantitative, Serum or Plasma	\$ 15.94	83864	[B]
5269	2009282	2009282		Mucopolysaccharidosis Type II, Total HS and NRE (Sensi-Pro) Quantitative, Urine	\$ 15.94	83864	[B]
5270	3000352	3000352		Mucorales by PCR	\$ 30.15	87798	[B]
5271	2005359	2005359		Multiple Endocrine Neoplasia Type 1 (MEN1) Sequencing	\$ 301.35	81405	[C]
5272	2005360	2005360		Multiple Endocrine Neoplasia Type 1 (MEN1) Sequencing and Deletion/Duplication	\$ 576.18	81405/81404	[C]
5273	0051390	0051390		Multiple Endocrine Neoplasia Type 2 (MEN2), RET Gene Mutations by Sequencing	\$ 301.35	81405	[C]
5274	2002294	2002294		Multiple Myeloma Panel by FISH (NOTE: If IGH is positive and not partnered with CCND1, additional testing will include FGFR3/IGH and MAF/IGH. Charges will occur two times each.) (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 985.00	88271 x6/88275 x6/88291	[A]
5275	RFLX CPT 88271	0093257	R	REFLEX FISH PROBE	\$ 60.13	88271	
5276	RFLX CPT 88275	0093253	R	REFLEX FISH INTERPHASE 100-300 CELLS	\$ 83.50	88275	
5277	2003975	2003975		MUM1/IRF4 by Immunohistochemistry	\$ 73.50	88342TC	[B]
5278	0054442	0054442		Mumps Virus Antibody IgG, CSF	\$ 11.59	86735	[B]
5279	0054443	0054443		Mumps Virus Antibody IgM, CSF	\$ 11.59	86735	[B]
5280	0050390	0050390		Mumps Virus Antibody, IgG	\$ 11.59	86735	
5281	0099589	0099589		Mumps Virus Antibody, IgM	\$ 11.59	86735	
5282	3000523	3000523		Mumps Virus by PCR	\$ 30.15	87798	[B]
5283	0065056	0065056		Mumps Virus Culture	\$ 26.70	87252/87254	
5284	2004011	2004011		Muscle-Specific Actin (MSA) by Immunohistochemistry	\$ 73.50	88342TC	
5285	2012420	2012420	*	Muscle-Specific Kinase (MuSK) Antibody by RIA	\$ 954.00	83519	
5286	2004911	2004911		MUTYH-Associated Polyposis (MUTYH) 2 Mutations	\$ 137.00	81401	[C]
5287	2006307	2006307		MUTYH-Associated Polyposis (MUTYH) 2 Mutations with Reflex to Sequencing (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 137.00	81401	[C]
5288	RFLX MUTYH FGS	2006191	R	REFLEX MUTYH-Associated Polyposis (MUTYH) Sequencing	\$ 282.88	81406	[C]
5289	2006191	2006191		MUTYH-Associated Polyposis (MUTYH) Sequencing	\$ 282.88	81406	[C]
5290	3001300	3001300		MYC (8q24) Gene Rearrangement by FISH	\$ 375.00	88366	[A]
5291	3001307	3001307		MYCN (N-MYC) Gene Amplification by FISH	\$ 516.88	88377	[A]
5292	2010775	2010775		Mycobacterium tuberculosis Complex Detection and Rifampin Resistance by PCR	\$ 68.36	87556/87798	



Line	Test Code	TEST CODE (Billing)	*	Test/Procedure	Fee/Each	Based on the 2019 CPT Code Book and information from our local carrier.	Compliance
5293	2011713	2011713		Mycobacterium tuberculosis Drug Resistance by Sequencing	\$ 376.74	87153 x3	[B]
5294	2010359	2010359		Mycophenolic Acid and Metabolites	\$ 19.66	80180	[B]
5295	2003294	2003294		Mycoplasma hominis Culture, Urogenital Source	\$ 16.75	87109	
5296	0050399	0050399		Mycoplasma pneumoniae Antibodies, IgG & IgM	\$ 28.84	86738 x2	
5298	2006330	2006330	*	Mycoplasma pneumoniae Antibody, IgA	\$ 88.00	86738	
5299	0050397	0050397		Mycoplasma pneumoniae Antibody, IgG	\$ 14.42	86738	
5300	0050398	0050398		Mycoplasma pneumoniae Antibody, IgM	\$ 14.42	86738	
5301	0060256	0060256		Mycoplasma pneumoniae by PCR	\$ 38.21	87581	[B]
5302	2009318	2009318		MYD88 L265P Mutation Detection by PCR, Quantitative	\$ 291.88	81305	[B]
5303	0051285	0051285		Myelin Associated Glycoprotein (MAG) Antibody, IgM	\$ 8.60	83516	[D]
5304	0080515	0080515		Myelin Basic Protein	\$ 18.73	83873	[D]
5305	3001277	3001277		Myelin Oligodendrocyte Glycoprotein (MOG) Antibody, IgG by IFA with Reflex to Titer, Serum (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 10.87	86255	[D]
5306	RFLX MOGSERTTR	3001280	R	REFLEX Myelin Oligodendrocyte Glycoprotein (MOG) Antibody Titer, IgG	\$ 10.39	86256	[D]
5307	2004412	2004412		Myelin-Associated Glycoprotein (MAG) Antibody, IgM and Sulfate-3-Glucuronyl Paragloboside (SGPG) Antibody, IgM	\$ 17.20	83516 x2	[D]
5309	2002709	2002709		Myelodysplastic Syndrome (MDS) Panel by FISH	\$ 720.00	88271 x4/88275 x4/88291	[A]
5310	2011117	2011117		Myeloid Malignancies Mutation Panel by Next Generation Sequencing	\$ 2,919.60	81455	[B]
5311	2012182	2012182		Myeloid Malignancies Somatic Mutation and Copy Number Analysis Panel	\$ 3,202.48	81406/81455	[B]
5312	2004014	2004014		Myeloperoxidase (MPO) by Immunohistochemistry	\$ 73.50	88342TC	
5313	0050526	0050526		Myeloperoxidase Antibody	\$ 8.60	83516	
5314	0049030	0049030		Myeloperoxidase Stain	\$ 81.75	88319	
5315	2002360	2002360		Myeloproliferative Disorders Panel by FISH	\$ 720.00	88271 x4/88275 x4/88291	[A]
5316	0050742	0050742		Myocardial Antibody, IgG with Reflex to Titer (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 10.87	86255	[A]
5317	RFLX BILL MYOTR	0050329	R	REFLEX Reflexed to Myocardial Antibody Titer	\$ 10.39	86256	
5318	2004017	2004017		Myogenin (Myf4) by Immunohistochemistry	\$ 73.50	88342TC	
5319	2004031	2004031		Myoglobin by Immunohistochemistry	\$ 73.50	88342TC	[B]
5320	0020224	0020224		Myoglobin, Serum	\$ 11.80	83874	
5321	0020223	0020223		Myoglobin, Urine	\$ 11.80	83874	[B]
5322	2004034	2004034		Myosin by Immunohistochemistry	\$ 73.50	88342TC	
5323	2013961	2013961		Myositis Extended Panel	\$ 199.34	83516 x13/86235 x6	[D]
5324	2007735	2007735		N Antigen Typing - Patient	\$ 3.35	86905	
5325	2008716	2008716		Napsin A by Immunohistochemistry	\$ 73.50	88342TC	
5326	2005023	2005023		Narcolepsy (HLA-DQB1*06:02) Genotyping	\$ 118.81	81383	[C]
5327	2005593	2005593	*	Natalizumab Antibodies	\$ 286.25	83516	
5328	2013805	2013805		Natural Killer Cell and Natural Killer T-Cell Panel	\$ 237.42	86356 x7/86357	[A]
5329	0092404	0092404		Natural Killer Cells Enumeration	\$ 33.37	86357	[B]
5330	2013745	2013745		NEB-Related Nematine Myopathy, 1 Variant	\$ 63.96	81400	[C]

Line	Test Code	TEST CODE (Billing)	*	Test/Procedure	Fee/Each	Based on the 2019 CPT Code Book and information from our local carrier.	Compliance
5331	3001291	3001291	*	Neisseria gonorrhoeae Antibody by CF, Serum	\$ 136.24	86609	
5332	0060244	0060244		Neisseria gonorrhoeae by Transcription-Mediated Amplification (TMA)	\$ 31.07	87591	
5333	2001603	2001603		Neisseria meningitidis Tetraivalent Antibodies (Serogroups A, C, W-135 and Y), IgG	\$ 57.44	86741 x4	[B]
5337	2001952	2001952		Neurofibromatosis Type 1 (NF1) Deletion/Duplication	\$ 530.00	81479	[C]
5338	2007159	2007159		Neurofibromatosis Type 1 (NF1) Sequencing	\$ 2,000.00	81408	[C]
5339	2007154	2007154		Neurofibromatosis Type 1 (NF1) Sequencing and Deletion/Duplication	\$ 2,000.00	81408/81479	[C]
5340	2004049	2004049		Neurofilament by Immunohistochemistry	\$ 73.50	88342TC	
5341	3000221	3000221	*	Neurokinin A (Substance K), Plasma	\$ 250.00	83519	
5342	0098198	0098198		Neuron Specific Enolase	\$ 18.51	86316	[D]
5343	0081226	0081226		Neuron Specific Enolase, CSF	\$ 18.51	86316	[D]
5344	2004052	2004052		Neuron Specific Enolase, Polyclonal (NSE P) by Immunohistochemistry	\$ 73.50	88342TC	
5345	0099465	0099465	*	Neuronal Cell Antibodies Quantitative, Serum	\$ 74.77	83520	
5346	0098726	0098726	*	Neuronal Cell Antibodies, CSF	\$ 74.77	83520	
5347	2007963	2007963		Neuronal Nuclear Antibodies (Hu, Ri, Yo) IgG by Immunoblot	\$ 8.60	83516	[D]
5348	2004046	2004046		Neuronal Nuclei (NeuN) by Immunohistochemistry	\$ 73.50	88342TC	[B]
5349	0096657	0096657		Neutrophil Oxidative Burst Assay (DHR)	\$ 167.73	86352	[B]
5350	0055506	0055506		Neutrophil-Associated Antibodies	\$ 15.64	86021	[A]
5351	0092168	0092168	*	Niacin (Vitamin B3)	\$ 80.00	84591	
5352	0099452	0099452		Nickel, Serum	\$ 26.67	83885	[B]
5353	0025045	0025045		Nickel, Urine	\$ 26.67	83885	[B]
5354	0092361	0092361		Nicotine and Metabolites, Serum or Plasma, Quantitative	\$ 35.25	80323 (Alt code: G0480)	[B]
5355	0092356	0092356		Nicotine and Metabolites, Urine, Quantitative	\$ 34.25	80323 (Alt code: G0480)	[B]
5356	0051458	0051458		Niemann-Pick Type A (SMPD1), 4 Variants	\$ 47.00	81330	[C]
5357	0092140	0092140	*	Nitrogen, Total, Urine	\$ 212.80	84999	
5358	2005164	2005164		N-methyl-D-Aspartate Receptor Antibody, IgG, CSF with Reflex to Titer (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 117.00	86255	[B]
5359	RFLX BILL NMIDA	2006311	R	REFLEX N-methyl-D-Aspartate Receptor Antibody, IgG, Titer	\$ 143.50	86256	
5360	2004221	2004221		N-methyl-D-Aspartate Receptor Antibody, IgG, Serum with Reflex to Titer (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 140.13	86255	[B]
5361	RFLX BILL NMIDA	2006311	R	REFLEX N-methyl-D-Aspartate Receptor Antibody, IgG, Titer	\$ 143.50	86256	
5362	2011034	2011034	*	N-Methylhistamine, 24-Hour Urine	\$ 196.16	82542	
5363	0080281	0080281		NMP22, Urine	\$ 18.51	86316	
5364	0060093	0060093		Nocardia Culture and Gram Stain (Gram stain 0060101 is billed additionally) (Micro billing tasks will be ordered as needed, see below for possible charges and CPT codes)	\$ 7.51	87070	
5365	TASK GS	0060011		BILL TASK Gram Stain	\$ 3.46	87205	
5366	TASK PAFS	0060099		BILL TASK Partial Acid Fast Stain	\$ 4.87	87206	
5367	TASK BACSEQ	0060719		BILL TASK DNA Sequencing - Bacterial identification (Billed)	\$ 125.58	87153	
5368	TASK AFBMIC	0060492		BILL TASK Susceptibility - AFB/Nocardia by broth dilution (Billed)	\$ 7.57	87186	
5369	TASK .PF	0062151		BILL TASK Processing fee (Billed)	\$ 35.00	87015	

Line	Test Code	TEST CODE (Billing)	*	Test/Procedure	Fee/Each	Based on the 2019 CPT Code Book and information from our local carrier.	Compliance
5370	TASK SA	2011971		BILL TASK Staphylococcus species Latex Agglutination (BILLED)	\$ 3.91	87147	
5371	TASK StrpA	2011972		BILL TASK Streptococcus Group A Latex Agglutination (BILLED)	\$ 3.91	87147	
5372	TASK StrpB	2011973		BILL TASK Streptococcus Group B Latex Agglutination (BILLED)	\$ 3.91	87147	
5373	TASK StrpC	2011974		BILL TASK Streptococcus Group C Latex Agglutination (BILLED)	\$ 3.91	87147	
5374	TASK StrpG	2011975		BILL TASK Streptococcus Group G Latex Agglutination (BILLED)	\$ 3.91	87147	
5375	2014599	2014599		Non-Alcoholic Fatty Liver Disease Susceptibility (PNPLA3) Genotyping	\$ 270.00	81479	[C]
				Non-Criteria Antiphospholipid Syndrome (APS) (aPa, aPc, aPe, aPg, aPl) Antibodies Extended Panel	\$		
5376	2012730	2012730			\$ 129.00	83516 x15	[D]
5377	2012729	2012729		Non-Criteria Antiphospholipid Syndrome (APS) (aPs, aPt, aPs/aPt) Antibodies Panel	\$ 118.95	86148 x2/83516 x2/86849	[D]
5378	2007537	2007537		Non-Invasive Prenatal Testing for Fetal Aneuploidy (Panorama)	\$ 575.00	81420	
5379	2010232	2010232		Non-Invasive Prenatal Testing for Fetal Aneuploidy (Panorama) with Microdeletions	\$ 675.00	81420/81422	
5380	2013142	2013142		Non-Invasive Prenatal Testing for Fetal Aneuploidy with 22q11.2 Microdeletion (Panorama)	\$ 675.00	81420/81422	
5381	2010772	2010772		Noonan Spectrum Disorders Panel, Sequencing	\$ 1,680.00	81442	[C]
5382	2010769	2010769		Noonan Spectrum Disorders Panel, Sequencing, Fetal	\$ 1,827.50	81442/81265	[C]
5383	0051805	0051805		Noonan Syndrome (PTPN11) Sequencing	\$ 282.88	81406	[C]
				Noonan Syndrome (PTPN11) Sequencing with Reflex to (SOS1) Sequencing (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 282.88	81406	[C]
5384	2004189	2004189			\$		
5385	RFLX BILL SOS1	2004194	R	REFLEX SOS1 Sequencing Bill	\$ 282.88	81406	
5386	2004195	2004195		Noonan Syndrome (SOS1) Sequencing	\$ 282.88	81406	[C]
5387	2014546	2014546		Norovirus, Groups 1 and 2 by PCR	\$ 30.15	87798	[B]
5388	0090074	0090074		Norovirus, Groups 1 and 2 by PCR	\$ 17.03	80335 (Alt code: G0480)	
5389	3000066	3000066		NPM1 Mutation Detection by RT-PCR, Quantitative	\$ 246.52	81310	[B]
5390	2003123	2003123		NRAS Mutation Detection by Pyrosequencing	\$ 361.55	88381/81311	[B]
5391	0070500	0070500		N-Telopeptide, Cross-Linked, Serum	\$ 20.20	82523	
5392	0070062	0070062		N-Telopeptide, Cross-Linked, Urine	\$ 20.20	82523	
5393	2007190	2007190		Occult Blood, Fecal by Immunoassay	\$ 14.29	82274	
5394	0060310	0060310		Occult Blood, Gastric	\$ 6.82	82271/83986	
5395	2011375	2011375		Occupation Screen - MMR/VZV Antibody Assessment Panel, IgG	\$ 47.35	86765/86735/86762/86787	
5396	2004061	2004061		Octamer Transcription Factor-2 (Oct 2) by Immunohistochemistry	\$ 73.50	88342TC	[B]
5397	2004058	2004058		Octamer Transcription Factor-3 & -4 (Oct 3/4) by Immunohistochemistry	\$ 73.50	88342TC	[B]
5398	0098833	0098833		Olanzapine	\$ 55.25	80342 (Alt code: G0480)	[B]
5399	0080440	0080440		Oligoclonal Band Profile	\$ 40.91	83916/82784 x2/82040/82042	
5404	0081135	0081135		Oligoclonal Bands in CSF and Serum	\$ 21.90	83916	
5405	2005096	2005096		Opiates, Screen Only, Urine	\$ 63.85	80307	
5406	0092354	0092354		Opiates, Serum or Plasma, Quantitative	\$ 58.63	80361/80365 (Alt code: G0480)	[B]
				Opiates, Urine Screen with Reflex to Quantitation (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 63.85	80307	
5407	2005093	2005093			\$		
5408	RFLX CDCO OPI	0090364	R	REFLEX Opiates, Urine, Quantitative	\$ 30.73	80361/80365 (Alt code: G0480)	[B]
5409	0090364	0090364		Opiates, Urine, Quantitative	\$ 30.73	80361/80365 (Alt code: G0480)	[B]

