

Nebraska Medicaid Practitioner Fee Schedule for Clinical Laboratory Services

The Clinical Laboratory Fee Schedule is based on the Medicare national fee schedule for clinical laboratory services as established by the Centers for Medicare and Medicaid Services (CMS). The annual CMS updates are released each December and become effective on January 1 of the following year. The 2014 CMS Clinical Laboratory Fee Schedule is being reimbursed at one hundred percent (100%) effective July 1, 2014.

All other allowable laboratory procedure codes (anatomical laboratory services) will remain a part of the Physician Services Fee Schedule released July 1 of each year. The clinical laboratory fee schedule will also be incorporated into the Physician Services Fee Schedule.

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE
000G0103		PROSTATE CANCER SCREENING; PROSTATE SPECIFIC ANTIGEN TEST (PSA)				\$25.09
000G0431		DRUG SCREEN, QUALITATIVE; MULTIPLE DRUG CLASSES BY HIGH COMPLEXITY TEST METHOD (E.G., IMMUNOASSAY, ENZYME ASSAY), PER PATIENT ENCOUNTER				\$64.27
000G0434		DRUG SCREEN, OTHER THAN CHROMATOGRAPHIC; ANY NUMBER OF DRUG CLASSES, BY CLIA WAIVED TEST OR MODERATE COMPLEXITY TEST, PER PATIENT ENCOUNTER				\$12.86
00036415		COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE				\$3.00
00078267		UREA BREATH TEST, C-14 (ISOTOPIC); ACQUISITION FOR ANALYSIS				\$10.73
00078268		UREA BREATH TEST, C-14; ANALYSIS				\$78.97
00080047		BASIC METABOLIC PANEL (CALCIUM, IONIZED)				\$11.54
00080047	QW	BASIC METABOLIC PANEL (CALCIUM, IONIZED)				\$11.54
00080048		BASIC METABOLIC PANEL (CALCIUM, TOTAL)				\$11.54
00080048	QW	BASIC METABOLIC PANEL (CALCIUM, TOTAL)				\$11.54
00080050		GENERAL HEALTH PANEL				\$43.62
00080051		ELECTROLYTE PANEL				\$9.57
00080051	QW	ELECTROLYTE PANEL				\$9.57
00080053		COMPREHENSIVE METABOLIC PANEL				\$14.41
00080053	QW	COMPREHENSIVE METABOLIC PANEL				\$14.41
00080055		OBSTETRIC PANEL				\$81.04
00080061		LIPID PANEL PRICING BY MH UNIT VALUE NEW PRICE 5-95				\$18.27
00080061	QW	LIPID PANEL: MUST INCLUDE 82465,83718,84478 CLIA WAIVED				\$18.27
00080069		RENAL FUNCTION PANEL				\$11.85
00080069	QW	RENAL FUNCTION PANEL				\$11.85
00080074		ACUTE HEPATITIS PANEL				\$58.06
00080076		HEPATIC FUNCTION PANEL				\$11.14
00080100		DRUG SCREEN, QUALITATIVE; MULTIPLE DRUG CLASSES CHROMATOGRAPHIC METHOD, EACH PROCEDURE				\$12.92
00080101		DRUG SCREEN, SINGLE DRUG CLASS METHOD		NOT COVERED		

00080102		DRUG, CONFIRMATION, EACH PROCEDURE			\$18.07
00080150		AMIKACIN;			\$19.93
00080152		AMITRIPTYLINE			\$24.42
00080154		BENZODIAZEPINES			\$25.23
00080155		CAFFEINE LEVEL			\$17.40
00080156		CARBAMAZEPINE; TOTAL			\$16.99
00080157		CARBAMAZEPINE; FREE			\$18.09
00080158		CYCLOSPORINE,			\$24.63
00080159		Clozapine level			\$25.23
00080160		DESIPRAMINE			\$21.45
00080162		DIGOXIN;			\$18.12
00080164		DIPROPYLACETIC ACID (VALPROIC ACID); (CODE IN SYSTEM AS ANATOMIC; ADDPRICING CHANGES TO D/M FIELD ALSO)			\$18.49
00080166		DOXEPIN,			\$21.14
00080168		ETHOSUXIMIDE; DELETED 5/93 INCORRECT PRICING OF 17.04;			\$17.78
00080169		Everolimus level			\$18.73
00080170		GENTAMICIN;			\$22.36
00080171		GABAPENTIN LEVEL			\$18.09
00080172		GOLD			\$17.89
00080173		HALOPERIDOL			\$16.99
00080174		IMIPRAMINE			\$21.45
00080175		Lamotrigine level			\$18.09
00080176		LIDOCAINE			\$19.29
00080177		LEVETIRACETAM LEVEL			\$18.09
00080178		LITHIUM;			\$9.02
00080178	QW	LITHIUM			\$9.02
00080180		Mycophenolate (mycophenolic acid) level			\$24.63
00080182		NORTRIPTYLINE;			\$18.49
00080183		Oxcarbazepine level			\$18.09
00080184		PHENOBARBITAL;			\$15.62
00080185		PHENYTOIN; TOTAL;			\$18.09
00080186		PHENYTOIN, FREE .PRICING CORRECTED 8-30-97 0197 PRICE WAS ENTERED AS 801.86			\$18.78
00080188		PRIMIDONE;			\$22.09
00080190		PROCAINAMIDE			\$19.04
00080192		PROCAINAMIDE WITH METABOLITES (EG, N-ACETYL PROCAINAMIDE)			\$19.04
00080194		QUINIDINE;			\$19.92
00080195		SIROLIMUS			\$18.73
00080196		SALICYLATE;			\$9.68
00080197		TACROLIMUS			\$18.73
00080198		THEOPHYLLINE;			\$17.40

00080199		Tiagabine level			\$24.63
00080200		TOBRAMYCIN;			\$21.99
00080201		TOPIRAMTE: QUANTITATIVE DRUG TESTING			\$16.27
00080202		VANCOMYCIN			\$18.49
00080203		Zonisamide level			\$18.09
00080299		QUANTITATION OF DRUG, NOT ELSEWHERE SPECIFIED			\$18.68
00080400		ACTH STIMULATION PANEL; FOR ADRENAL INSUFFICIENCY. THIS PANEL MUST INC. CORTISOL (82533X2)			\$36.73
00080402		ACTH SIMULATION PANEL, FOR 21 HYDROXYLASE DEFICIENCY			\$90.29
00080406		FOR 3 BETA-HYDROXYDEHYDROGENASE DEFICIENCY PRICING BASED ON ST. THOMAS			\$99.00
00080408		ALDOSTERONE SUPPRESSION EVALUATION PANEL (EG. SALINE INFUSION)			\$171.21
00080410		CALCIUM-PENTAGASTRIN STIMULATION PANEL			\$65.11
00080412		CORICOTROPIC RELEASING HORMONE (CRH) STIMULATION PANEL			\$426.40
00080414		CHORIONIC GONADOTROPHIN STIMULATION PANEL; TESTOSTERONE RESPONSE			\$70.45
00080415		ESTRADIOL RESPONSE			\$72.33
00080416		RENAL VEIN RENIN STIMULATION PANEL (EG, CAPTOPRIL)			\$180.03
00080417		PERIPHERAL VEIN RENIN STIMULATION PANEL (EG, CAPTOPRIL)			\$60.01
00080418		COMBINED RAPID ANTERIOR PITUITARY EVALUATION PANEL			\$775.20
00080420		DEXAMETHASONE SUPPRESSION PANEL, 48 HOUR			\$81.68
00080422		GLUCAGON TOLERANCE PANEL; FOR INSULINOMA			\$62.86
00080424		FOR PHEOCHROMOCYTOMA			\$49.99
00080426		GONADOTROPIN RELEASING HORMONE STIMULATION PANEL			\$202.47
00080428		GROWTH HORMONE STIMULATION PANEL (EG, ARGININE INFUSION, L-DOPA ADMIN.)			\$91.00
00080430		GROWTH HORMONE SUPPRESSION PANEL (GLUCOSE ADMINISTRATION)			\$107.07
00080432		INSULIN-INDUCED C-PEPTIDE SUPPRESSION PANEL			\$184.31
00080434		INSULIN TOLERANCE PANEL; FOR ACTH INSUFFICIENCY			\$118.62
00080435		INSULIN TOLERANCE PANEL; FOR GROWTH HORMONE DEFICIENCY			\$140.54
00080436		METYRAPONE PANEL			\$101.73
00080438		THYROTROPIN RELEASING HORMONE (TRH) STIMULATION PANEL; ONE HOUR			\$68.77
00080439		TWO HOUR			\$91.70
00080440		FOR HYPER ROLACTEMIA			\$79.32
00081000		UA/DIP STICK OR TAB REAG FOR BILI; GLUC, HGB, KETS, LEUKS, NITS, PH, PROT, SGR...NON AUTOMATED W/MICROSCOPY..... PPM LEVEL TEST			\$4.32
00081001		UA/DIPSTICK OR TAB REAG.....AUTOMATED W/MICROSCOPYKETONES, LEUKOCYTES, NITRITE, PH, PROTEIN, SP. GRAV, UROBIL, ANY #; AUTO			\$4.32

00081002		WITHOUT MICROSCOPY, NON-AUTOMATED INCORRECT PRICING CHANGED 5/93. CLIA WAVED IF SCREENING URINE TO MONITOR/DIAGNOSIS VARIOUS DISEASES			\$3.49
00081003		.....WITHOUT MICROSCOPY, AUTOMATED			\$3.06
00081003	QW	URINALYSIS, BY DIP STICK OR TABLET REAGENT FOR BILIRUBIN, GLUCOSE, PH, KETONES, LEUKOCYTES,ETC.; AUTOMATED WITHOUT MICROSCOPYCLIA WAIVED			\$3.06
00081005		URINALYSIS; QUALITATIVE OR SEMIQUANTITATIVE, EXCEPT IMMUNOASSAYS DO NOT PAY IF 81000 IS ALSO BILLED ON SAME CLAIM.			\$2.96
00081007		URINALYSIS; BACTERIURIA SCREEN, EXCEPT BY CULTURE OR DIPSTICK			\$3.50
00081007	QW	URINALYSIS; BACTERIURIA SCREEN, EXCEPT BY CULTURE OR DIPSTICK			\$3.50
00081015		MICROSCOPIC PPM LEVEL TEST			\$4.15
00081020		URINALYSIS; TWO OR THREE GLASS TEST; NEW CODE 1-1-95, PREV. DELETED 4-91			\$5.03
00081025		URINE PREGNANCY TEST, BY VISUAL COLOR COMPARISON METHODS CLIA WAVED FOR DIAGNOSIS OF PREGNANCY			\$8.63
00081050		VOLUME MEASUREMENT FOR TIMED COLLECTION, EACH;			\$4.09
00081200		ASPA (ASPARTOACYLASE) (EG, CANAVAN DISEASE) GENE ANALYSIS, COMMON VARIANTS (EG,			\$204.87
00081201		GENE ANALYSIS (ADENOMATOUS POLYPOSIS COLI), FULL GENE SEQUENCE	NOT COVERED		
00081202		GENE ANALYSIS (ADENOMATOUS POLYPOSIS COLI), KNOWN FAMILIAL VARIANTS	NOT COVERED		
00081203		GENE ANALYSIS (ADENOMATOUS POLYPOSIS COLI), DUPLICATION/DELETION VARIANTS	NOT COVERED		
00081205		BCKDHB (BRANCHED-CHAIN KETO ACID DEHYDROGENASE E1, BETA POLYPEPTIDE) (EG, MAPLE SYRUP URINE DISEASE) GENE ANALYSIS, COMMON VARIANTS (EG, R183P,			\$98.20
00081206		BCR/ABL1 (T(9;22)) (EG, CHRONIC MYELOGENOUS LEUKEMIA) TRANSLOCATION ANALYSIS;MAJOR BREAKPOINT, QUALITATIVE OR QUANTITATIVE			\$223.69
00081207		BCR/ABL1 (T(9;22)) (EG, CHRONIC MYELOGENOUS LEUKEMIA) TRANSLOCATION ANALYSIS;MINOR BREAKPOINT, QUALITATIVE OR QUANTITATIVE			\$197.59
00081208		BCR/ABL1 (T(9;22)) (EG, CHRONIC MYELOGENOUS LEUKEMIA) TRANSLOCATION ANALYSIS;OTHER BREAKPOINT, QUALITATIVE OR QUANTITATIVE			\$219.43
00081209		BLM (BLOOM SYNDROME, RECQ HELICASE-LIKE) (EG, BLOOM SYNDROME) GENE ANALYSIS, 2281DEL6INS7 VARIANT			\$63.86
00081210		BRAF (V-RAF MURINE SARCOMA VIRAL ONCOGENE HOMOLOG B1) (EG, COLON CANCER), GENE ANALYSIS, V600E VARIANT			\$179.25
00081211		BRCA1, BRCA2 (BREAST CANCER 1 AND 2) (EG, HEREDITARY BREAST AND OVARIAN CANCER) GENE ANALYSIS; FULL SEQUENCE ANALYSIS AND COMMON DUPLICATION/DEL	NOT COVERED		
00081212		BRCA1, BRCA2 (BREAST CANCER 1 AND 2) (EG, HEREDITARY BREAST AND OVARIAN CANCER) GENE ANALYSIS; 185DELAG, 5385INSC, 6174DELT VARIANTS	NOT COVERED		

00081213	BRCA1, BRCA2 (BREAST CANCER 1 AND 2) (EG, HEREDITARY BREAST AND OVARIAN CANCER) GENE ANALYSIS; UNCOMMON DUPLICATION/DELETION VARIANTS	NOT COVERED		
00081214	BRCA1 (BREAST CANCER 1) (EG, HEREDITARY BREAST AND OVARIAN CANCER) GENE ANALYSIS; FULL SEQUENCE ANALYSIS AND COMMON DUPLICATION/DELETION	NOT COVERED		
00081215	BRCA1 (BREAST CANCER 1) (EG, HEREDITARY BREAST AND OVARIAN CANCER) GENE ANALYSIS; KNOWN FAMILIAL VARIANT	NOT COVERED		
00081217	BRCA2 (BREAST CANCER 2) (EG, HEREDITARY BREAST AND OVARIAN CANCER) GENE ANALYSIS; KNOWN FAMILIAL VARIANT	NOT COVERED		
00081220	CFTR (CYSTIC FIBROSIS TRANSMEMBRANE CONDUCTANCE REGULATOR) (EG, CYSTIC FIBROSIS) GENE ANALYSIS; COMMON VARIANTS (EG, ACMG/ACOG GUIDELIN			\$199.25
00081221	CFTR (CYSTIC FIBROSIS TRANSMEMBRANE CONDUCTANCE REGULATOR) (EG, CYSTIC FIBROSIS) GENE ANALYSIS; KNOWN FAMILIAL VARIANTS	NOT COVERED		
00081222	CFTR (CYSTIC FIBROSIS TRANSMEMBRANE CONDUCTANCE REGULATOR) (EG, CYSTIC FIBROSIS) GENE ANALYSIS; DUPLICATION/DELETION VARIANTS			\$721.87
00081223	CFTR (CYSTIC FIBROSIS TRANSMEMBRANE CONDUCTANCE REGULATOR) (EG, CYSTIC FIBROSIS) GENE ANALYSIS; FULL GENE SEQUENCE			\$1623.00
00081224	CFTR (CYSTIC FIBROSIS TRANSMEMBRANE CONDUCTANCE REGULATOR) (EG, CYSTIC FIBROSIS) GENE ANALYSIS; INTRON 8 POLY-T ANALYSIS (EG, MALE INFE	NOT COVERED		
00081225	CYP2C19 (CYTOCHROME P450, FAMILY 2, SUBFAMILY C, POLYPEPTIDE 19) (EG, DRUG METABOLISM), GENE ANALYSIS, COMMON VARIANTS (EG, *2, *3, *4, *8,			\$291.80
00081226	CYP2D6 (CYTOCHROME P450, FAMILY 2, SUBFAMILY D, POLYPEPTIDE 6) (EG, DRUG METABOLISM), GENE ANALYSIS, COMMON VARIANTS (EG, *2, *3, *4, *5,			\$451.59
00081227	CYP2C9 (CYTOCHROME P450, FAMILY 2, SUBFAMILY C, POLYPEPTIDE 9) (EG, DRUG METABOLISM), GENE ANALYSIS, COMMON VARIANTS (EG, *2, *3, *5, *6)			\$175.08
00081228	CYTOGENOMIC CONSTITUTIONAL (GENOME-WIDE) MICROARRAY ANALYSIS; INTERROGATION OF GENOMIC REGIONS FOR COPY NUMBER VARIANTS (EG, BACTERIAL ARTIFICI	NOT COVERED		
00081229	CYTOGENOMIC CONSTITUTIONAL (GENOME-WIDE) MICROARRAY ANALYSIS; INTERROGATION OF GENOMIC REGIONS FOR COPY NUMBER AND SINGLE NUCLEOTIDE POLYMORPHI	MEDICAL RECORDS		\$1,998.00
00081235	GENE ANALYSIS (EPIDERMAL GROWTH FACTOR RECEPTOR), COMMON VARIANTS			\$330.01
00081240	F2 (PROTHROMBIN, COAGULATION FACTOR II) (EG, HEREDITARY HYPERCOAGULABILITY) GENE ANALYSIS, 20210G>A VARIANT			\$67.13
00081241	F5 (COAGULATION FACTOR V) (EG, HEREDITARY HYPERCOAGULABILITY) GENE ANALYSIS, LEIDEN VARIANT			\$83.37
00081242	FANCC (FANCONI ANEMIA, COMPLEMENTATION GROUP C) (EG, FANCONI ANEMIA, TYPE C) GENE ANALYSIS, COMMON VARIANT (EG, IVS4+4A>T)			\$110.87

