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Annual Physician Notice as Required by the Office of the Inspector General

Northern Plains Laboratory, LLC, (NPL) is committed to conducting business in adherence with all applicable federal and state laws, and to comply with the program requirements of federal, state, and private health plans. In accordance with the Office of the Inspector General Compliance Program Guidance for Clinical Laboratories, published on August 4, 1998, we are providing the following information about Medicare requirements:

Medical Necessity

Physicians and other individuals authorized to order tests should only order tests that are medically necessary for the diagnosis or treatment of the patient. The Federal Office of Inspector General (OIG) takes the position that when medically unnecessary tests are ordered which result in false claims to Medicare, the physician may be subject to civil penalties under the False Claims Act. Medicare does not pay for screening tests except for certain specifically approved procedures that have frequency limits (PSA, PAPs, glucose, cholesterol, etc). Medicare also may not pay for non-FDA approved tests or those considered to be experimental. The medical necessity for tests performed must be documented in the patient's medical record. In order for NPL to bill tests to Medicare, you **must include the specific ICD-10 diagnosis code(s) for each test ordered.** NPL will not bill Medicare for tests that are not covered, are unreasonable, or unnecessary.

Advance Beneficiary Notice of Noncoverage (ABN)

If there is reason to believe that Medicare will not pay for a test, the patient (Medicare beneficiary) should be informed. The patient should sign a properly completed Advance Beneficiary Notice of Noncoverage (ABN) to indicate that he/she is responsible for the cost of the test if Medicare denies payment.

To be accepted by Medicare, the ABN must be completed by the patient before a service is provided. The ABN must include the patient's first and last name (middle initial also if on the beneficiary's Medicare card), laboratory test name(s), reason for possible denial, estimated cost, signature of patient, and the date signed. The patient must also choose one of the following options:

- Option One: "I want the **Test(s)** listed above. You may ask to be paid now, but I also want Medicare billed for an official decision on payment, which is sent to me on a Medicare Summary notice (MSN). I understand that if Medicare doesn't pay, I am responsible for Payment, but I **can appeal to Medicare** by following the directions on the MSN. If Medicare does pay, you will refund any payments I made to you, less co-pays or deductibles."
- Option Two: "I want the **Test(s)** listed above, but do not bill Medicare. You may ask to be paid now as I am responsible for payment. I **cannot appeal if Medicare is not billed.**"
- Option Three, "I DON'T WANT THE **Test(s)** listed above. I understand with this choice I am **not** responsible for payment, and I **cannot appeal to see if Medicare would pay.**"

The signed ABN notifies the Medicare beneficiary that Medicare is likely to deny payment for a specific service, the reason why, and that the patient is responsible for payment if Medicare denies payment. ABNs should not be used for every patient encounter. ABNs should be used only if you have reason to believe Medicare will deny payment based on your patient's diagnosis, or if you believe the test may exceed frequency limits (i.e. Pap, PSA, glucose, cholesterol). NPL includes an official ABN form on the backside of our requisition form and an ABN may be printed from the NPL Connect (HVR) system. NPL will not bill Medicare beneficiaries for tests performed that are denied as medically unnecessary unless an ABN has been signed by the patient.

Medicare's National Coverage Determinations (NCDs) and the Local Coverage Determinations (LCDs)

The National Coverage Determinations (NCDs) for 23 clinical lab tests went into effect November 25, 2003. The NCDs were developed via a negotiated rulemaking process that involved Medicare officials and representatives of clinical lab, physician, consumer, and hospital groups. The NCDs promote consistency and standardization of medical necessity nationwide. The Medicare Administrative Contractor (MAC) has Local Coverage Determinations (LCDs) for additional tests that are not among the NCDs. Both the NCDs and LCDs specify whether a service is reasonable and necessary, what documentation will support the need for the service, and limit coverage to specific medical diagnosis.

Attachment A contains the list of laboratory tests that currently have a NCD or LCD.

Organ and Disease Oriented Panels

Organ and disease related panels will only be billed and paid by Medicare when **all** components are medically necessary and are reasonable to treat or diagnose an individual patient. The panels from the American Medical Association (AMA) 2020 Current Procedural Terminology (CPT) manual that NPL offers are the: Basic Metabolic panel, Comprehensive Metabolic panel, Electrolyte panel, Obstetric panel, Lipid panel, Renal Function panel, Acute Hepatitis panel, and Hepatic Function panel. Attachment B contains the AMA panels and individual components of each panel that NPL offers.

NPL offers some non-AMA panels not listed in the AMA 2020 CPT manual. These non-AMA panels are a set of tests developed to diagnose organ- or disease specific conditions. NPL has the following non-AMA approved panels: Neonatal Panel 8, Neonatal Panel 9 and Neonatal Panel 12. The Neonatal Panels were developed at the request of the CHI St. Alexius Health neonatologists. The most common non-AMA panels that NPL offers are outlined in Attachment C. The 2020 North Dakota Medicare Reimbursement amounts for the individual tests that comprise these non-AMA panels are included in the attachment.

Tests ordered as part of a non-AMA panel that are not part of a panel code listed in the American Medical Association (AMA) Current Procedural Terminology (CPT) code manual will be coded and billed separately.

Each individual component of either the AMA or the non-AMA panels may be ordered individually

Medicare National Limitation Amounts

Medicare National Limitation Amounts for CPT codes are published by CMS each year. See Attachment D for the most common tests/CPT codes NPL bills Medicare. Medicaid reimbursements are equal to or less than the amount of Medicare reimbursement.

Reflex Tests

Attachment E is a list of tests performed in our laboratory that may result in "reflex" test orders. These reflex tests are consistent with regional and national standards of practice in an attempt to provide appropriate or useful information to the clinician. Our laboratory will generate an order for the appropriate additional reflex test(s). The option of ordering any one of these tests without the reflex is available. Please indicate the test without the reflex by selecting the "without reflex testing" option on the requisition form.

CPT Codes

The CPT Codes published by NPL in our electronic or hard copy handbook are provided for informational purposes only. The codes reflect our interpretation of CPT coding requirements based on AMA guidelines published annually. NPL assumes no responsibility for billing errors due to reliance on CPT codes published by NPL.

Clinical Consultants

The following Pathology Consultants, P.C. pathologists serve as NPL's clinical laboratory consultants:

Ward D. Fredrickson, MD	- Laboratory Medical Director - General Laboratory
Jared L. Schmidt, MD	- Blood Bank/Transfusion Services - Coagulation
Michael J. Laszewski, MD	- Hematology - Urinalysis
Laurie J. Linz, MD	- Chemistry
Wesley A. Ellison, MD	- Microbiology - Serology

To contact a pathologist, call 701-530-6745 or 800-645-1003.

If you or your staff has other questions, please direct them to Ward Fredrickson, MD, Laboratory Medical Director (530-6745) or Nancy Buchholz, Laboratory Administrative Director (530-5724).

National Coverage Determinations (NCDs)

Attachment A

CPT codes that fall under the National Coverage Determinations (NCDs) are listed below:

80061	Lipid panel
80074	Acute Hepatitis Panel
80162	Digoxin
82105	Alpha-fetoprotein (AFP); serum
82272	Blood, occult, by peroxidase activity, qualitative, feces, single specimen
82378	Carcinoembryonic antigen (CEA)
82465	Cholesterol, serum or whole blood, total
82523	Collagen cross links, any method
82728	Ferritin
82947	Glucose; quantitative, blood (except reagent strip)
82948	Glucose; blood, reagent strip
82962	Glucose, blood by glucose monitoring device(s) cleared by the FDA specifically for home use
82977	Glutamyltransferase, gamma (GGT)
82985	Glycated protein
83036	Hemoglobin; glycosylated (A1C)
83540	Iron
83550	Iron binding capacity
83700	Lipoprotein, blood; electrophoretic separation and quantitation
83701	Lipoprotein, blood; high resolution fractionation and quantitation of lipoproteins inc. lipoprotein subclasses when performed
83704	Lipoprotein, blood; quantitaion of lipoprotein particle numbers and lipoprotein particle subclasses
83718	Lipoprotein, direct measurement; high density cholesterol (HDL cholesterol)
83721	Lipoprotein, direct measurement; LDL cholesterol
84153	Prostate Specific Antigen (PSA); total
84436	Thyroxine; total
84439	Thyroxine; free
84443	Thyroid stimulating hormone (TSH)
84466	Transferrin
84478	Triglycerides
84479	Thyroid hormone (T3 or T4) uptake or thyroid hormone binding ratio (THBR)
84702	Gonadotropin, chorionic (hCG); quantitative
85004	Blood count; automated differential WBC count
85007	Blood count; blood smear, microscopid examination with manual differential WBC count
85008	Blood count; blood smear, microscopic examination without manual differential WBC count
85013	Blood count; spun microhematocrit
85014	Blood count; hematocrit (Hct)
85018	Blood count; hemoglobin (Hgb)
85025	Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count
85027	Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count)
85032	Blood count; manual cell count (erythrocyte, leukocyte, or platelet), each
85048	Blood count; leukocyte (WBC), automated
85049	Blood count; platelet, automated
85610	Prothrombin time
85730	Thromboplastin time, partial (PTT); plasma or whole blood
86300	Immunoassay for tumor antigen, quantitative; CA 15-3 (27.29)
86301	Immunoassay for tumor antigen, quantitative; CA 19-9
86304	Immunoassay for tumor antigen, quantitative; CA 125
86689	Antibody; HTLV or HIV antibody, confirmatory test (eg, Western Blot)
86701	Antibody; HIV-1
86702	Antibody; HIV-2
86703	Antibody; HIV-1 and HIV-2, single assay
87086	Culture, bacterial; quantitative colony count, urine
87088	Culture, bacterial; with isolation and presumptive identification of each isolate, urine
87390	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple step; HIV-1
87391	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple step; HIV-2
87534	Infectious agent detection by nucleic acid (DNA or RNA); HIV-1, direct probe technique
87535	Infectious agent detection by nucleic acid (DNA or RNA); HIV-1, amplified probe technique
87536	Infectious agent detection by nucleic acid (DNA or RNA); HIV-1, quantification
87537	Infectious agent detection by nucleic acid (DNA or RNA); HIV-2, direct probe technique
87538	Infectious agent detection by nucleic acid (DNA or RNA); HIV-2, amplified probe technique
87539	Infectious agent detection by nucleic acid (DNA or RNA); HIV-2, quantification