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5410	2008767	2008767		Opioid Receptor, mu OPRM1 Genotype, 1 Variant	\$ 187.00	81479	[C]
5411	0099289	0099289		Organic Acids, Plasma	\$ 17.91	83918	[B]
5412	0098389	0098389		Organic Acids, Urine	\$ 17.91	83918	[B]
5413	0060720	0060720		Organism Identification by 16S rDNA Sequencing (Micro billing tasks will be ordered as needed, see below for possible charges and CPT codes)	Variable	Variable	[B]
5414	TASK BACSEQ	0060719		BILL TASK DNA Sequencing - Bacterial identification (Billed)	\$ 125.58	87153	
5415	TASK MIC	0060408		BILL TASK Susceptibility - Broth dilution panel (Billed)	\$ 7.57	87186	
5416	TASK AFBMIC	0060492		BILL TASK Susceptibility - AFB/Nocardia by broth dilution (Billed)	\$ 7.57	87186	
5417	TASK SMIC	0062229		BILL TASK Susceptibility - Single drug by broth dilution (Billed)	\$ 7.57	87186	
5418	TASK CF PSE	TASK CF PSE		BILL TASK Bacterial Identification - Cystic Pseudomonas (Billed)	\$ 7.08	87077	
5419	TASK PSE	TASK PSE		BILL TASK Bacterial Identification - Pseudomonas (Billed)	\$ 7.08	87077	
5420	TASK BID	0060457		BILL TASK Bacterial Identification (Billed)	\$ 7.08	87077	
5421	TASK PID	TASK PID		BILL TASK Bacterial Identification - Gram positive (Phoenix) (Billed)	\$ 7.08	87077	
5422	TASK NID	TASK NID		BILL TASK Bacterial Identification - Gram negative (Phoenix) (Billed)	\$ 7.08	87077	
5423	TASK BAC	TASK BAC		BILL TASK Bacterial Identification - Bacillus (Billed)	\$ 7.08	87077	
5424	TASK NMIC/ID 304	2013217		BILL TASK Gram Negative ID & MIC Panel (Phoenix)	\$ 7.08	87077	
5425	TASK AST M	0060790		BILL TASK Susceptibility - Automated broth dilution (Billed)	\$ 7.57	87186	
5426	TASK _PF	0062151		BILL TASK Processing fee (Billed)	\$ 35.00	87015	
5427	TASK BLAC M	0060401		BILL TASK Susceptibility - Beta-Lactamase (Billed)	\$ 1.21	87185	
5428	TASK ANAMIC	0060402		BILL TASK Susceptibility - Anaerobe by broth dilution (Billed)	\$ 7.57	87186	
5429	TASK DD	0060418		BILL TASK Susceptibility - Disk diffusion (Billed)	\$ 4.23	87184	
5430	TASK PBP	2008641		BILL TASK Susceptibility - Penicillin Binding Protein 2a (Billed)	\$ 3.91	87147	
5431	TASK SalT	2010709		BILL TASK Salmonella typing (Billed)	\$ 3.91	87147	
5432	TASK ShigT	2010710		BILL TASK Shigella serotyping (Billed)	\$ 3.91	87147	
5433	TASK NF PBP	2014492		BILL TASK PBP2A Normal Flora use(Billed)	\$ 3.91	87147	
5434	2004901	2004901		Ornithine Transcarbamylase Deficiency (OTC) Sequencing	\$ 301.35	81405	[C]
5435	2004896	2004896		Ornithine Transcarbamylase Deficiency (OTC) Sequencing and Deletion/Duplication	\$ 301.35	81405/81479	[C]
5436	3000704	3000704		Orotic Acid, Urine	\$ 14.68	83921	[B]
5437	0098122	0098122		Osmolality, Fecal	\$ 22.70	84999	
5438	0020046	0020046		Osmolality, Serum or Plasma	\$ 5.92	83930	
5439	0020228	0020228		Osmolality, Urine	\$ 6.02	83935	
5440	2002257	2002257		Osmotic Fragility, Erythrocyte	\$ 72.73	85555	
5441	0020728	0020728		Osteocalcin by Electrochemiluminescent Immunoassay	\$ 36.85	83937	
5442	2002277	2002277		Ova and Parasite Exam, Body Fluid or Urine (Trichrome Stain, #2002278 or #2002276 Wet Mount, will be credited if not performed)	\$ 24.23	87177/87209	
5444	2002272	2002272		Ova and Parasite Exam, Fecal (Immunocompromised or Travel History) (Trichrome Stain, #2002274 or #2002275 Wet Mount, will be credited if not performed)	\$ 24.23	87177/87209	
5446	2011697	2011697		Oxalate, Plasma	\$ 14.02	83945	[B]
5447	0020482	0020482		Oxalate, Urine	\$ 14.02	83945	
5448	0098834	0098834		Oxcarbazepine or Eslicarbazepine Metabolite (MHD)	\$ 14.43	80183	[B]

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5449	2005103	2005103		Oxycodone/Oxymorphone Screen Only, Urine	\$ 63.85	80307	
5450	2005100	2005100		Oxycodone/Oxymorphone, Urine Screen with Reflex to Quantitation (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 63.85	80307	
5451	RFLX CDCO OPI	0090364	R	REFLEX Opiates, Urine, Quantitative	\$ 30.73	80361/80365 (Alt code: G0480)	[B]
5452	2007737	2007737		P1 Antigen Typing - Patient	\$ 3.35	86905	
5453	2004064	2004064		p16 by Immunohistochemistry	\$ 73.50	88342TC	
5454	2010142	2010142		P40 by Immunohistochemistry	\$ 73.50	88342TC	
5455	2004076	2004076		P504S (AMACR) by Immunohistochemistry	\$ 73.50	88342TC	[A]
5456	2004522	2004522		p53 by Immunohistochemistry	\$ 73.50	88360TC	
5457	0049250	0049250		p53 with Interpretation by Immunohistochemistry	\$ 95.00	88360	
5458	2005542	2005542		P57 by Immunohistochemistry	\$ 73.50	88342TC	[B]
5459	2004073	2004073		p63 by Immunohistochemistry	\$ 73.50	88342TC	[B]
5460	2007479	2007479		Pain Management Drug Panel by High-Resolution Time-of-Flight or Tandem Mass Spectrometry and Enzyme Immunoassay, Urine	\$ 63.85	80307	
5461	2009288	2009288		Pain Management Drug Screen with Interpretation by High-Resolution Time-of-Flight or Tandem Mass Spectrometry and Enzyme Immunoassay, Urine	\$ 63.85	80307	
5462	2012312	2012312		Pain Management Panel with Reflex to Quantitation (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 63.85	80307	[B]
5463	RFLX AMPS UR	2010075	R	REFLEX Amphetamines, Urine, Quantitative	\$ 38.13	80325/80359 (Alt code: G0480)	[B]
5464	RFLX BARB UR	2012213	R	REFLEX Barbiturates, Urine, Quantitative	\$ 58.63	80345 (Alt code: G0480)	[B]
5465	RFLX CDCO BENZO	2008291	R	REFLEX Benzodiazepines, Urine, Quantitative	\$ 38.85	80346 (Alt code: G0480)	[B]
5466	RFLX BUPR UR	2010092	R	REFLEX Buprenorphine and Metabolites, Urine, Quantitative	\$ 35.88	80348 (Alt code: G0480)	[B]
5467	RFLX CARIS U	2012219	R	REFLEX Carisoprodol and Meprobamate, Urine, Quantitative	\$ 65.00	80369 (Alt code: G0480)	[B]
5468	RFLX CDCO COCA	0090359	R	REFLEX Cocaine Metabolite, Urine, Quantitative	\$ 34.25	80353 (Alt code: G0480)	[B]
5469	RFLX CDCO ETG/S	2007909	R	REFLEX Ethyl Glucuronide and Ethyl Sulfate Confirmation, Urine	\$ 39.73	80321 (Alt code: G0480)	[B]
5470	RFLX CDCO FENU	0092570	R	REFLEX Fentanyl and Metabolite, Urine, Quantitative	\$ 65.00	80354 (Alt code: G0480)	[B]
5471	RFLX CDCO METH	0090362	R	REFLEX Methadone and Metabolite, Urine, Quantitative	\$ 43.00	80358 (Alt code: G0480)	[B]
5472	RFLX CDCO THC	0090369	R	REFLEX THC Metabolite, Urine, Quantitative	\$ 34.75	80349 (Alt code: G0480)	[B]
5473	RFLX CDCO OPI	0090364	R	REFLEX Opiates, Urine, Quantitative	\$ 30.73	80361/80365 (Alt code: G0480)	[B]
5474	RFLX POP URINE	2010462	R	REFLEX Phencyclidine (PCP), Urine, Quantitative	\$ 63.75	83992 (Alt code: G0480)	[B]
5475	RFLX PPXY UR	2010468	R	REFLEX Propoxyphene and Metabolite, Urine, Quantitative	\$ 63.75	80367 (Alt code: G0480)	[B]
5476	RFLX ZOLPID UR	2012319	R	REFLEX Zolpidem, Urine, Quantitative	\$ 45.00	80368 (Alt code: G0480)	[B]
5477	RFLX TAPENTA UR	2003128	R	REFLEX Tapentadol and Metabolite, Urine, Quantitative	\$ 63.75	80372 (Alt code: G0480)	[B]
5478	RFLX TRAMAD UR	2002736	R	REFLEX Tramadol and Metabolite, Urine, Quantitative	\$ 41.75	80373 (Alt code: G0480)	[B]
5479	RFLX MEPERI U	3000248	*R	REFLEX Meperidine and Metabolite Quantitative, Urine	\$ 184.00	80362 (Alt code: G0480)	
5480	2004094	2004094		Paired Helical Filament -Tau (PHF-Tau) by Immunohistochemistry	\$ 73.50	88342TC	[B]
5481	2007949	2007949		Paliperidone, Serum or Plasma	\$ 47.40	80342 (Alt code: G0480)	[B]

Line	Test Code	TEST CODE (Billing)	*	Test/Procedure	Fee/Each	Based on the 2019 CPT Code Book and information from our local carrier.	Compliance
5482	2003433	2003433		Pan Cytokeratin (AE1,3) by Immunohistochemistry	\$ 73.50	88342TC	[B]
5483	2004232	2004232	*	Pancreastatin, Plasma	\$ 170.00	83519	
5484	0080526	0080526		Pancreatic Elastase, Fecal by ELISA	\$ 10.24	83520	
5485	0099436	0099436		Pancreatic Polypeptide	\$ 12.27	83519	[D]
5486	2010703	2010703		Pancreatitis (CTRC) Sequencing	\$ 467.50	81405	[C]
5487	2002016	2002016		Pancreatitis (PRSS1) Sequencing	\$ 274.83	81404	[C]
5488	2002012	2002012		Pancreatitis (SPINK1) Sequencing	\$ 274.83	81404	[C]
5489	2010876	2010876		Pancreatitis, Panel (CFTR, CTRC, PRSS1, SPINK1) Sequencing	\$ 1,075.18	81223/81404/81405	
5490	2002528	2002528		Pancreatobiliary FISH (Reflex components billed separately, see below for additional charges and CPT codes)	Variable	88366	[B]
5491	RFLX PF88366G	2002453	R	REFLEX FISH 88366G Pancreatobiliary	\$ 447.00	88366	
5492	3000496	3000496		PanFungal Identification by Sequencing	\$ 443.00	87999	[B]
5493	2006247	2006247		Parainfluenza 1-4 by PCR	\$ 61.07	87631	[B]
5494	2007961	2007961		Paraneoplastic Antibodies (PCCA/ANNA) by IFA with Reflex to Titer and Immunoblot (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 10.87	86255	[D]
5495	RFLX PCCARTITER	0059441	R	REFLEX Purkinje Cell Antibody, Titer	\$ 10.39	86256	[D]
5496	RFLX ANNAR IFA	0050892	R	REFLEX Neuronal Nuclear Antibody (ANNA) IFA Titer, IgG	\$ 10.39	86256	[D]
5497	RFLX NRNL IB	2007963	R	REFLEX Neuronal Nuclear Antibodies (Hu, Ri, Yo) IgG by Immunoblot	\$ 8.60	83516	[D]
5498	2010841	2010841		Paraneoplastic Antibodies (PCCA/ANNA) by IFA with Reflex to Titer and Immunoblot, CSF (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 10.87	86255	[D]
5499	RFLX ANNATITERC	2010843	R	REFLEX Neuronal Nuclear Antibody (ANNA) IFA Titer, IgG, CSF	\$ 10.39	86256	[D]
5500	RFLX PCCATITERC	2010845	R	REFLEX Purkinje Cell Antibody, Titer, CSF	\$ 10.39	86256	[D]
5501	RFLX NRNL IB CSF	2010847	R	REFLEX Neuronal Nuclear Antibodies (Hu, Ri, Yo) IgG by Immunoblot, CSF	\$ 8.60	83516	[D]
5502	0092107	0092107	*	Paraneoplastic Pemphigus Antibody Screen	\$ 523.40	88346/88350 x4	
5503	2013955	2013955		Paraneoplastic Reflexive Panel (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 30.34	86255 x2/83516	[D]
5504	RFLX NRNL IB	2007963	R	REFLEX Neuronal Nuclear Antibodies (Hu, Ri, Yo) IgG by Immunoblot	\$ 8.60	83516	[D]
5505	RFLX ANNAR IFA	0050892	R	REFLEX Neuronal Nuclear Antibody (ANNA) IFA Titer, IgG	\$ 10.39	86256	[D]
5506	RFLX PCCARTITER	0059441	R	REFLEX Purkinje Cell Antibody, Titer	\$ 10.39	86256	[D]
5507	RFLX CV2.1 TTR	2013957	R	REFLEX CV2.1 Antibody Titer, IgG	\$ 10.39	86256	[D]
5508	2007361	2007361		Parasite Examination, Macroscopic	\$ 4.65	87169	
5509	0049025	0049025		Parasites Smear (Giemsa Stain), Blood	\$ 6.52	87207	
5510	0060046	0060046		Parasitology Stain by Modified Acid-Fast	\$ 12.33	87015/87207	
5511	3000003	3000003	*	Parathyroid Hormone (PTH) Antibody	\$ 187.00	83519	
5512	2004118	2004118		Parathyroid Hormone (PTH) by Immunohistochemistry	\$ 73.50	88342TC	[B]
5513	0095611	0095611	*	Parathyroid Hormone, CAP	\$ 90.00	83970	



Line	Test Code	TEST CODE (Billing)	*	Test/Procedure	Fee/Each	Based on the 2019 CPT Code Book and information from our local carrier.	Compliance
5514	2001491	2001491		Parathyroid Hormone, Fine Needle Aspiration (FNA)	\$ 34.84	83970	[B]
5515	0070346	0070346		Parathyroid Hormone, Intact	\$ 34.84	83970	
5516	0070172	0070172		Parathyroid Hormone, Intact with Calcium	\$ 38.94	83970/82310	
5518	2010677	2010677		Parathyroid Hormone-Related Peptide (PTHrP) by LC-MS/MS, Plasma	\$ 15.35	82542	[B]
5519	2005731	2005731		Parvovirus by PCR	\$ 30.15	87798	[B]
5520	0090786	0090786	*	Paroxetine Quantitative, Serum or Plasma	\$ 101.00	80332 (Alt code: G0480)	
5521	2005006	2005006		Paroxysmal Nocturnal Hemoglobinuria (PNH), High Sensitivity, RBC and WBC	\$ 204.05	86356 x7	[A]
5522	2004366	2004366		Paroxysmal Nocturnal Hemoglobinuria, High Sensitivity, RBC	\$ 58.30	86356 x2	[A]
5523	2005003	2005003		Paroxysmal Nocturnal Hemoglobinuria, High Sensitivity, WBC	\$ 145.75	86356 x5	[A]
5524	0030235	0030235		Partial Thromboplastin Time	\$ 5.38	85730	
5525	0065120	0065120		Parvovirus B 19 Antibodies, IgG and IgM	\$ 32.74	86747 x2	
5527	0065122	0065122		Parvovirus B 19 Antibody, IgM	\$ 16.37	86747	
5528	0065121	0065121		Parvovirus B19 Antibody, IgG	\$ 16.37	86747	
5529	0060043	0060043		Parvovirus B19 by PCR	\$ 30.15	87798	[B]
5530	2012043	2012043		Parvovirus B19 by Quantitative PCR	\$ 39.11	87799	[B]
5531	2000137	2000137		Pathology ThinPrep Pap Request (Price based on CPT, refer to "Cytology, CPT")	Variable	88142; if reviewed by pathologist add 88141	
5532	2004082	2004082		Pax-5 by Immunohistochemistry	\$ 73.50	88342TC	[B]
5533	2010787	2010787		PAX8 by Immunohistochemistry	\$ 73.50	88342TC	
5534	2010102	2010102		PCA3 - Prostate Cancer Biomarker by Transcription-Mediated Amplification	\$ 255.05	81313	
5535	2004085	2004085		PD-1 by Immunohistochemistry	\$ 73.50	88342TC	[B]
5536	2012147	2012147		PDGFRB FISH for Gleevec Eligibility in Myelodysplastic Syndrome/Myeloproliferative Disease (MDS/MPD)	\$ 250.00	88271/88275/88291	
5537	3000197	3000197		PD-L1 22C3 IHC with Combined Positive Score (CPS) Interpretation, pembrolizumab (KEYTRUDA)	\$ 285.00	88360	
5538	2013284	2013284		PD-L1 22C3 IHC with Tumor Proportion Score (TPS) Interpretation, pembrolizumab (KEYTRUDA)	\$ 285.00	88360	
5539	2013684	2013684		PD-L1 28-8 pharmDx by Immunohistochemistry with Interpretation, nivolumab (OPDIVO)	\$ 285.00	88342	
5540	2011158	2011158		PD-L1 by Immunohistochemistry	\$ 73.50	88342TC	[B]
5541	0092001	0092001	*	Pemphigoid Antibody Panel - Epithelial Basement Membrane Zone Antibodies, IgG and IgA, BP180 and BP230 Antibodies, IgG	\$ 568.45	88346/88350 x3/83516 x2	
5542	0092106	0092106	*	Pemphigus Antibody IgA	\$ 282.00	88346/88350	
5543	0090650	0090650	*	Pemphigus Antibody Panel - Epithelial Cell Surface Antibodies and Desmoglein 1 and Desmoglein 3 Antibodies, IgG	\$ 447.75	88346/88350/83516 x2	
5544	2011549	2011549		Pentobarbital, Serum or Plasma	\$ 37.50	80345 (Alt code: G0480)	[B]
5545	2013025	2013025	*	Perampanel Quantitative, Serum or Plasma	\$ 200.00	80339 (Alt code: G0480)	
5546	2007370	2007370		Periodic Fever Syndromes Panel, Sequencing and Deletion/Duplication	\$ 2,160.00	81404/81479	[C]
5547	2013008	2013008	*	Periprosthetic Joint Infection (P-JI) Detection (Synovasure)	\$ 43.68	86140/84311/83516	
5548	2008394	2008394		Peutz-Jeghers Syndrome (STK11) Sequencing	\$ 301.35	81405	[C]
5549	2008398	2008398		Peutz-Jeghers Syndrome (STK11) Sequencing and Deletion/Duplication	\$ 576.18	81404/81405	[C]
5550	0020518	0020518		pH, Fecal	\$ 3.28	83986	
5551	0020305	0020305		pH, Urine	\$ 1.96	81003	