00081243		FMR1 (FRAGILE X MENTAL RETARDATION 1) (EG, FRAGILE X MENTAL RETARDATION) GENE ANALYSIS; EVALUATION TO DETECT ABNORMAL (EG, EXPANDED) ALLELES			\$81.75
00081245		FLT3 (FMS-RELATED TYROSINE KINASE 3) (EG, ACUTE MYELOID LEUKEMIA), GENE ANALYSIS, INTERNAL TANDEM DUPLICATION (ITD) VARIANTS (IE, EXONS			\$165.92
00081250		G6PC (GLUCOSE-6-PHOSPHATASE, CATALYTIC SUBUNIT) (EG, GLYCOGEN STORAGE DISEASE, TYPE 1A, VON GIERKE DISEASE) GENE ANALYSIS, COMMON VARIANTS (EG,			\$59.64
00081251		GBA (GLUCOSIDASE, BETA, ACID) (EG, GAUCHER DISEASE) GENE ANALYSIS, COMMON VARIANTS (EG, N370S, 84GG, L444P, IVS2+1G>A)			\$392.87
00081252		GENE ANALYSIS (GAP JUNCTION PROTEIN, BETA 2, 26KDA; CONNEXIN 26), FULL GENE SEQUENCE			\$363.74
00081252	90	Gene analysis (gap junction protein, beta 2, 26kda; connexin 26), full gene sequence	NOT COVERED		
00081253		Gene analysis (gap junction protein, beta 2, 26kda; connexin 26), known familial variants			\$128.74
00081254		Gene analysis (gap junction protein, beta 6, 30kda, connexin 30), common variants	NOT COVERED		
00081255		HEXA (HEXOSAMINIDASE A [ALPHA POLYPEPTIDE]) (EG, TAY-SACHS DISEASE) GENE ANALYSIS, COMMON VARIANTS (EG, 1278INSTATC, 1421+1G>C, G269S)			\$345.87
00081256		HFE (HEMOCHROMATOSIS) (EG, HEREDITARY HEMOCHROMATOSIS) GENE ANALYSIS, COMMON VARIANTS (EG, C282Y, H63D)			\$89.17
00081257		HBA1/HBA2 (ALPHA GLOBIN 1 AND ALPHA GLOBIN 2) (EG, ALPHA THALASSEMIA, HB BARTHYDROPS FETALIS SYNDROME, HBH DISEASE), GENE ANALYSIS, FOR COMMO			\$1,324.43
00081260		IKBKAP (INHIBITOR OF KAPPA LIGHT POLYPEPTIDE GENE ENHANCER IN B-CELLS, KINASE COMPLEX-ASSOCIATED PROTEIN) (EG, FAMILIAL DYSAUTONOMIA) GENE ANA			\$110.87
00081261		IGH@ (IMMUNOGLOBULIN HEAVY CHAIN LOCUS) (EG, LEUKEMIAS AND LYMPHOMAS, B-CELL), GENE REARRANGEMENT ANALYSIS TO DETECT ABNORMAL CLONAL POPULATION			\$270.11
00081262		IGH@ (IMMUNOGLOBULIN HEAVY CHAIN LOCUS) (EG, LEUKEMIAS AND LYMPHOMAS, B-CELL), GENE REARRANGEMENT ANALYSIS TO DETECT ABNORMAL CLONAL POPULATION			\$59.55
00081263		IGH@ (IMMUNOGLOBULIN HEAVY CHAIN LOCUS) (EG, LEUKEMIA AND LYMPHOMA, B-CELL), VARIABLE REGION SOMATIC MUTATION ANALYSIS			\$401.79
00081264		IGK@ (IMMUNOGLOBULIN KAPPA LIGHT CHAIN LOCUS) (EG, LEUKEMIA AND LYMPHOMA, B-CELL), GENE REARRANGEMENT ANALYSIS, EVALUATION TO DETECT ABNOR			\$203.72
00081265		COMPARATIVE ANALYSIS USING SHORT TANDEM REPEAT (STR) MARKERS; PATIENT AND COMPARATIVE SPECIMEN (EG, PRE-TRANSPLANT RECIPIENT AND DONOR GER			\$293.38
00081266		COMPARATIVE ANALYSIS USING SHORT TANDEM REPEAT (STR) MARKERS; EACH ADDITIONAL SPECIMEN (EG, ADDITIONAL CORD BLOOD DONOR, ADDITIONAL FETAL SAMP	NOT COVERED		

00081267	CHIMERISM (ENGRAFTMENT) ANALYSIS, POST TRANSPLANTATION SPECIMEN (EG,HEMATOPOIETIC STEM CELL), INCLUDES COMPARISON TO PREVIOUSLY PERF			\$283.03
00081268	CHIMERISM (ENGRAFTMENT) ANALYSIS, POST TRANSPLANTATION SPECIMEN (EG,HEMATOPOIETIC STEM CELL), INCLUDES COMPARISON TO PREVIOUSLY PERF			\$355.78
00081270	JAK2 (JANUS KINASE 2) (EG, MYELOPROLIFERATIVE DISORDER) GENE ANALYSIS, P.VAL617PHE (V617F) VARIANT			\$125.06
00081275	KRAS (V-KI-RAS2 KIRSTEN RAT SARCOMA VIRAL ONCOGENE) (EG, CARCINOMA) GENE ANALYSIS, VARIANTS IN CODONS 12 AND 13			\$197.48
00081280	LONG QT SYNDROME GENE ANALYSES (EG, KCNQ1, KCNH2, SCN5A, KCNE1, KCNE2, KCNJ2,CACNA1C, CAV3, SCN4B, AKAP, SNTA1, AND ANK2); FULL SEQUENCE ANAL	NOT COVERED		
00081281	LONG QT SYNDROME GENE ANALYSES (EG, KCNQ1, KCNH2, SCN5A, KCNE1, KCNE2, KCNJ2,CACNA1C, CAV3, SCN4B, AKAP, SNTA1, AND ANK2); KNOWN FAMILIAL SEQ	NOT COVERED		
00081282	LONG QT SYNDROME GENE ANALYSES (EG, KCNQ1, KCNH2, SCN5A, KCNE1, KCNE2, KCNJ2,CACNA1C, CAV3, SCN4B, AKAP, SNTA1, AND ANK2); DUPLICATION/DELETI	NOT COVERED		
00081287	MGMT (O-6-METHYLGUANINE-DNA METHYLTRANSFERASE) GENE ANALYSIS	NOT COVERED		
00081290	MCOLN1 (MUCOLIPIN 1) (EG, MUCOLIPIDOSIS, TYPE IV) GENE ANALYSIS, COMMONVARIANTS (EG, IVS3-2A>G, DEL6.4KB)			\$63.86
00081291	MTHFR (5,10-METHYLENETETRAHYDROFOLATE REDUCTASE) (EG, HEREDITARY HYPERCOAGULABILITY) GENE ANALYSIS, COMMON VARIANTS (EG, 677T, 12	Not for familial testing.		\$59.55
00081292	MLH1 (MUTL HOMOLOG 1, COLON CANCER, NONPOLYPOSIS TYPE 2) (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) GENE ANALYSIS;	Not for familial testing.		\$646.24
00081293	MLH1 (MUTL HOMOLOG 1, COLON CANCER, NONPOLYPOSIS TYPE 2) (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) GENE ANALYSIS;	Not for familial testing.		\$259.06
00081294	MLH1 (MUTL HOMOLOG 1, COLON CANCER, NONPOLYPOSIS TYPE 2) (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) GENE ANALYSIS;	Not for familial testing.		\$190.68
00081295	MSH2 (MUTS HOMOLOG 2, COLON CANCER, NONPOLYPOSIS TYPE 1) (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) GENE ANALYSIS;	Not for familial testing.		\$151.71
00081296	MSH2 (MUTS HOMOLOG 2, COLON CANCER, NONPOLYPOSIS TYPE 1) (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) GENE ANALYSIS;	Not for familial testing.		\$129.53
00081297	MSH2 (MUTS HOMOLOG 2, COLON CANCER, NONPOLYPOSIS TYPE 1) (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) GENE ANALYSIS;	Not for familial testing.		\$151.71
00081298	MSH6 (MUTS HOMOLOG 6 [E. COLI]) (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) GENE ANALYSIS; FULL SEQUENCE ANALYSIS	Not for familial testing.		\$287.83
00081299	MSH6 (MUTS HOMOLOG 6 [E. COLI]) (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) GENE ANALYSIS; KNOWN FAMILIAL VARIANTS	Not for familial testing.		\$161.24
00081300	MSH6 (MUTS HOMOLOG 6 [E. COLI]) (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) GENE ANALYSIS; DUPLICATION/DELETION VARI	Not for familial testing.		\$161.68

00081301	MICROSATELLITE INSTABILITY ANALYSIS (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) OF MARKERS FOR MISMATCH REPAIR DEFICIENCY	Not for familial testing.		\$395.04
00081302	MECP2 (Methyl CPG Binding Protein 2)			\$226.25
00081303	MECP2 (METHYL CPG BINDING PROTEIN 2) (EG, RETT SYNDROME) GENE ANALYSIS; KNOWN FAMILIAL VARIANT	NOT COVERED		
00081304	MECP2 (METHYL CPG BINDING PROTEIN 2) (EG, RETT SYNDROME) GENE ANALYSIS; DUPLICATION/DELETION VARIANTS			\$67.44
00081310	NPM1 (NUCLEOPHOSMIN) (EG, ACUTE MYELOID LEUKEMIA) GENE ANALYSIS, EXON 12 VARIANTS			\$247.14
00081315	PML/RARALPHA, (T(15;17)), (PROMYELOCYTIC LEUKEMIA/RETINOIC ACID RECEPTOR ALPHA) (EG, PROMYELOCYTIC LEUKEMIA) TRANSLOCATION ANALYSIS; COMMON BREA			\$282.83
00081316	PML/RARALPHA, (T(15;17)), (PROMYELOCYTIC LEUKEMIA/RETINOIC ACID RECEPTOR ALPHA) (EG, PROMYELOCYTIC LEUKEMIA) TRANSLOCATION ANALYSIS; SINGLE BREA			\$431.39
00081317	PMS2 (POSTMEIOTIC SEGREGATION INCREASED 2 S. CEREVISIAE) (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) GENE ANALYSIS;	Not for familial testing		\$781.29
00081318	PMS2 (POSTMEIOTIC SEGREGATION INCREASED 2 S. CEREVISIAE) (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) GENE ANALYSIS;	Not for familial testing		\$184.61
00081319	PMS2 (POSTMEIOTIC SEGREGATION INCREASED 2 S. CEREVISIAE) (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) GENE ANALYSIS;	Not for familial testing		\$221.66
00081321	GENE ANALYSIS (PHOSPHATASE AND TENSIN HOMOLOG), FULL SEQUENCE ANALYSIS	NOT COVERED		
00081322	GENE ANALYSIS (PHOSPHATASE AND TENSIN HOMOLOG), KNOWN FAMILIAL VARIANT	NOT COVERED		
00081323	GENE ANALYSIS (PHOSPHATASE AND TENSIN HOMOLOG), DUPLICATION/DELETION VARIANT	NOT COVERED		
00081324	GENE ANALYSIS (PERIPHERAL MYELIN PROTEIN 22), DUPLICATION/DELETION ANALYSIS	NOT COVERED		
00081325	GENE ANALYSIS (PERIPHERAL MYELIN PROTEIN 22), FULL SEQUENCE ANALYSIS	NOT COVERED		
00081326	GENE ANALYSIS (PERIPHERAL MYELIN PROTEIN 22), KNOWN FAMILIAL VARIANT	NOT COVERED		
00081330	SMPD1 (SPHINGOMYELIN PHOSPHODIESTERASE 1, ACID LYOSOMAL) (EG, NIEMANN-PICK DISEASE, TYPE A) GENE ANALYSIS, COMMON VARIANTS (EG, R496L, L302)	Not for familial testing		\$204.87
00081331	SNRPN/UBE3A (SMALL NUCLEAR RIBONUCLEOPROTEIN POLYPEPTIDE N AND UBIQUITIN PROTEIN LIGASE E3A) (EG, PRADER-WILLI SYNDROME AND/OR ANGELMAN S)	Not for familial testing		\$63.87
00081332	SERPINA1 (SERPIN PEPTIDASE INHIBITOR, CLADE A, ALPHA-1 ANTITRYPSIN, MEMBER 1) (EG, ALPHA-1-ANTITRYPSIN DEFICIENCY), GEN			\$59.55
00081340	TRB@ (T CELL ANTIGEN RECEPTOR, BETA) (EG, LEUKEMIA AND LYMPHOMA), GENE REARRANGEMENT ANALYSIS TO DETECT ABNORMAL CLONAL POPULATION(S);			\$285.02

00081341	TRB@ (T CELL ANTIGEN RECEPTOR, BETA) (EG, LEUKEMIA AND LYMPHOMA), GENE REARRANGEMENT ANALYSIS TO DETECT ABNORMAL CLONAL POPULATION(S);				\$67.65
00081342	TRG@ (T CELL ANTIGEN RECEPTOR, GAMMA) (EG, LEUKEMIA AND LYMPHOMA), GENE REARRANGEMENT ANALYSIS, EVALUATION TO DETECT ABNORMAL CLONAL POP				\$274.90
00081350	UGT1A1 (UDP GLUCURONOSYLTRANSFERASE 1 FAMILY, POLYPEPTIDE A1) (EG, IRINOTECAN METABOLISM), GENE ANALYSIS, COMMON VARIANTS (EG, *28, *36, *37)				\$197.20
00081355	VKORC1 (VITAMIN K EPOXIDE REDUCTASE COMPLEX, SUBUNIT 1) (EG, WARFARIN METABOLISM), GENE ANALYSIS, COMMON VARIANTS (EG, -1639/3673)				\$180.35
00081370	HLA CLASS I AND II TYPING, LOW RESOLUTION (EG, ANTIGEN EQUIVALENTS); HLA-A, -B, -C, -DRB1/3/4/5, AND -DQB1				\$548.60
00081371	HLA CLASS I AND II TYPING, LOW RESOLUTION (EG, ANTIGEN EQUIVALENTS); HLA-A, -B, AND -DRB1/3/4/5 (EG, VERIFICATION TYPING)				\$328.36
00081372	HLA CLASS I TYPING, LOW RESOLUTION (EG, ANTIGEN EQUIVALENTS); COMPLETE (IE, HLA-A, -B, AND -C)				\$301.36
00081373	HLA CLASS I TYPING, LOW RESOLUTION (EG, ANTIGEN EQUIVALENTS); ONE LOCUS (EG, HLA-A, -B, OR -C), EACH				\$151.93
00081374	HLA CLASS I TYPING, LOW RESOLUTION (EG, ANTIGEN EQUIVALENTS); ONE ANTIGEN EQUIVALENT (EG, B*27), EACH				\$99.25
00081375	HLA CLASS II TYPING, LOW RESOLUTION (EG, ANTIGEN EQUIVALENTS); HLA-DRB1/3/4/5 AND -DQB1				\$301.15
00081376	HLA CLASS II TYPING, LOW RESOLUTION (EG, ANTIGEN EQUIVALENTS); ONE LOCUS (EG, HLA-DRB1/3/4/5, -DQB1, -DQA1, -DPB1, OR -DPA1), EACH				\$166.74
00081377	HLA CLASS II TYPING, LOW RESOLUTION (EG, ANTIGEN EQUIVALENTS); ONE ANTIGEN EQUIVALENT, EACH				\$125.25
00081378	HLA CLASS I AND II TYPING, HIGH RESOLUTION (IE, ALLELES OR ALLELE GROUPS), HLA-A, -B, -C, AND -DRB1				\$471.44
00081379	HLA CLASS I TYPING, HIGH RESOLUTION (IE, ALLELES OR ALLELE GROUPS); COMPLETE (IE, HLA-A, -B, AND -C)				\$457.54
00081380	HLA CLASS I TYPING, HIGH RESOLUTION (IE, ALLELES OR ALLELE GROUPS); ONE LOCUS (EG, HLA-A, -B, OR -C), EACH				\$241.81
00081381	HLA CLASS I TYPING, HIGH RESOLUTION (IE, ALLELES OR ALLELE GROUPS); ONE ALLELE OR ALLELE GROUP (EG, B*57:01P), EACH				\$129.03
00081382	HLA CLASS II TYPING, HIGH RESOLUTION (IE, ALLELES OR ALLELE GROUPS); ONE LOCUS (EG, HLA-DRB1, -DRB3, -DRB4, -DRB5, -DQB1, -DQA1, -DPB1, OR -DPA)				\$168.73
00081383	HLA CLASS II TYPING, HIGH RESOLUTION (IE, ALLELES OR ALLELE GROUPS); ONE ALLELE OR ALLELE GROUP (EG, HLA-DQB1*06:02P), EACH				\$148.88
00081400	MOLECULAR PATHOLOGY PROCEDURE, LEVEL 1 (EG, IDENTIFICATION OF SINGLE GERMLINE				\$166.55
00081401	MOLECULAR PATHOLOGY PROCEDURE, LEVEL 2 (EG, 2-10 SNPS, 1 METHYLATED VARIANT, OR 1 SOMATIC VARIANT @TYPICALLY USING NONSEQUENCING TARGET VARIANT				\$221.73
00081402	MOLECULAR PATHOLOGY PROCEDURE, LEVEL 3 (EG, >10 SNPS, 2-10 METHYLATED VARIANTS, OR 2-10 SOMATIC VARIANTS @TYPICALLY USING NON-SEQUENCING TARGET				\$105.24

00081403		MOLECULAR PATHOLOGY PROCEDURE, LEVEL 4 (EG, ANALYSIS OF SINGLE EXON BY DNASEQUENCE ANALYSIS, ANALYSIS OF >10 AMPLICONS USING MULTIPLEX PCR			\$141.00
00081404		MOLECULAR PATHOLOGY PROCEDURE, LEVEL 5 (EG, ANALYSIS OF 2-5 EXONS BY DNA SEQUENCE ANALYSIS, MUTATION SCANNING OR DUPLICATION/ DELETION VA			\$181.30
00081405		MOLECULAR PATHOLOGY PROCEDURE, LEVEL 6 (EG, ANALYSIS OF 6-10 EXONS BY DNA SEQUENCE ANALYSIS, MUTATION SCANNING OR DUPLICATION/ DELETION VA			\$546.00
00081406		MOLECULAR PATHOLOGY PROCEDURE, LEVEL 7 (EG, ANALYSIS OF 11-25 EXONS BY DNASEQUENCE ANALYSIS, MUTATION SCANNING OR DUPLICATION/DELETION VAR			\$408.66
00081407		MOLECULAR PATHOLOGY PROCEDURE, LEVEL 8 (EG, ANALYSIS OF 26-50 EXONS BY DNASEQUENCE ANALYSIS, MUTATION SCANNING OR DUPLICATION/DELETION VAR			\$2,290.00
00081408		MOLECULAR PATHOLOGY PROCEDURE, LEVEL 9 (EG, ANALYSIS OF >50 EXONS IN A SINGLEGENE BY DNA SEQUENCE ANALYSIS)			\$2,839.50
00081479		MOLECULAR PATHOLOGY PROCEDURE	NOT COVERED		
00081500		Oncology (ovarian), biochemical assays of two proteins (ca-125 and he4),	NOT COVERED		
00081503		Oncology (ovarian), biochemical assays of five proteins (ca-125, apolipoprotein a1, beta-2 microglobulin, transferrin, and pre-a	NOT COVERED		
00081504		GENETIC PROFILING ON ONCOLOGY BIOPSY LESIONS	NOT COVERED		
00081507		DNA ANALYSIS USING MATERNAL PLASMA	NOT COVERED		
00081508		Fetal congenital abnormalities, biochemical assays of two proteins (papp-a, hcg any form), utilizing maternal serum, algorithm reported as a r	NOT COVERED		
00081509		FETAL CONGENITAL ABNORMALITIES, BIOCHEMICAL ASSAYS OF THREE PROTEINS (PAPP-A,HCG ANY FORM, DIA), UTILIZING MATERNAL SERUM, ALGORITHM REPORT	NOT COVERED		
00081510		FETAL CONGENITAL ABNORMALITIES, BIOCHEMICAL ASSAYS OF THREE ANALYTES (AFP, UE3, HCG ANY FORM), UTILIZING MATERNAL SERUM, ALGORITHM REPORTED AS	NOT COVERED		
00081511		Fetal congenital abnormalities, biochemical assays of four analytes (afp, ue3, hcg any form, dia) utilizing maternal serum, algorithm reporte	NOT COVERED		
00081512		Fetal congenital abnormalities, biochemical assays of five analytes (afp, ue3, total hcg, hyperglycosylated hcg, dia) utilizing maternal serum,	NOT COVERED		
00081599		Multianalyte assay procedure with algorithmic analysis	NOT COVERED		
00082000		ACETALDEHYDE, BLOOD			\$6.86
00082003		ACETAMINOPHEN,			\$27.61
00082009		ACETONE OR OTHER KETONE BODIES, SERUM; QUALITATIVE,			\$6.16
00082010		ACETONE, BLOOD			\$5.90
00082010	QW	ACETONE OR OTHER KETONE BODIES, SERUM, QUANTITATIVE			\$5.90
00082013		ACETYLCHOLINESTERASE			\$7.12
00082016		ACYLARNITINES; QUALITATIVE; EACH SPECIMEN			\$18.13
00082017		ACYLARNITINES; QUANTITATIVE, EACH SPECIMEN			\$23.01