Local Coverage Determinations (LCDs)

Attachment A

CPT codes that fall under the Local Coverage Determinations (LCDs) are listed below:

CPT	Description	CPT	Description
80305	Drug test prsmv dir opt obs	81227	Cyp2c9 gene com variants
80306	Drug test prsmv instrmnt	81228	Cytogen micrarray copy nmbr
80307	Drug test prsmv chem anlyzr	81229	Cytogen m array copy no&snp
81105	Hpa-1 genotyping	81230	Cyp3a4 gene common variants
81106	Hpa-2 genotyping	81231	Cyp3a5 gene common variants
81107	Hpa-3 genotyping	81232	Dpyd gene common variants
81108	Hpa-4 genotyping	81233	Btk gene common variants
81109	Hpa-5 genotyping	81234	Dmpk gene detc abnor allele
81110	Hpa-6 genotyping	81235	Egfr gene com variants
81111	Hpa-9 genotyping	81236	Ezh2 gene full gene sequence
81112	Hpa-15 genotyping	81237	Ezh2 gene common variants
81120	Idh1 common variants	81238	F9 full gene sequence
81121	Idh2 common variants	81239	Dmpk gene charac alleles
81161	Dmd dup/delet analysis	81240	F2 gene
81162	Brca1&2 gen full seq dup/del	81241	F5 gene
81163	Brca1&2 gene full seq alys	81242	Fanc gene
81164	Brca1&2 gen ful dup/del alys	81243	Fmr1 gene detection
81165	Brca1 gene full seq alys	81244	Fmr1 gene charac alleles
81166	Brca1 gene full dup/del alys	81245	Flt3 gene
81167	Brca2 gene full dup/del alys	81246	Flt3 gene analysis
81170	Abl1 gene	81247	G6pd gene alys cmn variant
81171	Aff2 gene detc abnor alleles	81248	G6pd known familial variant
81172	Aff2 gene charac alleles	81249	G6pd full gene sequence
81173	Ar gene full gene sequence	81250	G6pc gene
81174	Ar gene known famil variant	81251	Gba gene
81175	Asxl1 full gene sequence	81252	Gjb2 gene full sequence
81176	Asxl1 gene target seq alys	81253	Gjb2 gene known fam variants
81177	Atn1 gene detc abnor alleles	81254	Gjb6 gene com variants
81178	Atnx1 gene detc abnor allele	81255	Hexa gene
81179	Atnx2 gene detc abnor allele	81256	Hfe gene
81180	Atnx3 gene detc abnor allele	81257	Hba1/hba2 gene
81181	Atnx7 gene detc abnor allele	81258	Hba1/hba2 gene fam vrnt
81182	Atnx8os gen detc abnor allel	81259	Hba1/hba2 full gene sequence
81183	Atnx10 gene detc abnor allel	81260	Ikkkap gene
81184	Cacna1a gen detc abnor allel	81261	Igh gene rearrange amp meth
81185	Cacna1a gene full gene seq	81262	Igh gene rearrang dir probe
81186	Cacna1a gen known famil vrnt	81263	Igh vari regional mutation
81187	Cnbp gene detc abnor allele	81264	Igk rearrangeabn clonal pop
81188	Cstb gene detc abnor allele	81265	Str markers specimen anal
81189	Cstb gene full gene sequence	81266	Str markers spec anal addl
81190	Ar gene charac alleles	81267	Chimerism anal no cell selec
81200	Aspa gene	81268	Chimerism anal w/cell select
81201	Apc gene full sequence	81269	Hba1/hba2 gene dup/del vrnts
81202	Apc gene known fam variants	81270	Jak2 gene
81203	Apc gene dup/delet variants	81271	Htt gene detc abnor alleles
81204	Ar gene charac alleles	81272	Kit gene targeted seq analys
81205	Bckdhb gene	81273	Kit gene analys d816 variant
81206	Bcr/abl1 gene major bp	81274	Htt gene charac alleles
81207	Bcr/abl1 gene minor bp	81275	Kras gene variants exon 2
81208	Bcr/abl1 gene other bp	81276	Kras gene addl variants
81209	Blm gene	81283	Ifnl3 gene
81210	Braf gene	81284	Fxn gene detc abnor alleles
81212	Brca1&2 185&5385&6174 vrnt	81285	Fxn gene charac alleles
81215	Brca1 gene known famil vrnt	81286	Fxn gene full gene sequence
81216	Brca2 gene full seq alys	81287	Mgmt gene prmrtr mthyln alys
81217	Brca2 gene known famil vrnt	81288	Mlh1 gene
81218	Cebpa gene full sequence	81289	Fxn gene known famil variant
81219	Calr gene com variants	81290	Mcoln1 gene
81220	Cftr gene com variants	81291	Mthr gene
81221	Cftr gene known fam variants	81292	Mlh1 gene full seq
81222	Cftr gene dup/delet variants	81293	Mlh1 gene known variants
81223	Cftr gene full sequence	81294	Mlh1 gene dup/delete variant
81224	Cftr gene intron poly t	81295	Msh2 gene full seq
81225	Cyp2c19 gene com variants	81296	Msh2 gene known variants
81226	Cyp2d6 gene com variants	81297	Msh2 gene dup/delete variant

Local Coverage Determinations (LCDs)

Attachment A

CPT	Description	CPT	Description
81298	Msh6 gene full seq	81402	Mopath procedure level 3
81299	Msh6 gene known variants	81403	Mopath procedure level 4
81300	Msh6 gene dup/delete variant	81404	Mopath procedure level 5
81301	Microsatellite instability	81405	Mopath procedure level 6
81302	Mecp2 gene full seq	81406	Mopath procedure level 7
81303	Mecp2 gene known variant	81407	Mopath procedure level 8
81304	Mecp2 gene dup/del/variant	81410	Aortic dysfunction/dilation
81305	Myd88 gene p.leu265pro vrnt	81411	Aortic dysfunction/dilation
81306	Nudt15 gene common variants	81412	Ashkenazi jewish assoc dis
81310	Npm1 gene	81413	Car ion chnnlpath inc 10 gns
81311	Nras gene variants exon 2&3	81414	Car ion chnnlpath inc 2 gns
81312	Pabpn1 gene detc abnor allel	81415	Exome sequence analysis
81314	Pdgfra gene	81416	Exome sequence analysis
81315	Pml/raralpha com breakpoints	81417	Exome re-evaluation
81316	Pml/raralpha 1 breakpoint	81420	Fetal chrromol aneuploidy
81317	Pms2 gene full seq analysis	81422	Fetal chrromol microdel/tj
81318	Pms2 known familial variants	81425	Genome sequence analysis
81319	Pms2 gene dup/delet variants	81426	Genome sequence analysis
81320	Picg2 gene common variants	81427	Genome re-evaluation
81321	Pten gene full sequence	81430	Hearing loss sequence analys
81322	Pten gene known fam variant	81431	Hearing loss dup/del analys
81323	Pten gene dup/delet variant	81432	Hrdry brst ca-rlatd dsordrs
81324	Pmp22 gene dup/delet	81433	Hrdry brst ca-rlatd dsordrs
81325	Pmp22 gene full sequence	81435	Hereditary colon ca dsordrs
81326	Pmp22 gene known fam variant	81436	Hereditary colon ca dsordrs
81327	Sept9 gen prmtr mthyltn alys	81437	Heredtry nurondcrn tum dsrdr
81328	Sico1b1 gene com variants	81438	Heredtry nurondcrn tum dsrdr
81329	Smn1 gene dos/deletion alys	81439	Hrdry cardmipy gene panel
81330	Smpd1 gene common variants	81440	Mitochondrial gene
81331	Snrpn/ube3a gene	81442	Noonan spectrum disorders
81332	Serpina1 gene	81443	Genetic tsg severe inh cond
81333	Tgfb1 gene common variants	81445	Targeted genomic seq analys
81334	Runx1 gene targeted seq alys	81448	Hrdry perph neurphy panel
81335	Tpm1 gene com variants	81450	Targeted genomic seq analys
81336	Smn1 gene full gene sequence	81455	Targeted genomic seq analys
81337	Smn1 gen nown famil seq vrnt	81460	Whole mitochondrial genome
81340	Trb@ gene rearrange amplify	81465	Whole mitochondrial genome
81341	Trb@ gene rearrange dirprobe	81470	X-linked intellectual dblt
81342	Trg gene rearrangement anal	81471	X-linked intellectual dblt
81343	Ppp2r2b gen detc abnor allel	81479	Unlisted molecular pathology procedure
81344	Tbp gene detc abnor alleles	81490	Autoimmune rheumatoid arthr
81345	Tert gene targeted seq alys	81493	Cor artery disease mrna
81346	Tyms gene com variants	81500	Onc (ovar) two proteins
81350	Ugt1a1 gene	81503	Onc (ovar) five proteins
81355	Vkorc1 gene	81504	Oncology tissue of origin
81361	Hbb gene com variants	81506	Endo assay seven anal
81362	Hbb gene known fam variant	81507	Fetal aneuploidy trisom risk
81363	Hbb gene dup/del variants	81508	Ftl cgen abnor two proteins
81364	Hbb full gene sequence	81509	Ftl cgen abnor 3 proteins
81370	Hla i & ii typing lr	81510	Ftl cgen abnor three anal
81371	Hla i & ii type verify lr	81511	Ftl cgen abnor four anal
81372	Hla i typing complete lr	81512	Ftl cgen abnor five anal
81373	Hla i typing 1 locus lr	81518	Onc brst mrna 11 genes
81374	Hla i typing 1 antigen lr	81519	Oncology breast mrna
81375	Hla ii typing ag equiv lr	81520	Onc breast mrna 58 genes
81376	Hla ii typing 1 locus lr	81521	Onc breast mrna 70 genes
81377	Hla i type 1 ag equiv lr	81525	Oncology colon mrna
81378	Hla i & ii typing hr	81528	Oncology colorectal scr
81379	Hla i typing complete hr	81535	Oncology gynecologic
81380	Hla i typing 1 locus hr	81536	Oncology gynecologic
81381	Hla i typing 1 allele hr	81538	Oncology lung
81382	Hla ii typing 1 loc hr	81539	Oncology prostate prob score
81383	Hla ii typing 1 allele hr	81540	Oncology tum unknown origin
81400	Mopath procedure level 1	81541	Onc prostate mrna 46 genes
81401	Mopath procedure level 2	81545	Oncology thyroid