Line	Test Code	TEST CODE (Billing)	*	Test/Procedure	Fee/Each	Based on the 2019 CPT Code Book and information from our local carrier.	Compliance
5552	0092315	0092315		Phencyclidine (PCP) - Confirmation/Quantitation - Meconium	\$ 131.25	83992 (Alt code: G0480)	[B]
5553	2010460	2010460		Phencyclidine (PCP), Serum or Plasma, Quantitative	\$ 68.63	83992 (Alt code: G0480)	[B]
5554	2010462	2010462		Phencyclidine (PCP), Urine, Quantitative	\$ 63.75	83992 (Alt code: G0480)	[B]
5555	2012265	2012265		Phencyclidine, Urine Screen with Reflex to Quantitation (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 63.85	80307	[B]
5556	RFLX PCP URINE	2010462	R	REFLEX Phencyclidine (PCP), Urine, Quantitative	\$ 63.75	83992 (Alt code: G0480)	[B]
5557	0090230	0090230		Phenobarbital	\$ 8.40	80184	
5558	0091565	0091565	*	Phenobarbital, Free, Serum or Plasma	\$ 110.00	80184	
5559	0091551	0091551	*	Phenobarbital, Total/Free/Bound, Serum or Plasma	\$ 149.00	80184	
5560	0091260	0091260	*	Phenol Exposure Quantitative, Urine	\$ 86.00	84600/82570	
5561	0080336	0080336		Phenylalanine and Tyrosine	\$ 28.66	82131/84510	[B]
5563	0080315	0080315		Phenylalanine Monitoring, Plasma	\$ 18.36	82131	[B]
5564	0090090	0090090		Phenytol	\$ 11.87	80185	
5565	2010481	2010481		Phenytol, Free	\$ 14.98	80186	[B]
5566	0090141	0090141		Phenytol, Free and Total	\$ 26.85	80185/80186	[B]
5568	3000455	3000455		Ph-Like Acute Lymphocytic Leukemia (ALL) Panel by FISH	\$ 1,180.00	88271 x7/88275 x7/88291	[A]
5569	2007610	2007610		Phosphatidic Acid Antibodies, IgG, IgM, and IgA	\$ 25.80	83516 x3	[D]
5572	0051590	0051590		Phosphatidylcholine Antibodies, IgG, IgM and IgA	\$ 25.80	83516 x3	[D]
5575	2012130	2012130	*	Phosphatidylethanol (PEth)	\$ 96.59	80321 (Alt code: G0480)	
5576	0051622	0051622		Phosphatidylmethanolamine Antibodies, IgG, IgM and IgA	\$ 25.80	83516 x3	[D]
5579	0051623	0051623		Phosphatidylglycerol Antibodies, IgG, IgM and IgA	\$ 25.80	83516 x3	[D]
5582	0051624	0051624		Phosphatidylinositol Antibodies, IgG, IgM and IgA	\$ 25.80	83516 x3	[D]
5585	2009451	2009451		Phosphatidylserine and Prothrombin Antibodies, IgG and IgM	\$ 17.20	83516 x2	
5587	2009447	2009447		Phosphatidylserine and Prothrombin Antibody, IgG	\$ 8.60	83516	
5588	2006495	2006495		Phosphatidylserine Antibodies, IgG and IgM	\$ 35.00	86148 x2	
5590	0050905	0050905		Phosphatidylserine Antibodies, IgG, IgM, and IgA	\$ 52.50	86148 x3	
5593	2011828	2011828		Phospholipase A2 Receptor (PLA2R) Antibody, IgG with Reflex to Titer (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 10.87	86255	
5594	RFLX PLA2R TITER	2011831	R	REFLEX Phospholipase A2 Receptor (PLA2R) Antibody, IgG Titer	\$ 10.39	86256	
5595	0020042	0020042		Phospholipids, Serum or Plasma	\$ 6.50	84311	[D]
5596	0020028	0020028		Phosphorus, Inorganic, Plasma or Serum	\$ 4.21	84100	
5597	0020478	0020478		Phosphorus, Urine	\$ 5.63	84105	
5598	2010045	2010045		PIN4 Prostate Triple Stain by Immunohistochemistry	\$ 110.00	88344TC	
5599	0060051	0060051		Pinworm	\$ 4.65	87172	
5600	2007406	2007406		Pipecolic Acid, Serum or Plasma	\$ 15.35	82542	[B]
5601	2008131	2008131		Pipecolic Acid, Urine	\$ 15.35	82542	[B]
5602	2004097	2004097		Placental Alkaline Phosphatase (PLAP) by Immunohistochemistry	\$ 73.50	88342TC	
5603	0098781	0098781		Plasminogen Activator Inhibitor 1, Activity	\$ 18.72	85415	
5604	2004980	2004980		Plasminogen Activator Inhibitor-1, PAI-1 (SERPINE1) Genotyping	\$ 63.96	81400	[C]

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5605	0030190	0030190		Plasminogen Activity	\$ 6.12	85420	
5606	0051050	0051050		Platelet Antibodies, Indirect	\$ 20.00	86022	
5607	2007237	2007237	*	Platelet Antibody (Glycoprotein) Plasma/Eluate	\$ 220.00	86022/86023	
5608	3001170	3001170		Platelet Antigen 1 Genotyping (HPA-1)	\$ 120.71	81105	[C]
5609	3000193	3000193		Platelet Antigen Genotyping Panel	\$ 844.97	81105/81106/81107/81108/81109/81110/81112	[C]
5610	0095614	0095614		Platelet Associated Antibodies, Direct Assay	\$ 27.12	86023 x2	[A]
5612	2013070	2013070		Platelet Surface Glycoprotein Expression (PGE) by Flow Cytometry, Whole Blood	\$ 60.00	86022 x3	
5613	0040235	0040235		Platelets	\$ 3.77	85049	
5614	2003040	2003040		PM/Scl-100 Antibody, IgG by Immunoblot	\$ 14.59	86235	[D]
5615	2002363	2002363		PML-RARA Translocation by FISH	\$ 266.88	88271/88275/88291	[A]
5616	2002871	2002871		PML-RARA Translocation, t(15;17) by RT-PCR, Quantitative	\$ 94.03	81315	[B]
5617	2006254	2006254		Pneumocystis jirovecii by PCR	\$ 30.15	87798	[B]
5618	0060052	0060052		Pneumocystis jirovecii DFA	\$ 10.10	87299	
5619	2009226	2009226		Pneumocystis jirovecii DFA with Reflex to Pneumocystis jirovecii by PCR (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 10.10	87299	
5620	REFLX PCP PCR	2006254	R	REFLEX Pneumocystis jirovecii by PCR	\$ 30.15	87798	[B]
5621	2014107	2014107		Poliovirus (Types 1, 3) Antibodies	\$ 28.36	86658 x2	
5622	2013230	2013230	*	Polychlorinated Biphenyls (PCB) Panel, Congeners, Serum or Plasma	\$ 117.00	82441	
5623	2012255	2012255		Polycystic Kidney Disease, Autosomal Dominant (PKD1 and PKD2) Sequencing	\$ 1,129.15	81406/81407	[C]
5624	2012250	2012250		Polycystic Kidney Disease, Autosomal Dominant (PKD1 and PKD2) Sequencing and Deletion/Duplication	\$ 1,129.15	81406/81407/81479	[C]
5625	2013992	2013992		Polymyositis and Dermatomyositis Panel	\$ 109.19	83516 x1/86235	[D]
5626	2013990	2013990		Polymyositis Panel	\$ 57.59	83516 x5/86235	[B]
5627	2014463	2014463		Pompe Disease (GAA), Enzyme Activity in Leukocytes	\$ 19.66	82657	
5628	0099550	0099550		Porphobilinogen (PBG) Deaminase, Erythrocyte	\$ 19.66	82657	
5629	2011476	2011476		Porphobilinogen (PBG), Random Urine	\$ 9.12	84110	
5630	0080260	0080260		Porphobilinogen (PBG), Urine	\$ 9.12	84110	
5631	2002181	2002181		Porphyrins and Porphobilinogen (PBG), Urine	\$ 25.14	84120/84110	[B]
5633	0099824	0099824		Porphyrins, Fecal	\$ 27.73	84126	
5634	2002058	2002058		Porphyrins, Fractionation and Quantitation, Urine	\$ 16.02	84120	[B]
5635	2006593	2006593	*	Porphyrins, Total with Reflex to Porphyrins Fractionation, Plasma (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 152.24	84311	
5636	REFLX PORPHFRACT	2006596	*R	REFLEX Porphyrins, Fractionation, Plasma	\$ 211.04	82542	
5637	0080429	0080429		Porphyrins, Total, Plasma or Serum	\$ 6.50	84311	
5638	2001739	2001739		Posaconazole, Quantitative by LC-MS/MS	\$ 12.59	80299	[B]
5639	0020380	0020380		Potassium, Fecal	\$ 13.35	84999	[B]
5640	0020155	0020155		Potassium, Fluid	\$ 10.03	84999	[B]
5641	0020002	0020002		Potassium, Plasma or Serum	\$ 3.44	84132	
5642	2014041	2014041	*	Potassium, Total, RBC	\$ 81.00	84132	

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5643	0020849	0020849		Potassium, Urine	\$ 3.89	84133	
5644	0090672	0090672		Prazepam (Assayed as Nordiazepam)	\$ 31.75	80346 (Alt code: G0480)	
5645	0050435	0050435		Prealbumin, Serum	\$ 12.47	84134	
5646	2011609	2011609		Pregabalin, Serum or Plasma	\$ 68.75	80366 (Alt code: G0480)	[B]
5647	2012229	2012229		Pregabalin, Urine	\$ 45.00	80366 (Alt code: G0480)	[B]
5648	0092334	0092334		Pregnenolone by LC-MS/MS, Serum or Plasma	\$ 22.50	84140	[B]
5649	0099043	0099043		Pekallikrein Factor, Activity	\$ 20.62	85292	
5650	0095044	0095044		Prenatal Reflexive Panel (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 40.08	86592/86762/86900/86901/86850/85025/87340	
5656	RFLX RPR TITER	2003239	R	REFLEX Rapid Plasma Reagin (RPR) Titer	\$ 4.00	86593	
5657	RFLX IRL-ABIDO	2003012	R	REFLEX Antibody Identification, RBC (Obstetrical Panel Only)	\$ 26.58	86880/86870/86906	
5660	HBSAGCONPN	2007575	R	REFLEX Hepatitis B Virus Surface Antigen Confirmation, Prenatal	\$ 11.25	87341	
5661	2011156	2011156		Primary Antibody Deficiency Panel, Sequencing and Deletion/Duplication	\$ 2,430.00	81404/81406/81408/81479	[C]
5662	0051682	0051682		Primary Carnitine Deficiency (SLC22A5) Sequencing	\$ 301.35	81405	[C]
5663	2004203	2004203		Primary Carnitine Deficiency (SLC22A5) Sequencing and Deletion/Duplication	\$ 301.35	81405/81479	[C]
5664	0090202	0090202		Primidone and Metabolite	\$ 26.46	80188/80184	
5666	0050083	0050083		proBrain Natriuretic Peptide, NT	\$ 30.15	83880	
5667	0090151	0090151		Procainamide and NAPA	\$ 18.24	80192	
5668	0020763	0020763		Procalcitonin	\$ 22.21	84145	
5669	0070236	0070236		Procollagen Type I Intact N-Terminal Propeptide	\$ 12.27	83519	
5670	2006178	2006178		Products of Conception, Ploidy by Flow Cytometry	\$ 133.92	88182	[B]
5671	2008509	2008509		Progesterone Quantitative by HPLC-MS/MS, Serum or Plasma	\$ 18.30	84144	[B]
5672	2004525	2004525		Progesterone Receptor (PR) by Immunohistochemistry	\$ 73.50	88360TC	
5673	0070112	0070112		Proinsulin, Intact	\$ 19.39	84206	
5674	0070256	0070256		Proinsulin, Intact/Insulin Ratio	\$ 29.55	84206/83525	
5676	0070115	0070115		Prolactin	\$ 17.11	84146	
5677	2004109	2004109		Prolactin by Immunohistochemistry	\$ 73.50	88342TC	
5678	0020724	0020724		Prolactin, Dilution Study	\$ 17.11	84146	
5679	2014318	2014318		Prolonged Clot Time Reflex Panel (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 34.11	85384/85379/85610/85730/85613	
5680	RFLX BILL HEXPR	0030081	R	REFLEX Hex Phos Reflex Bill	\$ 19.57	85598	
5681	RFLX BILL PTT HR	0030083	R	REFLEX PTT-D Heparin Reflex Bill	\$ 15.48	85730/85525	
5682	RFLX BILL REPR	0030086	R	REFLEX Reptilase Time Reflex Bill	\$ 10.71	85635	
5683	RFLX BILL TTR	0030087	R	REFLEX Thrombin Time Reflex Bill	\$ 4.99	85670	
5684	RFLX BILL PT TD	0031546	R	REFLEX Reflexed to Partial Thromboplastin Time-D 1:1 Mix	\$ 7.05	85732	
5685	RFLX BILL PNP	0031547	R	REFLEX Reflexed to Platelet Neutralization	\$ 19.57	85597	
5686	RFLX BILL DRV	0031548	R	REFLEX Reflexed to Dilute Russell Viper Venom Time (dRVVT) 1:1 Mix	\$ 8.45	85613	
5687	RFLX BILL DRVC	0031549	R	REFLEX Reflexed to Dilute Russell Viper Venom Time (dRVVT) Confirmation	\$ 8.45	85613	

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5688	RFLX BILLINPTMX	2014328	R	REFLEX PT, Inhibitor Screen, 1:1 Mix Bill	\$ 4.29	85611	
5689	RFLX BILL SFM	2014330	R	REFLEX Soluble Fibrin Monomer Bill	\$ 8.57	85366	
5690	RFLX BILL F2	2014320	R	REFLEX Factor II, Activity (Prothrombin) Bill	\$ 14.14	85210	
5691	RFLX BILL F5	2014321	R	REFLEX Factor V, Activity Bill	\$ 19.21	85220	
5692	RFLX BILLBETHF8	0030034	R	REFLEX Beth F8 Bill	\$ 14.02	85335	
5693	RFLX BILL F9	2014324	R	REFLEX Factor IX, Activity Bill	\$ 20.73	85250	
5694	RFLX BILL F10	2014325	R	REFLEX Factor X, Activity Bill	\$ 19.50	85260	
5695	RFLX BILLBETHF9	0030037	R	REFLEX Beth F9 Bill	\$ 14.02	85335	
5696	RFLX BILL F7	2014322	R	REFLEX Factor VII, Activity Bill	\$ 19.50	85230	
5697	RFLX BILL F8	2014323	R	REFLEX Factor VIII, Activity Bill	\$ 15.86	85240	
5698	RFLX BILL F11	2014326	R	REFLEX Factor XI, Activity Bill	\$ 19.50	85270	
5699	RFLX BILL F12	2014327	R	REFLEX Factor XII, Activity Bill	\$ 21.06	85280	
5700	RFLX BILL RCF	2014329	R	REFLEX von Willebrand Factor Activity RCF Bill	\$ 24.98	85245	
5701	RFLX BILL VWFAG	2014331	R	REFLEX von Willebrand Factor Antigen Bill	\$ 24.98	85246	
5702	3000712	3000712	*	Propafenone Quantitation, Serum or Plasma	\$ 94.00	80375 (Alt code: G0480)	
5703	2010464	2010464		Propoxyphene and Metabolite, Serum or Plasma, Quantitative	\$ 77.00	80367 (Alt code: G0480)	[B]
5704	2010468	2010468		Propoxyphene and Metabolite, Urine, Quantitative	\$ 63.75	80367 (Alt code: G0480)	[B]
5705	2012269	2012269		Propoxyphene, Urine Screen with Reflex to Quantitation (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 63.85	80307	[B]
5706	RFLX PPXY UR	2010468	R	REFLEX Propoxyphene and Metabolite, Urine, Quantitative	\$ 63.75	80367 (Alt code: G0480)	[B]
5707	0091538	0091538	*	Propylene Glycol, Serum or Plasma	\$ 132.00	84600	
5708	3000219	3000219	*	Prostaglandin D2 (PG D2), Serum or Plasma	\$ 280.00	84150	
5709	3000240	3000240	*	Prostaglandin D2 (PG D2), Urine	\$ 315.00	84150	
5710	3000134	3000134		Prostate Health Index (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 16.47	84153	
5711	RFLX PSA RFX	3000517	R	REFLEX PSA Reflex (Reflex for 3000134 PROST INDX - Not Orderable by Clients)	\$ 34.93	84154/86316	
5712	2004112	2004112		Prostate Specific Antigen by Immunohistochemistry	\$ 73.50	88342TC	
5713	2002930	2002930		Prostate Specific Antigen, Complexed	\$ 20.02	84152	
5714	0080206	0080206		Prostate Specific Antigen, Free Percentage (Includes Free PSA and Total PSA)	\$ 32.89	84153/84154	
5716	0070121	0070121		Prostate Specific Antigen, Total	\$ 16.47	84153	
5717	0070234	0070234		Prostate Specific Antigen, Total - Medicare Screening	\$ 12.70	G0103	
5718	0080264	0080264		Prostate Specific Antigen, Total with Reflex to Free PSA (Includes Free Percentage) (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 16.47	84153	
5719	RFLX BILL PSAFR	0050338	R	REFLEX Reflexed to Free PSA (Includes Free Percentage)	\$ 16.42	84154	
5720	0098581	0098581		Prostate Specific Antigen, Ultrasensitive	\$ 16.47	84153	
5721	2014059	2014059	*	Prostate-Specific Kalikrein, 4Kscore	\$ 770.00	81539	
5722	0070120	0070120		Prostatic Acid Phosphatase	\$ 10.52	84066	

Line	Test Code	TEST CODE (Billing)	*	Test/Procedure	Fee/Each	Based on the 2019 CPT Code Book and information from our local carrier.	Compliance
5723	2004079	2004079		Prostatic Acid Phosphatase (PAP) by Immunohistochemistry	\$ 73.50	88342TC	
5724	0030182	0030182		Protein C and S Panel, Functional	\$ 31.74	85303/85306	
5726	0030116	0030116		Protein C and S Panel, Total, Antigen	\$ 25.71	85302/85305	
5728	0030113	0030113		Protein C, Functional	\$ 15.06	85303	
5729	2003386	2003386		Protein C, Functional with Reflex to Protein C, Total and Protein S, Free with Reflex to Protein S, Total (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 31.74	85303/85306	
5731	RFLX PROT C	0030111	R	REFLEX Protein C, Total Antigen	\$ 13.08	85302	
5732	RFLX PROT S	0030112	R	REFLEX Protein S, Total Antigen	\$ 12.63	85305	
5733	0030041	0030041		Protein C, Functional with Reflex to Protein C, Total Antigen (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 15.06	85303	
5734	RFLX PROT C	0030111	R	REFLEX Protein C, Total Antigen	\$ 13.08	85302	
5735	0030111	0030111		Protein C, Total Antigen	\$ 13.08	85302	
5736	2002109	2002109		Protein Electrophoresis with Reflex to Immunofixation Electrophoresis Monoclonal Protein Detection, Quantitation and Characterization IgA, IgG, IgM - Serum (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 14.90	84160/84165	
5738	RFLX IGA	0050340	R	REFLEX Immunoglobulin A	\$ 6.08	82784	
5739	RFLX IGG	0050350	R	REFLEX Immunoglobulin G	\$ 6.08	82784	
5740	RFLX IGM	0050355	R	REFLEX Immunoglobulin M	\$ 6.08	82784	
5741	RFLX BILL IMMR	0050331	R	REFLEX Reflexed to Immunofixation Electrophoresis	\$ 20.03	86334	
5742	0050590	0050590		Protein Electrophoresis, CSF	\$ 19.23	84157/84166	
5744	0050640	0050640		Protein Electrophoresis, Serum	\$ 14.90	84160/84165	
5746	0098894	0098894		Protein S Free, Antigen	\$ 16.68	85306	
5747	2002269	2002269		Protein S, Free Antigen with Reflex to Protein S, Total Antigen (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 16.68	85306	
5748	RFLX PROT S	0030112	R	REFLEX Protein S, Total Antigen	\$ 12.63	85305	
5749	0030114	0030114		Protein S, Functional	\$ 16.68	85306	
5750	0030112	0030112		Protein S, Total Antigen	\$ 12.63	85305	
5751	0020502	0020502		Protein, Total, Body Fluid	\$ 2.99	84157	[B]
5752	0020514	0020514		Protein, Total, CSF	\$ 2.99	84157	
5753	0020029	0020029		Protein, Total, Serum or Plasma	\$ 2.96	84155	
5754	0020479	0020479		Protein, Total, Urine	\$ 3.26	84156	
5755	0056060	0056060		Prothrombin (F2) c.*97G>A (G20210A) Pathogenic Variant	\$ 65.69	81240	[C]
5756	0051302	0051302		Prothrombin Antibody, IgG	\$ 66.75	86849	
5757	0030215	0030215		Prothrombin Time	\$ 3.49	85610	
5758	0030224	0030224		Prothrombin Time/International Normalized Ratio	\$ 3.49	85610	
5759	0090106	0090106		Prothrombin Time/International Normalized Ratio	\$ 26.75	80335 (Alt code: G0480)	
5760	0020159	0020159		Pseudocholesterase, Dibucaine Inhibition	\$ 21.91	82638/82480	
5762	0020167	0020167		Pseudocholesterase, Total	\$ 8.58	82480	
5763	2002722	2002722		PTEN-Related Disorders (PTEN) Sequencing	\$ 479.36	81321	[C]
5764	2002470	2002470		PTEN-Related Disorders (PTEN) Sequencing and Deletion/Duplication	\$ 549.26	81321/81323	[C]