00082024		ADRENOCORTICOTROPHIC HORMONE (ACTH),			\$52.70
00082030		ADENOSINE;5'-MONOPHOSPHATE , CYCLIC (CYLIC AMP);			\$35.19
00082040		ALBUMIN; SERUM, PLASMA OR WHOLE BLOOD			\$6.75
00082040	QW	ALBUMIN; SERUM, PLASMA OR WHOLE BLOOD			\$6.75
00082042		ALBUMIN; URINE OR OTHER SOURCE, QUANTITATIVE, EACH SPECIMEN			\$7.06
00082042	QW	ALBUMIN; URINE OR OTHER SOURCE, QUANTITATIVE, EACH SPECIMEN			\$7.06
00082043		URINE, MICROALBUMIN, QUANTITATIVE			\$7.89
00082043	QW	URINE, MICROALBUMIN, QUANTITATIVE			\$7.89
00082044		URINE, MICROALBUMIN, SEMIQUANTITATIVE (EG, REAGENT STRIP ASSAY)			\$6.24
00082044	QW	MICROALBUMIN, URINE, SEMIQUANTITATIVE CLIA WAVED ** ONLY FOR BOEHRINGER MANNHEIM AND CHEMSTRIP MICRAL (BOEHRINGER MANNHEIM)**			\$6.24
00082045		ALBUMIN; ISCHEMIA MODIFIED			\$46.31
00082055		ALCOHOL (ETHANOL), ANY SPECIMEN EXCEPT BREATH;			\$14.74
00082055	QW	ALCOHOL (ETHANOL), ANY SPECIMEN EXCEPT BREATH			\$14.74
00082075		ALCOHOL, BREATH; NON-COVERED SERVICE (PSC ADDED 4-12-94)			\$16.44
00082085		ALDOLASE;			\$13.24
00082088		ALDOSTERONE;			\$55.60
00082101		ALKALOIDS, URINE, QUANTITATIVE;			\$40.95
00082103		ALPHA-1-ANTITRYPSIN; TOTAL;			\$18.33
00082104		.....PHENOTYPE;			\$19.73
00082105		ALPHA-FETOPROTEIN; SERUM ;			\$22.89
00082106		.....AMNIOTIC FLUID ;			\$22.89
00082107		ALPHA-FETOPROTEIN (AFP); AFP-L3 FRACTION ISOFORM AND TOTAL AFP (INCLUDING RATIO)			\$87.88
00082108		ALUMINUM;			\$34.76
00082120		AMINES; VAGINAL FLUID, QUALITATIVE			\$3.20
00082120	QW	AMINES, VAGINAL FLUID, QUALITATIVE			\$3.20
00082127		AMINO ACIDS; SINGLE, QUALITATIVE, EACH SPECIMEN			\$18.13
00082128		AMINO ACIDS, QUALITATIVE (MEDICARE MAX OF \$15.30 FOR INDEPENDENT LAB)			\$18.13
00082131		AMINO ACIDS, QUANTITATION, EACH			\$23.01
00082135		AMINOLEVULNIC ACID, DELTA (ALA);			\$22.45
00082136		AMINO ACIDS, 5 TO 5 AMINO ACIDS, QUANTATIVE, EACH SPECIMEN			\$23.01
00082139		AMINO ACIDS, 6 OR MORE AMINO ACIDS, EACH SPECIMEN			\$23.01
00082140		AMMONIA			\$16.05
00082143		AMNIOTIC FLUID SCAN (SPECTROPHOTOMETRIC);			\$9.37
00082145		AMPHETAMINE OR METHAMPHETAMINE, ..DENY NJ OR HI			\$11.79
00082150		AMYLASE			\$8.84
00082150	QW	AMYLASE			\$8.84

00082154		ANDROSTANEDIOL GLUCURONIDE			\$39.34
00082157		ANDROSTENEDIONE ;			\$39.94
00082160		ANDROSTERONE;			\$34.11
00082163		ANGIOTENSIN II			\$27.94
00082164		ANGIOTENSION I - CONVERTING ENZYME (ACE);			\$19.92
00082172		APOLIPOPROTEIN, EACH;			\$21.14
00082175		ARSENIC			\$14.86
00082180		ASCORBIC ACID, BLOOD			\$13.48
00082190		ATOMIC ABSORPTION SPECTROSCOPY, EACH ANALYTE			\$20.34
00082205		BARBITURATES; NOT ELSEWHERE SPECIFIED;			\$15.62
00082232		BETA-2 MICROGLOBULIN			\$18.53
00082239		BILE ACIDS; TOTAL			\$23.37
00082240		BILE ACIDS; CHOLYLGLYCINE,			\$36.26
00082247		BILIRUBIN; TOTAL			\$6.84
00082247	QW	BILIRUBIN; TOTAL			\$6.84
00082248		BILIRUBIN; DIRECT PART OF 80076			\$6.84
00082252		FECES, QUALITATIVE;			\$6.21
00082261		BIOTINIDASE, EACH SPECIMEN			\$23.01
00082270		BLOOD, OCCULT, BY PEROXIDASE ACTIVITY (EG, GUAIAIC), QUALITATIVE; FECES, CONSECUTIVE COLLECTED SPECIMENS WITH SINGLE DETERMINATION, FOR C			\$3.72
00082271		BLOOD, OCCULT, BY PEROXIDASE ACTIVITY (EG, GUAIAIC), QUALITATIVE; OTHER SOURCES			\$3.72
00082271	QW	BLOOD, OCCULT, BY PEROXIDASE ACTIVITY (EG, GUAIAIC), QUALITATIVE; OTHER SOURCES			\$3.72
00082272		BLOOD, OCCULT, BY PEROXIDASE ACTIVITY (EG, GUAIAIC), QUALITATIVE, FECES, 1-3 SIMULTANEOUS DETERMINATIONS, PERFORMED FOR OTHER THAN COLORECTAL			\$3.72
00082272	QW	BLOOD, OCCULT, BY PEROXIDASE ACTIVITY (EG, GUAIAIC), QUALITATIVE, FECES, 1-3 SIMULTANEOUS DETERMINATIONS, PERFORMED FOR OTHER THAN COLORECTAL			\$3.72
00082274		BLOOD, OCCULT, BY FECAL HEMOGLOBIN DETERMINATION BY IMMUNOASSAY, QUALITATIVE, FECES, 1-3 SIMULTANEOUS DETERMINATIONS			\$6.34
00082274	QW	BLOOD, OCCULT, BY FECAL HEMOGLOBIN DETERMINATION BY IMMUNOASSAY, QUALITATIVE, FECES, 1-3 SIMULTANEOUS DETERMINATIONS			\$6.34
00082286		BRADYKININ,			\$9.40
00082300		CADMIUM			\$21.71
00082306		VITAMIN D; 25 HYDROXY, INCLUDES FRACTION(S), IF PERFORMED			\$40.40
00082308		CALCITONIN			\$21.71
00082310		CALCIUM; TOTAL;(PANEL TEST 80002-80019)			\$7.04
00082310	QW	CALCIUM; TOTAL (PANEL TEST 80002-80019)			\$7.04
00082330		CALCIUM; IONIZED			\$16.25

00082330	QW	CALCIUM; IONIZED			\$16.25
00082331		AFTER CALSIUM INFUSION TEST			\$7.06
00082340		*****URINE QUANTITATIVE, TIMED SPECIMIN;			\$8.23
00082355		CALCULUS; QUALITATIVE ANALYSIS			\$15.79
00082360		CALCULUS (STONE), QUANTITATIVE ANALYSIS, CHEMICAL			\$15.88
00082365		INFRARED SPECTROSCOPY			\$15.88
00082370		X-RAY DIFFRACTION (8000)			\$15.88
00082373		CARBOHYDRATE DEFICIENT TRANSFERRIN			\$24.63
00082374		CARBON DIOXIDE (BICARBONATE);			\$6.67
00082374	QW	CARBON DIOXIDE (BICARBONATE)			\$6.67
00082375		CARBOXYHEMOGLOBIN; QUANTITATIVE			\$16.81
00082376		CARBOXYHEMOGLOBIN; QUALITATIVE			\$3.93
00082378		CARCINOEMBRYONIC ANTIGEN (CEA)			\$25.88
00082379		CARNITINE (TOTAL AND FREE), QUANTITATIVE, EACH SPECIMEN			\$23.01
00082380		CAROTENE;			\$12.58
00082382		CATECHOLAMINES; TOTAL URINE;			\$23.46
00082383		BLOOD;			\$34.19
00082384		FRACTIONATED			\$24.99
00082387		CATHEPSIN-D			\$23.87
00082390		CERULOPLASMIN;			\$14.65
00082397		CHEMILUMINESCENT ASSAY			\$1.27
00082415		CHLORAMPHENICOL			\$9.01
00082435		CHLORIDE; BLOOD			\$6.27
00082435	QW	CHLORIDE; BLOOD			\$6.27
00082436		URINE (SPECIFY CHEMICAL,ELECTROMETERIC OR FANTUS TEST);			\$6.86
00082438		CHLORIDE; OTHER SOURCE			\$6.67
00082441		CHLORINATED HYDROCARBONS, SCREEN			\$7.99
00082465		CHOLESTEROL, SERUM OR WHOLE BLOOD, TOTAL			\$5.93
00082465	QW	CHOLESTEROL, SERUM OR WHOLE BLOOD, TOTAL			\$5.93
00082480		CHOLINESTERASE, SERUM;			\$10.75
00082482		RBC;			\$10.48
00082485		CHONDROITIN B SULFATE, QUANTITATIVE; CORRECTED PRICE 11/14/96 FROM 22.16 TO \$22.66.			\$28.17
00082486		CHROMATOGRAPHY, QUALITATIVE; COLUMN (EG, GAS LIQUID OR HIGH PERFORMANCE LIQUID CHROMATOGRAPHY).			\$24.63
00082487		CHROMATOGRAPHY, PAPER, 1 DIMENSIONAL, ANALYTE NOT ELSEWHERE SPECIFIED			\$21.71
00082488		CHROMATOGRAPHY, PAPER, 2-DIMININSIONAL, ANALYTE NEC			\$23.73
00082489		CHROMATOGRAPHY, THIN LAYER, ANALYTE NEC;			\$25.23

00082491		CHROMOTOGRAPHY, QUANTITATIVE; COLUMN (EG, GAS LIQUID OR HIGH PERFORMANCELIQUID CHROMATOGRAPHY)			\$24.63
00082492		CHROMATOGRAPHY, QUANTITATIVE, COLUMN, MULTIPLE ANALYTES, SINGLE STATIONARY AND MOBILE PHASE			\$24.63
00082495		CHROMIUM			\$23.61
00082507		CITRATE			\$23.61
00082520		COCAINE OR METABOLITE;			\$20.68
00082523		COLLAGEN CROSS LINKS, ANY METHOD			\$25.50
00082523	QW	COLLAGEN CROSS LINKS, ANY METHOD			\$25.50
00082525		COPPER;			\$16.93
00082528		CORTICOSTERONE			\$30.72
00082530		CORTISOL; FREE			\$18.38
00082533		CORTISOL TOTAL			\$18.37
00082540		CREATINE PANEL 80002-80019			\$6.32
00082541		COLUMN CHROMATOGRAPHY/MASS SPECTROMETRY, ANALYTE NOT ELSEWHERE SPECIFIED, QUALITATIVE, SINGLE STATIONARY AND MOBILE PHASE			\$24.63
00082542		COLUMN CHROMATOGRAPHY/MASS SPECTROMETRY,ANALYTE NOT ELSEWHERE SPECIFIED;QUANTITATIVE, SINGLE STATIONARY AND MOBILE PHASE			\$24.63
00082543		COLUMN CHROMATOGRAPHY/MASS SPECTROMETRY, ANALYTE NOT ELSEWHERE SPECIFIED;STABLE ISOTROPE DILUTION, SINGLE ANALYTE, QUANTATIVE, SNGLE STATI/MOBIL			\$24.63
00082544		COLUMN CHROMATOGRAPHY/MASS SPECTOMETRY, ANALYTE, NOS; STABLE ISOTROPEDILUTION, SINGLE ANALYTE, QUANTITATIVE, SINGLE STATIONARY AND MOBILE			\$24.63
00082550		CREATINE KINASE (CK), (CPK); TOTAL (PANEL TEST 80002-80019)			\$8.88
00082550	QW	CREATINE KINASE (CK); TOTAL. (PANEL TEST 80002-80019)			\$8.88
00082552		ISOENZYMES			\$18.28
00082553		CREATINE MB FRACTION ONLY			\$15.75
00082554		.....ISOFORMS			\$16.19
00082565		CREATININE; BLOOD (PANEL TEST 80002-80019)			\$6.99
00082565	QW	CREATINE; BLOOD			\$6.99
00082570		CREATININE; OTHER SOURCE			\$7.06
00082570	QW	CREATININE, OTHER SOURCE			\$7.06
00082575		CREATININE CLEARANCE			\$12.89
00082585		CRYOFIBRINOGEN			\$4.31
00082595		CRYOGLOBULIN, QUALITATIVE OR SEMI-QUANTITATIVE (EG, CRYOCRIT)			\$8.75
00082600		CYANIDE			\$26.46
00082607		CYANOCOBALAMIN (VITAMIN B-12)			\$20.56
00082608		CYANOCOBALAMIN (VITAMIN B-12); UNSATURATED BINDING CAPACITY			\$19.54

00082610		CYSTATIN C			\$1.27
00082615		URINE, QUALITATIVE (8000)(MEDICARE MAX FEE)			\$11.14
00082626		DEHYDROEPIANDROSTERONE (DHEA)			\$21.71
00082627		DEHYDROEPIANDROSTERONE-SULFATE (DHEA-S)			\$21.71
00082633		DESOXYCORTICOSTERONE, 11-,			\$32.49
00082634		DESOXYCORTISOL, 11-			\$32.49
00082638		DIBUCAINE NUMBER			\$16.71
00082646		DIHYDROCODINONE			\$15.10
00082649		DIHYDROMORPHINONE			\$24.48
00082651		DIHYDROTOSTERONE (DHT)			\$24.48
00082652		DIHYDROTOSTERONE (DHT) 1, 25 DIHYDROXY, INCLUDES FRACTION(S), IF PERFORMED			\$52.53
00082654		DIMETHADIONE			\$18.89
00082656		ELASTASE, PANCREATIC (EL-1), FECAL, QUALITATIVE OR SEMI-QUANTITATIVE			\$15.74
00082657		ENZYME ACTIVITY IN BLOOD CELLS, CULTURED CELLS OR TISSUE, NOS; NONRADIOACTIVE SUBSTRATE, EACH SPECIMEN			\$24.63
00082658		ENZYME ACTIVITY IN BLOOD CELLS, CULTURED CELLS, OR TISSUE, NOS; RADIOACTIVE SUBSTRATE, EACH SPECIMEN			\$24.63
00082664		ELECTROPHORETIC TECHNIQUE, NOT ELSEWHERE SPECIFIED			\$46.87
00082666		EPIANDROSTERONE			\$23.73
00082668		ERYTHROPOIETIN			\$22.84
00082670		ESTRADIOL			\$36.17
00082671		ESTROGENS; FRACTIONATED			\$44.07
00082672		ESTROGENS, FRACTIONATED; TOTAL			\$29.60
00082677		ESTRIOL			\$32.99
00082679		ESTRONE			\$34.05
00082679	QW	ESTRONE			\$34.05
00082690		ETHCHLORVYNOL			\$23.58
00082693		ETHYLENE GLYCOL			\$20.32
00082696		ETIOCHOLANOLONE			\$27.29
00082705		FAT OR LIPIDS, FECES, QUALITATIVE			\$3.68
00082710		QUANTITATIVE			\$22.93
00082715		FAT DIFFERENTIAL, FECES, QUANTITATIVE			\$23.48
00082725		FATTY ACIDS, NONESTERIFIED			\$18.16
00082726		VERY LONG CHAIN FATTY ACIDS			\$24.63
00082728		FERRITIN;			\$18.59
00082731		FETAL FIBRONECTIN, CERVICOVAGINAL SECRETIONS, SEMI-QUANTITATIVE			\$87.88
00082735		FLUORIDE;			\$25.29
00082742		FLURAZEPAM;			\$27.00
00082746		FOLIC ACID; SERUM;			\$20.06

00082747		FOLIC ACID RBC			\$23.63
00082757		FRUCTOSE, SEMEN			\$23.66
00082759		GALACTOKINASE, RBC;			\$29.31
00082760		GALACTOSE			\$11.79
00082775		GALACTOSE-1-PHOSPHATE URIDYL TRANSFERASE (8000)(MEDICARE MAX FEE)			\$27.94
00082776		SCREEN (CRVS OF 8998 AS OF 11\82);			\$11.44
00082777		Galectin-3 level			\$30.01
00082784		GAMMAGLOBULIN (IMMUNOGLOBULIN); IGA, IGD, IGG, IGM, EACH			\$12.68
00082785		GAMMAGLOBULIN (IMMUNOGLOBULIN); IGE			\$18.27
00082787		GAMMAGLOBULIN (IMMUNOGLOBULIN); IMMUNOGLOBULIN SUBCLASSES (EG, IGG1, 2, 3, OR4), EACH			\$10.94
00082800		GASES, BLOOD; PH ONLY			\$11.54
00082803		GASSES, BLOOD, ANY COMBINATION OF PH, PCO2, PO2, CO2, HCO2, NON COVERED WHEN BILLED WITH INPT HOSP VISITS			\$26.40
00082805		WITH O2 SATURATION, BY DIRECT MEASUREMENT, EXCEPT PULSE OXIMETRY			\$36.36
00082810		GSES, BLOOD, O2, SATURATION ONLY, BY DIRECT MEASUREMENT, EXCEPT PULSE OXIMETRY			\$9.43
00082820		HEMOGLOBIN-OXYGEN AFFINITY (PO2 FOR 50% HEMOGLOBIN SATURATION WITH OXYGEN)			\$13.63
00082930		GASTRIC ACID ANALYSIS, INCLUDES PH IF PERFORMED, EACH SPECIMEN			\$7.44
00082938		GASTRIN AFTER SECRETIN STIMULATION			\$24.14
00082941		GASTRIN			\$7.99
00082943		GLUCAGON;			\$19.49
00082945		GLUCOSE, BODY FLUID, OTHER THAN BLOOD			\$5.36
00082946		GLUCAGON TOLERANCE TEST			\$7.99
00082947		GLUCOSE; QUANTITATIVE, BLOOD (EXCEPT REAGENT STRIP)			\$5.36
00082947	QW	GLUCOSE; QUANTITATIVE, BLOOD (EXCEPT REAGENT STRIP)			\$5.36
00082948		GLUCOSE; BLOOD, REAGENT STRIP (PANEL TEST 80002- 80019)			\$2.19
00082950		POST GLUCOSE DOSE (INCLUDES GLUCOSE);			\$6.48
00082950	QW	POST GLUCOSE DOSE (INCLUDES GLUCOSE)			\$6.48
00082951		TOLERANCE TEST (GTT) THREE SPECIMENS (INCLUDES GLUCOSE)			\$17.56
00082951	QW	TOLERANCE TEST (GTT), THREE SPECIMENS (INCLUDES GLUCOSE)			\$17.56
00082952		TOLERANCE TEST, EACH ADDITIONAL BEYOND THREE SPECIMENS			\$3.42
00082952	QW	TOLERANCE TEST, EACH ADDITIONAL BEYOND THREE SPECIMENS			\$3.42
00082953		TOLBUTAMIDE TOLERANCE TEST ;			\$20.67
00082955		GLUCOSE-6-PHOSPHATE DEHYDROGENASE, ERYTHROCYTE			\$6.34
00082960		SCREEN;			\$8.26