Local Coverage Determinations (LCDs)

Attachment A

CPT	Description	CPT	Description
81551	Onc prostate 3 genes	86355	B cells total count
81552	Oncology, mRNA, gene expression profiling	86356	Mononuclear cell antigen
81595	Cardiology hrt trnspl mrna	86357	Nk cells total count
81596	Nfct ds chrnc hcv 6 assays	86359	T cells total count
81599	Unlisted multianalyte assay with algorithmic analysis	86360	T cell absolute count/ratio
82172	Assay of apolipoprotein	86361	T cell absolute count
82306	Vitamin d 25 hydroxy	86367	Stem cells total count
82397	Chemiluminescent assay	86386	Nuclear matrix protein 22
82542	Col chromatography qual/quan	86849	Unlisted immunology procedure
82610	Cystatin c	87338	H pylori stool ia
82652	Vit d 1 25-dihydroxy	87505	Gastrointestinal pathogen 3-5 targets
83013	H pylori (c-13) breath	87506	Gastrointestinal pathogen 6-11 targets
83014	H pylori drug admin	87507	Gastrointestinal pathogen 12-25 targets
83090	Assay of homocystine	87631	Resp virus 3-5 targets
83520	Immunoassay quant nos nonab	87632	Resp virus 6-11 targets
83695	Assay of lipoprotein(a)	87633	Resp virus 12-25 targets
83698	Assay lipoprotein pla2	88120	Cytopathology, FISH, manual
83700	Lipoprop bld electrophoretic	88121	Cytopathology, FISH computer assisted
83701	Lipoprotein bld hr fraction	88182	Flow cytometry, cell cycle or DNA analysis
83704	Lipoprotein bld quan part	88184	Flow cytometry, first marker
83719	Assay of blood lipoprotein	88185	Flow cytometry, additional markers
83721	Assay of blood lipoprotein	88187	Flow cytometry, interp, 2-8 markers
83735	Assay of magnesium	88188	Flow cytometry, interp, 9-15 markers
83880	Assay of natriuretic peptide	88189	Flow cytometry, interp 16 or more markers
83987	Exhaled breath condensate	88271	Cytogenetics dna probe
84378	Sugars single quant	88273	Cytogenetics 10-30
84410	Testosterone bioavailable	88274	Cytogenetics 25-99
84431	Thromboxane urine	88275	Cytogenetics 100-300
84999	Unlisted chemistry procedure	88291	Cytogenetics interp & report
85999	Unlisted hematology or coag procedure	89240	Unlisted misc pathology test
86140	C-reactive protein		
86141	C-reactive protein hs		
86152	Cell enumeration & id	G0480	Drug test def 1-7 classes
86153	Cell enumeration physician interp & report	G0481	Drug test def 8-14 classes
86294	Immunoassay tumor qual	G0482	Drug test def 15-21 classes
86305	Human epididymis protein 4	G0483	Drug test def 22+ classes
86316	Immunoassay tumor other	G0659	Drug test def simple all cl

AMA Panels offered at Northern Plains Laboratory

Attachment B

80048 - Basic Metabolic Panel	2020 Medicare Reimbursement	\$8.46
Sodium	Calcium	
Potassium	Creatinine	
Chloride	Glucose	
CO2	Urea Nitrogen (BUN)	
80051 - Electrolyte panel	2020 Medicare Reimbursement	\$7.01
Sodium	Chloride	
Potassium	CO2	
80053 - Comprehensive Metabolic Panel	2020 Medicare Reimbursement	\$10.56
Sodium	AST	
Potassium	Bilirubin, Total	
Chloride	Calcium	
CO2	Creatinine	
Albumin	Glucose	
Alkaline Phosphatase	Protein, Total	
ALT	Urea Nitrogen (BUN)	
80055 - Obstetric Panel	2020 Medicare Reimbursement	\$47.81
Complete Blood Count (CBC)	Hepatitis B surface antigen (HBsAg)	
Blood typing, ABO	RPR	
Blood typing, Rh	Rubella Antibody	
Antibody screen		
80061 - Lipid Panel	2020 Medicare Reimbursement	\$13.39
Cholesterol	HDL	
Triglyceride		
80069 - Renal Function Panel	2020 Medicare Reimbursement	\$8.68
Sodium	Calcium	
Potassium	Creatinine	
Chloride	Glucose	
CO2	Phosphorus	
Albumin	Urea Nitrogen (BUN)	
80074 - Acute Hepatitis Panel	2020 Medicare Reimbursement	\$47.63
Hepatitis A antibody, IgM	Hepatitis B surface antigen (HBsAg)	
Hepatitis C antibody	Hepatitis B core antibody (HBcAb), IgM	
80076 - Hepatic Function Panel	2020 Medicare Reimbursement	\$8.17
Albumin	Bilirubin, Direct	
Alkaline Phosphatase	Bilirubin, Total	
ALT (SGPT)	Protein, Total	
AST (SGOT)		
80081 - Obstetric Panel-inc. HIV testing)	2020 Medicare Reimbursement	\$74.86
Complete Blood Count (CBC)	Hepatitis B surface antigen (HBsAg)	
Blood typing, ABO	RPR	
Blood typing, Rh	Rubella Antibody	
Antibody screen	HIV-1 ag, with HIV-1 & HIV-2 ab	

Non-AMA Panels

Attachment C

Panel	Tests Included	CPT	2020 Medicare Reimbursement	
ABO and RH	ABO Type RH Type	86900 86901	\$ 2.99 \$ 2.99	
ABO, RH, and Antibody Screen	ABO Type RH Type Antibody Screen	86900 86901 86850	\$ 2.99 \$ 2.99 \$ 9.77	
ACTH Stimulation	Cortisol, Basline and 30 Minutes Cortison, 60 Minute	80400 82533	\$ 32.62 \$ 16.30	
Aldosterone/Renin Ratio	Aldosterone Renin	82088 84244	\$ 40.75 \$ 21.99	
Alkaline Phosphatase Isoenzymes	Alkaline Phosphatase, total Alkaline Phosphatase, isoenzymes	84075 84080	\$ 5.18 \$ 14.78	
Amylase Isoenzymes	Pancreatic Amylase Salivary Amylase	82150 82150	\$ 6.48 \$ 6.48	
Antithrombin III Panel	Antithrombin III Activity Antithrombin III Antigen	85300 85301	\$ 11.85 \$ 10.81	
Bence Jones Protein	Immunofixation, urine Kappa light chains Lambda light chains Total Albumin	86335 83883 83883 84156	\$ 29.35 \$ 13.60 \$ 13.60 \$ 3.67	
Bartonella henselae, IgG/IgM	Bartonella henselae IgG Bartonella henselae IgM	86611 86611	\$ 10.18 \$ 10.18	
Beta-2 Glycoprotein Abs, IgG/IgM	Beta-2 Glycoprotein Ab, IgG Beta-2 Glycoprotein Ab, IgM	86146 86146	\$ 25.45 \$ 25.45	
Blood Culture ID by PCR	Blood Culture ID for Enterococcus, Listeria, Staph, Staph aureus, Streptococcus, S. agalactiae, S. pneumoniae, S. pyogenes, C. albicans, C. glabrata, C. krusei, C. parapsilosis, C. tropicalis, A. baumannii, H. influenzae, N. meningitidis, P. aeruginosa, Enterobacteriaceae, E. cloacae, E. coli, K. oxytoca, K. pneumoniae, Proteus, S. marcescens	87150 x24	\$ 842.16	

This list is not inclusive; it includes a majority of panels that we perform or refer out.

Non-AMA Panels

Attachment C

Panel	Tests Included	CPT	2020 Medicare Reimbursement	
Bordetella Pertussis Ab, IgG/IgM	Bordetella pertussis Ab, IgG Bordetella pertussis Ab, IgM	86615 86615	\$ 13.19 \$ 13.19	
Borrellia Burgdorferi Ab IgG/IgM	Borrellia Burgdorferi Ab IgG Borrellia Burgdorferi Ab IgM	86617 86617	\$ 15.49 \$ 15.49	
Candida Abs, IgG/IgM/IgA	Candida Ab IgG Candida Ab IgM Candida Ab IgA	86628 86628 86628	\$ 12.01 \$ 12.01 \$ 12.01	
Carbamazepine, Free & Total	Carbamazepine, Free Carbamazepine, Total	80157 80156	\$ 13.25 \$ 14.57	
Cardiolipin Antibodies, IgG/IgM	Cardiolipin Ab IgG Cardiolipin Ab IgM	86147 86147	\$ 25.45 \$ 25.45	
Chlamydia/N Gonorrhea, Amplified	C Trachomatis N Gonorrhea	87491 87591	\$ 35.09 \$ 35.09	
CK Isoenzymes	CK Total CK Isoenzymes	82550 82552	\$ 6.51 \$ 13.39	
Cytomegalovirus (CMV) Antibodies, IgG/IgM	CMV Ab IgG CMV Ab IgM	86644 86645	\$ 14.39 \$ 16.85	
Diphtheria & Tetanus Ab, IgG	Diphtheria Ab IgG Tetanus Ab IgG	86317 86317	\$ 14.99 \$ 14.99	
Drug of Abuse Screen, Urine	Amphetamines Barbiturates Benzodiazepines Cocaine Opiates Cannabinoids	80307	\$ 62.14	
Electrolytes, Urine	Chloride, Urine Potassium, Urine Sodium, Urine	82436 84133 84300	\$ 5.75 \$ 4.73 \$ 5.06	
Epstein Barr Virus Panel I	EBV to Early D Ag, IgG EBV to Nuclear Ag, IgG EBV to Viral Capsid Ag, IgG EBV to Viral Capsid Ag, IgM	86663 86664 86665 86665	\$ 13.12 \$ 15.29 \$ 18.14 \$ 18.14	

This list is not inclusive; it includes a majority of panels that we perform or refer out.