Line	Test Code	TEST CODE (Billing)	*	Test/Procedure	Fee/Each	Based on the 2019 CPT Code Book and information from our local carrier.	Compliance
5765	2003410	2003410		Pulmonary Arterial Hypertension (BMPR2) Sequencing	\$ 282.88	81406	[C]
5766	2003405	2003405		Pulmonary Arterial Hypertension (BMPR2) Sequencing and Deletion/Duplication	\$ 584.23	81405/81406	[C]
5767	2009345	2009345		Pulmonary Arterial Hypertension (PAH) Panel, Sequencing and Deletion/Duplication	\$ 2,160.00	81405/81406/81479	[C]
5768	2014523	2014523	*	Purines and Pyrimidines Panel, Urine	\$ 520.00	82542	
5769	0070213	0070213		Pyridinium Crosslinks (Total), Urine	\$ 20.20	82523	
5770	0080342	0080342		Pyridinolone and Deoxypyridinolone by HPLC	\$ 20.20	82523	[B]
5771	2013352	2013352		Pyridoxine-Dependent Epilepsy Panel, Serum or Plasma	\$ 15.35	82542	[B]
5772	2013355	2013355		Pyridoxine-Dependent Epilepsy Panel, Urine	\$ 15.35	82542	[B]
5773	0080290	0080290		Pyruvate Kinase	\$ 10.28	84220	
5774	0080310	0080310		Pyruvic Acid	\$ 11.82	84210	
5775	0080312	0080312		Pyruvic Acid, CSF	\$ 11.82	84210	
5776	3000400	3000400		QuantIFERON-TB Gold Plus, 1-Tube	\$ 55.04	86480	
5777	3000399	3000399		QuantIFERON-TB Gold Plus, 4-Tube	\$ 55.04	86480	
5778	2003118	2003118		Quetiapine, Serum or Plasma	\$ 73.50	80342 (Alt code: G0480)	[B]
5779	0090245	0090245		Quinidine	\$ 15.20	80194	
5780	2014351	2014351	*	Rabies Antibody Screen (RFFIT)	\$ 65.00	86382	
5781	0050302	0050302		Raji Cell Immune Complex Assay	\$ 26.54	86332	[A]
5782	2012849	2012849		Rapid Mendelian Genes Sequencing Panel, Trio	\$ 5,400.00	81443	[C]
5783	2007443	2007443		Rapid Plasma Reagin (RPR) with Reflex to RPR Titer or T. pallidum Antibody by Particle Agglutination (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 3.84	86592	
5784	RFLX RPR TITER	2003239	R	REFLEX Rapid Plasma Reagin (RPR) Titer	\$ 4.00	86593	
5785	RFLX MHA	0050777	R	REFLEX Treponema pallidum Antibody by TP-PA	\$ 11.40	86780	
5786	0050471	0050471		Rapid Plasma Reagin (RPR) with Reflex to Titer (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 3.84	86592	
5787	RFLX RPR TITER	2003239	R	REFLEX Rapid Plasma Reagin (RPR) Titer	\$ 4.00	86593	
5788	0050011	0050011		Rapid Plasma Reagin (RPR) with Reflex to Titer and FTA-ABS (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 3.84	86592	
5789	RFLX FTA	0050477	R	REFLEX Treponema pallidum Antibody, IgG by IFA (FTA-ABS), Serum	\$ 11.40	86780	
5790	RFLX RPR TITER	2003239	R	REFLEX Rapid Plasma Reagin (RPR) Titer	\$ 4.00	86593	
5791	0050478	0050478		Rapid Plasma Reagin (RPR) with Reflex to Titer and TP-PA Confirmation (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 3.84	86592	
5792	RFLX RPR TITER	2003239	R	REFLEX Rapid Plasma Reagin (RPR) Titer	\$ 4.00	86593	
5793	RFLX MHA	0050777	R	REFLEX Treponema pallidum Antibody by TP-PA	\$ 11.40	86780	
5794	2002730	2002730		RASA1-Related Disorders (RASA1) Sequencing	\$ 1,251.25	81479	[C]
5795	2007852	2007852		RASA1-Related Disorders (RASA1) Sequencing and Deletion/Duplication	\$ 1,743.13	81479	[C]
5796	2008460	2008460		RBC Band 3 Protein Reduction in Hereditary Spherocytosis	\$ 68.04	88184	[B]
5797	0040270	0040270		Red Blood Cell Count	\$ 2.67	85041	
5798	0020373	0020373		Reducing Substances, Fecal	\$ 4.69	84376	
5799	2010172	2010172		Regulatory T-Cell Panel	\$ 145.75	86356 x5	[A]
5800	3000010	3000010		Relapsing Fever Borrelia Species by PCR	\$ 30.15	87798	[B]

Line	Test Code	TEST CODE (Billing)	*	Test/Procedure	Fee/Each	Based on the 2019 CPT Code Book and information from our local carrier.	Compliance
5801	2004124	2004124		Renal Cell Carcinoma (RCC) Antigen by Immunohistochemistry	\$ 73.50	88342TC	[B]
5802	0020144	0020144		Renal Function Panel	\$ 7.60	80069	
5803	0070105	0070105		Renin Activity	\$ 23.94	84244	
5804	2001575	2001575		Renin, Direct	\$ 23.94	84244	
5805	0030295	0030295		Reptilase Time with Reflex to Reptilase Time 1:1 Mix (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 10.71	85635	
5806	RFLX BILL REPC	0030022	R	REFLEX Reflexed to Reptilase Time 1:1 Mix	\$ 10.71	85635	
5807	0060122	0060122		Respiratory Culture and Gram Stain (Gram stain 0060101 is billed additionally) (Micro billing tasks will be ordered as needed, see below for possible charges and CPT codes)	\$ 7.51	87070	
5808	TASK GS	0060011		BILL TASK Gram Stain	\$ 3.46	87205	
5809	TASK CF PSE	TASK CF PSE		BILL TASK Bacterial Identification - Cystic Pseudomonas (Billed)	\$ 7.08	87077	
5810	TASK PSE	TASK PSE		BILL TASK Bacterial Identification - Pseudomonas (Billed)	\$ 7.08	87077	
5811	TASK BID	0060457		BILL TASK Bacterial Identification (Billed)	\$ 7.08	87077	
5812	TASK PID	TASK PID		BILL TASK Bacterial Identification - Gram positive (Phoenix) (Billed)	\$ 7.08	87077	
5813	TASK NID	TASK NID		BILL TASK Bacterial Identification - Gram negative (Phoenix) (Billed)	\$ 7.08	87077	
5814	TASK BAC	TASK BAC		BILL TASK Bacterial Identification - Bacillus (Billed)	\$ 7.08	87077	
5815	TASK NMIC/ID 304	2013217		BILL TASK Gram Negative ID & MIC Panel (Phoenix)	\$ 7.08	87077	
5816	TASK AST M	0060790		BILL TASK Susceptibility - Automated broth dilution (Billed)	\$ 7.57	87186	
5817	TASK BLAC M	0060401		BILL TASK Susceptibility - Beta-Lactamase (Billed)	\$ 1.21	87185	
5818	TASK MIC	0060408		BILL TASK Susceptibility - Broth dilution panel (Billed)	\$ 7.57	87186	
5819	TASK DD	0060418		BILL TASK Susceptibility - Disk diffusion (Billed)	\$ 4.23	87184	
5820	TASK SMIC	0062229		BILL TASK Susceptibility - Single drug by broth dilution (Billed)	\$ 7.57	87186	
5821	TASK BACSEQ	0060719		BILL TASK DNA Sequencing - Bacterial identification (Billed)	\$ 125.58	87153	
5822	TASK ETEST	0062228		BILL TASK Susceptibility - Single drug by Etest (Billed)	\$ 1.16	87181	
5823	TASK .PF	0062151		BILL TASK Processing fee (Billed)	\$ 35.00	87015	
5824	TASK PBP	2008641		BILL TASK Susceptibility - Penicillin Binding Protein 2a (Billed)	\$ 3.91	87147	
5825	TASK SA	2011971		BILL TASK Staphylococcus species Latex Agglutination (BILLED)	\$ 3.91	87147	
5826	TASK StrpA	2011972		BILL TASK Streptococcus Group A Latex Agglutination (BILLED)	\$ 3.91	87147	
5827	TASK StrpB	2011973		BILL TASK Streptococcus Group B Latex Agglutination (BILLED)	\$ 3.91	87147	
5828	TASK StrpC	2011974		BILL TASK Streptococcus Group C Latex Agglutination (BILLED)	\$ 3.91	87147	
5829	TASK StrpG	2011975		BILL TASK Streptococcus Group G Latex Agglutination (BILLED)	\$ 3.91	87147	
5830	TASK NF PBP	2014492		BILL TASK PBP2A Normal Flora use(Billed)	\$ 3.91	87147	
5831	TASK MECA/C	3000097		BILL TASK Susceptibility - mecA/mecC Gene Detection by PCR (Billed)	\$ 30.88	87641	
5832	0060288	0060288		Respiratory Syncytial Virus DFA	\$ 8.84	87280	
5833	0060764	0060764		Respiratory Virus Mini Panel by PCR	\$ 61.07	87631	[B]
5834	2007805	2007805		Respiratory Virus Panel by PCR	\$ 388.39	87633	
5835	0060289	0060289		Respiratory Viruses DFA	\$ 71.24	87276/87275/87279 x3/87280/87260/87299	



Line	Test Code	TEST CODE (Billing)	*	Test/Procedure	Fee/Each	Based on the 2019 CPT Code Book and information from our local carrier.	Compliance
5843	2002565	2002565		Respiratory Viruses DFA with Reflex to Respiratory Virus Mini Panel by PCR (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 71.24	87276/87275/87279 x3/87280/87260/87299	
5851	REFLX RESP MINI	0060764	R	REFLEX Respiratory Virus Mini Panel by PCR	\$ 61.07	87631	[B]
5852	0060281	0060281		Respiratory Viruses DFA with Reflex to Viral Culture, Respiratory (Reflex components billed separately, see below for additional charges and CPT codes) (Micro billing tasks will be ordered as needed, see below for possible charges and CPT codes)	\$ 71.24	87276/87275/87279 x3/87280/87260/87299	
5860	REFLX V VIRAL R	2006499	R	REFLEX Viral Culture, Respiratory	\$ 21.29	87253	
5861	TASK .VID	2006696		BILL TASK Virus identification (billed)	\$ 16.00	87253	
5862	2001504	2001504		Respiratory Viruses Rapid Culture	\$ 5.41	87254	
5863	3001312	3001312		RET Gene Rearrangements by FISH	\$ 410.00	88366	[A]
5864	0040263	0040263		Reticulocytes, Cellular Hb	\$ 4.61	85046	
5865	0040022	0040022		Reticulocytes, Percent and Number	\$ 3.60	85045	
5866	2007085	2007085		Retinitis Pigmentosa/Leber Congenital Amaurosis Panel, Sequencing and Deletion/Duplication	\$ 2,565.00	81434	[C]
5867	0050467	0050467		Retinol Binding Protein	\$ 12.28	83883	
5868	0051378	0051378		Rett Syndrome (MECP2), Full Gene Sequencing	\$ 527.87	81302	[C]
5869	0051614	0051614		Rett Syndrome (MECP2), Sequencing and Deletion/Duplication	\$ 677.87	81302/81304	[C]
5870	0013014	0013014		Rh Type Only	\$ 2.46	86901	
5871	0050421	0050421		RhCc Antigen (RHCE) Genotyping	\$ 185.20	81403	[C]
5872	0051368	0051368		RhD Antigen (RhD) Genotyping	\$ 185.20	81403	[C]
5873	0050423	0050423		RhEe Antigen (RHCE) Genotyping	\$ 185.20	81403	[C]
5874	2003277	2003277		Rheumatoid Arthritis Panel	\$ 12.12	86200/86431	
5876	2003278	2003278		Rheumatoid Arthritis Panel with Reflex to Rheumatoid Factors, IgA, IgG, and IgM by ELISA (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 12.12	86200/86431	
5878	REFLX RF PAN	0051298	R	REFLEX Rheumatoid Factors, IgA, IgG, and IgM by ELISA	\$ 25.80	83516 x3	
5881	0050465	0050465		Rheumatoid Factor	\$ 5.02	86431	
5882	2003347	2003347		Rheumatoid Factor, Body Fluid	\$ 5.02	86431	[B]
5883	0051298	0051298		Rheumatoid Factors, IgA, IgG, and IgM by ELISA	\$ 25.80	83516 x3	
5886	0099249	0099249		Ribosomal P Protein Antibody	\$ 8.60	83516	
5887	0050371	0050371		Rickettsia rickettsii (Rocky Mountain Spotted Fever) Antibodies, IgG & IgM by IFA	\$ 42.14	86757 x2	
5889	0050369	0050369		Rickettsia rickettsii (Rocky Mountain Spotted Fever) Antibody, IgG	\$ 21.07	86757	
5890	0050372	0050372		Rickettsia rickettsii (Rocky Mountain Spotted Fever) Antibody, IgM	\$ 21.07	86757	
5891	0050384	0050384		Rickettsia typhi (Typhus Fever) Antibodies, IgG & IgM by IFA	\$ 42.14	86757 x2	
5893	0050381	0050381		Rickettsia typhi (Typhus Fever) Antibody, IgG by IFA	\$ 21.07	86757	
5894	0050383	0050383		Rickettsia typhi (Typhus Fever) Antibody, IgM by IFA	\$ 21.07	86757	
5895	2012618	2012618		Risk of Ovarian Malignancy Algorithm	\$ 51.40	86304/86305 (Alt code: 81500)	
5896	2007951	2007951		Risperidone and Metabolite, Serum or Plasma	\$ 47.40	80342 (Alt code: G0480)	[B]
5897	0040131	0040131		RNA Extraction and Storage	\$ 70.00	81479	

Line	Test Code	TEST CODE (Billing)	*	Test/Procedure	Fee/Each	Based on the 2019 CPT Code Book and information from our local carrier.	Compliance
5898	2001601	2001601		RNA Polymerase III Antibody, IgG	\$ 8.60	83516	
5899	0050470	0050470		RNP (U1) (Ribonucleic Protein) (ENA) Antibody, IgG	\$ 14.59	86235	
5900	3001308	3001308		ROS1 by FISH	\$ 548.63	88366	[B]
5901	2008414	2008414		ROS1 with Interpretation by Immunohistochemistry with Reflex to FISH if Equivocal or Positive (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 90.00	88342	
5902	RFLX ROS1_FISH	3001308	R	REFLEX ROS1 by FISH	\$ 548.63	88366	[B]
5903	0065088	0065088		Rotavirus Antigen by EIA	\$ 8.86	87425	
5904	0050552	0050552		Rubella Antibodies, IgG and IgM	\$ 25.86	86762 x2	
5906	0050771	0050771		Rubella Antibody, IgG	\$ 12.93	86762	
5907	0050551	0050551		Rubella Antibody, IgM	\$ 12.93	86762	
5908	2003176	2003176		Rufinamide, Serum or Plasma	\$ 66.88	80339 (Alt code: G0480)	[B]
5909	2010138	2010138		RUNX1-RUNX1T1 (AML1-ETO) t(8:21) Detection, Quantitative	\$ 137.00	81401	[B]
5910	2007739	2007739		S Antigen Typing - Patient	\$ 3.35	86905	
5911	2004127	2004127		S-100 Protein by Immunohistochemistry	\$ 73.50	88342TC	
5912	2001766	2001766		S-100B Protein, Serum	\$ 18.51	86316	[D]
5913	2013358	2013358		S100B, CSF	\$ 10.24	83520	[D]
5914	0050564	0050564		Saccharomyces cerevisiae Antibodies, IgG & IgA	\$ 26.68	86671 x2	
5916	0090251	0090251		Salicylate Assay	\$ 63.85	80307	
5917	2005432	2005432		Sal-like 4 (SALL4) by Immunohistochemistry	\$ 73.50	88342TC	[B]
5918	2010798	2010798		Salmonella typhi and paratyphi Antibodies	\$ 71.80	86768 x5	
5919	3000582	3000582	*	Schistosoma Antibody, IgG, Serum	\$ 90.00	86682	
5920	2006240	2006240	*	Schwachman-Diamond Syndrome (SDDS) Sequencing	\$ 770.00	81479	
5921	0050599	0050599		Scleroderma (Scl-70) (ENA) Antibody, IgG	\$ 14.59	86235	
5922	2013506	2013506		Sd(a) Antigen Typing, Patient	\$ 3.35	86905	
5923	2006948	2006948		SDHB with Interpretation by Immunohistochemistry	\$ 90.00	88360	[B]
5924	0099772	0099772	*	Secretin	\$ 205.00	83519	
5925	0040325	0040325		Sedimentation Rate, Westergren (ESR)	\$ 2.37	85651	
5926	2013011	2013011	*	Selenium, RBCs	\$ 92.00	84255	
5927	0025023	0025023		Selenium, Serum or Plasma	\$ 27.79	84255	[B]
5928	0025067	0025067		Selenium, Urine	\$ 27.79	84255	[B]
5929	0028325	0028325		Semen Analysis, Post Vasectomy	\$ 10.63	89310	
5930	2007965	2007965		Sensory Neuropathy Antibody Panel with Reflex to Titer and Neuronal Immunoblot (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 28.07	83516 x2/86255	[D]
5933	RFLX PCCARTITER	0059441	R	REFLEX Purkinje Cell Antibody, Titer	\$ 10.39	86256	[D]
5934	RFLX ANNAR IFA	0050892	R	REFLEX Neuronal Nuclear Antibody (ANNA) IFA Titer, IgG	\$ 10.39	86256	[D]
5935	RFLX NRNL IB	2007963	R	REFLEX Neuronal Nuclear Antibodies (Hu, Ri, Yo) IgG by Immunoblot	\$ 8.60	83516	[D]
5936	0050527	0050527		Serine Protease 3 Antibody	\$ 8.60	83516	