00082962		GLUCOSE, BLOOD, BY GLUCOSE MONITORING DEVICE(S) CLEARED BY THE FDASPEC HOME USE,CLIA WAVED TEST.			\$3.20
00082963		GLUCOSIDASE, BETA;			\$29.31
00082965		GLUTAMATE DEHYDROGENASE;			\$10.55
00082975		GLUTAMINE (GLUTAMIC ACID AMIDE);			\$21.62
00082977		GLUTAMYLTRANSFERASE, GAMMA (GGT);			\$9.82
00082977	QW	GLUTAMYLTRANSFERASE, GAMMA (GGT)*****			\$9.82
00082978		GLUTATHIONE;			\$19.45
00082979		GLUTATHIONE REDUCTASE, RBC;			\$9.40
00082980		GLUTETHIMIDE (DORIDEN) ;			\$25.00
00082985		GLYCATED PROTEIN;			\$20.56
00082985	QW	GLYCATED PROTEIN: LXN FRUCTOSAMINE TEST SYSTEM IS CLIA WAIVED.CLIA WAIVED			\$20.56
00083001		GONATROPIN; FOLLICLE STIMULATING HORMONE (FSH);			\$25.35
00083001	QW	GONADOTROPIN; FOLLICLE STIMULATING HORMONE (FSH)			\$25.35
00083002		GONADOTROPIN, LUTEINIZING HORMONE (LH);			\$25.26
00083002	QW	GONADOTROPIN; LUTENIZING HORMONE (LH)			\$25.26
00083003		GROWTH HORMONE, HUMAN (HGH),(SOMATOTROPIN);			\$22.76
00083008		GUANOSINE MONOPHOSPHATE (GMP), CYCLIC,;			\$22.90
00083009		HELICOBACTER PYLORI, BLOOD TEST ANALYSIS FOR UREASE ACTIVITY, NON-RADIOACTIVEISOTOPE (EG, C-13)			\$78.97
00083010		HAPTOGLOBIN, QUANTITATIVE;			\$17.16
00083012		*****PHENOTYPES			\$19.04
00083013		HELICOBACTER PYLORI; BREATH TEST ANALYSIS FOR UREASE ACTIVITY, NON-RADIOACTIVE ISOTOPE (EG, C-13)			\$78.97
00083014		HELICOBACTER PYLORI; DRUG ADMINISTRATION			\$10.73
00083015		HEAVY METAL SCREEN (ARSENIC, BARIUM, BERYLLIUM, BISMUTH, ANTIMONY,MERCURY);			\$25.69
00083018		HEAVY METAL QUANT., EACH;			\$14.53
00083020		HEMOGLOBIN; ELECTROPHORESIS (EG. A2,S,C,)			\$17.56
00083021		B-HEXOSAMINIDASE, EACH ASSAY			\$24.63
00083026		HEMOGLOBIN; BY COPPER SUFATE METHOD, NON- AUTOMATED CLIA WAVED FOR MONITORING HEMOGLOBIN IN BLOOD			\$3.23
00083030		HEMOGLOBIN, F (FETAL), CHEMICAL			\$8.90
00083033		HEMOGLOBIN; F (FETAL), QUALITATIVE			\$8.13
00083036		HEMOGLOBIN; GLYCOSYLATED (A1C)			\$13.24
00083036	QW	HEMOGLOBIN; GLYCOSYLATED (A1C)			\$13.24
00083037		HEMOGLOBIN; GLYCOSYLATED (A1C) BY DEVICE CLEARED BY FDA FOR HOME USE			\$13.24
00083037	QW	HEMOGLOBIN; GLYCOSYLATED (A1C) BY DEVICE CLEARED BY FDA FOR HOME USE			\$13.24
00083045		METHEMOGLOBIN, QUALITATIVE;			\$6.76
00083050		METHEMOGLOBIN, QUANTITATIVE;			\$10.00

00083051		PLASMA;			\$9.98
00083055		SULFHEMOGLOBIN, QUALITATIVE;			\$6.71
00083060		SULFHEMOGLOBIN, QUANTITATIVE;			\$11.28
00083065		THERMOLABILE;			\$9.40
00083068		UNSTABLE, SCREEN;			\$11.54
00083069		URINE;			\$5.39
00083070		HEMOSIDERIN, QUALITATIVE			\$3.05
00083071		HEMOSIDERIN, QUANTITATIVE			\$5.61
00083080		B-HEXOSAMINIDASE, EACH ASSAY			\$23.01
00083088		HISTAMINE;			\$40.29
00083090		HOMOCYSTINE			\$23.01
00083150		HOMOVANILLIC ACID (HVA);			\$26.40
00083491		HYDROXYCORTICOSTEROIDS, 17-(17-OHCS);			\$13.98
00083497		HYDROXYINDOLACETIC ACID, 5-(HIAA), URINE			\$11.93
00083498		HYDROXYPROGESTERONE, 17-D			\$26.78
00083499		HYDROPROGESTERONE, 20-			\$33.24
00083500		HYDROXYPROLINE, FREE;			\$21.45
00083505		HYDROXYPROLINE; TOTAL			\$30.15
00083516		IMMUNOASSAY FOR ANALYTE OTHER THAN INFECTIOUS AGENT ANTIBODY OR INFECTIOUSAGENT ANTIGEN; QUALITATIVE OR SEMIQUANTITATIVE, MULTIPLE STEP ME			\$15.74
00083518		IMMUNOASSAY FOR ANALYTE OTHER THAN INFECTIOUS AGENT ANTIBODY OR INFECTIOUSAGENT ANTIGEN; QUALITATIVE OR SEMIQUANTITATIVE, SINGLE STEP METH			\$11.56
00083518	QW	IMMUNOASSAY FOR ANALYTE OTHER THAN INFECTIOUS AGENT ANTIBODY OR INFECTIOUSAGENT ANTIGEN; QUALITATIVE OR SEMIQUANTITATIVE, SINGLE STEP METH			\$11.56
00083519		IMMUNOASSAY FOR ANALYTE OTHER THAN INFECTIOUS AGENT ANTIBODY OR INFECTIOUSAGENT ANTIGEN; QUANTITATIVE, BY RADIOIMMUNOASSAY (EG, RIA)			\$18.43
00083520		IMMUNOASSAY FOR ANALYTE OTHER THAN INFECTIOUS AGENT ANTIBODY OR INFECTIOUSAGENT ANTIGEN; QUANTITATIVE, NOT OTHERWISE SPECIFIED			\$17.66
00083520	QW	IMMUNOASSAY FOR ANALYTE OTHER THAN INFECTIOUS AGENT ANTIBODY OR INFECTIOUS AGENT ANTIGEN; QUANTITATIVE, NOT OTHERWISE SPECIFIED			\$17.66
00083525		INSULIN, TOTAL,			\$15.59
00083527		INSULIN; FREE; NOT ON MEDICARE FEE SCHEDULE.			\$17.67
00083528		INTRINSIC FACTOR			\$19.80
00083540		IRON;			\$8.83
00083550		IRON BINDING CAPACITY;			\$11.93
00083570		{SOCITRIC DEHYDROGENASE (IDH);			\$12.07
00083582		KETOGENIC STEROIDS, FRACTIONATION;			\$19.34
00083586		KETOSTEROIDS, 17-(17-KS) TOTAL;			\$17.47
00083593		KETOSTEROIDS, FRACTIONATION			\$21.71

00083605		LACTATE, BLOOD			\$11.79
00083605	QW	LACTATE (LACTIC ACID)			\$11.79
00083615		LACTIC DEHYDROGENASE (LD),(LDH); (PANEL TEST 80002-80019)			\$8.23
00083625		*****ISOENZYMES, SEPARATION AND QUANTITATION;			\$17.46
00083630		LACTOFERRIN, FECAL; QUALITATIVE			\$26.78
00083631		LACTOFERRIN, FECAL, QUANTITATIVE			\$26.78
00083632		LACTOGEN, HUMAN PLACENTAL (HPL) HUMAN CHORIONIC SOMATOMMOTROPIN			\$27.58
00083633		LACTOSE, URINE, QUALITATIVE			\$7.12
00083634		LACTOSE, QUANTITATIVE			\$11.93
00083655		LEAD			\$16.52
00083655	QW	LEAD			\$16.52
00083661		FETAL LUNG MATURITY ASSESSMENT; LECITHIN SPHINGOMYELIN (L/S) RATIO			\$29.99
00083662		L/S RATIO FOAM STABILITY TEST			\$4.31
00083663		FETAL LUNG MATURITY ASSESSMENT; FLUORESCENCE POLARIZATION			\$4.31
00083664		FETAL LUNG MATURITY ASSESSMENT; LAMELLAR BODY DENSITY			\$4.31
00083670		LEUCINE AMINOPEPTIDASE (LAP)			\$7.01
00083690		LIPASE ;			\$9.40
00083695		LIPOPROTEIN (A)			\$17.66
00083698		LIPOPROTEIN-ASSOCIATED PHOSPHOLIPASE A2, (LP-PLA2)			\$46.31
00083700		LIPOPROTEIN, BLOOD; ELECTROPHORETIC SEPARATION AND QUANTITATION			\$7.99
00083701		LIPOPROTEIN, BLOOD; HIGH RESOLUTION FRACTIONATION AND QUANTITATION OF LIPOPROTEINS INCLUDING LIPOPROTEIN SUBCLASSES WHEN PERFORMED (EG			\$33.86
00083704		LIPOPROTEIN, BLOOD; QUANTITATION OF LIPOPROTEIN PARTICLE NUMBERS ANDLIPOPROTEIN PARTICLE SUBCLASSES (EG, BY NUCLEAR MAGNETIC RESONAN			\$43.04
00083718		LIPOPROTEIN, DIRECT MEASUREMENT; HIGH DENSITY CHOLESTEROL (HDL CHOLESTEROL) ;PART OF LIPID PANEL 80061			\$11.17
00083718	QW	LIPOPROTIEN, DIRECT MEASURE; HIGH DENSITY CHOLESTEROL (HDL CHOLESTEROL) CLIA WAVED TEST CHOLESTECH LDX			\$11.17
00083719		LIPOPROTEIN VERY LOW DENSITY CHOLESTEROL (VLDL CHOLESTEROL);			\$15.87
00083721		LIPOPROTEIN LDL CHOLESTEROL			\$13.02
00083721	QW	LIPOPROTEIN, DIRECT MEASUREMENT; LDL CHOLESTEROL*****			\$13.02
00083727		LUTEINIZING RELEASING FACTOR(LRH), RIA ;			\$23.46
00083735		MAGNESIUM;			\$9.14
00083775		MALATE DEHYDROGENASE,;			\$10.06
00083785		MANGANESE			\$23.73

00083788		MASS SPECTROMETRY AND TANDEM MASS SPECTROMETRY , ANALYTE NOS/ QUALITATIVE, EACH SPECIMEN			\$24.63
00083789		MASS SPECTROMETRY AND TANDEM MASS SPECTROMETRY, ANALYTE NOS; QUANTITATIVE, EACH SPECIMEN			\$24.63
00083805		MEPROBAMATE;			\$24.04
00083825		MERCURY, QUANTITATIVE			\$22.18
00083835		METANEPHRINES			\$23.11
00083840		METHADONE			\$19.04
00083857		METHEMALBUMIN			\$10.28
00083858		METHSUXIMIDE;			\$20.21
00083861		MICROFLUIDIC ANALYSIS UTILIZING AN INTEGRATED COLLECTION AND ANALYSIS DEVICE, TEAR OSMOLARITY			\$22.54
00083861	QW	MICROFLUIDIC ANALYSIS UTILIZING AN INTEGRATED COLLECTION AND ANALYSIS DEVICE, TEAR OSMOLARITY			\$22.54
00083864		MUCOPOLYSACCHARIDES, ACID, QUANTITATIVE;			\$24.43
00083866		MUCOPOLYSACCHARIDES, SCREEN			\$7.12
00083872		MUCIN, SYNOVIAL FLUID (ROPE TEST)			\$4.07
00083873		MYELIN BASIC PROTEIN, CEREBROSPINAL FLUID			\$23.47
00083874		MYOGLOBIN;			\$17.62
00083876		MYELOPEROXIDASE (MPO)			\$46.31
00083880		NATRIURECTIC PEPTIDE			\$46.31
00083880	QW	NATRIURECTIC PEPTIDE***** *****			\$46.31
00083883		NEPHELOMETRY, EACH ANALYTE NOT ELSEWHERE SPECIFIED			\$1.27
00083885		NICKEL			\$7.35
00083887		NICOTINE			\$23.73
00083915		5-NUCLEOTIDASE			\$12.31
00083916		OLIGOCLONAL IMMUNE (OLIGOCLONAL BANDS)			\$27.43
00083918		ORGANIC ACIDS; TOTAL, QUANTITATIVE, EACH SPECIMEN			\$22.45
00083919		ORGANIC ACIDS; QUALITATIVE, EACH SPECIMENT			\$22.45
00083921		ORGANIC ACID, SINGLE, QUANTITATIVE			\$22.45
00083925		OPIATE(S), DRUG AND METABOLITES, EACH PROCEDURE			\$25.44
00083930		OSMOLALITY, BLOOD, 8192;			\$9.02
00083935		OSMOLALITY URINE;			\$9.30
00083937		OSTEOCALCIN (BONE G1A PROTEIN); RNE			\$40.72
00083945		OXALATE;			\$17.56
00083950		ONCOPROTEIN; HER-2/NEU			\$87.88
00083951		ONCOPROTEIN; DES-GAMMA-CARBOXY-PROTHROMBIN (DCP)			\$87.88
00083970		PARATHORMONE (PARATHYROID HORMONE);			\$56.31
00083986		PH; BODY FLUID, NOT OTHERWISE SPECIFIED			\$4.88
00083986	QW	PH; BODY FLUID, NOT OTHERWISE SPECIFIED			\$4.88

00083987		PH; EXHALED BREATH CONDENSATE			\$21.66
00083992		PHENCYCLIDINE (PCP)			\$11.93
00083993		CALPROTECTIN, FECAL			\$26.78
00084022		PHENOTHIAZINE;			\$21.25
00084030		PHENYLALANINE (PKU), BLOOD;			\$7.50
00084035		PHENYLKETONES, QUALITATIVE;			\$5.00
00084060		PHOSPHATASE, ACID; TOTAL; (PART OF PANEL CODES 80002-80019)			\$10.08
00084061		PHOSPHATASE, FORENSIC EXAMINATION			\$10.79
00084066		PHOSPHASE PROSTATIC;			\$13.18
00084075		PHOSPHATASE, ALKALINE(PANEL TEST 80002-80019)			\$7.06
00084075	QW	PHOSPATASE, ALKALINE			\$7.06
00084078		HEAT STABLE (TOTAL NOT INCLUDED) (PANEL TEST 80002-80019)			\$6.34
00084080		PHOSPHATASE ISOENZYMES;			\$20.17
00084081		PHOSPHATIDYLGLYCEROL;			\$22.54
00084085		PHOSPHOGLUCONATE, 6- DEHYDROGENASE, RBC			\$9.20
00084087		PHOSPHOHEXOSE ISOMERASE;			\$14.09
00084100		PHOSPORUS INORGANIC (PHOSPHATE); (PANEL TEST 80002-80019)			\$6.46
00084105		PHOSPHORUS URINE			\$7.06
00084106		PORPHOBILINOGEN, URINE, QUALITATIVE 8107			\$5.84
00084110		QUANTITATIVE 8109			\$5.46
00084112		PLACENTAL ALPHA MICROGLOBULIN-1 (PAMG-1), CERVICOVAGINAL SECRETION, QUALITATIVE			\$87.88
00084119		PORPHYRINS, URINE; QUALITATIVE DELETED 5-93 PRICE \$ 12.10			\$11.75
00084120		PORPHYRINS, URINE, QUANTITATION AND FRACTIONATION			\$13.82
00084126		PORPHYRINS, FECES, QUANTITATIVE			\$9.54
00084127		PORPHYRINS, FECES; QUALITATIVE			\$12.81
00084132		POTASSIUM; SERUM, PLASMA OR WHOLE BLOOD			\$6.27
00084132	QW	POTASSIUM; SERUM, PLASMA OR WHOLE BLOOD			\$6.27
00084133		POTASSIUM URINE			\$5.87
00084134		PREALBUMIN			\$19.89
00084135		PREGNANEDIOL; RIA DELETED 5-93 PRICE \$13.77			\$14.37
00084138		PREGNANETRIOL; RIA DELETED 5-93 PRICE \$27.32			\$25.83
00084140		PREGNENOLONE ; RNE			\$28.21
00084143		17-HYDROXPREGNENOLONE;			\$31.13
00084144		PROGESTERONE DELETED 5-93 PRICE \$25.58			\$28.46
00084145		PROCALCITONIN (PCT)			\$21.71
00084146		PROLACTIN DELETED 0593 \$28.12			\$26.44
00084150		PROSTAGLANDIN, EACH DELETED 0593 \$34.07			\$34.05
00084152		PROSTATE SPECIFIC ANTIGEN (PSA); COMPLEXED (DIRECT MEASUREMENT)			\$25.09

00084153		PROSTATE SPECIFIC ANTIGEN (PSA)			\$25.09
00084154		PROSTATE SPECIFIC ANTIGEN; FREE			\$25.09
00084155		PROTEIN, TOTAL, EXCEPT BY REFRACTOMETRY; SERUM, PLASMA OR WHOLE BLOOD			\$5.00
00084155	QW	PROTEIN, TOTAL, EXCEPT BY REFRACTOMETRY; SERUM, PLASMA OR WHOLE BLOOD			\$5.00
00084156		PROTEIN, TOTAL, EXCEPT BY REFRACTOMETRY; URINE			\$5.00
00084157		PROTEIN, TOTAL, EXCEPT BY REFRACTOMETRY; OTHER SOURCE (EG, SYNOVIAL FLUID,CEREBROSPINAL FLUID)			\$5.00
00084157	QW	PROTEIN, TOTAL, EXCEPT BY REFRACTOMETRY; OTHER SOURCE (EG, SYNOVIAL FLUID, CEREBROSPINAL FLUID)			\$5.00
00084160		PROTEIN, TOTAL, BY REFRACTOMETRY, ANY SOURCE			\$7.06
00084163		PREGNANCY-ASSOCIATED PLASMA PROTEIN-A (PAPP-A)			\$20.54
00084165		PROTEIN; ELECTROPHORETIC FRACTIONATION AND QUANTITATION, SERUM			\$14.65
00084166		PROTEIN; ELECTROPHORETIC FRACTIONATION AND QUANTITATION, OTHER FLUIDS WITHCONCENTRATION (EG, URINE, CSF)			\$24.33
00084181		WESTERN BLOT, WITH INTERPRETATION AND REPORT, BLOOD OR OTHER BODY FLUID			\$23.24
00084182		WESTERN BLOT, WITH INTERPRETATION AND REPORT, BLOOD OR OTHER BODY FLUID,IMMUNOLOGICAL PROBE FOR BAND IDENTIFICATION			\$24.55
00084202		PROTOPORPHYRIN, RBC; QUANTITATIVE (CRVS OF 8998 AS OF 11\82)			\$11.05
00084203		SCREENDELETED 0593 PRICE\$12.45			\$11.74
00084206		PROINSULIN, DELETED 0593 PRICE\$23.77			\$24.30
00084207		PYRIDOXINE PHOSPHATE (VITAMIN B-6)			\$19.80
00084210		PYRUVATE DELETED 0593 PRICE\$15.55			\$14.81
00084220		PYRUVIC KINASE DELETED 0593 PRICE\$13.66			\$12.88
00084228		QUININE DELETED 0593 PRICE \$16.85			\$15.87
00084233		RECEPTOR ASSAY; ESTROGEN DELETED 0593PRICE\$91.98			\$87.88
00084234		RECEPTOR ASSAY; PROGESTERONE DELETED 0593 PRICE\$92.59			\$88.51
00084235		RECEPTOR ASSAY; ENDOCRINE, OTHER THAN ESTROGEN OR PROGESTERONE (SPECIFY HORMONE)			\$71.40
00084238		RECEPTOR ASSAY; NON-ENDOCRINE (SPECIFY RECEPTOR)			\$49.89
00084244		RENIN			\$30.01
00084252		RIBOFLAVIN (VITAMIN B-2)DELETED 0593 PRICE\$31.24			\$27.61
00084255		SELENIUM			\$28.57
00084260		SEROTONIN)			\$31.59
00084270		SEX HORMONE BINDING GLOBULIN (SHBG)			\$29.65
00084275		SIALIC ACID			\$18.33
00084285		SILICA			\$9.27
00084295		SODIUM; SERUM, PLASMA OR WHOLE BLOOD			\$6.56
00084295	QW	SODIUM; SERUM, PLASMA OR WHOLE BLOOD			\$6.56