Non-AMA Panels

Attachment C

Panel	Tests Included	CPT	2020 Medicare Reimbursement	
Epstein Barr Virus Panel II	EBV to Viral Capsid Ag, IgG	86665	\$	18.14
	EBV to Viral Capsid Ag, IgM	86665	\$	18.14
Francisella Tularensis, IgG/IgM	Francisella Tularensis IgG Francisella Tularensis IgM	86668 86668	\$ \$	14.16 14.16
Fungal Antibody Panel by CF	Aspergillus Antibody Blastomyces Antibody Coccidioides Antibody Histoplasma Antibody, Mycelia Histoplasma Antibody, Yeast	86606 86612 86635 86698 86698	\$ \$ \$ \$ \$	15.05 12.90 11.47 13.79 13.79
Gastrointestinal Panel by PCR	Gastrointestinal Panel for Campylobacter, C difficile toxin A/B, Plesiomonas shigelloides, Salmonella, Yersina enterocolitica, Vibrio, Vibrio cholerae, EAEC, EPEC, ETEC, STEC, E coli 0157, EIEC, Cryptosporidium, Cyclospora cayetanensis, Entamoeba histolytica, Giardia lamblia, Adenovirus F 40/41, Astrovirus, Norovirus GI GII, Rotavirus A and Sapovirus	87507	\$	416.78
Gastrointestinal Viral Panel by PCR	Gastrointestinal Viral Panel for Adenovirus F 40/41, Astrovirus, Norovirus GI GII, Rotavirus A and Sapovirus	87505	\$	128.29
Gliadin Antibodies, IgA/IgG	Gliadin Ab IgA Gliadin Ab IgG	83516 83516	\$ \$	11.53 11.53
Heavy Metals, Blood or Urine	Arsenic Lead Mercury	82175 83655 83825	\$ \$ \$	18.97 12.44 16.26
Hemoglobin/Hematocrit	Hemoglobin Hematocrit	85018 85014	\$ \$	2.37 2.37
IgG Subclasses	IgG Total IgG Subclasses	82784 82787 x4	\$ \$	9.30 32.08

This list is not inclusive; it includes a majority of panels that we perform or refer out.

Non-AMA Panels

Attachment C

Panel	Tests Included	CPT	2020 Medicare Reimbursement	
Immunofixation Monoclonal Protein Detection, Serum	Immunofixation Electrophoresis Immunoglobulin A Immunoglobulin G Immunoglobulin M Protein, Total Protein Electrophoresis	86334 82784 82784 82784 84155 84165	\$ 22.34 \$ 9.30 \$ 9.30 \$ 9.30 \$ 3.67 \$ 10.74	
Immunofixation with Free Light Chains, Quant, Urine	Immunofixation, urine Kappa light chains Lambda light chains Total Albumin	86335 83520 83520 84156	\$ 29.35 \$ 17.27 \$ 17.27 \$ 3.67	
Influenza, Rapid A & B	Influenza A Influenza B	87804 87804	\$ 16.55 \$ 16.55	
Iron & Iron Binding Capacity	Iron Iron Binding Capacity	83540 83550	\$ 6.47 \$ 8.74	
Iron, Iron Binding Capacity & Ferritin	Iron Ferritin Iron Binding Capacity	83540 82728 83550	\$ 6.47 \$ 13.63 \$ 8.74	
LD Isoenzymes	LD Total LD Isoenzymes	83615 83625	\$ 6.04 \$ 12.79	
Measles/Mumps/Rubella	Rubeola IgG Mump IgG Rubella IgG	86765 86735 86762	\$ 12.88 \$ 13.05 \$ 14.39	
Meningitus/Encephalitis Panel by PCR	Escherichia coli K1 Haemophilus influenzae Listeria monocytogenes Neisseria meningitidis Streptococcus pneumoniae Human parechovirus Varicella zoster virus Cryptococcus neoformans/gattii Streptococcus agalactiae CMV Enterovirus Human Herpes Virus 6 HSV - 1 HSV - 2	87483	\$ 416.78	

This list is not inclusive; it includes a majority of panels that we perform or refer out.

Non-AMA Panels

Attachment C

Panel	Tests Included	CPT	2020 Medicare Reimbursement	
Microalbumin/Creatinine Ratio	Microalbumin, Urine Creatinine, Urine	82043 82570	\$ 5.78 \$ 5.18	
Myasthenia Gravis (MG) Evaluation, Adult	ACh Receptor Binding Ab Ach Receptor Modulating Ab Striated Muscle Ab Reflexed tests when indicated: Neuronal VGKC autoantibody CRMP-5-IgG Western Blot GAD65 Ab AChR Ganglionic Neuronal Ab	83519 83519 83520 83519 84182 86341 83519	\$ 18.40 \$ 18.40 \$ 17.27 \$ 18.40 \$ 29.21 \$ 23.57 \$ 18.40	
Myasthenia Gravis (MG) Evaluation, Pediatric	ACh Receptor Binding Ab Ach Receptor Modulating Ab	83519 83519	\$ 18.40 \$ 18.40	
Neonatal Panel 12 (NN12) (available on neonates only)	Calcium Glucose Creatinine Urea Nitrogen (BUN) Bilirubin, Total Sodium Potassium Chloride Protein, Total Phosphorus Alkaline Phosphatase AST (SGOT)	82310 82947 82565 84520 82247 84295 84132 82435 84155 84100 84075 84450	\$ 5.16 \$ 3.93 \$ 5.12 \$ 3.95 \$ 5.02 \$ 4.81 \$ 4.76 \$ 4.60 \$ 3.67 \$ 4.74 \$ 5.18 \$ 5.18	
Neonatal Panel 8 (NN8) (available on neonates only)	Calcium Glucose Creatinine Urea Nitrogen (BUN) Bilirubin, Total Sodium Potassium Chloride	82310 82947 82565 84520 82247 84295 84132 82435	\$ 5.16 \$ 3.93 \$ 5.12 \$ 3.95 \$ 5.02 \$ 4.81 \$ 4.76 \$ 4.60	
Neonatal Panel 9 (NN9) (available on neonates only)	Bilirubin, Total Creatinine, Electrolytes, Glucose)	82247 80048	\$ 5.02 \$ 8.46	
Parvovirus, IgG/IgM	Parvovirus IgG Parvovirus IgM	86747 86747	\$ 15.03 \$ 15.03	
Phenytoin Free & Total	Phenytoin, Total Phenytoin, Free	80185 80186	\$ 13.25 \$ 13.76	

This list is not inclusive; it includes a majority of panels that we perform or refer out.

Non-AMA Panels

Attachment C

Panel	Tests Included	CPT	2020 Medicare Reimbursement	
Poliovirus	Poliovirus Type 1 Poliovirus Type 3	86658 86658	\$ 13.03 \$ 13.03	
Protein C & S Panel, Functional	Protein C, functional Protein S, functional	85303 85306	\$ 13.84 \$ 15.32	
Protein C & S Panel, Total	Protein C, Total Protein S, Total	85302 85305	\$ 12.01 \$ 11.61	
Respiratory Virus Panel, PCR	Bordetella Pertussis Bordetella Parapertussis Chlamydophila Pneumoniae Mycoplasma Pneumoniae Resp Virus 6-11 targets	87798 87798 87486 87581 87632	\$ 35.09 \$ 35.09 \$ 35.09 \$ 35.09 \$ 218.06	
Rocky Mountain Spotted Fever, IgG/IgM	Rocky Mt Spotted Fever IgG Rocky Mt Spotted Fever IgM	86757 86757	\$ 19.35 \$ 19.35	
Rubeola Antibodies, IgG/IgM	Rubeola Ab IgG Rubeola Ab IgM	86765 86765	\$ 12.88 \$ 12.88	
Saccharomyces Cerevisiae Antibodies, IgA/IgG	S. Cerevisiae IgA S. Cerevisiae IgG	86671 86671	\$ 12.25 \$ 12.25	
Testosterone, Total & Free	Testosterone Total Testosterone Free SHBG	84403 84270	\$ 25.81 \$ 21.73	
Thyroid Antibodies	Thyroid Peroxidase (TPO) Antibody Thyroglobulin Antibody	86376 86800	\$ 14.55 \$ 15.91	
Tick Borne Disease Panel by PCR	Babesia species Babesia microti Anaplasma phagocytophilum Ehrlichia chaffeensis Ehrlichia ewingii/canis Ehrlichia muris-like	87798 87798	\$ 35.09 \$ 35.09	
Torch Panel, IgM	Cytomegalovirus, IgM Herpes Simplex I & II, IgM Rubella, IgM Toxoplasma, IgM	86645 86694 86762 86778	\$ 16.85 \$ 14.39 \$ 14.39 \$ 14.41	
Toxoplasma Ab, IgG/IgM	Toxoplasma IgG Toxoplasma IgM	86777 86778	\$ 14.39 \$ 14.41	

This list is not inclusive; it includes a majority of panels that we perform or refer out.

Non-AMA Panels

Attachment C

Panel	Tests Included	CPT	2020 Medicare Reimbursement	
Urine Protein/Creatinine Ratio	Creatinine Urine Protein, Urine	82570 84156	\$ 5.18 \$ 3.67	
Vaginal Pathogens	Candida Gardnerella Trichomonas	87480 87510 87660	\$ 20.05 \$ 20.05 \$ 20.05	
Varicella Zoster Ab, IgG/IgM	Varicella Zoster IgG Varicella Zoster IgM	86787 86787	\$ 12.88 \$ 12.88	

This list is not inclusive; it includes a majority of panels that we perform or refer out.