Line	Test Code	TEST CODE (Billing)	*	Test/Procedure	Fee/Each	Based on the 2019 CPT Code Book and information from our local carrier.	Compliance
5937	2005631	2005631		Serotonin Release Assay (Heparin Dependent Platelet Antibody), Unfractionated Heparin	\$ 20.00	86022	[B]
5938	0080397	0080397		Serotonin, Serum	\$ 33.73	84260	[B]
5939	0080395	0080395		Serotonin, Whole Blood	\$ 33.73	84260	[B]
5940	0098745	0098745		Sertraline	\$ 43.50	80332 (Alt code: G0480)	[B]
5941	0099375	0099375		Sex Hormone Binding Globulin	\$ 18.72	84270	
5942	2006258	2006258		Sexually Transmitted Disease Panel 1 by Transcription-Mediated Amplification (TMA)	\$ 92.78	87491/87591/87661	
5945	2012125	2012125	*	SHOX Mutation Detection	\$ 321.20	81479	
5946	2002098	2002098	*	Signal Recognition Particle (SRP) Antibody	\$ 75.00	83516	
5947	0091539	0091539	*	Silicon Quantitative, Serum or Plasma	\$ 104.00	84285	
5948	0091222	0091222	*	Silver Quantitative, Serum or Plasma	\$ 92.00	83789	
5949	0091228	0091228	*	Silver, Urine	\$ 92.00	83789	
5950	0091229	0091229	*	Silver, Whole Blood	\$ 96.00	83789	
5951	2004137	2004137		Simian Virus 40 (SV-40) by Immunohistochemistry	\$ 73.50	88342TC	[B]
5952	0098467	0098467		Sirolimus by Tandem Mass Spectrometry	\$ 11.99	80195	[B]
5953	2012015	2012015		Skeletal Dysplasia Panel, Sequencing and Deletion/Duplication	\$ 2,430.00	81404/81405/81408/81479	[C]
5954	2012010	2012010		Skeletal Dysplasia Panel, Sequencing and Deletion/Duplication, Fetal	\$ 2,577.50	81404/81405/81408/81479/81265	[C]
5955	2008426	2008426		SLCO1B1, 1 Variant	\$ 174.81	81328	[C]
5956	2006403	2006403		SMAD4 by Immunohistochemistry	\$ 73.50	88342TC	[B]
5957	0050085	0050085		Smith (ENA) Antibody, IgG	\$ 14.59	86235	
5958	3000460	3000460		Smith and RNP (U1) (ENA) Antibodies, IgG	\$ 29.18	86235 x2	
5959	2011457	2011457		Smith-Lemli-Opitz Syndrome (DHCR7) Sequencing	\$ 301.35	81405	[C]
5960	2011704	2011704		Smith-Lemli-Opitz Syndrome (DHCR7) Sequencing, Fetal	\$ 535.47	81405/81265	[C]
5961	2004130	2004130		Smooth Muscle Actin (SMA) by Immunohistochemistry	\$ 73.50	88342TC	
5962	0020379	0020379		Sodium, Fecal	\$ 5.30	84302	[B]
5963	0020154	0020154		Sodium, Fluid	\$ 5.30	84302	[B]
5964	0020001	0020001		Sodium, Plasma or Serum	\$ 3.51	84295	
5965	0020851	0020851		Sodium, Urine	\$ 4.38	84300	
5966	2007991	2007991		Solid Tumor Mutation Panel by Next Generation Sequencing	\$ 597.91	81445/88381	[B]
5967	0030126	0030126		Soluble Fibrin Monomer	\$ 8.57	85366	
5968	0055235	0055235		Soluble Liver Antigen Antibody, IgG	\$ 8.60	83516	
5969	0081284	0081284		Soluble Mesothelin-Related Peptides (MESOMARK®)	\$ 18.51	86316	
5970	0070283	0070283		Soluble Transferrin Receptor	\$ 39.82	84238	
5971	2010001	2010001	*	Somatostatin Quantitative, Plasma	\$ 194.00	84307	
5972	3000714	3000714	*	Sotalol Quantitation, Serum/Plasma	\$ 96.00	80375 (Alt code: G0480)	
						88342TC; or 88341TC when added as an additional stain	
5973	2012561	2012561		SOX11 by Immunohistochemistry	\$ 73.50		
5974	2005906	2005906		Special Stain, Acid Fast	\$ 43.38	88312TC	
5975	2005981	2005981		Special Stain, Alcian Blue - Periodic Acid-Schiff (PAB)	\$ 43.38	88313TC	
5976	2005900	2005900		Special Stain, Alcian Blue pH 2.5	\$ 43.38	88313TC	

Line	Test Code	TEST CODE (Billing)	*	Test/Procedure	Fee/Each	Based on the 2019 CPT Code Book and information from our local carrier.	Compliance
5977	2005903	2005903		Special Stain, Alcian Blue with Hyaluronidase	\$ 43.38	88313TC	
5978	2005909	2005909		Special Stain, Bielschowski	\$ 140.25	88313TC	
5979	2005918	2005918		Special Stain, Calcium (Von Kossa)	\$ 43.38	88313TC	
5980	2005921	2005921		Special Stain, Colloidal Iron	\$ 43.38	88313TC	
5981	2005924	2005924		Special Stain, Congo Red	\$ 43.38	88313TC	
5982	2005927	2005927		Special Stain, Copper (Rhodanine)	\$ 43.38	88313TC	
5983	2005930	2005930		Special Stain, Elastin	\$ 43.38	88313TC	
5984	2005936	2005936		Special Stain, Fite	\$ 43.38	88312TC	
5985	2005939	2005939		Special Stain, Fontana-Masson	\$ 43.38	88313TC	
5986	2005942	2005942		Special Stain, Giemsa	\$ 43.38	88312TC	
5987	2005948	2005948		Special Stain, Gram	\$ 43.38	88312TC	
5988	2005945	2005945		Special Stain, Grocott's Methenamine Silver (GMS)	\$ 43.38	88312TC	
5989	2005912	2005912		Special Stain, Halls Bile	\$ 43.38	88313TC	
5990	2005954	2005954		Special Stain, Iron	\$ 43.38	88313TC	
5991	2005957	2005957		Special Stain, Jones	\$ 43.38	88313TC	
5992	2005960	2005960		Special Stain, Luxol Fast Blue	\$ 43.38	88313TC	
5993	2005966	2005966		Special Stain, Melanin Bleach	\$ 43.38	88313TC	
5994	2005963	2005963		Special Stain, Modified Giemsa (Diff-Quick)	\$ 43.38	88312TC	
5995	2005972	2005972		Special Stain, Mucicarmine	\$ 43.38	88313TC	
5996	2005978	2005978		Special Stain, Oil Red O	\$ 43.38	88313TC	
5997	2005984	2005984		Special Stain, Periodic Acid-Schiff (PAS)	\$ 43.38	88313TC	
5998	2005987	2005987		Special Stain, Periodic Acid-Schiff (PAS) with Diastase	\$ 43.38	88313TC	
5999	2005990	2005990		Special Stain, Periodic Acid-Schiff (PAS), Fungus	\$ 43.38	88312TC	
6000	2005993	2005993		Special Stain, Phosphotungstic Acid-Hematoxylin (PTAH)	\$ 43.38	88313TC	
6001	2005996	2005996		Special Stain, Reticulin	\$ 43.38	88313TC	
6002	2005999	2005999		Special Stain, Steiner	\$ 43.38	88312TC	
6003	2006002	2006002		Special Stain, Thioflavin S	\$ 43.38	88313TC	
6004	2006008	2006008		Special Stain, Toluidine Blue	\$ 43.38	88313TC	
6005	2006011	2006011		Special Stain, Trichrome	\$ 43.38	88313TC	
6006	2006014	2006014		Special Stain, Urate Crystals	\$ 43.38	88313TC	
6007	0020304	0020304		Specific Gravity, Urine	\$ 2.15	81002	
6008	0099542	0099542	*	Sperm Antibodies, IgA and IgG	\$ 96.50	89325 x2	
6009	2013436	2013436		Spinal Muscular Atrophy (SMA) Copy Number Analysis	\$ 137.00	81329	[C]
6010	2013444	2013444		Spinal Muscular Atrophy (SMA) Copy Number Analysis, Fetal	\$ 371.12	81329/81265	[C]
6011	0098359	0098359	*	Sporothrix Antibody, Serum	\$ 164.00	86671	
6012	0081054	0081054		Squamous Cell Carcinoma Antigen, Serum	\$ 18.51	86316	[A]
6013	3001303	3001303		SS18 (SYT) (18q11) Gene Rearrangement by FISH	\$ 450.63	88366	[A]
6014	2012074	2012074		SSA 52 and 60 (Ro) (ENA) Antibodies, IgG	\$ 29.18	86235 x2	
6015	0050692	0050692		SSB (La) (ENA) Antibody, IgG	\$ 14.59	86235	

Line	Test Code	TEST CODE (Billing)	*	Test/Procedure	Fee/Each	Based on the 2019 CPT Code Book and information from our local carrier.	Compliance
6016	2002270	2002270		ST2, Soluble	\$ 75.60	83006	[D]
6017	0092582	0092582	*	Stachybotrys chartarum/atra Panel II	\$ 92.85	86001/86003/83520	
6018	0060124	0060124		Staphylococcus Surveillance Culture (Micro billing tasks will be ordered as needed, see below for possible charges and CPT codes)	\$ 5.68	87081; Identification CPT codes may vary based on method	
6019	TASK .PF	0062151		BILL TASK Processing fee (Billed)	\$ 35.00	87015	
6020	TASK CF PSE	TASK CF PSE		BILL TASK Bacterial Identification - Cystic Pseudomonas (Billed)	\$ 7.08	87077	
6021	TASK PSE	TASK PSE		BILL TASK Bacterial Identification - Pseudomonas (Billed)	\$ 7.08	87077	
6022	TASK BID	0060457		BILL TASK Bacterial Identification (Billed)	\$ 7.08	87077	
6023	TASK PID	TASK PID		BILL TASK Bacterial Identification - Gram positive (Phoenix) (Billed)	\$ 7.08	87077	
6024	TASK NID	TASK NID		BILL TASK Bacterial Identification - Gram negative (Phoenix) (Billed)	\$ 7.08	87077	
6025	TASK BAC	TASK BAC		BILL TASK Bacterial Identification - Bacillus (Billed)	\$ 7.08	87077	
6026	TASK NMIC/ID 304	2013217		BILL TASK Gram Negative ID & MIC Panel (Phoenix)	\$ 7.08	87077	
6027	TASK PBP	2008641		BILL TASK Susceptibility - Penicillin Binding Protein 2a (Billed)	\$ 3.91	87147	
6028	TASK NF PBP	2014492		BILL TASK PBP2A Normal Flora use(Billed)	\$ 3.91	87147	
6029	TASK MECA/C	3000097		BILL TASK Susceptibility - mecA/mecC Gene Detection by PCR (Billed)	\$ 30.88	87641	
6030	2013251	2013251		STAT6 by Immunohistochemistry	\$ 73.50	88342TC	
6031	0060134	0060134		Stool Culture and E. coli Shiga-like Toxin by EIA (E. coli Shiga-like Toxin by EIA 0060047 will be billed additionally) (Reflex components billed separately, see below for additional charges and CPT codes) (Micro billing tasks will be ordered as needed, see below for possible charges and CPT codes)	\$ 13.54	87045/87046 x2	
6032	REFLX ECST AG	0060047	R	REFLEX E. coli Shiga-like Toxin by EIA	\$ 8.82	87427	
6033	TASK CF PSE	TASK CF PSE		BILL TASK Bacterial Identification - Cystic Pseudomonas (Billed)	\$ 7.08	87077	
6034	TASK PSE	TASK PSE		BILL TASK Bacterial Identification - Pseudomonas (Billed)	\$ 7.08	87077	
6035	TASK BID	0060457		BILL TASK Bacterial Identification (Billed)	\$ 7.08	87077	
6036	TASK PID	TASK PID		BILL TASK Bacterial Identification - Gram positive (Phoenix) (Billed)	\$ 7.08	87077	
6037	TASK NID	TASK NID		BILL TASK Bacterial Identification - Gram negative (Phoenix) (Billed)	\$ 7.08	87077	
6038	TASK BAC	TASK BAC		BILL TASK Bacterial Identification - Bacillus (Billed)	\$ 7.08	87077	
6039	TASK NMIC/ID 304	2013217		BILL TASK Gram Negative ID & MIC Panel (Phoenix)	\$ 7.08	87077	
6040	TASK AST M	0060790		BILL TASK Susceptibility - Automated broth dilution (Billed)	\$ 7.57	87186	
6041	TASK BACSEQ	0060719		BILL TASK DNA Sequencing - Bacterial identification (Billed)	\$ 125.58	87153	
6042	TASK DD	0060418		BILL TASK Susceptibility - Disk diffusion (Billed)	\$ 4.23	87184	
6043	TASK .PF	0062151		BILL TASK Processing fee (Billed)	\$ 35.00	87015	
6044	TASK SalT	2010709		BILL TASK Salmonella typing (Billed)	\$ 3.91	87147	
6045	TASK ShigT	2010710		BILL TASK Shigella serotyping (Billed)	\$ 3.91	87147	
6046	TASK EC	2012459		BILL TASK E. coli 0157 Latex Agglutination	\$ 3.91	87147	
6047	0060135	0060135		Stool Culture, Campylobacter	\$ 2.61	87046	
6048	0060136	0060136		Stool Culture, Vibrio (Micro billing tasks will be ordered as needed, see below for possible charges and CPT codes)	\$ 5.68	87081; Identification CPT codes may vary based on method	
6049	TASK CF PSE	TASK CF PSE		BILL TASK Bacterial Identification - Cystic Pseudomonas (Billed)	\$ 7.08	87077	
6050	TASK PSE	TASK PSE		BILL TASK Bacterial Identification - Pseudomonas (Billed)	\$ 7.08	87077	

Line	Test Code	TEST CODE (Billing)	*	Test/Procedure	Fee/Each	Based on the 2019 CPT Code Book and information from our local carrier.	Compliance
6051	TASK BID	0060457		BILL TASK Bacterial Identification (Billed)	\$ 7.08	87077	
6052	TASK PID	TASK PID		BILL TASK Bacterial Identification - Gram positive (Phoenix) (Billed)	\$ 7.08	87077	
6053	TASK NID	TASK NID		BILL TASK Bacterial Identification - Gram negative (Phoenix) (Billed)	\$ 7.08	87077	
6054	TASK BAC	TASK BAC		BILL TASK Bacterial Identification - Bacillus (Billed)	\$ 7.08	87077	
6055	TASK NMIC/ID 304	2013217		BILL TASK Gram Negative ID & MIC Panel (Phoenix)	\$ 7.08	87077	
6056	TASK .PF	0062151		BILL TASK Processing fee (Billed)	\$ 35.00	87015	
6057	0060137	0060137		Stool Culture, Yersinia (Micro billing tasks will be ordered as needed, see below for possible charges and CPT codes)	\$ 2.61	87046	
6058	TASK CF PSE	TASK CF PSE		BILL TASK Bacterial Identification - Cystic Pseudomonas (Billed)	\$ 7.08	87077	
6059	TASK PSE	TASK PSE		BILL TASK Bacterial Identification - Pseudomonas (Billed)	\$ 7.08	87077	
6060	TASK BID	0060457		BILL TASK Bacterial Identification (Billed)	\$ 7.08	87077	
6061	TASK PID	TASK PID		BILL TASK Bacterial Identification - Gram positive (Phoenix) (Billed)	\$ 7.08	87077	
6062	TASK NID	TASK NID		BILL TASK Bacterial Identification - Gram negative (Phoenix) (Billed)	\$ 7.08	87077	
6063	TASK BAC	TASK BAC		BILL TASK Bacterial Identification - Bacillus (Billed)	\$ 7.08	87077	
6064	TASK NMIC/ID 304	2013217		BILL TASK Gram Negative ID & MIC Panel (Phoenix)	\$ 7.08	87077	
6065	TASK .PF	0062151		BILL TASK Processing fee (Billed)	\$ 35.00	87015	
6066	0060126	0060126		Streptococcus (Group A) Culture (Micro billing tasks will be ordered as needed, see below for possible charges and CPT codes)	\$ 5.68	87081; Identification CPT codes may vary based on method	
6067	TASK CF PSE	TASK CF PSE		BILL TASK Bacterial Identification - Cystic Pseudomonas (Billed)	\$ 7.08	87077	
6068	TASK PSE	TASK PSE		BILL TASK Bacterial Identification - Pseudomonas (Billed)	\$ 7.08	87077	
6069	TASK BID	0060457		BILL TASK Bacterial Identification (Billed)	\$ 7.08	87077	
6070	TASK PID	TASK PID		BILL TASK Bacterial Identification - Gram positive (Phoenix) (Billed)	\$ 7.08	87077	
6071	TASK NID	TASK NID		BILL TASK Bacterial Identification - Gram negative (Phoenix) (Billed)	\$ 7.08	87077	
6072	TASK BAC	TASK BAC		BILL TASK Bacterial Identification - Bacillus (Billed)	\$ 7.08	87077	
6073	TASK NMIC/ID 304	2013217		BILL TASK Gram Negative ID & MIC Panel (Phoenix)	\$ 7.08	87077	
6074	TASK .PF	0062151		BILL TASK Processing fee (Billed)	\$ 35.00	87015	
6075	TASK PBP	2008641		BILL TASK Susceptibility - Penicillin Binding Protein 2a (Billed)	\$ 3.91	87147	
6076	TASK NF PBP	2014492		BILL TASK PBP2A Normal Flora use(Billed)	\$ 3.91	87147	
6077	0028903	0028903		Streptococcus (Group A) Rapid with Reflex to Culture (Reflex components billed separately, see below for additional charges and CPT codes) (Micro billing tasks will be ordered as needed, see below for possible charges and CPT codes)	\$ 6.99	87880	
6078	RFLX MC STREP	0060126	R	REFLEX Streptococcus (Group A) Culture	\$ 5.68	87081; Identification CPT codes may vary based on method	
6079	TASK CF PSE	TASK CF PSE		BILL TASK Bacterial Identification - Cystic Pseudomonas (Billed)	\$ 7.08	87077	
6080	TASK PSE	TASK PSE		BILL TASK Bacterial Identification - Pseudomonas (Billed)	\$ 7.08	87077	
6081	TASK BID	0060457		BILL TASK Bacterial Identification (Billed)	\$ 7.08	87077	
6082	TASK PID	TASK PID		BILL TASK Bacterial Identification - Gram positive (Phoenix) (Billed)	\$ 7.08	87077	
6083	TASK NID	TASK NID		BILL TASK Bacterial Identification - Gram negative (Phoenix) (Billed)	\$ 7.08	87077	
6084	TASK BAC	TASK BAC		BILL TASK Bacterial Identification - Bacillus (Billed)	\$ 7.08	87077	