00084300		URINE (PRIOR TO 7/82 CRVS WAS M124, TEACHING UNIT TIMES .75 UNITS)			\$3.93
00084302		SODIUM; OTHER SOURCE			\$3.93
00084305		SOMATOMEDIN			\$29.00
00084307		SOMATOSTATIN			\$24.94
00084311		SPECTROPHOTOMETRY, ANALYTE NOT ELSEWHERE SPECIFIED			\$8.75
00084315		SPECIFIC GRAVITY (EXCLUDING URINE) DELETED 0593 PRICE\$3.76			\$3.43
00084375		SUGARS, CHROMATOGRAPHIC, TLC OR PAPER CHROMATOGRAPHY			\$19.02
00084376		SUGARS; SINGLE QUALITATIVE, EACH SPECIMEN			\$7.12
00084377		SUGARS; MULTIPLE QUALITATIVE, EACH SPECIMEN			\$7.12
00084378		SUGARS; SINGLE QUATITATIVE, EACH SPECIMEN			\$11.93
00084379		SUGARS; MILTIPLE QUANTITATIVE, EACH SPECIMEN			\$11.93
00084392		SULPHATE, URINE			\$3.92
00084402		TESTOSTERONE; FREE			\$34.74
00084403		TESTOSTERONE, TOTAL			\$35.22
00084425		THIAMINE (VITAMIN B-1) (CRVS OF 8998 AS OF 11\82)			\$23.47
00084430		THIOCYANATE			\$10.28
00084431		THROMBOXANE METABOLITE(S), INCLUDING THROMBOXANE IF PERFORMED, URINE			\$22.93
00084432		THYROGLOBULIN			\$21.91
00084436		THYROXINE, TOTAL			\$9.37
00084437		THYROXINE, REQUIRING ELUTION (EG, NEONATAL)			\$8.83
00084439		THYROXINE, FREE			\$11.93
00084442		THYROXINE BINDING GLOBULIN (TBG)			\$20.17
00084443		THYROID STIMULATING HORMONE (TSH)			\$22.93
00084443	QW	THYROID STIMULATING HORMONE (TSH)*****			\$22.93
00084445		THYROID STIMULATING IMMUNE GLOBULINS (TSI)			\$69.38
00084446		TOCOPHEROL ALPHA (VITAMIN E) (CRVS OF 8998 AS OF 11\82)			\$5.96
00084449		TRANSCORTIN (CORTISOL BINDING GLOBULIN);			\$24.55
00084450		TRANFERASE, ASPARTATE AMINO (AST) (SGOT) (PANEL TEST (80002-80019)			\$7.06
00084450	QW	TRANFERASE, ASPARTATE AMINO (AST) (SGOT)*****			\$7.06
00084460		TRANSFERASE; ALANINE AMINO (ALT) (SGPT)(PANEL TEST 80002-80019)			\$7.22
00084460	QW	TRANSFERASE; ALANINE AMINO (AST)(SGPT)			\$7.22
00084466		TRANSFERRIN			\$17.42
00084478		TRIGLYCERIDES,			\$7.84
00084478	QW	TRIGLYCERIDES CLIA WAVED TEST CHOLESTECH LDX			\$7.84
00084479		TRIDOTHYRONINE (T-3), RESIN UPTAKE			\$8.83
00084480		TRIIODOTHYRONINE, TOTAL (TT-3)			\$11.93

00084481		TRIODOTHYRONINE, FREE			\$11.93
00084482		T-3, REVERSE			\$11.92
00084484		TROPONIN, QUANTITATIVE			\$13.42
00084485		TRYPsin, DUODENAL FLUID			\$1.91
00084488		TRYPsin, FECES, QUALITATIVE			\$1.91
00084490		TRYPsin, FECES. QUANTITATIVE, 24-HOUR COLLECTION			\$10.37
00084510		TYROSINE			\$7.35
00084512		TROPONIN, QUALITATIVE DRUG TESTING			\$8.87
00084520		UREA NITROGEN; QUANTITATIVE			\$5.39
00084520	QW	UREA NITROGEN, QUANTITATIVE			\$5.39
00084525		UREA NITROGEN; SEMIQUANTITATIVE (EG, REAGENT STRIP TEST)			\$3.20
00084540		UREA NITROGEN, URINE * DELETED0593PRICE\$6.89			\$6.48
00084545		CLEARANCE 8236 DELETED0593PRICE\$10.07			\$9.01
00084550		URIC ACID; BLOOD, (PANEL TEST 80072)			\$6.16
00084550	QW	URIC ACID; BLOOD			\$6.16
00084560		URIC ACID, OTHER SOURCE			\$6.48
00084577		UROBILINOGEN, FECES, QUANTITATIVE DELETED 0593 PRICE \$17.08			\$17.03
00084578		UROBILINOGEN, URINE, QUALITATIVE DELETED 0593 PRICE\$4.82			\$4.43
00084580		QUANTITATIVE, TIMED SPECIMEN 8141DELETED 0593 PRICE\$9.73			\$9.68
00084583		UROBILINOGEN SEMIQUANTITATIVE,			\$6.86
00084585		VANILLYL MANDELIC ACID (VMA), URINE DELETED0593PRICE\$22.40			\$21.14
00084586		VASOACTIVE INTESTINAL PEPTIDE (VIP) ;			\$48.20
00084588		VASOPRESSIN (ANTIDIURETIC HORMONE, ADH)			\$46.31
00084590		VITAMIN A, DELETED0593PRICE\$16.83			\$15.83
00084591		VITAMIN, NOT OTHERWISE SPECIFIED			\$15.83
00084597		VITAMIN K			\$18.71
00084600		VOLATILES (ACETIC ANHYDRIDE, CARBON TETRACHLORIDE, DICHLOROETHANE, DICHLOROMETHANE, DIETHYLETHER, ISOPROPYL ALCOHOL, METHANOL) DELETED 0593			\$21.93
00084620		XYLOSE ABSORPTION TEST, BLOOD AND/OR URINE			\$16.16
00084630		ZINC			\$7.35
00084681		C-PEPTIDE DELETED 0593 PRICE \$28.49			\$28.39
00084702		GONADOTROPIN, CHORIONIC (HCG); QUANTITATIVE			\$20.54
00084703		GONADOTROPIN QUALITATIVE			\$10.26
00084703	QW	GONADOTROPIN QUALITATIVE			\$10.26
00084704		GONADOTROPIN, CHORIONIC (HCG); FREE BETA CHAIN			\$20.54
00084830		OVULATION TESTS, BY VISUAL COLOR COMPARISON METHODS FOR HUMAN LEUTINIZING HORMONE. CLIA			\$13.68

		WAVED FOR DETECTION OF OVULATION (OPTIMAL FOR CONCEPTION)			
00084999		UNLISTED CHEMISTRY PROCEDURE	NOT COVERED		
00085002		BLEEDING TIME			\$6.15
00085004		BLOOD COUNT; AUTOMATED DIFFERENTIAL WBC COUNT			\$8.83
00085007		BLOOD COUNT; BLOOD SMEAR, MICROSCOPIC EXAMINATION WITH MANUAL DIFFERENTIAL WBC COUNT			\$4.69
00085008		BLOOD COUNT; BLOOD SMEAR, MICROSCOPIC EXAMINATION WITHOUT MANUAL DIFFERENTIAL WBC COUNT			\$4.57
00085009		BLOOD COUNT; MANUAL DIFFERENTIAL WBC COUNT, BUFFY COAT			\$5.08
00085013		BLOOD COUNT, SPUN HEMATOCRIT CLIA WAVED FOR ANEMIA SCREENING			\$3.23
00085014		BLOOD COUNT; HEMATOCRIT (HCT)			\$3.23
00085014	QW	HEMATOCRIT (HCT)			\$3.23
00085018		BLOOD COUNT; HEMOGLOBIN (HGB)			\$3.23
00085018	QW	BLOOD COUNT; HEMOGLOBIN (HGB)			\$3.23
00085025		BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT, RBC, WBC AND PLATELET COUNT) AND AUTOMATED DIFFERENTIAL WBC COUNT			\$6.34
00085027		BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT, RBC, WBC AND PLATELET COUNT)			\$8.83
00085032		BLOOD COUNT; MANUAL CELL COUNT (ERYTHROCYTE, LEUKOCYTE, OR PLATELET) EACH			\$5.87
00085041		BLOOD COUNT; RED BLOOD CELL (RBC), AUTOMATED			\$4.11
00085044		BLOOD COUNT; RETICULOCYTE, MANUAL			\$4.82
00085045		BLOOD COUNT; RETICULOCYTE, AUTOMATED			\$5.45
00085046		BLOOD COUNT; RETICULOCYTES, AUTOMATED, INCLUDING ONE OR MORE CELLULAR PARAMETERS (EG, RETICULOCYTE HEMOGLOBIN CONTENT (CHR), IMMATURE			\$7.61
00085048		BLOOD COUNT; LEUKOCYTE (WBC), AUTOMATED			\$3.46
00085049		BLOOD COUNT; PLATELET, AUTOMATED			\$6.11
00085055		RETICULATED PLATELET ASSAY			\$22.28
00085130		CHROMOGENIC SUBSTRATE ASSAY			\$16.22
00085170		CLOT RETRACTION DELETED 0593 PRICE \$5.23			\$4.94
00085175		CLOT LYSIS TIME, WHOLE BLOOD DILUTION			\$4.94
00085210		FACTOR II (PROTHROMBIN)			\$7.35
00085220		FACTOR V (ACG OR PROACCELERIN)			\$10.55
00085230		FACTOR VII (PROCONVERTIN)			\$10.55
00085240		FACTOR VIII (AHG)			\$10.55
00085244		FACTOR VIII RELATED ANTIGEN DELETED 0593 PRICE \$29.80			\$27.85
00085245		FACTOR VIII, VW FACTOR, RISTOCETIN COFACTOR			\$27.79
00085246		FACTOR VIII, VW FACTOR ANTIGEN			\$27.79
00085247		FACTOR VIII, VON WILLEBRAND'S FACTOR, MULTIMETRIC ANALYSIS			\$27.79
00085250		FACTOR IX (PTC OR CHRISTMAS)			\$10.55

00085260	FACTOR X (STUART-PROWER)			\$10.55
00085270	FACTOR XI (PTA)			\$19.04
00085280	FACTOR XII (HAGEMAN)			\$19.04
00085290	FACTOR XIII (FIBRIN STABILIZING) (ALSO CRUS 8433) 8433			\$18.14
00085291	FACTOR XIII (FIBRIN STABILIZING), SCREEN SOLUBILITY			\$9.54
00085292	PREKALLIKREIN ASSAY (FLETCHER FACTOR ASSAY)			\$25.84
00085293	HIGH MOLECULAR WEIGHT KINNOGEN ASSAY FITZGERALD FACTOR ASSAY			\$25.84
00085300	CLOTTING INHIBITORS OR ANTICOAGULANTS, ANTITHROMBIN III, ACTIVITY			\$16.17
00085301	ANTITHROMBIN 111 ANTIGEN ASSAY DELETED 0593 PRICE \$15.66			\$14.75
00085302	PROTEIN C, ANTIGEN			\$16.40
00085303	PROTEIN C, ACTIVITY			\$17.77
00085305	CLOTTING INHIBITORS OR ANTICOAGULANTS; PROTEIN S, TOTAL			\$15.83
00085306	PROTEIN S, FREE			\$17.77
00085307	ACTIVATED PROTEIN C (APC) RESISTANCE ASSAY			\$17.77
00085335	FACTOR INHIBITOR TEST DELETED 0593 PRICE \$17.15			\$17.56
00085337	THROMBOMODULIN			\$6.86
00085345	COAGULATION TIME (LEE AND WHITE) 8422			\$5.19
00085347	COAGULATION TIME, ACTIVATED			\$3.54
00085348	COAGULATION TIME, OTHER METHODS DELETED 0593 PRICE \$5.39			\$5.08
00085360	EUGLOBULIN 8432			\$9.01
00085362	FIBRIN (OGEN) DEGRADATION (SPLIT) PRODUCTS (FDP)(FSP); AGGLUTINATION SLIDE, SEMIQUANTITATIVE			\$9.40
00085366	PARACOAGULATION			\$11.75
00085370	FIBRIN QUANTITATIVE			\$9.77
00085378	FIBRIN DEGRADATION PRODUCTS, D-DIMER; QUALITATIVE OR SEMIQUANTITATIVE			\$9.73
00085379	FIBRIN DEGRADATION PRODUCTS QUANTITATIVE			\$9.77
00085380	FIBRIN DEGRADATION PRODUCTS, D-DIMER; ULTRASENSITIVE (EG, FOR EVALUATION FOR VENOUS THROMBOEMBOLISM), QUALITATIVE OR SEMIQUANTITATIVE			\$9.77
00085384	FIBRINOGEN; ACTIVITY DELETED 0593 PRICE \$12.00			\$11.58
00085385	FIBRINOGEN ANTIGEN			\$11.58
00085390	FIBRINOLYSINS OR COAGULOPATHY SCREEN			\$3.54
00085397	COAGULATION AND FIBRINOLYSIS, FUNCTIONAL ACTIVITY, NOT OTHERWISE SPECIFIED (EG, ADAMTS-13), EACH ANALYTE			\$27.79
00085400	FIBRINOLYTIC FACTORS AND INHIBITORS; PLASMIN			\$12.05
00085410	ALPHA-2 ANTIPLASMIN DELETED 0593 PRICE \$10.56			\$10.52
00085415	PLASMINOGEN ACTIVATOR			\$19.04
00085420	PLASMINOGEN			\$8.92

00085421		PLASMINOGEN, ANTIGENIC ASSAY DELETED 0593 PRICE\$15.65				\$13.90
00085441		HEINZ BODIES, DIRECT				\$4.82
00085445		INDUCED, ACETYL PHENYTHDRAZINEDELETED 0593 PRICE\$9.99				\$9.30
00085460		HEMOGLOBIN, OR RBCS, FETAL, FOR FETOMATERNAL HMORRHAGE; DIFF. LYSIS....				\$8.25
00085461		HEMOGLOBIN OR RBCX, FETAL, FOR FETOMATERNAL HEMORRHAGE; ROSETTE				\$8.25
00085475		HEMOLYSIN, ACID				\$12.11
00085520		HEPARIN ASSAY				\$8.75
00085525		HEPARIN NEUTRALIZATION				\$8.75
00085530		HEPARIN-PROTAMINE TOLERANCE TEST				\$6.34
00085536		IRON STAIN, PERIPHERAL BLOOD				\$8.83
00085540		LEUKOCYTE ALKALINE PHOSPHATASE 8409 MEDICARE MAX FOR INDEPENDENT LAB 14.50				\$11.74
00085547		MECHANICAL FRAGILITY, RBC				\$9.54
00085549		MURAMIDASE				\$16.62
00085555		OSMOTIC FRAGILITY, RBC, UNINCUBATED DELETED 0593 PRICE \$9.68				\$9.12
00085557		OSMOTIC FRACILITY, RBC; INCUBATED				\$18.23
00085576		PLATELET; AGGREGATION (IN VITRO), EACH AGENT CODE DELETED 7-01-93 AND THEN RE-ADDED 1-1-94 (WITH NEW DESCRIPTION)				\$29.31
00085576	QW	PLATELET, AGGREGATION (IN VITRO), EACH AGENT *****				\$29.31
00085597		PLATELET NEUTRALIZATION				\$24.52
00085598		PHOSPHOLIPID NEUTRALIZATION; HEXAGONAL PHOSPHOLIPID				\$24.52
00085610		PROTHROMBIN TIME				\$5.37
00085610	QW	PROTHOMBIN TIMES IN FACTORS II, V, VII, X, VIT KCLIA WAIVED				\$5.37
00085611		PROTHROMBIN TIME, SUBSTITUTION, PLASMA FRACTIONS, EACH				\$5.38
00085612		RUSSELL VIPER VENOM TIME (INCLUDES VENOM); UNDILUTED				\$11.93
00085613		RUSSELL VIPER VENOM TIME, DILUTED,				\$11.93
00085635		REPTILASE TEST (CRVS OF 8998 AS OF 11\82)				\$5.71
00085651		SEDIMENTATION RATE, ERYTHROCYTE; NON-AUTOMATED CLIA WAVED FOR NONSPECIFIC SCREENING FOR INFLAMATION, INFECTION, CANCER				\$4.84
00085652		SEDIMENTATION RATE, ERYTHROCYTE; AUTOMATED				\$3.69
00085660		SICKLING OF RED BLOOD CELLS 8455 DELETED 0593 PRICE \$6.90				\$7.20
00085670		THROMBIN TIME, PLASMA				\$7.87
00085675		THROBMIN TIME; TITER				\$8.90
00085705		THROMBOPLASTIN INHIBITION; TISSUE				\$13.13
00085730		THROMBOPLASTIN TIME, PARTIAL (PTT) 8426				\$8.19

00085732	THROMBOPLASTIN TIME, PARTIAL; SUBSTITUTION, PLASMA FRACTIONS, EACH			\$8.83
00085810	VISCOSITYDELETED 0593 PRICE \$14.76			\$14.02
00086000	AGGLUTININS; FEBRILE,(EG. BRUCELLA, FRANCISELLA, MURINE TYPHUS, Q FEVER, ROCKY MOUNTAIN SPOTTED FEVER, SCRUB TYPHUS), EACH ANTIGEN.			\$5.19
00086001	ALLERGEN SPECIFIC IGG QUANTITATIVE OR SEMIQUANTITATIVE, EACH ALLERGEN			\$7.12
00086003	ALLERGEN SPECIFIC IGE; QUANTITATIVE OR SEMIQUANTITATIVE, EACH ALLERGEN			\$7.12
00086005	ALLERGEN SPECIFIC IGE; QUALITATIVE, MULTIALLERGEN SCREEN (DIPSTICK, PADDLE OR DISK)			\$10.88
00086021	ANTIBODY IDENTIFICATION, LEUKOCYTE ANTIBODIES			\$20.54
00086022	PLATELET ANTIBODIES DELETED 0593 PRICE \$26.58			\$25.06
00086023	***** PLATELET ASSOCIATED AMMINOGLOBULIN ASSAY			\$17.00
00086038	ANTINUCLEAR ANTIBODIES (ANA), RIA DELETED 0593 PRICE \$17.45			\$16.49
00086039	ANTINUCLEAR ANTIBODIES (ANA); TITER			\$15.23
00086060	ANTISTREPTOLYSIN O TITER 8813 DELETED 0593 PRICE \$10.08			\$9.96
00086063	ANTISTREPTOLYSIN O; TITER SCREEN DELETED 0593 PRICE \$8.10			\$7.87
00086140	C-REACTIVE PROTEIN 8814 DELETED 0593 PRICE \$7.08			\$7.06
00086141	C-REACTIVE PROTEIN; HIGH SENSITIVITY (HSCRIP)			\$17.66
00086146	BETA 2 GLYCOPROTEIN I ANTIBODY, EACH			\$34.71
00086147	CARDIOLIPIN (PHOSPHOLIPID) ANTIBODY, EACH IG CLASS			\$34.71
00086148	ANTI-PHOSPHATIDYLSERINE (PHOSPHOLIPID) ANTIBODY			\$21.92
00086152	Cell enumeration using immunologic selection and identification in fluid specimen	NOT COVERED		
00086153	CELL ENUMERATION USING IMMUNOLOGIC SELECTION AND IDENTIFICATION IN FLUID SPECIMEN;PHYSICIAN INTERP & REPORT, WHEN REQUIRED	REQUIRES DOCUMENTATION		
00086155	CHEMOTAXIS ASSAY, SPECIFY METHOD			\$9.01
00086156	COLD AGGLUTININ; SCREEN			\$9.01
00086157	COLD AGGLUTININ; TITER			\$9.01
00086160	COMPLEMENT; ANTIGEN, EACH COMPONENT			\$15.35
00086161	COMPLEMENT ANTIGEN, FUNCTIONAL ACTIVITY, EACH COMPONENT			\$15.35
00086162	COMPLEMENT; ANTIGEN, TOTAL HEMOLYTIC (CH50)			\$20.55
00086171	COMPLEMENT FIXATION TESTS, EACH ANTIGENIS, HISTOPLASMOSIS, SYPHILLIS, PSITTACOSIS, RUBELLA, STEPTOCOCCUS MG			\$7.99
00086185	COUNTERIMMUNOELECTROPHORESIS, EACH ANTIGEN			\$12.20
00086200	CYCLIC CITRULLINATED PEPTIDE (CCP), ANTIBODY			\$17.66
00086215	DEOXYRIBONUCLEASE, ANTIBODY			\$11.93
00086225	DEOXYRIBONUCLEIC ACID (DNA) ANTIBODY; NATIVE OR DOUBLE STRANDED			\$18.74
00086226	DNA, SINGLE STRANDED			\$16.52