Medicare National Limitation Amount

Attachment D

CPT	2020 Medicare Reimbursement	DESCRIPTION	CPT	2020 Medicare Reimbursement	DESCRIPTION
80048	\$ 8.46	Basic Metabolic Panel	81005	\$ 2.17	Myoglobin, Urine
80051	\$ 7.01	Electrolyte Panel	81015	\$ 3.05	Urine Microscopic
80053	\$ 10.56	Comprehensive Metabolic Panel	81025	\$ 8.61	Pregnancy, Urine
80055	\$ 47.81	Obstetric Panel	81050	\$ 3.64	Volume Measure
80061	\$ 13.39	Lipid Panel	81225	\$ 291.36	Cyp2c19 gene com variants
80069	\$ 8.68	Renal Function Panel	81226	\$ 450.91	Cyp2d6 gene com variants
80074	\$ 47.63	Acute Hepatitis Panel	81227	\$ 174.81	Cyp2c9 gene com variants
80076	\$ 8.17	Liver Panel	81596	\$ 72.19	Chronic Hepatitis C
80081	\$ 74.86	Obstetric Panel includes HIV testing	82010	\$ 8.17	Beta-Hydroxybutyrate
80150	\$ 15.08	Amikacin	82017	\$ 16.87	Acylcarnitine Quantitative Profile
80155	\$ 38.57	Caffeine	82024	\$ 38.62	ACTH
80156	\$ 14.57	Carbamazepine	82040	\$ 4.95	Albumin, Serum
80157	\$ 13.25	Carbamazepine, Free	82042	\$ 7.78	Albumin, Other Source
80158	\$ 18.05	Cyclosporine	82043	\$ 5.78	Microalbumin
80159	\$ 20.15	Clozapine	82085	\$ 9.71	Aldolase
80162	\$ 13.28	Digoxin	82088	\$ 40.75	Aldosterone
80164	\$ 13.54	Valproic Acid	82103	\$ 13.44	Alpha-1-Antitrypsin
80165	\$ 13.54	Valproic Acid Free	82104	\$ 14.46	Alpha-1-Antitrypsin Phenotype
80168	\$ 16.34	Zarontin/Ethosuximide	82105	\$ 16.77	Alpha-fetoprotein
80169	\$ 13.73	Everolimus	82108	\$ 25.48	Aluminum
80170	\$ 16.38	Gentamicin	82131	\$ 22.98	Cystine
80171	\$ 21.67	Gabapentin/Neurontin	82131	\$ 22.98	Phenylalanine
80173	\$ 15.78	Haloperidol	82135	\$ 16.45	Aminolevulinic Acid (ALA), Urine
80175	\$ 13.25	Lamotrigine	82139	\$ 16.87	Amino Acid, Quantitative
80177	\$ 13.25	Levetiracetam/Kepra	82140	\$ 14.57	Ammonia
80178	\$ 6.61	Lithium	82150	\$ 6.48	Amylase
80180	\$ 18.05	Mycophenolate (mycophenolic acid)	82157	\$ 29.28	Androstanedione
80183	\$ 13.25	Oxcarbazepine	82164	\$ 14.60	ACE
80184	\$ 15.30	Phenobarbital	82172	\$ 21.09	Apolipoprotein
80185	\$ 13.25	Phenytoin/Dilantin	82175	\$ 18.97	Arsenic
80186	\$ 13.76	Phenytoin Free	82180	\$ 9.89	Vitamin C
80188	\$ 16.59	Primidone	82232	\$ 16.18	Beta-2-Microglobulin
80195	\$ 13.73	Sirolimus	82239	\$ 17.12	Bile Acids Total
80197	\$ 13.73	Tacrolimus (FK506)	82247	\$ 5.02	Bilirubin, Total
80198	\$ 14.14	Theophylline	82248	\$ 5.02	Bilirubin, Direct
80200	\$ 16.13	Tobramycin	82261	\$ 16.87	Biotinidase
80201	\$ 11.92	Topiramate	82270	\$ 4.38	Blood, Occult, qualitative;consecutive specimens
80202	\$ 13.54	Vancomycin	82271	\$ 5.32	Blood, Occult, other sources
80203	\$ 13.25	Zonisamide	82272	\$ 4.23	Blood, Occult, diagnostic, qual, 1-3 specimens
80235	\$ 27.11	Lacosamide	82274	\$ 15.92	Assay test for blood fecal
80299	\$ 18.64	Amiodarone	82300	\$ 23.64	Cadmium
80299	\$ 18.64	Benztropine	82306	\$ 29.60	Vitamin D 25
80299	\$ 18.64	Clomipramine	82308	\$ 26.79	Calcitonin
80299	\$ 18.64	Dexamethasone	82310	\$ 5.16	Calcium
80299	\$ 18.64	Disopyramide	82330	\$ 13.68	Calcium, Ionized
80299	\$ 18.64	Felbamate	82340	\$ 6.03	Calcium, Urine
80299	\$ 18.64	Flecainide	82365	\$ 12.90	Calculi Analysis
80299	\$ 18.64	Fluoxetine	82374	\$ 4.88	Carbon Dioxide (CO2)
80299	\$ 18.64	Ibuprofen	82375	\$ 12.32	Carboxyhemoglobin
80299	\$ 18.64	Itraconazole	82378	\$ 18.96	CEA
80299	\$ 18.64	Methotrexate	82379	\$ 16.87	Carnitine, Total & Free
80299	\$ 18.64	Ritalin	82380	\$ 9.22	Carotene
80299	\$ 18.64	Seroquel	82384	\$ 25.25	Catecholamines, Plasma
80299	\$ 18.64	Thiothixene	82384	\$ 25.25	Catecholamines, Urine
80299	\$ 18.64	Trazodone	82390	\$ 10.74	Ceruloplasmin
80307	\$ 62.14	Acetaminophen	82397	\$ 14.12	IGF Binding Protein 3
80307	\$ 62.14	Alcohol	82435	\$ 4.60	Chloride
80307	\$ 62.14	Salicylate	82436	\$ 5.75	Chloride, urine
80400	\$ 32.62	ACTH stimulation panel (cortisol x2)	82438	\$ 5.00	Chloride, other source
81001	\$ 3.17	Urinalysis Screen & Microscopic	82465	\$ 4.35	Cholesterol
81003	\$ 2.25	Ketones	82480	\$ 7.87	Pseudocholinesterase, Total
81003	\$ 2.25	pH Urine	82480	\$ 7.87	Cholinesterase, plasma
81003	\$ 2.25	Specific Gravity, Urine	82482	\$ 9.81	Cholinesterase, RBC
81003	\$ 2.25	Urinalysis Screen	82495	\$ 20.28	Chromium

Medicare National Limitation Amount

Attachment D

CPT	2020 Medicare Reimbursement	DESCRIPTION	CPT	2020 Medicare Reimbursement	DESCRIPTION
82507	\$ 27.80	Citric Acid	83497	\$ 12.90	5-HIAA
82523	\$ 18.68	C-telopeptide	83498	\$ 27.17	17-OH-Progesterone
82523	\$ 18.68	N-telopeptide	83505	\$ 24.30	Hydroxyproline Total
82525	\$ 12.41	Copper	83516	\$ 11.53	Acetylcholine Blocking
82530	\$ 16.71	Cortisol, Urine	83516	\$ 11.53	Anti-GBM
82533	\$ 16.30	Cortisol	83516	\$ 11.53	Aquaporin-4 Receptor Ab
82542	\$ 24.09	PTH-related peptide	83516	\$ 11.53	F-actin Smooth Muscle Ab
82550	\$ 6.51	CK	83516	\$ 11.53	Gliadin Ab IgA
82552	\$ 13.39	CK Isoenzymes	83516	\$ 11.53	Gliadin Ab IgG
82553	\$ 11.55	CKMB	83516	\$ 11.53	Glutamic Acid Decarboxylase Antibody
82565	\$ 5.12	Creatinine	83516	\$ 11.53	Liver Cytosolic Ag Type 1
82570	\$ 5.18	Creatinine, other source	83516	\$ 11.53	Mitochondrial Ab
82575	\$ 9.46	Creatinine Clearance	83516	\$ 11.53	Myeloperoxidase Antibody
82585	\$ 14.14	Cryofibrinogen	83516	\$ 11.53	Parietal Cell Antibody, IgG
82595	\$ 6.47	Cryoglobulin	83516	\$ 11.53	Serine Protease 3 Antibody
82607	\$ 15.08	Vitamin B12	83516	\$ 11.53	Soluble Liver Ag Ab IgG
82608	\$ 14.32	Vitamin B12 Binding Capacity	83516	\$ 11.53	Tissue Transglutaminase Ab IgA
82610	\$ 18.52	Cystatin C	83516	\$ 11.53	Tissue Transglutaminase Ab IgG
82626	\$ 25.27	DHEA	83519	\$ 18.40	21-Hydroxylase Antibody
82627	\$ 22.23	DHEA Sulfate	83519	\$ 18.40	Acetylcholine Binding
82638	\$ 12.25	Dibucaine number	83519	\$ 18.40	AChR Ganglionic Neuronal Ab
82652	\$ 38.50	Vitamin D 1,25	83519	\$ 18.40	Neuronal V-G K Channel Ab
82656	\$ 11.53	Pancreatic Elastase Fecal	83520	\$ 17.27	Alpha Subunit Pituitary Glycoprotein Hormone
82668	\$ 18.79	Erythropoietin	83520	\$ 17.27	Anti-Mullerian Hormone
82670	\$ 27.94	Estradiol	83520	\$ 17.27	Interleukin 6
82671	\$ 32.30	Estrogen	83520	\$ 17.27	Striated Muscle Ab
82677	\$ 24.18	Estriol	83520	\$ 17.27	Tryptase
82679	\$ 24.95	Estrone	83520	\$ 17.27	TSH Receptor Ab
82693	\$ 14.90	Ethylene Glycol	83520	\$ 17.27	Tumor Necrosis Factor
82705	\$ 5.10	Fat or lipids, feces, qualitative	83525	\$ 11.43	Insulin
82710	\$ 16.80	Fat or lipids, feces, quantitative	83540	\$ 6.47	Iron
82728	\$ 13.63	Ferritin	83550	\$ 8.74	TIBC
82731	\$ 64.41	Fetal Fibronectin	83586	\$ 12.80	17-Ketosteroids
82746	\$ 14.70	Folate	83605	\$ 11.57	Lactic Acid
82747	\$ 17.65	RBC Folate	83615	\$ 6.04	LD
82784	\$ 9.30	IgA	83625	\$ 12.79	LD Isoenzymes
82784	\$ 9.30	IgG	83630	\$ 19.70	Lactoferrin, Fecal, qual
82784	\$ 9.30	IgM	83655	\$ 12.11	Lead
82785	\$ 16.46	IgE	83690	\$ 6.89	Lipase
82787	\$ 8.02	Immunoglobulin subclasses, each	83695	\$ 14.32	Lipoprotein (a)
82941	\$ 17.63	Gastrin	83700	\$ 11.26	Lipoprotein ELP
82943	\$ 14.29	Glucagon	83718	\$ 8.19	HDL Cholesterol
82945	\$ 3.93	Glucose, CSF	83721	\$ 10.50	LDL Direct
82945	\$ 3.93	Glucose, Other Source	83735	\$ 6.70	Magnesium
82947	\$ 3.93	Glucose	83735	\$ 6.70	Magnesium RBC
82950	\$ 4.75	Glucose, post glucose dose	83785	\$ 26.65	Manganese
82951	\$ 12.87	Glucose, Tolerance, three specimens	83789	\$ 24.11	Carnitine, Free
82952	\$ 3.92	Glucose, Tolerance, each additional	83789	\$ 24.11	TPMT, RBC
82955	\$ 9.70	Glucose-6-phosphate Dehydrogenase (G6PD)	83825	\$ 16.26	Mercury
82977	\$ 7.20	GGT	83835	\$ 16.94	Metanephrides
82985	\$ 16.76	Fructosamine	83873	\$ 17.20	Myelin Basic Protein
83001	\$ 18.58	FSH	83874	\$ 12.92	Myoglobin
83002	\$ 18.52	LH	83880	\$ 39.26	B-Natriuretic Peptide
83003	\$ 16.67	Growth Hormone	83883	\$ 13.60	Nephelometry, each analyte (free light chains)
83010	\$ 12.58	Haptoglobin	83883	\$ 13.60	Retinol Binding Protein
83018	\$ 21.96	Cobalt	83915	\$ 11.15	5'Nucleotidase
83018	\$ 21.96	Iodine	83916	\$ 27.39	Oligoclonal Bands
83021	\$ 18.06	Hemoglobin Fractionation	83918	\$ 23.60	Organic Acid, Quantitative
83036	\$ 9.71	Hemoglokin A1C	83919	\$ 16.45	Organic Acid, Qualitative
83050	\$ 8.20	Methemoglobin	83921	\$ 21.21	Methylmalonic Acid
83051	\$ 7.31	Plasma Hemoglobin	83930	\$ 6.61	Osmolality, Serum
83070	\$ 4.75	Hemosiderin	83935	\$ 6.82	Osmolality, Urine
83090	\$ 17.92	Homocystine	83937	\$ 29.85	Osteocalcin
83150	\$ 22.41	HVA	83945	\$ 14.45	Oxalate, Urine
83491	\$ 17.90	17-OH-Corticosteroids	83970	\$ 41.28	Parathyroid Hormone, intact