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6085	TASK NMIC/ID 304	2013217		BILL TASK Gram Negative ID & MIC Panel (Phoenix)	\$ 7.08	87077	
6086	TASK .PF	0062151		BILL TASK Processing fee (Billed)	\$ 35.00	87015	
6087	0060705	0060705		Streptococcus Group B by PCR	\$ 30.52	87653	
6088	0050725	0050725		Streptococcus pneumoniae Antibodies, IgG (14 Serotypes)	\$ 189.28	86317 x14	[B]
6102	2005779	2005779		Streptococcus pneumoniae Antibodies, IgG (23 Serotypes)	\$ 310.96	86317 x23	[B]
6103	2008919	2008919		Streptococcus pneumoniae Antibodies, IgG (9 Serotypes)	\$ 121.68	86317 x9	[B]
6104	0061162	0061162		Streptococcus pneumoniae Antigen, CSF	\$ 4.87	87899	
6105	0060228	0060228		Streptococcus pneumoniae Antigen, Urine	\$ 4.87	87899	
6106	0050095	0050095		Streptolysin O Antibody (ASO)	\$ 6.49	86060	
6107	0050746	0050746		Striated Muscle Antibodies, IgG with Reflex to Titer (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 10.87	86255	
6108	RFLX STM TITER	2012516	R	REFLEX Striated Muscle Antibodies, IgG Titer	\$ 10.39	86256	
6109	0099564	0099564		Strongyloides Antibody, IgG by ELISA, Serum	\$ 13.88	86682	[B]
6110	0098275	0098275	*	Substance P, EIA	\$ 141.40	83520	
6111	2007401	2007401		Succinylacetone, Quantitative, Urine	\$ 14.68	83921	[B]
6112	0081102	0081102		Sulfate, Urine	\$ 5.17	84392	[B]
6113	0051284	0051284		Sulfate-3-Glucuronyl Paragloboside (SGPG) Antibody, IgM	\$ 8.60	83516	[D]
6114	0091568	0091568	*	Sulfhemoglobin Quantitative, Whole Blood	\$ 185.00	83060	
6115	0020044	0020044		Sulfonamides (Sulfas)	\$ 12.59	80299	
6116	0091100	0091100	*	Sulfurylurea Hypoglycemia Panel, Quantitative, Urine	\$ 134.59	80377 (Alt code: G0480)	
6117	2008771	2008771		Supersaturation Profile, Urine	\$ 88.79	82340/82436/82507/84560/83735/83945/84105/84133/84300/84392/83986	[B]
6118	2004139	2004139		Synaptophysin by Immunohistochemistry	\$ 73.50	88342TC	[B]
6119	3000508	3000508	*	Synthetic Cannabinoid Metabolites, Qualitative, Urine	\$ 57.00	80352 (Alt code: G0480)	
6120	0070135	0070135		T3 Uptake	\$ 5.68	84479	
6121	2007569	2007569		TACI-Associated Common Variable Immunodeficiency (TNFRSF13B) Sequencing	\$ 467.50	81479	[C]
6122	0090612	0090612		Tacrolimus by Tandem Mass Spectrometry	\$ 12.40	80197	[B]
6123	2003128	2003128		Tapentadol and Metabolite, Urine, Quantitative	\$ 63.75	80372 (Alt code: G0480)	[B]
6124	2012294	2012294		Tapentadol Urine Screen with Reflex to Quantitation (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 63.85	80307	[B]
6125	RFLX TAPENTA UR	2003128	R	REFLEX Tapentadol and Metabolite, Urine, Quantitative	\$ 63.75	80372 (Alt code: G0480)	[B]
6126	3000584	3000584	*	Tapentadol, Free, Serum or Plasma	\$ 136.00	80372 (Alt code: G0480)	
6127	2009298	2009298		Tay-Sachs Disease (HEXA) Sequencing and 7.6kb Deletion	\$ 282.88	81406/81479	[C]
6128	0051428	0051428		Tay-Sachs Disease (HEXA), 7 Variants	\$ 51.45	81255	[C]
6129	0093199	0093199		T-cell Clonality by Flow Cytometry Analysis of TCR V-Beta	\$ 952.56	88184/88185 x26/88189	[A]
6130	0055567	0055567		T-cell Clonality Screening by PCR	\$ 248.76	81342	[B]
6131	2004148	2004148		T-cell Intracytoplasmic Antigen (TIA-1) by Immunohistochemistry	\$ 73.50	88342TC	[A]
6132	2004142	2004142		TdT by Immunohistochemistry	\$ 73.50	88342TC	
6133	0050775	0050775		Teichoic Acid Antibodies	\$ 15.15	86329	



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6134	2010015	2010015		Telangiectasia Syndrome (BMP9/GDF2) Sequencing	\$ 450.00	81479	[C]
6135	2004246	2004246		Testosterone Free and Total by ED/LC-MS/MS (Free) and LC-MS/MS (Total), Adult Males	\$ 45.48	84402/84403	[B]
6137	0070111	0070111		Testosterone Free, Adult Male	\$ 22.68	84402	
6138	0081059	0081059		Testosterone Free, Females or Children	\$ 22.68	84402	[B]
6139	0070130	0070130		Testosterone, Adult Male	\$ 22.80	84403	
6140	0070102	0070102		Testosterone, Bioavailable and Sex Hormone Binding Globulin (Includes Total Testosterone), Adult Male	\$ 41.52	84403/84270	
6142	0081057	0081057		Testosterone, Bioavailable and Sex Hormone Binding Globulin (Includes Total Testosterone), Females or Children	\$ 41.52	84403/84270	[B]
6144	0081058	0081058		Testosterone, Females or Children	\$ 22.80	84403	[B]
6145	0070109	0070109		Testosterone, Free and Total (Includes Sex Hormone Binding Globulin), Adult Male	\$ 41.52	84403/84270	
6147	0081056	0081056		Testosterone, Free and Total (Includes Sex Hormone Binding Globulin), Females or Children	\$ 41.52	84403/84270	[B]
6149	2003246	2003246		Testosterone, Free, Adult Males by ED/LC-MS/MS	\$ 22.68	84402	[B]
6150	0050535	0050535		Tetanus Antibody, IgG	\$ 13.52	86317	[B]
6151	2010688	2010688		TFE3 by Immunohistochemistry	\$ 73.50	88342TC	
6152	0025019	0025019		Thallium, Urine	\$ 22.37	83018	[B]
6153	0099610	0099610		Thallium, Whole Blood	\$ 22.37	83018	[B]
6154	0051506	0051506		Thanatophoric Dysplasia, Types 1 and 2 (FGFR3) 13 Mutations	\$ 310.00	81479	[C]
6155	0051508	0051508		Thanatophoric Dysplasia, Types 1 and 2 (FGFR3) 13 Mutations, Fetal	\$ 234.12	81479/81265	[C]
6156	0051596	0051596		Maternal Cell Contamination, Fetal Sample	\$ 234.12	81265	[C]
6157	2012270	2012270		THC (Cannabinoids), Urine Screen with Reflex to Quantitation (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 63.85	80307	[B]
6158	RFLX CDCO THC	0090369	R	REFLEX THC Metabolite, Urine, Quantitative	\$ 34.75	80349 (Alt code: G0480)	[B]
6159	0090676	0090676		THC Metabolite, Serum or Plasma, Quantitative	\$ 58.63	80349 (Alt code: G0480)	[B]
6160	0090369	0090369		THC Metabolite, Urine, Quantitative	\$ 34.75	80349 (Alt code: G0480)	[B]
6161	0090265	0090265		Theophylline	\$ 15.40	80198	
6162	0090064	0090064		Thiocyanate, 24-Hour Urine	\$ 12.67	84430	
6163	0090063	0090063		Thiocyanate, Random Urine	\$ 12.67	84430	
6164	2011575	2011575		Thiocyanate, Serum or Plasma	\$ 12.67	84430	
6165	2014484	2014484	*	Thiopurine Metabolites by LC-MS/MS	\$ 129.78	80299	
6166	2012233	2012233		Thiopurine Methyltransferase (TPMT) Genotyping, 4 Variants	\$ 174.81	81335	[C]
6167	0092066	0092066		Thiopurine Methyltransferase, RBC	\$ 19.66	82657	[B]
6168	0030260	0030260		Thrombin Time with Reflex to Thrombin Time 1:1 Mix (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 4.99	85670	
6169	RFLX BILL TTCOR	0030023	R	REFLEX Reflexed to Thrombin Time 1:1 Mix	\$ 4.99	85670	
6170	2010170	2010170	*	Thrombomodulin by Immunohistochemistry	\$ 83.00	88342TC	
6171	2013335	2013335	*	Thrombopoietin (TPO), Serum	\$ 155.00	83520	
6172	2006385	2006385		Thrombotic Risk Reflexive Panel (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 238.06	86147 x2/86146 x2/85306/83090/85300/85303/85307/85610/81240/ 85730/85613	[C]

Line	Test Code	TEST CODE (Billing)	*	Test/Procedure	Fee/Each	Based on the 2019 CPT Code Book and information from our local carrier.	Compliance
6185	RFLX BILL TTR	0030087	R	REFLEX Thrombin Time Reflex Bill	\$ 4.99	85670	
6186	RFLX BILL REPR	0030086	R	REFLEX Reptilase Time Reflex Bill	\$ 10.71	85635	
6187	RFLX BILL PTTHR	0030083	R	REFLEX PTT-D Heparin Reflex Bill	\$ 15.48	85730/85525	
6188	RFLX BILL PTTD	0031546	R	REFLEX Reflexed to Partial Thromboplastin Time-D 1:1 Mix	\$ 7.05	85732	
6189	RFLX BILL PNP	0031547	R	REFLEX Reflexed to Platelet Neutralization	\$ 19.57	85597	
6190	RFLX BILL DRV	0031548	R	REFLEX Reflexed to Dilute Russell Viper Venom Time (dRVVT) 1:1 Mix	\$ 8.45	85613	
6191	RFLX BILL DRVC	0031549	R	REFLEX Reflexed to Dilute Russell Viper Venom Time (dRVVT) Confirmation	\$ 8.45	85613	
6192	RFLX BILL HEXPR	0030081	R	REFLEX Hex Phos Reflex Bill	\$ 19.57	85598	
6193	RFLX BILL FACVR	0031545	R	REFLEX Reflexed to Factor V Leiden by PCR	\$ 75.44	81241	
6194	0056200	0056200		Thrombotic Risk, DNA Panel	\$ 206.47	81240/81241/81291	
6197	0030133	0030133		Thrombotic Risk, Inherited Etiologies (Most Common) with Reflex to Factor V Leiden (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 118.79	85730/85240/83090/81240/85307	
6202	RFLX BILL FACVR	0031545	R	REFLEX Reflexed to Factor V Leiden by PCR	\$ 75.44	81241	
6203	0030177	0030177		Thrombotic Risk, Inherited Etiologies (Uncommon)	\$ 51.08	85610/85730/85303/85306/85300	
6208	0050105	0050105		Thyroglobulin Antibody	\$ 14.11	86800	
6209	2004145	2004145		Thyroglobulin by Immunohistochemistry	\$ 73.50	88342TC	
6210	2006550	2006550		Thyroglobulin by LC-MS/MS, Serum or Plasma	\$ 14.33	84432	[B]
6211	0020753	0020753		Thyroglobulin, Fine Needle Aspiration (FNA)	\$ 14.33	84432	[B]
6212	2006685	2006685		Thyroglobulin, Serum or Plasma with Reflex to LC-MS/MS or CIA (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 14.11	86800	
6213	RFLX BILL TG MS	2006692	R	REFLEX Thyroglobulin by LC-MS/MS Bill	\$ 14.33	84432	
6214	RFLX BILL TG CL	2006694	R	REFLEX Thyroglobulin, Serum or Plasma Bill	\$ 14.33	84432	
6215	0050645	0050645		Thyroid Antibodies	\$ 27.08	86376/86800	
6217	0070141	0070141		Thyroid Panel	\$ 11.71	84479/84436	
6219	0050075	0050075		Thyroid Peroxidase (TPO) Antibody	\$ 12.97	86376	
6220	0070145	0070145		Thyroid Stimulating Hormone	\$ 14.76	84443	
6221	0070225	0070225		Thyroid Stimulating Hormone 3rd Generation	\$ 14.76	84443	
6222	2002734	2002734		Thyroid Stimulating Hormone Receptor Antibody (TRAb)	\$ 10.24	83520	
6223	2006108	2006108		Thyroid Stimulating Hormone with Reflex to Free Thyroxine (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 14.76	84443	
6224	RFLX FT4	0070138	R	REFLEX Thyroxine, Free (Free T4)	\$ 7.91	84439	
6225	0099430	0099430		Thyroid Stimulating Immunoglobulin	\$ 55.36	84445	[B]
6226	2004166	2004166		Thyroid Transcription Factor (TTF-1) by Immunohistochemistry	\$ 73.50	88342TC	
6227	0070140	0070140		Thyroxine	\$ 6.03	84436	
6228	0099728	0099728	*	Thyroxine Antibody	\$ 148.00	83519	
6229	0070410	0070410		Thyroxine Binding Globulin	\$ 16.10	84442	

Line	Test Code	TEST CODE (Billing)	*	Test/Procedure	Fee/Each	Based on the 2019 CPT Code Book and information from our local carrier.	Compliance
6230	0070138	0070138		Thyroxine, Free (Free T4)	\$ 7.91	84439	
6231	0093244	0093244		Thyroxine, Free by Equilibrium Dialysis/HPLC-Tandem Mass Spectrometry	\$ 7.91	84439	[B]
6232	3001184	3001184	*	Triagabine Quantitative, Serum/Plasma	\$ 69.00	80199	
6233	2006502	2006502	*	Tick Identification with Reflex to Borrelia Species by PCR (Lyme Disease) (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 137.10	87168	
6234	RFLX LYME TICK	2006297	*R	REFLEX Borrelia Species by PCR (Lyme Disease), Tick	\$ 251.30	87801	
6235	2008670	2008670		Tick-Borne Disease Panel by PCR, Blood	\$ 60.30	87798 x2	
6236	0091585	0091585	*	Tin Total Quantitative, Serum or Plasma	\$ 124.00	83018	
6237	0060127	0060127		Tissue Culture and Gram Stain (Gram stain 0060101 is billed additionally) (Micro billing tasks will be ordered as needed, see below for possible charges and CPT codes)	\$ 13.92	87070/87176	
6238	TASK GS	0060011		BILL TASK Gram Stain	\$ 3.46	87205	
6239	TASK AST M	0060790		BILL TASK Susceptibility - Automated broth dilution (Billed)	\$ 7.57	87186	
6240	TASK CF PSE	TASK CF PSE		BILL TASK Bacterial Identification - Cystic Pseudomonas (Billed)	\$ 7.08	87077	
6241	TASK PSE	TASK PSE		BILL TASK Bacterial Identification - Pseudomonas (Billed)	\$ 7.08	87077	
6242	TASK BID	0060457		BILL TASK Bacterial Identification (Billed)	\$ 7.08	87077	
6243	TASK PID	TASK PID		BILL TASK Bacterial Identification - Gram positive (Phoenix) (Billed)	\$ 7.08	87077	
6244	TASK NID	TASK NID		BILL TASK Bacterial Identification - Gram negative (Phoenix) (Billed)	\$ 7.08	87077	
6245	TASK BAC	TASK BAC		BILL TASK Bacterial Identification - Bacillus (Billed)	\$ 7.08	87077	
6246	TASK NMIC/ID 304	2013217		BILL TASK Gram Negative ID & MIC Panel (Phoenix)	\$ 7.08	87077	
6247	TASK DD	0060418		BILL TASK Susceptibility - Disk diffusion (Billed)	\$ 4.23	87184	
6248	TASK BLAC M	0060401		BILL TASK Susceptibility - Beta-Lactamase (Billed)	\$ 1.21	87185	
6249	TASK MIC	0060408		BILL TASK Susceptibility - Broth dilution panel (Billed)	\$ 7.57	87186	
6250	TASK BACSEQ	0060719		BILL TASK DNA Sequencing - Bacterial identification (Billed)	\$ 125.58	87153	
6251	TASK ETEST	0062228		BILL TASK Susceptibility - Single drug by Etest (Billed)	\$ 1.16	87181	
6252	TASK SMIC	0062229		BILL TASK Susceptibility - Single drug by broth dilution (Billed)	\$ 7.57	87186	
6253	TASK AFBMIC	0060492		BILL TASK Susceptibility - AFB/Nocardia by broth dilution (Billed)	\$ 7.57	87186	
6254	TASK BMIC	0060722		BILL TASK Susceptibility - Automated disk diffusion (Billed)	\$ 4.23	87184	
6255	TASK .PF	0062151		BILL TASK Processing fee (Billed)	\$ 35.00	87015	
6256	TASK MALDI	2005162		BILL TASK Bacterial ID by MALDI-TOF MS (billed)	\$ 7.08	87077	
6257	TASK ANA MALDI	2005712		BILL TASK Anaerobic organism ID by MALDI-TOF (billed)	\$ 7.26	87076	
6258	TASK PBP	2008641		BILL TASK Susceptibility - Penicillin Binding Protein 2a (Billed)	\$ 3.91	87147	
6259	TASK SA	2011971		BILL TASK Staphylococcus species Latex Agglutination (BILLED)	\$ 3.91	87147	
6260	TASK StrpA	2011972		BILL TASK Streptococcus Group A Latex Agglutination (BILLED)	\$ 3.91	87147	
6261	TASK StrpB	2011973		BILL TASK Streptococcus Group B Latex Agglutination (BILLED)	\$ 3.91	87147	
6262	TASK StrpC	2011974		BILL TASK Streptococcus Group C Latex Agglutination (BILLED)	\$ 3.91	87147	
6263	TASK StrpG	2011975		BILL TASK Streptococcus Group G Latex Agglutination (BILLED)	\$ 3.91	87147	
6264	TASK NF PBP	2014492		BILL TASK PBP2A Normal Flora use(Billed)	\$ 3.91	87147	
6265	TASK MECA/C	3000097		BILL TASK Susceptibility - mecA/mecC Gene Detection by PCR (Billed)	\$ 30.88	87641	