00086235		EXTRACTABLE NUCLEAR ANTIGEN, ANTIBODY TO, ANY METHOD (EG, NRNP, SS-A, SS-B, SM, RNP, SC170, J01) EACH ANTIBODY			\$9.54
00086243		FC RECEPTOR DELETED 0593 PRICE \$30.56			\$27.99
00086255		FLUORESCENT ANTIBODY, SCREEN, EACH ANTIBODYPART OF 80072			\$16.44
00086256		FLUORESCENT ANTIBODY TITER, EACH ANTIBODY--			\$8.25
00086277		GROWTH HORMONE, HUMAN (HGH), ANTIBODY, RIA			\$21.47
00086280		HEMAGGLUTINATION INHIBITION TEST (HAI),			\$11.17
00086294		IMMUNOASSAY FOR TUMOR ANTIGEN, QUALITATIVE OR SEMIQUANTITATIVE (EG, BLADDER TUMOR ANTIGEN)			\$26.77
00086294	QW	IMMUNOASSAY FOR TUMOR ANTIGEN, QUALITATIVE OR SEMIQUANTITATIVE (EG BLADDER TUMOR ANTIGEN)			\$19.81
00086300		IMMUNOASSAY FOR TUMOR ANTIGEN, QUANTITATIVE;CA 15-3			\$28.39
00086301		IMMUNOASSAY FOR TUMOR ANTIGEN, QUANTITATIVE; CA 19-9			\$28.39
00086304		IMMUNOASSAY FOR TUMOR ANTIGEN, QUANTITATIVE; CA 125			\$28.39
00086305		HUMAN EPIDIDYMIS PROTEIN 4 (HE4)			\$28.39
00086308		HETEROPHILE ANTIBODIES; SCREENING			\$7.06
00086308	QW	QUALITATIVE SCREENING FOR HETEROPHILE ANTIBODIES, DIAGNOSTICCLIA WAIVED			\$7.06
00086309		HETEROPHILE ANTIBODIES; TITER			\$8.83
00086310		HETEROPHILE ANTIBOTIES TITERS AFTER ABSORPTION WITH BEEF CELLS AND GUINEA PIG KIDNEY			\$9.54
00086316		IMMUNOASSAY FOR TUMOR ANTIGEN; OTHER ANTIGEN, QUANTITATIVE (EG, CA 50, 72-4, 549), EACH			\$28.39
00086317		IMMUNOASSAY WITH INFECTIOUS AGENT ANTIBODY, QUANTITATIVE, NOT ELSEWHERE SPECIFIED			\$20.45
00086318		IMMUNOASSAY TO INFECTIOUS AGENT ANTIBODY, QUALITATIVE OR SEMIQUANTITATIVSINGLE STEP METHOD(REAGENT STRIP)			\$17.66
00086318	QW	IMMUNOASSAY FOR INFECTIOUS AGENT SMITHKLINE DIAGNOSTICS FLEXSURE HP FORIGG ANTIBODIES TO H. PYLORI, ABBOTT FLEXPACK HP TESTS ARE CLIA WAIVED			\$17.66
00086320		IMMUNOELECTROPHORESIS, SERUM DELETED 0593 PRICE \$33.86			\$30.58
00086325		IMMUNOELECTROPHORESIS; OTHER FLUIDS (EG, URINE, CEREBROSPINAL FLUID) WITH CONCENTRATION			\$30.51
00086327		IMMUNOELECTROPHORESIS; CROSSED (2-DIMENSIONAL ASSAY)			\$30.95
00086329		IMMUNODIFFUSION, NOT ELSEWHERE SPECIFIED			\$19.15
00086331		GEL DIFFUSION, QUALITATIVE (OUCHTERLONY), EACH ANTIGEN OR ANTIBODY			\$15.88
00086332		IMMUNE COMPLEX ASSAY			\$33.25
00086334		IMMUNOFIXATION ELECTROPHORESIS; SERUM			\$30.48
00086335		IMMUNOFIXATION ELECTROPHORESIS, OTHER FLUIDS WITH CONCENTRATION (EG, URINE, CSF)			\$40.04
00086336		INHIBIN A			\$21.26
00086337		INSULIN ANTIBODIES,			\$29.21

00086340		INTRINSIC FACTOR ANTIBODIES, RIA			\$20.55
00086341		ISLET CELL ANTIBODY			\$26.99
00086343		LEUKOCYTE HISTAMINE RELEASE TEST (LHR)			\$17.01
00086344		LEUKOCYTE PHAGOCYTOSIS			\$10.90
00086352		CELLULAR FUNCTION ASSAY INVOLVING STIMULATION (EG, MITOGEN OR ANTIGEN) AND DETECTION OF BIOMARKER (EG, ATP)			\$129.50
00086353		LYMPHOCYTE TRANSFORMATION, MITOGEN (PHYTOMITOGEN) OR ANTIGEN INDUCED BLASTOGENESIS			\$63.49
00086355		B CELLS, TOTAL COUNT			\$51.46
00086356		MONONUCLEAR CELL ANTIGEN, QUANTITATIVE (EG, FLOW CYTOMETRY), NOT OTHERWISE SPECIFIED, EACH ANTIGEN			\$22.28
00086357		NATURAL KILLER (NK) CELLS, TOTAL COUNT			\$51.46
00086359		T CELLS; TOTAL COUNT			\$51.46
00086360		T CELLS; T4 AND T8, INCLUDING RATIO			\$64.10
00086361		T CELLS; ABSOLUTE CD4 COUNT			\$22.28
00086367		STEM CELLS (IE, CD34), TOTAL COUNT			\$51.46
00086376		MICROSOMAL ANTIBODIES (EG, THYROID OR LIVER-KIDNEY), EACH			\$19.85
00086378		MIGRATION INHIBITORY FACTOR TEST (MIF)			\$18.55
00086382		NEUTRALIZATION TEST, VIRAL			\$18.53
00086384		NITROBLUE TETRAZOLIUM DYE TEST (NTD) DELETED 0593 PRICE \$17.13			\$15.53
00086386		NUCLEAR MATRIX PROTEIN 22 (NMP22), QUALITATIVE			\$21.71
00086386	QW	NUCLEAR MATRIX PROTEIN 22 (NMP22), QUALITATIVE			\$21.71
00086403		PARTICLE AGGLUTINATION, SCREEN, EACH ANTIBODY			\$13.90
00086406		PARTICLE AGGLUTINATION; TITER, EACH ANTIBODY			\$14.51
00086430		RHEUMATOID FACTOR, QUALITATIVE PART OF 80072			\$7.74
00086431		RHEUMATOID FACTOR; QUANTITATIVE			\$7.74
00086480		TUBERCULOSIS TEST, CELL MEDIATED IMMUNITY MEASUREMENT OF GAMMA INTERFERON ANTIGEN RESPONSE			\$84.56
00086481		TUBERCULOSIS TEST, CELL MEDIATED IMMUNITY ANTIGEN RESPONSE MEASUREMENT; ENUMERATION OF GAMMA INTERFERON-PRODUCING T-CELLS IN CELL SUSPEN			\$102.22
00086590		STREPTOKINASE, ANTIBODY			\$9.54
00086592		SYPHILIS TEST, NON-TREPONEMAL ANTIBODY; QUALITATIVE (EG, VDRL, RPR, ART)			\$5.61
00086593		SYPHILIS TEST, NON-TREPONEMAL ANTIBODY; QUANTITATIVE			\$6.00
00086602		ANTIBODY; ACTINOMYCES			\$13.89
00086603		ADENOVIRUS ANTIBODY			\$7.99
00086606		ASPIRIGILLUS ANTIBODY			\$15.87
00086609		BACTERIUM, ANTIBODY, NOT ELSEWHERE SPECIFIED			\$17.58
00086611		ANTIBODY; BARTONELLA			\$13.89
00086612		BLASTOMYCES ANTIBODY			\$7.99

00086615		BORDETELLA ANTIBODY			\$18.00
00086617		ANTIBODY; BORRELIA BURGdorFERI (LYME DISEASE) CONFIRMATORY TEST..			\$9.13
00086618		BORELLIA BUFGDORFERI (LYME DISEASE) ANTIBODY			\$23.24
00086618	QW	ANTIBODY: BORRELIA BURGdorFERI (LYME DISEASE)			\$23.24
00086619		BORRELIA (RELAPSING FEVER) ANTIBODY			\$18.25
00086622		BRUCELLA ANTIBODY			\$5.19
00086625		CAMPYLOBACTER ANTIBODY			\$17.90
00086628		CANDIDA ANTIBODY			\$15.87
00086631		CHLAMYDIA			\$8.25
00086632		CHLAMYDIA, IGM			\$8.25
00086635		COCCIDIOIDES ANTIBODY			\$7.99
00086638		COXIELLA BRUNTEII (Q FEVER) ANTIBODY			\$7.99
00086641		CRYPTOCOCCUS ANTIBODY			\$19.66
00086644		CYTOMEGALOVIRUS (CMV) ANTIBODY, PART OF 80090			\$19.64
00086645		CYTOMEGALOVIRUS (CMV), IGM ANTIBODY			\$22.98
00086648		DIPHTHERIA ANTIBODY			\$20.75
00086651		ENCEPHALITIS, CALIFORNIA (LA CROSSE) ANTIBODY			\$8.25
00086652		ENCEPHALITIS, EASTERN EQUINE ANTIBODY			\$8.25
00086653		ENCEPHALITIS, ST. LOUIS ANTIBODY			\$8.25
00086654		ENCEPHALITIS, WESTERN EQUINE ANTIBODY			\$8.25
00086658		ENTEROVIRUS (EG, COXSACKIE, ECHO, POLIO)			\$7.99
00086663		EPSTEIN-BARR (EB) VIRUS, EARLY ANTIGEN (EA) ANTIBODY			\$8.25
00086664		ANTIBODY; EPSTEIN-BARR (EB) VIRUS, NUCLEAR ANTIGEN (EBNA)			\$8.25
00086665		ANTIBODY; EPSTEIN-BARR (EB) VIRUS, VIRAL CAPSID (VCA)			\$8.25
00086666		ANTIBODY; EHRlichIA			\$13.89
00086668		ANTIBODY; FRANCISELLA TULARENSIS			\$7.99
00086671		ANTIBODY; FUNGUS, NOT ELSEWHERE SPECIFIED			\$7.99
00086674		ANTIBODY; GIARDIA LAMBLIA			\$20.08
00086677		ANTIBODY; HELICOBACTER PYLORI			\$19.80
00086682		ANTIBODY; HELMINTH, NOT ELSEWHERE SPECIFIED			\$17.75
00086684		ANTIBODY; HEMOPHILUS INFLUENZA			\$21.61
00086687		HTLV I,			\$9.12
00086688		ANTIBODY; HTLV-II			\$9.12
00086689		HTLV OR HIV ANTIBODY, CONFIRMATORY TEST (EG, WESTERN BLOT) REVIEW MEDICAL NECESSITY DO NOT PAY TO PHYS. OFFICE; DENY GF			\$9.13
00086692		ANTIBODY; HEPATITIS, DELTA AGENT			\$23.41
00086694		ANTIBODY; HERPES SIMPLES, NON-SPECIFIC TYPE TESTPART OF 80090			\$19.64
00086695		ANTIBODY; HERPES SIMPLES, TYPE I			\$8.25
00086696		ANTIBODY; HERPES SIMPLEX, TYPE 2			\$9.13

00086698		ANTIBODY; HISTOPLASMA			\$15.87
00086701		ANTIBODY; HIV-1			\$9.13
00086701	QW	ANTIBODY; HIV-1. REVIEW MEDICAL NECESSITY			\$9.13
00086702		ANTIBODY; HIV-2			\$9.12
00086703		ANTIBODY; HIV-1 AND HIV-2, SINGLE ASSAY			\$9.12
00086704		HEPATITIS B CORE ANTIBODY (HBCAB), TOTAL			\$16.44
00086705		AUTO-ANTIBODIES (HUMAN TISSUES)			\$9.13
00086706		HEPATITIS B SURFACE ANTIBODY(HBSAB) PART OF 80059			\$14.65
00086707		HEPATITIS BE ANTIBODY (HBEAB)			\$15.78
00086708		HEPATITIS A ANTIBODY (HAAB), TOTAL			\$16.90
00086709		IBM ANTIBODY***** *****			\$15.36
00086710		ANTIBODY; INFLUENZA VIRUS			\$8.25
00086711		ANALYSIS FOR ANTIBODY TO JOHN CUNNINGHAM VIRUS			\$19.64
00086713		ANTIBODY; LEGIONELLA			\$8.25
00086717		ANTIBODY; LEISHMANIA			\$15.10
00086720		ANTIBODY; LEPTOSPIRA			\$7.99
00086723		ANTIBODY; LISTERIA MONOCYTOGENES			\$18.00
00086727		ANTIBODY; LYMPHOCYTIC CHORIOMENINGITIS			\$7.99
00086729		ANTIBODY; LYMPHOGRANULOMA VENEREUM			\$8.25
00086732		ANTIBODY; MUCORMYCOSIS			\$18.00
00086735		ANTIBODY; MUMPS			\$8.25
00086738		ANTIBODY; MYCOPLASMA			\$8.25
00086741		ANTIBODY; NEISSERIA MENINGITIDIS			\$18.00
00086744		ANTIBODY; NOCARDIA			\$18.00
00086747		ANTIBODY; PARVOVIRUS			\$20.51
00086750		ANTIBODY; PLASMODIUM (MALARIA)			\$18.00
00086753		ANTIBODY; PROTOZOA, NOT ELSEWHERE SPECIFIED			\$15.10
00086756		ANTIBODY; RESPIRATORY SYNCYTIAL VIRUS			\$8.25
00086757		ANTIBODY; RICKETTSIA			\$9.13
00086759		ANTIBODY; ROTAVIRUS			\$7.99
00086762		ANTIBODY; RUBELLA (PART OF 80055 & 80090) (PART OF 80055)			\$19.64
00086765		ANTIBODY; RUBEOLA			\$17.58
00086768		ANTIBODY; SALMONELLA			\$18.00
00086771		ANTIBODY; SHIGELLA			\$18.00
00086774		ANTIBODY; TETANUS			\$20.19
00086777		ANTIBODY; TOXOPLASMA PART OF 80090			\$19.64
00086778		ANTIBODY; TOXOPLASMA, LGM			\$19.65
00086780		ANTIBODY; TREPONEMA PALLIDUM			\$7.99
00086784		ANTIBODY; TRICHINELLA			\$17.14

00086787		ANTIBODY; VARICELLA-ZOSTER			\$8.25
00086788		ANTIBODY; WEST NILE VIRUS, IGM			\$22.98
00086789		ANTIBODY; WEST NILE VIRUS			\$19.64
00086790		ANTIBODY; VIRUS, NOT ELSEWHERE SPECIFIED			\$17.58
00086793		ANTIBODY; YERSINIA			\$18.00
00086800		THYROGLOBULINE ANTIBODY, RIA			\$6.34
00086803		HEPATITIS C ANTIBODY;PART OF 80059			\$19.47
00086803	QW	HEPATITIS C ANTIBODY; PART OF 80059			\$19.47
00086804		HEPATITIS C ANTIBODY; CONFIMATORY TEST (EG, IMMUNOBLOT)			\$9.13
00086805		LYMPHOCYTOTOXICITY ASSAY, VISUAL CROSS MATCH; WITH TITRATION			\$71.34
00086806		***** WITHOUT TITRATIONDELETED 0593 PRICE \$68.88			\$64.93
00086807		SERUM SCREENING FOR CYTOTOXIC PERCENT REACTIVE ANTIBODY (PRA); STANDARD METHOD			\$15.28
00086808		SERUM SCREENING, QUICK METHOD			\$11.49
00086812		HLA TYPING, A, B, OR C (EG, A-10, B-7, B-27), SINGLE ANTIGEN			\$35.21
00086813		HLA TYPING, A,B, OR C , MULTIPLE ANTIGENS			\$79.12
00086816		HLA TYPING, DR/DQ, SINGLE ANTIGEN, PLEASE REVIEW 86817 OR PROVIDE MORE EXPLANATION			\$38.01
00086817		HLA TYPING, DR/DQ, MULTIPLE ANTIGENSDELETED 0593 PRICE \$100.20			\$87.84
00086821		LYMPHOCYTE CULTURE, MIXED (MLC) DELETED 0593 PRICE \$87.89			\$77.03
00086822		LYMPHOCYTE CULTURE, PRIMED (PLC) DELETED 0593 PRICE \$52.74			\$49.88
00086825		HUMAN LEUKOCYTE ANTIGEN (HLA) CROSSMATCH, NON-CYTOTOXIC (EG, USING FLOWCYTOMETRY); FIRST SERUM SAMPLE OR DILUTION			\$66.83
00086826		HUMAN LEUKOCYTE ANTIGEN (HLA) CROSSMATCH, NON-CYTOTOXIC (EG, USING FLOWCYTOMETRY); EACH ADDITIONAL SERUM SAMPLE OR SAMPLE DILUTION (LIS			\$22.28
00086828		Assessment of antibody to human leukocyte antigens (hla) for the presence or absence of antibody(ies) to hla class i and class ii hla antigen			\$15.28
00086829		ASSESSMENT OF ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS (HLA) FOR THE PRESENCE OR ABSENCE OF ANTIBODY(IES) TO HLA CLASS I AND CLASS II HLA ANTIGEN			\$11.49
00086830		ASSESSMENT OF ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS (HLA) WITH ANTIBODY IDENTIFICATION BY QUALITATIVE PANEL USING COMPLETE HLA PHENOTYPE			\$110.15
00086831		ASSESSMENT OF ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS (HLA) WITH ANTIBODY IDENTIFICATION BY QUALITATIVE PANEL USING COMPLETE HLA PHENOTYPE			\$94.41
00086832		Assessment of antibody to human leukocyte antigens (hla) with high definitionqualitative panel for identification of antibody specificities,			\$173.09
00086833		ASSESSMENT OF ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS (HLA) WITH HIGH DEFINITIONQUALITATIVE PANEL FOR IDENTIFICATION OF ANTIBODY SPECIFICITIES,			\$157.36