Medicare National Limitation Amount

Attachment D

CPT	2020 Medicare Reimbursement	DESCRIPTION	CPT	2020 Medicare Reimbursement	DESCRIPTION
83986	\$ 3.58	pH	84550	\$ 4.52	Uric Acid
83993	\$ 19.63	Calprotectin, Fecal	84560	\$ 5.08	Uric Acid, other source
84066	\$ 9.66	Prostatic Acid Phosphatase	84585	\$ 15.50	VMA
84075	\$ 5.18	Alkaline Phosphatase	84586	\$ 35.33	Vasoactive Intestinal Peptide (VIP)
84080	\$ 14.78	Alkaline Phosphatase Isoenzyme	84588	\$ 33.94	Vasopressin (ADH)
84100	\$ 4.74	Phosphorus	84590	\$ 11.61	Vitamin A
84105	\$ 5.78	Phosphorus, urine	84591	\$ 17.06	Niacin (Vitamin B3)
84110	\$ 8.44	Porphobilinogen, Urine	84597	\$ 13.72	Vitamin K
84120	\$ 14.71	Porphyrins, Urine, Quantitative	84600	\$ 17.11	Methanol
84132	\$ 4.76	Potassium	84620	\$ 12.91	Xylose
84133	\$ 4.73	Potassium, urine	84630	\$ 11.39	Zinc
84134	\$ 14.59	Prealbumin	84681	\$ 20.81	C-Peptide
84140	\$ 20.67	Pregnenolone	84702	\$ 15.05	HCG, quantitative
84144	\$ 20.86	Progesterone	84703	\$ 7.52	HCG, qualitative
84145	\$ 27.22	Procalcitonin	84704	\$ 15.29	HCG, tumor marker
84146	\$ 19.38	Prolactin	85004	\$ 6.47	Differential WBC Count, automated
84153	\$ 18.39	Prostate Specific Antigen (PSA)	85007	\$ 3.80	Differential WBC Count, manual
84154	\$ 18.39	Prostate Specific Antigen (PSA), free	85009	\$ 5.07	Buffy Coat
84155	\$ 3.67	Protein, Total, Serum	85013	\$ 7.00	Spun Hematocrit
84156	\$ 3.67	Protein, Total, Urine	85014	\$ 2.37	Hematocrit
84157	\$ 4.00	Protein, Total, Other Source	85018	\$ 2.37	Hemoglobin
84160	\$ 5.61	Protein, Total, by Refractometry, Any Source	85025	\$ 7.77	CBC with Automated Differential
84165	\$ 10.74	Protein Electrophoresis	85027	\$ 6.47	Automated Cell Count (Hgb,Hct,RBC,WBC and platelet)
84182	\$ 29.21	CRMP-5-IgG	85044	\$ 4.31	Reticulocytes, manual
84202	\$ 14.35	Erythrocyte Porphyrins	85046	\$ 5.57	Reticulocytes, automated
84202	\$ 14.35	Zinc Protoporphyrin	85048	\$ 2.54	WBC
84206	\$ 26.69	Proinsulin	85049	\$ 4.48	Platelet count, automated
84207	\$ 28.10	Vitamin B6	85210	\$ 12.98	Factor II, Activity
84210	\$ 14.48	Pyruvic Acid	85220	\$ 17.65	Factor V
84238	\$ 36.57	Soluble Transferrin Receptor	85240	\$ 17.90	Factor VII
84244	\$ 21.99	Renin	85245	\$ 22.94	VW factor, ristocetin cofactor
84252	\$ 20.24	Riboflavin (Vitamin B2)	85246	\$ 22.94	VW factor antigen
84255	\$ 25.53	Selenium	85250	\$ 19.04	Factor IX
84260	\$ 30.98	Serotonin	85260	\$ 17.90	Factor X
84270	\$ 21.73	Sex Hormone Binding Globulin (SHBG)	85270	\$ 17.90	Factor XI
84295	\$ 4.81	Sodium	85280	\$ 19.35	Factor XII
84300	\$ 5.06	Sodium, urine	85300	\$ 11.85	Anti-Thrombin III Enzymatic
84302	\$ 4.86	Sodium, other source	85301	\$ 10.81	Anti-Thrombin III Antigen
84305	\$ 21.26	Insulin Growth Factor 1	85302	\$ 12.01	Protein C Total
84311	\$ 8.10	Adenosine Deaminase Fluid	85303	\$ 13.84	Protein C Functional
84311	\$ 8.10	Cholesterol, Body Fluid	85305	\$ 11.61	Protein S Total
84311	\$ 8.10	Porphyrins, Total	85306	\$ 15.32	Protein S Functional
84315	\$ 3.28	Specific Gravity, Body Fluid	85307	\$ 15.32	APC Resistance
84402	\$ 25.47	Testosterone, Free	85362	\$ 6.89	Fibrin Degradation Products, Semiquantitative
84403	\$ 25.81	Testosterone, Total	85379	\$ 10.18	D-Dimer
84425	\$ 21.23	Thiamine (Vitamin B1)	85384	\$ 9.72	Fibrinogen
84432	\$ 16.06	Thyroglobulin	85397	\$ 30.86	ADAMTS13 Activity
84436	\$ 6.87	T4	85460	\$ 7.73	Fetal Hgb; Kleihauer Betke
84439	\$ 9.02	T4 Free	85461	\$ 9.36	Fetal Screen
84442	\$ 14.78	Thyroxin Binding Globulin	85520	\$ 13.09	Heparin Assay
84443	\$ 16.80	TSH	85549	\$ 18.75	Lysozyme
84445	\$ 50.86	TSI	85576	\$ 24.91	Platelet, aggregation, each agent
84446	\$ 14.18	Vitamin E	85610	\$ 4.29	Prothrombin Time
84450	\$ 5.18	AST	85611	\$ 3.94	Prothrombin Time; substitution
84460	\$ 5.30	ALT	85613	\$ 9.58	Lupus Anticoagulant
84466	\$ 12.76	Transferrin	85652	\$ 2.70	Sed Rate, Automated
84478	\$ 5.74	Triglyceride	85660	\$ 5.51	RBC Solubility
84479	\$ 6.47	T3 Uptake	85670	\$ 5.77	Thrombin Time
84480	\$ 14.18	T3 Total	85730	\$ 6.01	Thromboplastin inhibition, partial (PTT)
84481	\$ 16.94	T3 Free	85732	\$ 6.47	Thromboplastin inhibition, partial (PTT), substitution
84482	\$ 15.76	Reverse T3	85810	\$ 11.67	Viscosity
84484	\$ 12.47	Troponin	86001	\$ 7.82	Allergen specific IgG, each allergen
84510	\$ 10.63	Tyrosine	86003	\$ 5.22	Allergen specific IgE, each allergen
84520	\$ 3.95	BUN	86005	\$ 7.97	Allergen specific IgE, jultiallergen screen
84540	\$ 5.56	Urea, urine	86008	\$ 17.93	Allergen specific IgE recombinant