Line	Test Code	TEST CODE (Billing)	*	Test/Procedure	Fee/Each	Based on the 2019 CPT Code Book and information from our local carrier.	Compliance
6266	0099187	0099187		Tissue Plasminogen Activator, Antigen	\$ 18.72	85415	
6267	2007584	2007584	*	Tissue Thromboplastin Inhibition Analysis	\$ 130.00	85705	
6268	0097709	0097709		Tissue Transglutaminase (TTG) Antibody, IgA	\$ 8.60	83516	
6269	0050734	0050734		Tissue Transglutaminase (TTG) Antibody, IgA with Reflex to Endomysial Antibody, IgA by IFA (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 8.60	83516	
6270	RFLX EMAR TITER	0050736	R	REFLEX Endomysial Antibody, IgA by IFA	\$ 10.39	86256	
6271	0056009	0056009		Tissue Transglutaminase Antibody, IgG	\$ 8.60	83516	
6272	0091434	0091434	*	Titanium Quantitative, Serum or Plasma	\$ 121.00	83018	
6273	2005636	2005636		Titin Antibody	\$ 8.60	83516	[D]
6274	0090315	0090315		Tobramycin, Peak Level	\$ 14.37	80200	
6275	0090270	0090270		Tobramycin, Random Level	\$ 14.37	80200	
6276	0090320	0090320		Tobramycin, Trough Level	\$ 14.37	80200	
6277	0051589	0051589		Toll-Like Receptor Function	\$ 298.74	86353 x6/83520 x3	[B]
6278	0070390	0070390		Topiramate	\$ 12.98	80201	
6279	0050772	0050772		TORCH Antibodies, IgG	\$ 48.53	86644/86694/86762/86777	
6283	0050665	0050665		TORCH Antibodies, IgM	\$ 50.53	86645/86694/86762/86778	
6287	2014109	2014109		Total Inhibin Serum	\$ 235.00	83520	[D]
6288	3000472	3000472	*	Toxocara Antibody by ELISA	\$ 108.20	86682	
6289	0050521	0050521		Toxoplasma gondii Antibodies, IgG and IgM	\$ 25.64	86777/86778	
6291	2013890	2013890	*	Toxoplasma gondii Antibody, IgA by ELISA, Serum	\$ 169.00	86777	
6292	0050770	0050770		Toxoplasma gondii Antibody, IgG	\$ 12.81	86777	
6293	0050557	0050557		Toxoplasma gondii Antibody, IgM	\$ 12.83	86778	
6294	2004157	2004157		Toxoplasma gondii by Immunohistochemistry	\$ 73.50	88342TC	[B]
6295	0055591	0055591		Toxoplasma gondii by PCR	\$ 30.15	87798	[B]
6296	0092534	0092534	*	Toxoplasma gondii IgG Antibody, ELISA (CSF)	\$ 87.90	86777	
6297	2013484	2013484	*	TP53 Somatic Mutation, Prognostic	\$ 1,219.00	81405	
6298	2014686	2014686	*	Tramadol and Metabolite, Quantitative, Serum or Plasma	\$ 79.00	80373 (Alt code: G0480)	
6299	2002736	2002736		Tramadol and Metabolite, Urine, Quantitative	\$ 41.75	80373 (Alt code: G0480)	[B]
6300	2012297	2012297		Tramadol, Urine Screen with Reflex to Quantitation (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 63.85	80307	[B]
6301	RFLX TRAMAD UR	2002736	R	REFLEX Tramadol and Metabolite, Urine, Quantitative	\$ 41.75	80373 (Alt code: G0480)	[B]
6302	0050570	0050570		Transferrin, Serum	\$ 11.01	84466	
6303	0051690	0051690		Transforming Growth Factor beta, Plasma	\$ 10.24	83520	[B]
6304	0051694	0051694		Transforming Growth Factor beta, Serum	\$ 10.24	83520	[B]
6305	0090316	0090316		Trazodone	\$ 19.03	80338 (Alt code: G0480)	[B]
6306	0050206	0050206		Treponema pallidum (VDRL), Cerebrospinal Fluid with Reflex to Titer (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 3.84	86592	
6307	RFLX VDRLCTITER	2012513	R	REFLEX Treponema pallidum (VDRL), Cerebral Fluid Titer	\$ 4.00	86593	

Line	Test Code	TEST CODE (Billing)	*	Test/Procedure	Fee/Each	Based on the 2019 CPT Code Book and information from our local carrier.	Compliance
6308	0093093	0093093		Treponema pallidum (VDRL), Serum with Reflex to Titer (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 3.84	86592	
6309	RFLX VDRLSTITER	2012299	R	REFLEX Treponema pallidum (VDRL), Serum Titer	\$ 4.00	86593	
6310	0050777	0050777		Treponema pallidum Antibody by TP-PA	\$ 11.40	86780	
6311	0093067	0093067	*	Treponema pallidum Antibody Panel (FTA-ABS) IgG and IgM	\$ 63.00	86780 x2	
6312	0050920	0050920		Treponema pallidum Antibody, IgG by ELISA	\$ 11.40	86780	
6313	0055273	0055273		Treponema pallidum Antibody, IgG by IFA (CSF)	\$ 11.40	86780	[B]
6314	0050477	0050477		Treponema pallidum Antibody, IgG by IFA (FTA-ABS), Serum	\$ 11.40	86780	
6315	3000005	3000005	*	Trichinella Antibody, IgG	\$ 94.90	86784	
6316	2005506	2005506		Trichomonas vaginalis by Transcription-Mediated Amplification (TMA)	\$ 30.54	87661	
6317	0090307	0090307		Tricyclic Antidepressant Detection	\$ 63.85	80307	
6318	2007549	2007549		Tricyclic Antidepressant Identification Quantitative, Serum or Plasma	\$ 36.75	80337 (Alt code: G0480)	
6319	2007515	2007515		Tricyclic Antidepressant Identification Quantitative, Urine	\$ 36.75	80337 (Alt code: G0480)	[B]
6320	0020713	0020713		Triglycerides, Fluid	\$ 5.02	84478	[B]
6321	0020040	0020040		Triglycerides, Serum or Plasma	\$ 5.02	84478	
6322	2011793	2011793	*	Triiodothyronine (T3), Free by Equilibrium Dialysis/LC-MS/MS	\$ 118.40	84481	
6323	0070133	0070133		Triiodothyronine, Free (Free T3)	\$ 14.97	84481	
6324	2007918	2007918		Triiodothyronine, Reverse by Tandem Mass Spectrometry	\$ 17.16	84482	[B]
6325	0070474	0070474		Triiodothyronine, Total (Total T3)	\$ 12.59	84480	
6326	2008406	2008406		Triiodothyronine, Total and Triiodothyronine, Reverse with Ratio Calculation by Tandem Mass Spectrometry	\$ 29.75	84480/84482	[B]
6327	0093370	0093370	*	Trofile Co-Receptor Tropism	\$ 2,671.20	87999	
6328	2013290	2013290		Tropheryma whipplei PCR	\$ 30.15	87798	[B]
6329	0090613	0090613		Troponin I	\$ 8.47	84484	
6330	0098803	0098803		Troponin T	\$ 8.47	84484	
6331	0051076	0051076		Trypanosoma cruzi Antibody, IgG	\$ 13.49	86753	[D]
6332	0051075	0051075		Trypanosoma cruzi Antibody, IgM	\$ 13.49	86753	[A]
6333	2014025	2014025		Trypsin	\$ 12.27	83519	
6334	0099173	0099173		Tryptase	\$ 10.24	83520	[B]
6335	0099590	0099590	*	Tryptophan, Plasma	\$ 180.00	82131	
6336	0051539	0051539		Tumor Necrosis Factor - alpha	\$ 10.24	83520	[B]
6337	0050547	0050547		Twin Zygosity Testing (per Twin)	\$ 234.12	81265	[B]
6338	0080355	0080355		Tyrosine, Plasma	\$ 10.30	84510	[B]
6339	2004169	2004169		Ubiquitin by Immunohistochemistry	\$ 73.50	88342TC	
6340	0051332	0051332		UDP Glucuronosyltransferase 1A1 (UGT1A1) Genotyping	\$ 234.00	81350	[C]
6341	0060714	0060714		Unusual Organism Culture (Micro billing tasks will be ordered as needed, see below for possible charges and CPT codes)	\$ 7.51	87070; Identification CPT codes may vary based on method.	
6342	TASK PBP	2008641		BILL TASK Susceptibility - Penicillin Binding Protein 2a (Billed)	\$ 3.91	87147	
6343	TASK NF PBP	2014492		BILL TASK PBP2A Normal Flora use(Billed)	\$ 3.91	87147	
6344	2005207	2005207		Urea Clearance	\$ 7.19	84545	

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6345	0020183	0020183		Urea Nitrogen, Fluid	\$ 3.15	84520	[B]
6346	0020023	0020023		Urea Nitrogen, Serum or Plasma	\$ 3.15	84520	
6347	0020480	0020480		Urea Nitrogen, Urine	\$ 3.31	84540	
6348	0065031	0065031		Ureaplasma Species and Mycoplasma hominis Culture	\$ 16.75	87109	
6349	0020513	0020513		Uric Acid, Body Fluid	\$ 5.17	84560	[B]
6350	0020026	0020026		Uric Acid, Serum or Plasma	\$ 4.01	84550	
6351	0020481	0020481		Uric Acid, Urine	\$ 5.17	84560	
6352	0020350	0020350		Urinalysis, Complete	\$ 2.77	81001	
6353	2007508	2007508		Urinalysis, Complete with Reflex to Culture (Refer to specimen stability) (Reflex components billed separately, see below for additional charges and CPT codes) (Micro billing tasks will be ordered as needed, see below for possible charges and CPT codes)	\$ 2.77	81001	
6354	RFLX MC U	0060131	R	REFLEX Urine Culture	\$ 6.08	87088; Identification CPT codes may vary based on method	
6355	TASK AST M	0060790		BILL TASK Susceptibility - Automated broth dilution (Billed)	\$ 7.57	87186	
6356	TASK CF PSE	TASK CF PSE		BILL TASK Bacterial Identification - Cystic Pseudomonas (Billed)	\$ 7.08	87077	
6357	TASK PSE	TASK PSE		BILL TASK Bacterial Identification - Pseudomonas (Billed)	\$ 7.08	87077	
6358	TASK BID	0060457		BILL TASK Bacterial Identification (Billed)	\$ 7.08	87077	
6359	TASK PID	TASK PID		BILL TASK Bacterial Identification - Gram positive (Phoenix) (Billed)	\$ 7.08	87077	
6360	TASK NID	TASK NID		BILL TASK Bacterial Identification - Gram negative (Phoenix) (Billed)	\$ 7.08	87077	
6361	TASK BAC	TASK BAC		BILL TASK Bacterial Identification - Bacillus (Billed)	\$ 7.08	87077	
6362	TASK NMIC/ID 304	2013217		BILL TASK Gram Negative ID & MIC Panel (Phoenix)	\$ 7.08	87077	
6363	TASK DD	0060418		BILL TASK Susceptibility - Disk diffusion (Billed)	\$ 4.23	87184	
6364	TASK BMIC	0060722		BILL TASK Susceptibility - Automated disk diffusion (Billed)	\$ 4.23	87184	
6365	TASK ETEST	0062228		BILL TASK Susceptibility - Single drug by Etest (Billed)	\$ 1.16	87181	
6366	TASK SMIC	0062229		BILL TASK Susceptibility - Single drug by broth dilution (Billed)	\$ 7.57	87186	
6367	TASK MIC	0060408		BILL TASK Susceptibility - Broth dilution panel (Billed)	\$ 7.57	87186	
6368	TASK BLAC M	0060401		BILL TASK Susceptibility - Beta-Lactamase (Billed)	\$ 1.21	87185	
6369	TASK GS	0060011		BILL TASK Gram Stain	\$ 3.46	87205	
6370	TASK BACSEQ	0060719		BILL TASK DNA Sequencing - Bacterial identification (Billed)	\$ 125.58	87153	
6371	TASK .PF	0062151		BILL TASK Processing fee (Billed)	\$ 35.00	87015	
6372	TASK MECA/C	3000097		BILL TASK Susceptibility - mecA/mecC Gene Detection by PCR (Billed)	\$ 30.88	87641	
6373	0060131	0060131		Urine Culture (Micro billing tasks will be ordered as needed, see below for possible charges and CPT codes)	\$ 6.08	87088; Identification CPT codes may vary based on method	
6374	TASK AST M	0060790		BILL TASK Susceptibility - Automated broth dilution (Billed)	\$ 7.57	87186	
6375	TASK CF PSE	TASK CF PSE		BILL TASK Bacterial Identification - Cystic Pseudomonas (Billed)	\$ 7.08	87077	
6376	TASK PSE	TASK PSE		BILL TASK Bacterial Identification - Pseudomonas (Billed)	\$ 7.08	87077	
6377	TASK BID	0060457		BILL TASK Bacterial Identification (Billed)	\$ 7.08	87077	
6378	TASK PID	TASK PID		BILL TASK Bacterial Identification - Gram positive (Phoenix) (Billed)	\$ 7.08	87077	
6379	TASK NID	TASK NID		BILL TASK Bacterial Identification - Gram negative (Phoenix) (Billed)	\$ 7.08	87077	

Line	Test Code	TEST CODE (Billing)	*	Test/Procedure	Fee/Each	Based on the 2019 CPT Code Book and information from our local carrier.	Compliance
6380	TASK BAC	TASK BAC		BILL TASK Bacterial Identification - Bacillus (Billed)	\$ 7.08	87077	
6381	TASK NMIC/ID 304	2013217		BILL TASK Gram Negative ID & MIC Panel (Phoenix)	\$ 7.08	87077	
6382	TASK DD	0060418		BILL TASK Susceptibility - Disk diffusion (Billed)	\$ 4.23	87184	
6383	TASK BMIC	0060722		BILL TASK Susceptibility - Automated disk diffusion (Billed)	\$ 4.23	87184	
6384	TASK ETEST	0062228		BILL TASK Susceptibility - Single drug by Etest (Billed)	\$ 1.16	87181	
6385	TASK SMIC	0062229		BILL TASK Susceptibility - Single drug by broth dilution (Billed)	\$ 7.57	87186	
6386	TASK MIC	0060408		BILL TASK Susceptibility - Broth dilution panel (Billed)	\$ 7.57	87186	
6387	TASK BLAC M	0060401		BILL TASK Susceptibility - Beta-Lactamase (Billed)	\$ 1.21	87185	
6388	TASK GS	0060011		BILL TASK Gram Stain	\$ 3.46	87205	
6389	TASK BACSEQ	0060719		BILL TASK DNA Sequencing - Bacterial identification (Billed)	\$ 125.58	87153	
6390	TASK .PF	0062151		BILL TASK Processing fee (Billed)	\$ 35.00	87015	
6391	TASK PBP	2008641		BILL TASK Susceptibility - Penicillin Binding Protein 2a (Billed)	\$ 3.91	87147	
6392	TASK SalT	2010709		BILL TASK Salmonella typing (Billed)	\$ 3.91	87147	
6393	TASK ShigT	2010710		BILL TASK Shigella serotyping (Billed)	\$ 3.91	87147	
6394	TASK NF PBP	2014492		BILL TASK PBP2A Normal Flora use(Billed)	\$ 3.91	87147	
6395	TASK MECA/C	3000097		BILL TASK Susceptibility - mecA/mecC Gene Detection by PCR (Billed)	\$ 30.88	87641	
6396	2011172	2011172		Urogenital Ureaplasma and Mycoplasma Species by PCR	\$ 30.15	87798	[B]
6397	3001149	3001149		Uroplakin II by Immunohistochemistry	\$ 73.50	88342TC	[B]
6398	2001181	2001181		UroVysion FISH (Reflex components billed separately, see below for additional charges and CPT codes)	Variable	Variable	
6399	RFLX CYUF88120G	2004757	R	REFLEX CY 88120G UroVysion FISH Manual	\$ 447.00	88120	
6400	RFLX CYUF88121G	2004758	R	REFLEX CY 88121G UroVysion FISH	\$ 447.00	88121	
6401	2005416	2005416		Urticaria-Induced Basophil Activation	\$ 129.24	88184/88185 x2	[B]
6402	2005413	2005413		Urticaria-Inducing Activity	\$ 167.73	86352	[B]
6403	2005415	2005415		Urticaria-Inducing Activity with Thyroid Antibodies and Stimulating Hormone	\$ 209.57	86352/86800/84443/86376	
6407	2013750	2013750		Usher Syndrome, Types 1F and 3 (PCDH15 and CLRN1), 2 Variants	\$ 63.96	81400	[C]
6408	0065153	0065153		Vaginal Pathogen Panel by DNA Probe	\$ 54.03	87480/87510/87660	
6411	0090290	0090290		Valproic Acid	\$ 12.22	80164	
6412	0099310	0099310		Valproic Acid, Free and Total	\$ 26.97	80164/80165	
6413	0091286	0091286	*	Vanadium Quantitative, Serum or Plasma	\$ 102.00	83018	
6414	0090325	0090325		Vancomycin, Peak Level	\$ 12.15	80202	
6415	0090285	0090285		Vancomycin, Random Level	\$ 12.15	80202	
6416	0090330	0090330		Vancomycin, Trough Level	\$ 12.15	80202	
6417	0060363	0060363		Vancomycin-Resistant Enterococcus (VRE) Culture (Micro billing tasks will be ordered as needed, see below for possible charges and CPT codes)	\$ 5.68	87081; Identification CPT codes may vary based on method	
6418	TASK CF PSE	TASK CF PSE		BILL TASK Bacterial Identification - Cystic Pseudomonas (Billed)	\$ 7.08	87077	
6419	TASK PSE	TASK PSE		BILL TASK Bacterial Identification - Pseudomonas (Billed)	\$ 7.08	87077	
6420	TASK BID	0060457		BILL TASK Bacterial Identification (Billed)	\$ 7.08	87077	