00086834	ASSESSMENT OF ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS (HLA), HLA CLASS I				\$487.80
00086835	ASSESSMENT OF ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS (HLA) WITH SOLID PHASE ASSAYS, HLA CLASS II				\$440.60
00086880	ANTIHUMAN GLOBULIN TEST (COOMBS TEST); DIRECT, EACH ANTISERUM				\$7.34
00086885	ANTIHUMAN GLOBULIN TEST (COOMBS TEST); INDIRECT, QUALITATIVE, EACH REAGENT RED CELL				\$7.81
00086886	ANTIHUMAN GLOBULIN TEST (COOMBS TEST); INDIRECT, EACH ANTIBODY TITER				\$7.06
00086900	BLOOD TYPING; ABO (PART OF 80055)				\$4.07
00086901	BLOOD TYPING , RH (D)				\$4.07
00086902	BLOOD TYPING; ANTIGEN TESTING OF DONOR BLOOD USING REAGENT SERUM, EACH ANTIGEN TEST				\$2.15
00086904	.....ANTIGEN SCREENING FOR COMPATIBLE UNIT USING PATIENT SERUM, PER UNIT SCREENED				\$12.97
00086905	BLOOD TYPING RBC ANTIGENS, OTHER THAN ABO OR RH (D), EACH				\$2.15
00086906	BLOOD TYPING, RH PHENOTYPING, COMPLETE				\$7.99
00086940	HEMOLYSINS AND AGGLUTININS, AUTO, SCREEN, EACH;				\$9.53
00086941	HEMOLYSINS AND AGGLUTININS, INCUBATED				\$16.52
00087001	ANIMAL INOCULATION, SMALL ANIMAL; WITH OBSERVATION				\$18.03
00087003	WITH OBSERVATION AND DISSECTION DELETED 0593 PRICE\$24.46				\$22.97
00087015	CONCENTRATION (ANY TYPE), FOR INFECTIOUS AGENTS				\$9.11
00087040	CULTURE, BACTERIAL; BLOOD, AEROBIC, WITH ISOLATION AND PRESUMPTIVE IDENTIFICATION OF ISOLATES (INCLUDES ANAEROBIC CULTURE, IF APPRO				\$14.09
00087045	CULTURE, BACTERIAL; STOOL, AEROBIC, WITH ISOLATION AND PRELIMINARY EXAMINATION (EG, KIA, LIA), SALMONELLA AND SHIGELLA SPECIES				\$12.88
00087046	CULTURE, BACTERIAL; STOOL, AEROBIC, ADDITIONAL PATHOGENS, ISOLATION ANDPRESUMPTIVE IDENTIFICATION OF ISOLATES, EACH PLATE				\$12.88
00087070	CULTURE, BACTERIAL; ANY OTHER SOURCE EXCEPT URINE, BLOOD OR STOOL, AEROBIC, WITH ISOLATION AND PRESUMPTIVE IDENTIFICATION OF ISOLATES				\$11.75
00087071	CULTURE, BACTERIAL; QUANTITATIVE, AEROBIC WITH ISOLATION AND PRESUMPTIVE IDENTIFICATION OF ISOLATES, ANY SOURCE EXCEPT URINE, BLOOD OR ST				\$12.88
00087073	CULTURE, BACTERIAL; QUANTITATIVE, ANAEROBIC WITH ISOLATION AND PRESUMPTIVEIDENTIFICATION OF ISOLATES, ANY SOURCE EXCEPT URINE, BLOOD OR ST				\$12.88
00087075	CULTURE, BACTERIAL; ANY SOURCE, EXCEPT BLOOD, ANAEROBIC WITH ISOLATION ANDPRESUMPTIVE IDENTIFICATION OF ISOLATES				\$12.91
00087076	CULTURE, BACTERIAL; ANAEROBIC ISOLATE, ADDITIONAL METHODS REQUIRED FOR DEFINITIVE IDENTIFICATION, EACH ISOLATE				\$11.03
00087077	CULTURE, BACTERIAL; AEROBIC ISOLATE, ADDITIONAL METHODS REQUIRED FOR DEFINITIVE IDENTIFICATION, EACH ISOLATE				\$11.03

00087077	QW	CULTURE, BACTERIAL; AEROBIC ISOLATE, ADDITIONAL METHODS REQUIRED FOR DEFINITIVE IDENTIFICATION, EACH ISOLATE			\$11.03
00087081		CULTURE, PRESUMPTIVE, PATHOGENIC ORGANISMS, SCREENING ONLY;			\$9.05
00087084		WITH COLONY ESTIMATION FROM DENSITY CHART			\$7.99
00087086		CULTURE, BACTERIAL; QUANTITATIVE COLONY COUNT, URINE			\$11.01
00087088		CULTURE, BACTERIAL; WITH ISOLATION AND PRESUMPTIVE IDENTIFICATION OF EACH ISOLATE, URINE			\$11.05
00087101		CULTURE, FUNGI (MOLD OR YEAST) ISOLATION, WITH PRESUMPTIVE IDENTIFICATION OF ISOLATES; SKIN, HAIR, OR NAIL			\$10.52
00087102		***** OTHER SOURCE (EXCEPT BLOOD)			\$11.46
00087103		BLOOD CULTURE			\$12.30
00087106		CULTURE, FUNGI, DEFINITIVE IDENTIFICATION, EACH ORGANISM; YEAST			\$14.09
00087107		CULTURE, FUNGI, DEFINITIVE IDENTIFICATION, EACH ORGANISM; MOLD			\$14.09
00087109		CULTURE, MYCOPLASMA, ANY SOURCE (CRVS OF 8998 AS OF 11\82)			\$18.41
00087110		CULTURE, CHLAMYDIA, ANY SOURCE			\$26.73
00087116		CULTURE, TUBERCLE OR OTHER ACID-FAST BACILLI (EG, TB, AFB, MYCOBACTERIA) ANY SOURCE, WITH ISOLATION AND PRESUMPTIVE IDENTIFICATION OF ISOLATE			\$14.74
00087118		CULTURE, MYCOBACTERIAL, DEFINITIVE IDENTIFICATION, EACH ISOLATE			\$9.54
00087140		CULTURE, TYPING; IMMUNOFLUORESCENT METHOD, EACH ANTISERUM			\$7.61
00087143		CULTURE, TYPING; GAS LIQUID CHROMATOGRAPHY (GLC) OR HIGH PRESSURE LIQUID CHROMATOGRAPHY (HPLC) METHOD			\$14.22
00087147		CULTURE, TYPING; IMMUNOLOGIC METHOD, OTHER THAN IMMUNOFLUORESCENCE (EG, AGGLUTINATION GROUPING), PER ANTISERUM			\$7.06
00087149		CULTURE, TYPING; IDENTIFICATION BY NUCLEIC ACID (DNA OR RNA) PROBE, DIRECTPROBE TECHNIQUE, PER CULTURE OR ISOLATE, EACH ORGANISM PROBED			\$27.36
00087150		CULTURE, TYPING; IDENTIFICATION BY NUCLEIC ACID (DNA OR RNA) PROBE, AMPLIFIEDPROBE TECHNIQUE, PER CULTURE OR ISOLATE, EACH ORGANISM PROBED			\$47.87
00087152		CULTURE, TYPING; IDENTIFICATION BY PULSE FIELD GEL TYPING			\$7.13
00087153		CULTURE, TYPING; IDENTIFICATION BY NUCLEIC ACID SEQUENCING METHOD, EACH ISOLATE (EG, SEQUENCING OF THE 16S RRNA GENE)			\$157.38
00087158		OTHER METHODS			\$7.13
00087164		DARK FIELD EXAMINATION, ANY SOURCE (EG, PENILE, VAGINAL, ORAL, SKIN) INCLUDES SPECIMEN COLLECTION			\$4.82
00087166		DARK FIELD EXAM, WITHOUT COLLECTION			\$14.22
00087168		MACROSCOPIC EXAMINATION; ARTHROPOD			\$5.82

00087169		MACROSCOPIC EXAMINATION; PARASITE			\$5.82
00087172		PINWORM EXAM (EG, CELLOPHANE TAPE PREP)			\$5.82
00087176		HOMOGENIZATION, TISSUE, FOR CULTURE			\$4.82
00087177		OVA AND PARASITES, DIRECT SMEARS, CONCENTRATION AND IDENTIFICATION(AFTER 11\82 PRICE AT 8323 + 8321)			\$12.14
00087181		SUSCEPTIBILITY STUDIES, ANTIMICROBIAL AGENT; AGAR DILUTION METHOD, PER AGENT (EG, ANTIBIOTIC GRADIENT STRIP)			\$6.48
00087184		SUSCEPTIBILITY STUDIES, ANTIMICROBIAL AGENT; DISK METHOD, PER PLATE (12 OR FEWER AGENTS)			\$9.41
00087185		SUSEPTIBILITY STUDIES, ANTIMICROBIAL AGENT, ENZYME DETECTION, PER ENZYME			\$6.48
00087186		SUSCEPTIBILITY STUDIES, ANTIMICROBIAL AGENT; MICRODILUTION OR AGAR DILUTION MULTI-ANTIMICROBIAL, PER PLATE			\$11.80
00087187		SUSCEPTIBILITY STUDIES, ANTIMICROBIAL AGENT; MICRODILUTION OR AGAR DILUTION, MINIMUM LETHAL CONCENTRATION (MLC), EACH PLATE			\$12.63
00087188		SUSCEPTIBILITY STUDIES, ANTIMICROBIAL AGENT; MACROBROTH DILUTION METHOD, EACH AGENT			\$9.06
00087190		SUSCEPTIBILITY STUDIES, ANTIMICROBIAL AGENT; MYCOBACTERIA, PROPORTION METHOD, EACH AGENT			\$7.71
00087197		SERUM BACTERIOCIDAL TITER (SCHLICHTER TEST)			\$20.50
00087205		SMEAR, PRIMARY SOURCE WITH INTERPRETATION; GRAM OR GIEMSA STAIN FOR BACTERIA, FUNGI, OR CELL TYPES			\$5.82
00087206		SMEAR, PRIMARY SOURCE WITH INTERPRETATION; FLUORESCENT AND/OR ACID FAST STAIN FOR BACTERIA, FUNGI, PARASITES, VIRUSES OR CELL TYPES			\$7.34
00087207		SMEAR, PRIMARY SOURCE WITH INTERPRETATION; SPECIAL STAIN FOR INCLUSION BODIES OR PARASITES (EG: MALARIA, COCCIDIA, MICROSPORIDIA, TRYPANOSOMES, H			\$8.18
00087209		SMEAR, PRIMARY SOURCE WITH INTERPRETATION; COMPLEX SPECIAL STAIN (EG, TRICHROME, IRON HEMOTOXYLIN) FOR OVA AND PARASITES			\$24.52
00087210		SMEAR, PRIMARY SOURCE WITH INTERPRETATION; WET MOUNT FOR INFECTIOUS AGENTS (EG, SALINE, INDIA INK, KOH PREPS)			\$5.82
00087210	QW	SMEAR, PRIMARY SOURCE WITH INTERPRETATION; WET MOUNT FOR INFECTIOUS AGENTS (EG: SALINE, INDIA INK, KOH PREPS).			\$5.82
00087220		TISSUE EXAMINATION BY KOH SLIDE OF SAMPLES FROM SKIN, HAIR, OR NAILS FOR FUNGI OR ECTOPARASITE OVA OR MITES (EG, SCABIES)			\$5.82
00087230		TOXIN OR ANTITOXIN ASSAY, TISSUE CULTURE (EG, CLOSTRIDIUM DIFFICILE TOXIN)			\$26.94
00087250		VIRUS ISOLATION; INOCULATION OF EMBRYONATED EGGS, OR SMALL ANIMAL, INCLUDES OBSERVATION AND DISSECTION			\$26.68
00087252		VIRUS ISOLATION; TISSUE CULTURE INOCULATION, OBSERVATION, AND PRESUMPTIVE IDENTIFICATION BY CYTOPATHIC EFFECT			\$35.56
00087253		VIRUS ISOLATION; TISSUE CULTURE, ADDITIONAL STUDIES OR DEFINITIVE EACH ISOLATE			\$16.85

00087254	VIRUS ISOLATION; CENTRIFUGE ENHANCED (SHELL VIAL) TECHNIQUE, INCLUDES IDENTIFICATION WITH IMMUNOFLUORESCENCE STAIN, EACH VIRUS				\$26.68
00087255	VIRUS ISOLATION; INCLUDING IDENTIFICATION BY NON-IMMUNOLOGIC METHOD, OTHER THAN BY CYTOPATHIC EFFECT (EG, VIRUS SPECIFIC ENZYMATIC ACTIVITY)				\$46.20
00087260	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECHNIQUE; ADENOVIRUS				\$16.36
00087265	INFECTIOUS AGENT ANTIGEN DETECTION BY DIRECT FLOURESCENT ANTIBODY TECH- NIQUE; BORDETELLA PERTUSSIS/PARAPERTUSSIS				\$16.36
00087267	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECHNIQUE; ENTEROVIRUS, DIRECT FLUORESCENT ANTIBODY (DFA)				\$16.36
00087269	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECHNIQUE; GIARDIA				\$16.36
00087270	INFECTIOUS AGENT ANTIGEN DETECTION BY DIRECT FLUORESCENT ANTIBODY TECH. CHLAMYDIA TRACHOMATIS				\$16.36
00087271	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECHNIQUE; CYTOMEGALOVIRUS, DIRECT FLUORESCENT ANTIBODY (DFA)				\$16.36
00087272	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECHNIQUE; CRYPTOSPORIDIUM				\$16.36
00087273	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECHNIQUE; HERPES SIMPLEX VIRUS TYPE 2				\$16.36
00087274	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECHNIQUE; HERPES SIMPLEX VIRUS TYPE 1				\$16.36
00087275	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECHNIQUE; INFLUENZA B VIRUS				\$16.36
00087276	INFECTIOUS AGENT ANTIGEN DETECTION BY DIRECT FLUORESCENT ANTIBODY TECH.;INFLUENZA A VIRUS				\$16.36
00087277	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECHNIQUE; LEGIONELLAMICDADEI				\$16.36
00087278	INFECTIOUS AGENT ANTIGEN DETECTION BY DIRECT FLUORESCENT ANTIBODY TECH.;LEGIONELLA PNEUMOPHILA				\$16.36
00087279	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECHNIQUE; PARAINFLUENZA VIRUS, EACH TYPE				\$16.36
00087280	INFECTIOUS AGENT ANTIGEN DETECTION BY DIRECT FLUORESCENT ANTIBODY TECH.;RESPIRATORY SYNCYTIAL VIRUS				\$16.36
00087281	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECHNIQUE; PNEUMOCYSTIS CARINII				\$16.36
00087283	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECHNIQUE; RUBEOLA				\$16.36
00087285	INFECTIOUS AGENT ANTIGEN DETECTION BY DIRECT FLUORESCENT ANITBODY TECH,;TREPONEMA PALIDUM				\$16.36
00087290	INFECTIOUS AGENT ANTIGEN DETECTION BY DIRECT FLUORESCENT ANTIBODY TECH.;VARICELLA ZOSTER VIRUS				\$16.36

00087299	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECHNIQUE; NOT OTHERWISE SPECIFIED, EACH ORGANISM				\$16.36
00087300	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECHNIQUE, POLYVALENTFOR MULTIPLE ORGANISMS, EACH POLYVALENT ANTISERUM				\$16.36
00087301	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE, QUALITATIVE OR SEMIQUANTITATIVE, MULTIPLE STEP METHOD; ADENO VIRUS ENTER				\$16.36
00087305	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE, QUALITATIVE OR SEMIQUANTITATIVE, MULTIPLE-STEP METHOD; ASPERGILLUS				\$16.36
00087320	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY TECHNIQUE; CHLAMYDIA TRACHOMATIS				\$16.36
00087324	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE, QUALITATIVE OR SEMIQUANTITATIVE, MULTIPLE STEP METHOD; CLOSTRIDIUM DIFFICILE				\$16.36
00087327	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE, QUALITATIVE OR SEMIQUANTITATIVE, MULTIPLE STEP METHOD; CRYPTOCOCCUS NEOFORMA				\$16.36
00087328	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE, QUALITATIVE OR SEMIQUANTITATIVE, MULTIPLE STEP METHOD; CRYPTOSPORIDIUM				\$16.36
00087329	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE, QUALITATIVE OR SEMIQUANTITATIVE, MULTIPLE STEP METHOD; GIARDIA				\$16.36
00087332	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE; CTROME GALVIRUS				\$16.36
00087335	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE; ESCHERICHIA COLI				\$16.36
00087336	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE, QUALITATIVE OR SEMIQUANTITATIVE, MULTIPLE STEP METHOD; ENTAMOEBA HISTOLYTICA				\$16.36
00087337	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE, QUALITATIVE OR SEMIQUANTITATIVE, MULTIPLE STEP METHOD; ENTAMOEBA HISTOLYTICA				\$16.36
00087338	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSEY TECHNIQUE, QUALITATIVE OR SEMIQUANTITATIV,MULTIPLE STEP METHOD;HELICOBACTER PYLORI,STOO				\$19.62
00087339	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE, QUALITATIVE OR SEMIQUANTITATIVE, MULTIPLE STEP METHOD; HELICOBACTER PYLORI				\$16.36
00087340	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE; HEPATITIS B SURFACE ANTIGEN, (HBSAG) PART OF 80055 OR 80059				\$14.10

00087341		INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE, QUALITATIVE NEUTRALIZATION			\$14.10
00087350		INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE; HEPATITIS BE ANTIGEN HBEAG			\$15.73
00087380		INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE; BEPATITIS, DELTA AGENT			\$22.39
00087385		INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE; HISTOPLASMA CAPSULATUM			\$16.36
00087389		HIV-1 ANTIGEN(S), WITH HIV-1 AND HIV-1 ANTIBODIES, SINGLE RESULT			\$32.86
00087390		INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE; HIV-1			\$24.06
00087391		INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE; HIV-2			\$24.06
00087400		INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE, QUALITATIVE OR SEMIQUANTITATIVE, MULTIPLE STEP METHOD; INFLUENZA, A OR B, EA			\$16.36
00087420		INFECTIOUS AGENT ANTIBODY DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE; RESPIRATORY SYNCYTIAL VIRUS			\$16.36
00087425		INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE; ROTAVIRUS			\$16.36
00087427		INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE, QUALITATIVE OR SEMIQUANTITATIVE, MULTIPLE STEP METHOD; SHIGA-LIKE TOXIN			\$16.36
00087430		INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE; STRPTOCOCCUS, GROUP A			\$16.36
00087449		INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE QUALITATIVE ORGANISM			\$16.36
00087449	QW	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE QUALITATIVE OR SEMIQUANTITATIVE; MULT STEP METHOD, NOT OTHERWISE SPEC, EA ORG			\$16.36
00087450		INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE QUALITATIVE OR SEMIQUANTITATIVE; SINGLE STEP METHOD, NOT OTHERWISE SPECIFIED			\$13.08
00087451		INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE QUALITATIVE EACH POLYVALENT ANTISERUM			\$13.08
00087470		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID; BARTONELLA HENSELAE AND BARTONELLA QUINTANA, DIRECT PROBE TECHNIQUE			\$27.36
00087471		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID BARTONELLA HENSELAE AND BART.QUINTANA, AMPLIFIED PROBE TECHNIQUE			\$47.87
00087472		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID; BARTONELLA HENSELAE AND QUINTANA, QUANTIFICATION			\$58.44
00087475		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID; BORRELIA BURGDORDERI, DIRECTPROBE TECHNIQUE			\$27.36
00087476		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID; BORRELIA BURGDORFERI, AMPLIFIED PROBE TECHNIQUE			\$47.87