Medicare National Limitation Amount

Attachment D

CPT	2020 Medicare Reimbursement	DESCRIPTION	CPT	2020 Medicare Reimbursement	DESCRIPTION
86022	\$ 18.37	Antibody identification; platelet antibodies	86356	\$ 26.78	Mononuclear cell antigen, quant
86022	\$ 18.37	Heparin Associated Ab Detection	86357	\$ 37.73	Natural killer (NK) cells, Total Count
86022	\$ 18.37	Serotonin Release Assay, Unfract Heparin	86359	\$ 37.73	T Cells, Total Count
86023	\$ 12.46	Platelet Antibody	86360	\$ 46.98	T Cells, Absolute CD4 and CD8 Count
86038	\$ 12.09	ANA	86361	\$ 26.78	T Cells, Absolute CD4 Count
86039	\$ 11.16	ANA Titer	86376	\$ 14.55	Liver Kidney Microsome-1 Ab IgG
86060	\$ 7.30	ASO	86376	\$ 14.55	Thyroid Peroxidase Ab
86140	\$ 5.18	C-Reactive Protein	86431	\$ 5.67	Rheumatoid Factor
86141	\$ 12.95	CRP, High Sensitivity	86480	\$ 61.98	Quantiferon Gold
86146	\$ 25.45	Beta-2-Glycoprotein IgG or IgM	86481	\$ 100.00	Quantiferon Gold
86147	\$ 25.45	Cardiolipin IgG	86592	\$ 4.27	RPR
86147	\$ 25.45	Cardiolipin IgM	86592	\$ 4.27	VDRL, CSF
86157	\$ 8.06	Cold Agglutinins	86593	\$ 4.40	RPR Titer
86160	\$ 12.00	C1 Esterase Inhibitor	86606	\$ 15.05	Aspergillus
86160	\$ 12.00	Complement C3	86611	\$ 10.18	Bartonella henselae IgG
86160	\$ 12.00	Complement C4	86611	\$ 10.18	Bartonella henselae IgM
86161	\$ 12.00	C1 Esterase Functional	86612	\$ 12.90	Blastomyces
86162	\$ 20.32	Complement (CH50)	86615	\$ 13.19	Bordetella
86200	\$ 12.95	Cyclic Citrullinated Peptide Ab, IgG	86618	\$ 17.03	Lyme Antibody
86215	\$ 13.25	Deoxyribonuclease, Antibody	86622	\$ 8.93	Brucella Ab
86225	\$ 13.74	ds DNA	86628	\$ 12.01	Candida Ab
86235	\$ 17.93	Anti-RNP	86631	\$ 11.82	Chlamydia IgG
86235	\$ 17.93	Anti-Smith	86632	\$ 12.68	Chlamydia IgM
86235	\$ 17.93	Anti-SSA	86635	\$ 11.47	Coccidioides
86235	\$ 17.93	Anti-SSB	86638	\$ 12.12	Q Fever
86235	\$ 17.93	Centromere Ab	86644	\$ 14.39	CMV IgG
86235	\$ 17.93	Histone Ab	86645	\$ 16.85	CMV IgM
86235	\$ 17.93	Jo-1 Ab, IgG	86651	\$ 13.19	Encephalitis, California
86235	\$ 17.93	Scleroderma (SCL-70)	86652	\$ 13.19	Encephalitis, Eastern Equine
86255	\$ 12.05	Anti-Striated Muscle Screen	86653	\$ 13.19	Encephalitis, St. Louis
86255	\$ 12.05	Endomysial Antibodies	86654	\$ 13.19	Encephalitis, Western Equine
86255	\$ 12.05	Neutrophil Cytoplasmic Ab	86658	\$ 13.03	Enterovirus (eg. Coxsackie, echo, polio)
86255	\$ 12.05	Purkinje Cell Ab	86663	\$ 13.12	EB EA-D Ag
86255	\$ 12.05	Reticulin IgA	86664	\$ 15.29	EB Nuclear Ag
86256	\$ 12.05	Anti-Striated Muscle Titer	86665	\$ 18.14	EB CAP IgM
86256	\$ 12.05	dsDNA Titer	86665	\$ 18.14	EB-CAP IgG
86256	\$ 12.05	Endomysial Ab Titer	86666	\$ 10.18	Ehrlichia
86256	\$ 12.05	Purkinje Cell Ab Titer	86668	\$ 14.16	Francisella Tularensis
86256	\$ 12.05	Reticulin IgA Titer	86671	\$ 12.25	S Cerevisiae Ab IgA
86256	\$ 12.05	Smooth Muscle IgG Titer	86671	\$ 12.25	S Cerevisiae Ab IgG
86300	\$ 20.81	Cancer antigen CA Breast (15-3)	86674	\$ 14.72	Giardia lamblia
86300	\$ 20.81	Cancer antigen 27.29	86682	\$ 13.01	Toxocara Antibody IgG
86301	\$ 20.81	Cancer antigen 19-9	86692	\$ 17.16	Hepatitis Delta
86304	\$ 20.81	Cancer antigen 125	86694	\$ 14.39	Herpes Simplex, Non-specific Type Test
86305	\$ 20.81	Human Epididymis Protein 4 (HE4)	86695	\$ 13.19	Herpes Simplex, Type 1
86308	\$ 5.18	Monotest	86696	\$ 19.35	Herpes Simplex, Type 2
86316	\$ 20.81	Chromogranin A	86698	\$ 13.79	Histoplasma, Mycel
86316	\$ 20.81	NMP22, Urine	86698	\$ 13.79	Histoplasma, Yeast
86317	\$ 14.99	Diphtheria Ab IgG	86701	\$ 8.89	HIV-1
86317	\$ 14.99	Haemophilus Influenzae B Ag, IgG	86702	\$ 13.52	HIV-2
86317	\$ 14.99	Hepatitis Bs Antibody	86703	\$ 13.71	HIV-1/HIV-2 Antibody, 1 Result
86317	\$ 14.99	Streptococcus Pneumoniae Ab IgG	86704	\$ 12.05	HBC IgG/IgM
86317	\$ 14.99	Tetanus Ab IgG	86705	\$ 11.77	HBC IgM
86331	\$ 11.98	Immunodiffusion, each ag or ab	86706	\$ 10.74	HBS Ab
86332	\$ 24.37	C1Q Immune Complex	86707	\$ 11.57	HBE Ab
86332	\$ 24.37	Raji	86708	\$ 12.39	Hep A Total
86334	\$ 22.34	Immunofixation, electrophoresis	86709	\$ 11.26	Hep A Ab IgM
86335	\$ 29.35	Beta-2-Transferrin	86710	\$ 13.55	Influenza A IgG
86336	\$ 15.59	Inhibin A	86710	\$ 13.55	Influenza A IgM
86337	\$ 21.41	Insulin Antibody	86710	\$ 13.55	Influenza B IgG
86340	\$ 15.08	Intrinsic Factor Blocking	86710	\$ 13.55	Influenza B IgM
86341	\$ 23.57	Glutamic Acid Decarboxylase	86711	\$ 16.89	Stratify JC Ab
86341	\$ 23.57	IA-2 Ab	86713	\$ 15.30	Legionella
86341	\$ 23.57	Islet Cell Ab	86735	\$ 13.05	Mump Antibody IgG
86355	\$ 37.73	B Cells, Total Count	86735	\$ 13.05	Mump Antibody IgM

Medicare National Limitation Amount

Attachment D

CPT	2020 Medicare Reimbursement	DESCRIPTION	CPT	2020 Medicare Reimbursement	DESCRIPTION
86738	\$ 13.24	Mycoplasma IgG	87149	\$ 20.05	Blasto ID by DNA Probe
86738	\$ 13.24	Mycoplasma IgM	87149	\$ 20.05	Coccidio ID by DNA Probe
86747	\$ 15.03	Parvovirus B19 IgG	87149	\$ 20.05	Histo ID by DNA Probe
86747	\$ 15.03	Parvovirus B19 IgM	87150	\$ 35.09	Culture typing by nucleic acid probe, amplified
86757	\$ 19.35	Rocky Mt Spotted Fever IgG	87152	\$ 7.74	Pulse Field Gel Electrophoresis
86757	\$ 19.35	Rocky Mt Spotted Fever IgM	87169	\$ 4.31	Ectoparasites
86762	\$ 14.39	Rubella IgG	87172	\$ 4.27	Pinworm Identification
86762	\$ 14.39	Rubella IgM	87176	\$ 5.88	Homogenization, tissue, for culture
86765	\$ 12.88	Rubeola IgG	87181	\$ 4.75	Susceptibility, agar dilution method
86765	\$ 12.88	Rubeola IgM	87184	\$ 7.48	Susceptibility, disk method (KB)
86777	\$ 14.39	Toxoplasma IgG	87186	\$ 8.65	Susceptibility, MIC
86778	\$ 14.41	Toxoplasma IgM	87205	\$ 4.27	Gram Stain
86780	\$ 13.24	FTA-ABS	87207	\$ 5.99	Malaria Smears
86780	\$ 13.24	TPPA	87209	\$ 17.98	Trichrome Stain
86784	\$ 12.56	Trichinella Ab	87210	\$ 5.82	Wet Prep
86787	\$ 12.88	Varicella Zoster	87220	\$ 4.27	KOH
86788	\$ 16.85	West Nile virus, IgM	87220	\$ 4.27	Ectoparasites, Scabies, Micro Exam Arthropod
86789	\$ 14.39	West Nile virus	87252	\$ 26.07	Culture, Viral
86790	\$ 12.88	Hantavirus	87253	\$ 20.20	Culture, Viral, Additional Studies/ID
86790	\$ 12.88	HTLV I-II	87254	\$ 19.56	Culture, CMV
86800	\$ 15.91	Thyroglobulin Ab	87273	\$ 11.98	Herpes simplex virus type 2
86803	\$ 14.27	Hepatitis C	87274	\$ 11.98	Herpes simplex virus type 1
86812	\$ 25.81	HLA-B27	87290	\$ 13.42	Varicella zoster virus
86880	\$ 5.39	Coombs Test, Direct	87305	\$ 11.98	Aspergillus Galactomannan Antigen
86886	\$ 5.18	Antibody Titer	87324	\$ 11.98	C Difficile by Immunoassay
86900	\$ 2.99	Blood Typing, ABO	87328	\$ 13.82	Cryptosporidium
86901	\$ 2.99	Blood Typing, Rh (D)	87329	\$ 11.98	Giardia Antigen
86905	\$ 3.83	Blood Typing, RBC antigens other than ABO or Rh	87338	\$ 14.38	H Pylori Ag, Feces
87015	\$ 6.68	Concentration/Broth enrichment	87340	\$ 10.33	Hepatitis B Surface Ag
87040	\$ 10.32	Culture, Blood	87341	\$ 10.33	Hepatitis B Surface Ag, Confirmation
87045	\$ 9.44	Culture, Feces	87350	\$ 11.53	HBe Antigen
87046	\$ 9.44	Culture, Campylobacter	87385	\$ 13.25	Histoplasma Antigen, Urine
87046	\$ 9.44	Culture, Feces, Additional Pathogens, each	87389	\$ 24.08	HIV-1 Ag with HIV-1 and HIV-2 antibodies
87070	\$ 8.62	Culture, Aerobic	87425	\$ 11.98	Rotavirus Antigen
87070	\$ 8.62	Culture, CSF	87449	\$ 11.98	(1,3)-Beta-D-Glucan (Fungitell)
87070	\$ 8.62	Culture, Cystic Fibrosis	87476	\$ 35.09	Lyme Disease, Amplified Probe Technique
87070	\$ 8.62	Culture, Eye/Ear	87480	\$ 20.05	Candida Species, Direct Probe Technique
87070	\$ 8.62	Culture, Genital	87483	\$ 416.78	Meningitis/Encephalitis Panel by PCR
87070	\$ 8.62	Culture, Miscellaneous	87486	\$ 35.09	Chlamydophila Pneumoniae
87070	\$ 8.62	Culture, Peritoneal Dialysate	87491	\$ 35.09	Chlamydia Trachomatis Amplified Probe Technique
87070	\$ 8.62	Culture, Respiratory	87493	\$ 37.27	C Difficile by PCR
87070	\$ 8.62	Culture, Throat	87496	\$ 35.09	CMV by PCR
87071	\$ 9.89	Culture, Quantitative, Aerobic	87497	\$ 42.84	CMV DNA, Quant by PCR
87073	\$ 9.66	Culture, Quantitative, Anaerobic	87498	\$ 35.09	Enterovirus by PCR
87075	\$ 9.47	Culture, Anaerobic	87500	\$ 35.09	VRE (vanA) by PCR
87076	\$ 8.08	Anaerobic ID	87502	\$ 95.80	Influenza virus, multiple types, first 2 types
87077	\$ 8.08	Aerobic ID	87505	\$ 128.29	Gastrointestinal Panel 3-5 targets
87077	\$ 8.08	CLO Test	87506	\$ 262.99	Gastrointestinal Panel 6-11 targets
87081	\$ 6.63	Culture, GC	87507	\$ 416.78	Gastrointestinal Panel 12-25 targets
87081	\$ 6.63	Group B Strep Screen	87510	\$ 20.05	Gardnerella Vaginalis, Direct Probe Technique
87081	\$ 6.63	Culture, MRSA	87517	\$ 42.84	HBV Quant by PCR
87081	\$ 6.63	VRE Fecal Screen	87522	\$ 42.84	HCV RNA Quantitative
87086	\$ 8.07	Culture, Urine	87529	\$ 35.09	HSV by PCR
87088	\$ 8.09	Culture, Isolation & Presumptive ID, Urine	87536	\$ 85.10	HIV-1, Quantification
87101	\$ 7.71	Culture, Fungus Skin	87541	\$ 35.09	Legionella pneumophila
87102	\$ 8.41	Culture, Fungus	87563	\$ 35.09	Mycoplasma genitalium
87103	\$ 20.46	Culture, Fungus Blood	87581	\$ 35.09	Mycoplasma pneumoniae
87106	\$ 10.32	Yeast ID	87591	\$ 35.09	N. Gonorrhoeae Amplified Probe Technique
87107	\$ 10.32	Mold ID	87632	\$ 218.06	Respiratory Virus, 6-11 targets
87109	\$ 15.39	Culture, Urea/Mycoplasma	87633	\$ 416.78	Respiratory Virus, 12-25 targets
87110	\$ 19.60	Culture, Chlamydia	87640	\$ 35.09	MSSA by PCR
87116	\$ 10.80	Culture, Acid-fast Bacilli	87641	\$ 35.09	MRSA by PCR
87140	\$ 5.57	Culture, Typing, Immunofluorescence	87660	\$ 20.05	Trichomonas Vaginalis, Direct Probe Technique
87147	\$ 5.18	Culture, Typing, Immunologic Method	87661	\$ 35.09	Trichomonas Vaginalis by TMA