Line	Test Code	TEST CODE (Billing)	*	Test/Procedure	Fee/Each	Based on the 2019 CPT Code Book and information from our local carrier.	Compliance
6421	TASK PID	TASK PID		BILL TASK Bacterial Identification - Gram positive (Phoenix) (Billed)	\$ 7.08	87077	
6422	TASK NID	TASK NID		BILL TASK Bacterial Identification - Gram negative (Phoenix) (Billed)	\$ 7.08	87077	
6423	TASK BAC	TASK BAC		BILL TASK Bacterial Identification - Bacillus (Billed)	\$ 7.08	87077	
6424	TASK NMIC/ID 304	2013217		BILL TASK Gram Negative ID & MIC Panel (Phoenix)	\$ 7.08	87077	
6425	TASK .PF	0062151		BILL TASK Processing fee (Billed)	\$ 35.00	87015	
6426	0080470	0080470		Vanillylmandelic Acid (VMA) and Homovanillic Acid (HVA), Urine	\$ 28.27	83150/84585	[B]
6428	0080421	0080421		Vanillylmandelic Acid (VMA), Urine	\$ 16.87	84585	[B]
6429	0060283	0060283		Varicella-Zoster Virus and Herpes Simplex Virus DFA with Reflex to Varicella-Zoster Virus Culture and Herpes Simplex Virus Culture (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 30.30	87290/87274/87273	
6430	RFLX V VZV	0060285	R	REFLEX Varicella-Zoster Virus Culture (Reflex Only)	\$ 26.70	87252/87254	
6431	RFLX V HSVC	0065005	R	REFLEX Herpes Simplex Virus Culture	\$ 37.29	87252/87253	
6432	0050162	0050162		Varicella-Zoster Virus Antibodies, IgG & IgM	\$ 22.76	86787 x2	
6434	0050167	0050167		Varicella-Zoster Virus Antibody, IgG	\$ 11.38	86787	
6435	0054444	0054444		Varicella-Zoster Virus Antibody, IgG, CSF	\$ 11.38	86787	[B]
6436	0099314	0099314		Varicella-Zoster Virus Antibody, IgM	\$ 11.38	86787	
6437	0054445	0054445		Varicella-Zoster Virus Antibody, IgM by ELISA (CSF)	\$ 11.38	86787	[B]
6438	0060042	0060042		Varicella-Zoster Virus by PCR	\$ 30.15	87798	[B]
6439	0060290	0060290		Varicella-Zoster Virus DFA	\$ 10.10	87290	
6440	0060282	0060282		Varicella-Zoster Virus DFA with Reflex to Varicella-Zoster Virus Culture (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 10.10	87290	
6441	RFLX V VZV	0060285	R	REFLEX Varicella-Zoster Virus Culture (Reflex Only)	\$ 26.70	87252/87254	
6442	0092660	0092660		Vascular Endothelial Growth Factor	\$ 10.24	83520	[D]
6443	2007384	2007384		Vascular Malformations Panel, Sequencing and Deletion/Duplication	\$ 2,340.00	81321/81323/81405/81406/81479	[C]
6444	0099435	0099435		Vasoactive Intestinal Peptide	\$ 43.62	84586	[D]
6445	2007957	2007957		Venlafaxine and Metabolite, Serum or Plasma	\$ 61.50	80338 (Alt code: G0480)	[B]
6446	2002001	2002001		Very Long-Chain Acyl-CoA Dehydrogenase Deficiency (ACADVL) Sequencing	\$ 282.88	81406	[C]
6447	2004212	2004212		Very Long-Chain Acyl-CoA Dehydrogenase Deficiency (ACADVL) Sequencing and Deletion/Duplication	\$ 282.88	81406/81479	[C]
6448	2004250	2004250		Very Long-Chain and Branched-Chain Fatty Acids Profile	\$ 19.66	82726	[B]
6449	2011039	2011039	*	Vigabatrin Quantitative, Serum or Plasma	\$ 313.00	80339 (Alt code: G0480)	
6450	2004181	2004181		Vimentin by Immunohistochemistry	\$ 73.50	88342TC	
6451	2006498	2006498		Viral Culture, Non-Respiratory (Micro billing tasks will be ordered as needed, see below for possible charges and CPT codes)	\$ 21.29	87252; if definitive identification performed, add 87253	
6452	TASK .VID	2006696		BILL TASK Virus Identification (billed)	\$ 16.00	87253	
6453	2006496	2006496		Viral Culture, Non-Respiratory, and Cytomegalovirus Rapid Culture (Micro billing tasks will be ordered as needed, see below for possible charges and CPT codes)	\$ 26.70	87252/87254; if definitive identification required, add 87253.	
6454	TASK .VID	2006696		BILL TASK Virus Identification (billed)	\$ 16.00	87253	
6455	2006499	2006499		Viral Culture, Respiratory (Micro billing tasks will be ordered as needed, see below for possible charges and CPT codes)	\$ 21.29	87252; if definitive identification performed, add 87253	
6456	TASK .VID	2006696		BILL TASK Virus Identification (billed)	\$ 16.00	87253	

Line	Test Code	TEST CODE (Billing)	*	Test/Procedure	Fee/Each	Based on the 2019 CPT Code Book and information from our local carrier.	Compliance
6457	2006497	2006497		Viral Culture, Respiratory, and Cytomegalovirus Rapid Culture (Micro billing tasks will be ordered as needed, see below for possible charges and CPT codes)	\$ 26.70	87252/87254; if definitive identification required, add 87253.	
6458	TASK .VID	2006696		BILL TASK Virus Identification (billed)	\$ 16.00	87253	
6459	2007063	2007063		Viral Meningitis Panel by PCR, Cerebrospinal Fluid	\$ 99.09	87529/87498/87798	[A]
6462	2007062	2007062		Viral Meningoencephalitis Panel by PCR, Cerebrospinal Fluid	\$ 122.30	87529/87496/87798 x2	[A]
6466	2002028	2002028		Virilization Panel 1	\$ 82.18	82157/82626/84403	[B]
6469	2002281	2002281		Virilization Panel 2	\$ 106.11	82157/83498/84403/82626	[B]
6473	0020056	0020056		Viscosity, Serum	\$ 12.71	85810	[B]
6474	0080525	0080525		Vitamin A (Retinol), Serum or Plasma	\$ 10.21	84590	[B]
6475	0080111	0080111		Vitamin B[6] (Pyridoxal 5-Phosphate)	\$ 30.59	84207	[B]
6476	2003184	2003184	*	Vitamin B[7] (Biotin)	\$ 105.00	84591	
6477	0080389	0080389		Vitamin B1 (Thiamine), Plasma	\$ 19.05	84425	[B]
6478	0080388	0080388		Vitamin B4 (Thiamine), Whole Blood	\$ 19.05	84425	[B]
6479	0070150	0070150		Vitamin B12	\$ 13.33	82607	
6480	0070160	0070160		Vitamin B12 and Folate	\$ 26.58	82607/82746	
6482	0070260	0070260		Vitamin B12 Binding Capacity	\$ 15.58	82608	
6483	0055662	0055662		Vitamin B12 with Reflex to Methylmalonic Acid, Serum (Vitamin B12 Status) (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 13.33	82607	
6484	RFLX BILL MMAR	0055665	R	REFLEX Reflexed to Methylmalonic Acid , Serum (Vitamin B[12] Deficiency)	\$ 14.68	83921	
6485	0081123	0081123		Vitamin B2 (Riboflavin)	\$ 22.03	84252	[B]
6486	2006982	2006982	*	Vitamin B5 (Pantothenic Acid), Serum	\$ 80.00	84591	
6487	0080380	0080380		Vitamin C (Ascorbic Acid), Plasma	\$ 10.76	82180	
6488	0080385	0080385		Vitamin D, 1, 25-Dihydroxy	\$ 33.18	82652	[B]
6489	0080379	0080379		Vitamin D, 25-Hydroxy	\$ 24.79	82306	
6490	0080521	0080521		Vitamin E, Serum or Plasma	\$ 12.00	84446	[B]
6491	0099225	0099225		Vitamin K1, Serum	\$ 14.93	84597	[B]
6492	0092628	0092628		Voltage-Gated Calcium Channel (VGCC) Antibody	\$ 12.27	83519	[B]
6493	2009463	2009463		Voltage-Gated Potassium Channel (VGKC) Antibody with Reflex to LGI1 and CASPR2 Screen and Titer (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 12.27	83519	[D]
6494	RFLX LGI1CASPR2	2009460	R	REFLEX Leucine-Rich, Glioma-Inactivated Protein 1 Antibody, IgG and Contactin-Associated Protein-2 Antibody, IgG with Reflex to Titers	\$ 21.74	86255 x2	[D]
6496	CASPR2TIGG	2009454	R	REFLEX Contactin-Associated Protein-2 Antibody Titer, IgG by IFA	\$ 10.39	86256	[D]
6497	RFLX LGI1GTITER	2009458	R	REFLEX Leucine-Rich, Glioma-Inactivated Protein 1 Antibody Titer, IgG by IFA	\$ 10.39	86256	[D]
6498	3001387	3001387		Voltage-Gated Potassium Channel (VGKC) Antibody, CSF	\$ 12.27	83519	[D]
6499	2004890	2004890		Voltage-Gated Potassium Channel (VGKC) Antibody, Serum	\$ 12.27	83519	[D]
6500	2002970	2002970		von Hippel-Lindau (VHL) Sequencing	\$ 274.83	81404	[C]
6501	2002965	2002965		von Hippel-Lindau (VHL) Sequencing and Deletion/Duplication	\$ 460.03	81404/81403	[C]
6502	2005476	2005476		von Willebrand Disease, Platelet Type (GP1BA) 4 Mutations	\$ 63.96	81400	[C]

Line	Test Code	TEST CODE (Billing)	*	Test/Procedure	Fee/Each	Based on the 2019 CPT Code Book and information from our local carrier.	Compliance
6503	2005480	2005480		von Willebrand Disease, Type 2A (VWF) Sequencing Exon 28 with Reflex to 9 Exons (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 185.20	81403	[C]
6504	RFLX BILL VWF2A	2005485	R	REFLEX von Willebrand Disease, Type 2A (VWF) Sequencing 9 Exons Bill	\$ 301.35	81405	
6505	2005486	2005486		von Willebrand Disease, Type 2B (VWF) Sequencing	\$ 185.20	81403	[C]
6506	2005490	2005490		von Willebrand Disease, Type 2M (VWF) Sequencing	\$ 274.83	81404	[C]
6507	2005494	2005494		von Willebrand Disease, Type 2N (VWF) Sequencing	\$ 301.35	81405	[C]
6508	0030250	0030250		von Willebrand Factor Activity (Ristocetin Cofactor)	\$ 24.98	85245	
6509	0030285	0030285		von Willebrand Factor Antigen	\$ 24.98	85246	
6510	2007136	2007136	*	von Willebrand Factor Collagen Binding	\$ 173.00	85246	
6511	0092281	0092281		von Willebrand Factor Multimers	\$ 24.98	85247	[D]
6512	0030284	0030284		von Willebrand Modified Panel	\$ 49.96	85245/85246	
6514	0030002	0030002		von Willebrand Multimeric Panel	\$ 90.80	85247/85240/85246/85245	[D]
6518	0030125	0030125		von Willebrand Panel	\$ 65.82	85240/85246/85245	
6521	2003387	2003387		von Willebrand Panel with Reflex to von Willebrand Multimeric Analysis (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 65.82	85240/85246/85245	
6524	RFLX VWF MULTI	0092281	R	REFLEX von Willebrand Factor Multimers	\$ 24.98	85247	[D]
6525	2001737	2001737		Voriconazole, Quantitation by LC-MS/MS	\$ 12.59	80299	[B]
6526	2013701	2013701		Vulvovaginal Candida Species by PCR	\$ 33.85	87481	[B]
6527	0090805	0090805	*	Warfarin Quantitative, Serum or Plasma	\$ 62.00	80375 (Alt code: G0480)	
6528	2012772	2012772		Warfarin Sensitivity, CYP2C9 and VKORC1, 3 Mutations	\$ 263.01	81227/81355	[C]
6529	0013030	0013030		Warm Auto Adsorption	\$ 188.50	86970/86978	
6530	0013025	0013025		Warm Triple Adsorption	\$ 246.85	86970 x3/86978 x3	
6531	0050226	0050226		West Nile Virus Antibodies, IgG & IgM by ELISA, Serum	\$ 34.00	86789/86788	
6533	0050228	0050228		West Nile Virus Antibodies, IgG and IgM by ELISA, CSF	\$ 34.00	86789/86788	[B]
6535	0050238	0050238		West Nile Virus Antibody, IgG by ELISA, CSF	\$ 15.66	86789	[B]
6536	0050234	0050234		West Nile Virus Antibody, IgG by ELISA, Serum	\$ 15.66	86789	
6537	0050239	0050239		West Nile Virus Antibody, IgM by ELISA, CSF	\$ 18.34	86788	[B]
6538	0050236	0050236		West Nile Virus Antibody, IgM by ELISA, Serum	\$ 18.34	86788	
6539	0050229	0050229		West Nile Virus by PCR	\$ 30.15	87798	[B]
6540	0040320	0040320		White Blood Cell Count	\$ 2.28	85048	
6541	2004184	2004184		Wilms Tumor (WT-1), N-terminus by Immunohistochemistry	\$ 73.50	88342TC	
6542	2010716	2010716		Wilson Disease (ATP7B) Sequencing	\$ 282.88	81406	[C]
6543	0020598	0020598		Wilson Disease Screening Panel, Serum or Plasma	\$ 36.57	82390/82525 x2	
6546	0060132	0060132		Wound Culture and Gram Stain (Gram stain 0060101 is billed additionally) (Micro billing tasks will be ordered as needed, see below for possible charges and CPT codes)	\$ 7.51	87070	
6547	TASK GS	0060011		BILL TASK Gram Stain	\$ 3.46	87205	
6548	TASK AST M	0060790		BILL TASK Susceptibility - Automated broth dilution (Billed)	\$ 7.57	87186	
6549	TASK CF PSE	TASK CF PSE		BILL TASK Bacterial Identification - Cystic Pseudomonas (Billed)	\$ 7.08	87077	

Line	Test Code	TEST CODE (Billing)	*	Test/Procedure	Fee/Each	Based on the 2019 CPT Code Book and information from our local carrier.	Compliance
6550	TASK PSE	TASK PSE		BILL TASK Bacterial Identification - Pseudomonas (Billed)	\$ 7.08	87077	
6551	TASK BID	0060457		BILL TASK Bacterial Identification (Billed)	\$ 7.08	87077	
6552	TASK PID	TASK PID		BILL TASK Bacterial Identification - Gram positive (Phoenix) (Billed)	\$ 7.08	87077	
6553	TASK NID	TASK NID		BILL TASK Bacterial Identification - Gram negative (Phoenix) (Billed)	\$ 7.08	87077	
6554	TASK BAC	TASK BAC		BILL TASK Bacterial Identification - Bacillus (Billed)	\$ 7.08	87077	
6555	TASK NMIC/ID 304	2013217		BILL TASK Gram Negative ID & MIC Panel (Phoenix)	\$ 7.08	87077	
6556	TASK DD	0060418		BILL TASK Susceptibility - Disk diffusion (Billed)	\$ 4.23	87184	
6557	TASK BLAC M	0060401		BILL TASK Susceptibility - Beta-Lactamase (Billed)	\$ 1.21	87185	
6558	TASK MIC	0060408		BILL TASK Susceptibility - Broth dilution panel (Billed)	\$ 7.57	87186	
6559	TASK ETEST	0062228		BILL TASK Susceptibility - Single drug by Etest (Billed)	\$ 1.16	87181	
6560	TASK BACSEQ	0060719		BILL TASK DNA Sequencing - Bacterial identification (Billed)	\$ 125.58	87153	
6561	TASK SMIC	0062229		BILL TASK Susceptibility - Single drug by broth dilution (Billed)	\$ 7.57	87186	
6562	TASK ANAMIC	0060402		BILL TASK Susceptibility - Anaerobe by broth dilution (Billed)	\$ 7.57	87186	
6563	TASK PBP	2008641		BILL TASK Susceptibility - Penicillin Binding Protein 2a (Billed)	\$ 3.91	87147	
6564	TASK .PF	0062151		BILL TASK Processing fee (Billed)	\$ 35.00	87015	
6565	TASK SA	2011971		BILL TASK Staphylococcus species Latex Agglutination (BILLED)	\$ 3.91	87147	
6566	TASK StrpA	2011972		BILL TASK Streptococcus Group A Latex Agglutination (BILLED)	\$ 3.91	87147	
6567	TASK StrpB	2011973		BILL TASK Streptococcus Group B Latex Agglutination (BILLED)	\$ 3.91	87147	
6568	TASK StrpC	2011974		BILL TASK Streptococcus Group C Latex Agglutination (BILLED)	\$ 3.91	87147	
6569	TASK StrpG	2011975		BILL TASK Streptococcus Group G Latex Agglutination (BILLED)	\$ 3.91	87147	
6570	TASK NF PBP	2014492		BILL TASK PBP2A Normal Flora use(Billed)	\$ 3.91	87147	
6571	TASK MECA/C	3000097		BILL TASK Susceptibility - mecA/mecC Gene Detection by PCR (Billed)	\$ 30.88	87641	
6572	2013508	2013508		Wrr(a) Antigen Typing, Patient	\$ 3.35	86905	
6573	2006352	2006352		X-Chromosome Inactivation Analysis	\$ 137.00	81204	[C]
6574	2001778	2001778		Y Chromosome Microdeletion	\$ 185.20	81403	[C]
6575	0051230	0051230		Yersinia enterocolitica Antibodies, IgA and IgG by Immunoblot	\$ 28.72	86793 x2	[D]
6577	0051241	0051241		Yersinia enterocolitica Antibodies, IgA, IgG, and IgM by Immunoblot	\$ 43.08	86793 x3	[D]
6580	0051228	0051228		Yersinia enterocolitica Antibody, IgA by Immunoblot	\$ 14.36	86793	[D]
6581	0051229	0051229		Yersinia enterocolitica Antibody, IgG by Immunoblot	\$ 14.36	86793	[D]
6582	0051172	0051172		Yersinia enterocolitica Antibody, IgM by Immunoblot	\$ 14.36	86793	[D]
6583	2014065	2014065		Zika Virus by PCR, Blood	\$ 30.15	87662	
6584	2014069	2014069		Zika Virus by PCR, Urine	\$ 30.15	87662	
6585	2013942	2013942		Zika Virus IgM Antibody Capture (MAC), by ELISA	\$ 14.02	86794	
6586	0020605	0020605		Zinc Protoporphyrin (ZPP), Whole Blood	\$ 15.62	84202	[B]
6587	0020614	0020614		Zinc Protoporphyrin (ZPP), Whole Blood Industrial	\$ 15.62	84202	[B]
6588	2009373	2009373		Zinc Quantitative, Whole Blood	\$ 10.21	84630	[B]
6589	2006196	2006196		Zinc Transporter 8 Antibody	\$ 18.09	86341	[D]
6590	2006460	2006460	*	Zinc, RBC	\$ 72.00	84630	
6591	0020097	0020097		Zinc, Serum or Plasma	\$ 10.21	84630	[B]

Line	Test Code	TEST CODE (Billing)	*	Test/Procedure	Fee/Each	Based on the 2019 CPT Code Book and information from our local carrier.	Compliance
6592	0020462	0020462		Zinc, Urine	\$ 10.21	84630	[B]
6593	3000721	3000721	*	Ziprasidone Quantitation, Serum or Plasma	\$ 91.00	80342 (Alt code: G0480)	
6594	2012300	2012300		Zolpidem Urine with Reflex to Quantitation (Reflex components billed separately, see below for additional charges and CPT codes)	\$ 63.85	80307	[B]
6595	RFLX ZOLPID UR	2012319	R	REFLEX Zolpidem, Urine, Quantitative	\$ 45.00	80368 (Alt code: G0480)	[B]
6596	2012652	2012652		Zolpidem, Serum or Plasma, Quantitative	\$ 68.63	80368 (Alt code: G0480)	[B]
6597	2012319	2012319		Zolpidem, Urine, Quantitative	\$ 45.00	80368 (Alt code: G0480)	[B]
6598	0097908	0097908		Zonisamide	\$ 14.43	80203	

**\*\*CPT codes are provided only as a guidance to assist clients in billing. ARUP strongly recommends that clients confirm the CPT codes with their local intermediary or carrier as requirements may differ from one carrier to another. Establishing charges per individual CPT code is the sole responsibility of the billing party.**

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specimens back to them. When an error occurs at ARUP, clients are not charged for requesting a specimen or an isolate be forwarded from ARUP to the

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Additional CPT code modifiers may be required for procedures performed to test for oncologic or inherited disorders.

- A Administration approval. This test was developed and its performance characteristics determined by ARUP Laboratories, Inc. It has not been approved by the U.S. Food and Drug Administration.
- B has not approved or cleared this test; however, FDA clearance or approval is not currently required for clinical use. The results are not intended to be used as the sole means for clinical diagnosis or
- C However, FDA approval is currently not required for clinical use of this test. The results are not intended to be used as the sole means for clinical diagnosis or patient management decisions. ARUP
- D were validated by ARUP Laboratories, Inc. The U.S. Food and Drug Administration (FDA) has not approved this test. The results are not intended to be used as the sole means for clinical
- E The manufacturer has not determined the efficacy of this test when performed on CSF specimens. The performance characteristics of this test were determined by ARUP Laboratories.