Medicare National Limitation Amount

Attachment D

CPT	2020 Medicare Reimbursement	DESCRIPTION	CPT	2020 Medicare Reimbursement	DESCRIPTION
87798	\$ 35.09	Infectious agent amp probe each organism	88262	\$ 125.49	Chromosome analysis, 15-20 cells
87798	\$ 35.09	Bordetella Pertussis	88264	\$ 144.61	Chromosome analysis, 20-25 cells
87798	\$ 35.09	Epstein Barr Virus by PCR	88269	\$ 173.66	Chromosome analysis, amniotic
87798	\$ 35.09	JC Virus by PCR	88271	\$ 21.42	Molecular cytogenetics, DNA probe
87798	\$ 35.09	Norovirus by PCR	88275	\$ 51.19	Molecular cytogenetics, 100-300 cells
87798	\$ 35.09	Pneumocystis by PCR	88280	\$ 33.47	Chromosome analysis, additional karyotypes
87798	\$ 35.09	V Zoster by PCR	89051	\$ 5.60	Cell Count, BAL
87799	\$ 42.84	BK Virus by PCR, Quantitative	89051	\$ 5.60	Cell Count, CSF
87799	\$ 42.84	EBV by PCR, Quantitative	89051	\$ 5.60	Cell Count, fluid
87804	\$ 16.55	Influenzae A Rapid	89051	\$ 5.60	Cell Count, synovial
87804	\$ 16.55	Influenzae B Rapid	89060	\$ 7.33	Synovial Crystals
87807	\$ 13.10	RSV Rapid	89190	\$ 5.79	Nasal Eos Smear
87880	\$ 16.53	Strep Group A Rapid Screen			
87899	\$ 16.07	Candida Ag	36415	\$ 3.00	Venipuncture Charge
87899	\$ 16.07	Legionella Ag, Urine			
87899	\$ 16.07	Strep Pneumo Ag, Urine	G0103	\$ 19.31	PSA Screen
87899	\$ 16.07	Shigatoxin	G0480	\$ 114.43	Drug Test Definitive 1-7 Classes
87901	\$ 257.45	HIV-1 Genotyping	G0481	\$ 156.59	Drug Test Definitive 8-14 Classes
87902	\$ 257.45	Hepatitis C Genotyping	G0482	\$ 198.74	Drug Test Definitive 15-21 Classes
88230	\$ 116.49	Tissue culture, non-neoplastic, lymphocyte	G0483	\$ 246.92	Drug Test Definitive 22 or more Classes
88235	\$ 150.30	Tissue culture, non-neoplastic, amniotic			
88237	\$ 143.75	Tissue culture, neoplastic, bone marrow			

NORTHERN PLAINS LABORATORY

REFLEX TESTS

The Laboratory Model Compliance Plan published by the Federal Office of Inspector General (OIG) of the Department of Health and Human Services has changed laboratory test ordering practices. In the setting of specific pertinent tests and test results, the laboratory has historically ordered and performed selected additional tests (reflex tests) that were deemed appropriate to ensure quality patient management. These reflex tests have been consistent with regional and national standards of practice.

Whenever the following tests are ordered, NPL will reflex to the appropriate test(s) as outlined in the following chart. If you **do not want** the original test order to **reflex**, please note that on our requisition form.

ORIGINAL TEST ORDER	TEST RESULT	REFLEX TEST(S)
Antibody screen	Positive	As indicated: Antibody identification Patient antigen typing Prewarmed antibody screen Adult direct antiglobulin (Coombs) Elution studies Antibody titer
CBC	Abnormal per established criteria	Manual Differential
Clostridium Difficile Toxin by PCR	Positive	Clostridium Difficile by Immunoassay
Cryptococcus Antigen	Positive	Cryptococcus titer
Culture, pathogen identified		Susceptibility (each organism) Confirmation of resistance mechanisms (as applicable)
Culture, source dependent	Positive	Gram Stain
Culture, source dependent		Anaerobic culture in addition to aerobic culture provided appropriate transport media used
Direct Antiglobulin (Coombs) Test - Cord Blood	Positive	Elution Antibody identification Antibody screen on mother's specimen
Direct Antiglobulin (Coombs) Test - Adult	Positive Polyspecific Antiglobulin includes Monospecific Anti IgG & Anti Complement	As indicated: Elution Antibody identification
Fetal screen	Positive	Fetal cell stain (Kleihauer Betke)
GI Panel by PCR; GI Additional Panel	Detected or Equivocal Clostridium Difficile Toxin A/B	Clostridium Difficile by Immunoassay
Group B Strep by PCR	Positive Unable to determine presence or absence of GBS DNA	Susceptibility Group B Beta Streptococcus Culture
HIV Rapid	Reactive	HIV 1,2 Combo Ag/Ab by CIA with reflex

Reflex tests (continued)

ORIGINAL TEST ORDER	TEST RESULT	REFLEX TEST(S)
HPV with reflex	Positive	HPV Genotype 16 HPV Genotype 18/45
Influenza A,B, Rapid with reflex to PCR	Negative	Influenza A,B by PCR
Lipid Panel	Triglyceride >400 mg/dL Triglyceride <10 mg/dL HDL <3 mg/dL HDL >200 mg/dL Cholesterol <25 mg/dL Cholesterol >2100 mg/dL Calculated LDL is a negative value	LDL, direct measurement
Lupus Anticoagulant Panel (DVVT)	Positive DVVT or prolonged aPTT	DVVT Confirm PT Mixing study (aPTT and/or PT)
MRSA by PCR	Unable to determine presence or absence of MRSA DNA	MRSA culture
MRSA/SA Skin/Soft Tissue Infection by PCR		Aerobic and/or anaerobic bacterial culture and gram stain
Platelet Count, CBC, ABC	Abnormal per established criteria	Immature Platelet Function (IPF)
Rapid Strep – pediatric ≤18 years	Negative	Throat Culture
Rapid Strep Plus	Negative	Throat Culture
RPR (Syphillus serology)	Reactive	TPPA RPR Titer
TSH with Reflex	Abnormal result (high or low)	Free T4
Type and Crossmatch	Prior ABO/Rh not in patient history	ABO/Rh type recheck
Type and Crossmatch	Positive antibody screen	<i>As indicated:</i> Unit antigen typing Incubated and antiglobulin crossmatch Additional units crossmatched to find ordered number compatible
Urine Screen	Positive Protein, Blood, Nitrite or Leukocyte esterase	Urine Microscopic
Urine Screen with Reflex to Culture	Positive Protein, Blood, Nitrite or Leukocyte esterase Nitrite and/or Leukocyte esterase Positive	Urine Microscopic Urine Culture
Urine Screen – child <2 years from MDC or CHI St. A's	CHI St. Alexius Health and Mid Dakota Clinic registered patients only	Urine Culture
VRE by PCR	Unable to determine presence or absence of VRE DNA	VRE culture