00087477	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID; BORRELIA BURGDORFERI, QUANTIFICATION			\$58.44
00087480	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID; CANDIDA SPECIES, DIRECT PROBE TECHNIQUE			\$27.36
00087481	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID; CANDIDA SPECIES, BY AMPLIFIED PROBE			\$47.87
00087482	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID; CANDIDA SPECIES, QUANTIFICATION			\$56.96
00087485	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID; CHLAMYDIA PNEUMONIAE, DIRECTPROBE TECHNIQUE			\$27.36
00087486	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID; CHLAMYDIA PNEUMONIAE, AMPLIFIED PROBE TECHNIQUE			\$47.87
00087487	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID; CHLAMYDIA PNEUMONIAE, QUANTIFICATION			\$58.44
00087490	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID; CHLAMYDIA TRACHOMATIS, DIRECT PROBE TECHNIQUE			\$27.36
00087491	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID; CHLAMYDIA TRACHOMATIS, AMPLIFIED PROBE TECHNIQUE			\$47.87
00087492	INFECTIOUS AGENT BY NUCLEIC ACID; CHLAMYDIA TRACHOMATIS, QUANTIFICATION			\$47.69
00087493	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); CLOSTRIDIUM DIFFICILE, TOXIN GENE(S), AMPLIFIED PROBE TECHNIQUE			\$47.87
00087495	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID; CYTOMEGALOVIRUS, DIRECT PROBE TECHNIQUE			\$27.36
00087496	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID; CYTOMEGALOVIRUS, AMPLIFIED PROBE TECHNIQUE			\$47.87
00087497	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID; CYTOMEGALOVIRUS, QUNATIFICATION			\$58.44
00087498	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); ENTEROVIRUS, AMPLIFIED PROBE TECHNIQUE			\$47.87
00087500	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); VANCOMYCIN RESISTANCE (EG, ENTEROCOCCUS SPECIES VAN A, VAN B), AMPLIFIED PROBE TECHNIQ			\$47.87
00087501	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); INFLUENZA VIRUS, REVERSE TRANSCRIPTION AND AMPLIFIED PROBE TECHNIQUE, EACH TYPE O			\$70.01
00087502	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); INFLUENZA VIRUS, FORMULTIPLE TYPES OR SUB-TYPES, REVERSE TRANSCRIPTION AND AMPLIFIED			\$116.09
00087503	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); INFLUENZA VIRUS, FORMULTIPLE TYPES OR SUB-TYPES, MULTIPLEX REVERSE TRANSCRIPTION AND			\$28.33
00087510	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID; GARDNERELL VAGINALIS, DIRECTPROBE TECHNIQUE			\$27.36
00087511	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID; GARDNERELLA VAGINALIS, AMPLIFIED PROBE			\$47.87
00087512	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID; GARDNERELLA VAGINALIS, QUANTIFICATION			\$56.96
00087515	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID; HEPATITIS B VIRUS, DIRECTPROBE			\$27.36
00087516	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID; HEPATITIS B VIRUSK AMPLIIFIED PROBE			\$47.87
00087517	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID; HEPATITIS B VIRUS, QUANTIT.			\$58.44

00087520	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID; HEPATITIS C, DIRECT PROBE			\$27.36
00087521	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID; HEPATITIS C, AMPLIFIED PROBE			\$47.87
00087522	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID; HEPATITIS C, QUANTIFICATION			\$58.44
00087525	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID; HEPATITIS G, DIRECT			\$27.36
00087526	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID; HEPATITIS G, AMPLIFIED PROBE			\$47.87
00087527	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID; HEPATITIS G, QUANTIFICATION			\$56.96
00087528	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID; HERPES SIMPLEX, DIRECT			\$27.36
00087529	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID; HERPES SIMPLEX, AMPLIFIED			\$47.87
00087530	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID; HERPES SIMPLEX, QUANTIFICATION			\$58.44
00087531	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID; HERPES VIRUS-6, DIRECT PROBE			\$27.36
00087532	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID; HERPES VIRUS-6, AMPLIFIED			\$47.87
00087533	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID;HERPES VIRUS-6, QUANTIFICATION			\$56.96
00087534	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID; HIV-1, DIRECT PROBE			\$27.36
00087535	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID; HIV-1, AMPLIFIEDNOT VIRAL LOAD--SEE 87536 FOR VIRAL LOAD TESTING			\$47.87
00087536	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID; HIV-1, QUANTITATIVEVIRAL LOAD TESTING			\$116.09
00087537	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID; HIV-2, DIRECT			\$27.36
00087538	INFECTIOUS AGENT DETECTION; HIV-2, AMPLIFIED			\$47.87
00087539	INFECTIOUS AGENT DETECTION; HIV-2, QUANTIFICATION			\$58.44
00087540	INFECTIOUS AGENT DETECTION; LEGIONELLA PNEUMOPHILA, DIRECT			\$27.36
00087541	INFECTIOUS AGENT DETECTION; LEGIONELLA PNEUMOPHILA, AMPLIFIED			\$47.87
00087542	INFECTIOUS AGENT DETECTION; LEGIONELLA PNEUMOPHILA, QUANTIFICATION			\$56.96
00087550	INFECTIOUS AGENT DETECTION; MYCOBACTERIA SPECIES, DIRECT			\$27.36
00087551	INFECTIOUS AGENT DETECTION; MYCOBACTERIA SPECIES, AMPLIFIED			\$47.87
00087552	INFECTIOUS AGENT DETECTION; MYCOBACTERIA SPECIES, QUANTIFICATION			\$58.44
00087555	INFECTIOUS AGENT DETECTION; MYCOBACTERIA TUBERCULOSIS; DIRECT			\$27.36
00087556	INFECTIOUS AGENT DETECTION; MYCOBACTERIA TUBERCULOSIS, AMPLIFIED			\$47.87
00087557	INFECTIOUS AGENT DETECTION; MYCOBACTERIA TUBERCULOSIS, QUANTIFICATION			\$58.44

00087560		INFECTIOUS AGENT DETECTION; MYCOBACTERIA AVIUM-INTRACELLULARE, DIRECT			\$27.36
00087561		INFECTIOUS AGENT DETECTION; MYCOBACTERIA AVIUM-INTRACELLULAR, AMPLIFIED			\$47.87
00087562		INFECTIOUS AGENT DETECTION; MYCOBACTERIA AVIUM-INTRACELLULARE, QUANTIFICATION			\$58.44
00087580		INFECTIOUS AGENT DETECTION; MYCOPLASMA PNEUMONIAE, DIRECT			\$27.36
00087581		INFECTIOUS AGENT DETECTION: MYCOPLASMA PNEUMONIAE, AMPLIFIED			\$47.87
00087582		INFECTIOUS AGENT DETECTION; MHCOPLASMA PNEUMONIAE, QUANTIFICATION			\$56.96
00087590		INFECTIOUS AGENT DETECTION; NEISSERIA GONORRHOEAE, DIRECT			\$27.36
00087591		INFECTIOUS AGENT DETECTION; NEISSERIA GONORRHOEAE, AMPLIFIED			\$47.87
00087592		INFECTIOUS AGENT DETECTION; NEISSERIA GONORRHOEAE, QUANTIFICATION			\$58.44
00087620		INFECTIOUS AGENT DETECTION; PAPILLOMAVIRUS, HUMAN, DIRECT			\$27.36
00087621		INFECTIOUS AGENT DETECTION; PAPILLOMAVIRUS, HUMAN, AMPLIFIED			\$47.87
00087622		INFECTIOUS AGENT DETECTION; PAPILLOMAVIRUS, HUMAN, QUANTIFICATION			\$56.96
00087631		DETECTION TEST FOR RESPIRATORY VIRUS, MULTIPLEX REVERSE TRANSCRIPTION AND AMPLIFIED PROBE TECHNIQUE, MULTIPLE TYPES OR SUBTYPES, 3-5 TARGET			\$175.02
00087632		DETECTION TEST FOR RESPIRATORY VIRUS, MULTIPLEX REVERSE TRANSCRIPTION AND AMPLIFIED PROBE TECHNIQUE, MULTIPLE TYPES OR SUBTYPES, 6-11 TARGET			\$291.18
00087633		DETECTION TEST FOR RESPIRATORY VIRUS, MULTIPLEX REVERSE TRANSCRIPTION AND AMPLIFIED PROBE TECHNIQUE, MULTIPLE TYPES OR SUBTYPES, 12-25 TARGET			\$568.60
00087640		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); STAPHYLOCOCCUS AUREUS, AMPLIFIED PROBE TECHNIQUE			\$47.87
00087641		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); STAPHYLOCOCCUS AUREUS, METHICILLIN RESISTANT, AMPLIFIED PROBE TECHNIQUE			\$47.87
00087650		INFECTIOUS AGENT DETECTION; STREPTOCOCCUS, GROUP A, DIRECT			\$27.36
00087651		INFECTIOUS AGENT DETECTION; STREPTOCOCCUS, GROUP A, AMPLIFIED			\$47.87
00087652		INFECTIOUS AGENT DETECTION; STREPTOCOCCUS, GROUP A, QUANTIFICATION			\$56.96
00087653		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); STREPTOCOCCUS, GROUP B, AMPLIFIED PROBE TECHNIQUE			\$47.87
00087660		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); TRICHOMONAS VAGINALIS, DIRECT PROBE TECHNIQUE			\$27.36
00087661		Infectious agent detection by nucleic acid (dna or rna); trichomonas vaginalis, amplified probe technique			\$47.87

00087797		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA), NOT OTHERWISE SPECIFIED; DIRECT PROBE TECHNIQUE, EACH ORGANISM			\$27.36
00087798		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA), NOT OTHERWISE SPECIFIED; AMPLIFIED PROBE TECHNIQUE, EACH ORGANISM			\$47.87
00087799		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA), NOT OTHERWISE SPECIFIED; QUANTIFICATION, EACH ORGANISM			\$58.44
00087800		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA), MULTIPLE ORGANISMS; DIRECT PROBE(S) TECHNIQUE			\$54.72
00087801		INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA), MULTIPLE ORGANISMS; AMPLIFIED PROBE(S) TECHNIQUE			\$95.76
00087802		INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY WITH DIRECT OPTICAL OBSERVATION; STREPTOCOCCUS, GROUP B			\$16.36
00087803		INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY WITH DIRECT OPTICAL OBSERVATION; CLOSTRIDIUM DIFFICILE TOXIN A			\$16.36
00087804		INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY WITH DIRECT OPTICAL OBSERVATION; INFLUENZA			\$16.36
00087804	QW	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY WITH DIRECT OPTICAL OBSERVATION; INFLUENZA			\$16.36
00087807		INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY WITH DIRECT OPTICAL OBSERVATION; RESPIRATORY SYNCYTIAL VIRUS			\$16.36
00087807	QW	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY WITH DIRECT OPTICAL OBSERVATION: RESPIRATORY SYNCYTIAL VIRUS			\$16.36
00087808		INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY WITH DIRECT OPTICAL OBSERVATION; TRICHOMONAS VAGINALIS			\$16.36
00087808	QW	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY WITH DIRECT OPTICAL OBSERVATION; TRICHOMONAS VAGINALIS			\$16.36
00087809		INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY WITH DIRECT OPTICAL OBSERVATION; ADENOVIRUS			\$16.36
00087809	QW	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY WITH DIRECT OPTICAL OBSERVATION; ADENOVIRUS			\$16.36
00087810		INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY WITH DIRECT OPTICAL OBSERVATION; CHLAMYDIA TRACHOMATIS			\$16.36
00087850		INFECTIOUS AGENT DETECTION; NEISSERIA GONORRHOEAE			\$16.36
00087880		INFECTIOUS AGENT DETECTION; STRPTOCOCCUS, GROUP A			\$16.36
00087880	QW	INFECTIOUS AGENT DETECTION; STREPTOCOCCUS, GROUP A			\$16.36
00087899		INFECTIOUS AGENT DETECTION; NOS			\$16.36
00087899	QW	INFECTIOUS AGENT DETECTION BY IMMUNOASSAY W/DIRECT OPTICAL OBSERVATION; NOT OTHERWISE SPECIFIED			\$16.36

00087900		INFECTIOUS AGENT DRUG SUSCEPTIBILITY PHENOTYPE PREDICTION USING REGULARLY UPDATED GENOTYPIC BIOINFORMATICS			\$177.82
00087901		INFECTIOUS AGENT GENOTYPE ANALYSIS BY NUCLEIC ACID (DNA OR RNA), HIV 1, REVERSE TRANSCRIPTASE AND PROTEASE			\$351.22
00087902		INFECTIOUS AGENT GENOTYPE ANALYSIS BY NUCLEIC ACID (DNA OR RNA); HEPATITIS C VIRUS			\$351.22
00087903		INFECTIOUS AGENT PHENOTYPE ANALYSIS BY NUCLEIC ACID (DNA OR RNA) WITH DRUGRESISTANCE TISSUE CULTURE ANALYSIS, HIV 1; FIRST THROUGH 10 DRUG			\$666.64
00087904		INFECTIOUS AGENT PHENOTYPE ANALYSIS BY NUCLEIC ACID (DNA OR RNA) WITH DRUG RESISTANCE TISSUE CULTURE ANALYSIS, HIV 1; EACH ADDITIONAL DRUG 1 THR			\$35.56
00087905		INFECTIOUS AGENT ENZYMATIC ACTIVITY OTHER THAN VIRUS (EG, SIALIDASE ACTIVITY IN VAGINAL FLUID)			\$16.67
00087905	QW	INFECTIOUS AGENT ENQYMATIC ACTIVITY OTHER THAN VIRUS (EG, SIALIDASE ACTIVITY IN VAGINAL FLUID)			\$16.67
00087906		INFECTIOUS AGENT GENOTYPE ANALYSIS BY NUCLEIC ACID (DNA OR RNA); HIV-1, OTHERREGION (EG, INTEGRASE, FUSION)			\$175.62
00087910		ANALYSIS TEST FOR CYTOMEGALOVIRUS			\$351.22
00087912		ANALYSIS TEST FOR HEPATITIS B VIRUS			\$351.22
00088130		BUCCAL SMEAR, CHROMATIN BODY FOR CHROMOSOMAL SEX DETERMINATION (BARR BODIES) 8920			\$20.54
00088140		WHITE BLOOD CELL SMEAR, POLYMORPHONUCLEAR CELL DRUMSTICK FOR CHROMOSOMAL SEX DETERMINATION 8921			\$10.91
00088142		CYTOPATHOLOGY, CERVICAL OR VAGINAL(ANY REPORTING SYSTEM),COLLECTED IN PRESERVATIVE FLUID, AUTOMATED THIN LAYER PREPARATION)MANUAL SCREENING UNDE			\$20.73
00088143		CYTOPATHOLGY, CERVICAL OR VAGINAL, COLLECTED IN PERSERVATIVE FLUID, AUTOMATED THIN LAYER PREPERATION; SCREENING/REScreenING UNDER MD SUPERVISION			\$19.23
00088147		CYTOPATHOLOGY SMEARS, CERVICAL OR VAGINAL; SCREENING BY AUTOMATED STSTEM UNDER PHYSICIAN SUPERVISION			\$14.42
00088148		CYTOPATHOLOGY SMEARS, CERVICAL OR VAGINAL; CREENING BY AUTOMATED SYSTEM WITH MANUAL RESCREENING			\$20.73
00088150		CYTOPATHOLOGY, SMEARS,CERVICAL OR VAGINAL, UP TO THREE SMEARS, SCREENINGBY TECHNICIAN UNDER PHYSICIAN SUP DO NOT PAY PHYSICIAN'S OFFICE. DENY GF			\$14.42
00088152		CYTOPATHOLOGY, SMEARS, CERVICAL OR VAGINAL, UP TO 3 SMEARS; WITH MANUAL CYTOTECHNOLOGIST SCREENING AND AUTOMATED RESCREENING UNDER MD SUPER.			\$14.42
00088153		CYTOPATHOLOGY, SLIDES, CERVICAL OR VAGINAL; WITH MANUAL SCREENING AND RESCREENING UNDER PHYSICIAN SUPERVISION			\$14.42
00088154		CYTOPATHOLOGY, SLIDES, CERVICAL OR VAGINAL; WITH MANUAL SCREENING AND COMPUTER-ASSISTED RESCREENING USING CELL SELECTION AND REVIEW UNDER MD SPR			\$14.42

00088155	WITH DEFINITIVE HORMONAL EVALUATION (EG, MATURATION INDEX, KARYOPYKNOTICINDEX, ESTROGENIC INDEX)				\$5.96
00088164	CYTOPATHOLOGY, SLIDES, CERVICAL OR VAGINAL; MANUAL SCREENING UNDER MD SUPERVISION				\$14.42
00088165	CYTOPATHOLOGY, SLIDES, CERVICAL OR VAGINAL;WITH MANUAL SCREENING AND RESCREENING UNDER MD SUPERVISION				\$14.42
00088166	CYTOPATHOLOGY, SLIDES, CERVICAL OR VAGINAL; WITH MANUAL SCREENING AND COMPUTER-ASSISTED RESCREENING UNDER MD SUPERVISION\				\$14.42
00088167	CYTOPATHOLOGY, SLIDES, CERVICAL OR VAGINAL; WITH MANUAL SCREENING AND COMPUTER-ASSISTED RESCREENING USING CELL SELECTION/REVIEW UNDER MD SUPERVS				\$14.42
00088174	FINE NEEDLE ASPIRATE; IMMEDIATE CYTOHISTOLOGIC STUDY TO DETERMINE ADE- QUACY OF SPECIMEN; INTERPRETATION AND REPORT				\$21.89
00088175	CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING SYSTEM), COLLECTED IN PRESERVATIVE FLUID, AUTOMATED THIN LAYER PREPARATION; BY AUTOMATED SYSTE				\$29.85
00088230	TISSUE CULTURE FOR CHROMOSOME ANALYSIS; LYMPHOCYTE PRICING CORRECTED 4-14-94				\$158.94
00088233	*****SKIN OR OTHER SOLID TISSUE BIOPSY (INTERNAL PRICING PRIOR TO1/90) (INTERIM VALUE 1-1-94)				\$191.99
00088235	AMNIOTIC FLUID OR CHORIONIC VILLUS CELLS				\$200.90
00088237	***** BONE MARROW (MYELOID CELLS) (INTERIM VALUE 1-1-94)				\$172.32
00088239	***** OTHER TISSUE(INTERIM VALUE 1-1-94)				\$201.26
00088240	CRYOPRESERVATION,FREEZING AND STORAGE OF CELLS,EACH CELL LINE REVIEW FOR COVERAGE BY PHYSICIANS PROGRAM SPECIALIST				\$8.44
00088241	THAWING AND EXPANSION OF FROZEN CELLS, EACH ALIQUOTREVIEW BY PHYSICIANS PROGRAM SPECIALIST FOR COVERAGE				\$8.44
00088245	CHROMOSOME ANALYSIS FOR BREAKAGE SYNDROME; SCORE 25 CELLS (SCE STUDY), COUNT 5 CELLS 1KAROTYPE, WITH BANDING (EG, BLOOM SYNDROME)D 0593 \$215.51				\$203.09
00088248	***** SCORE 100 CELLS, COUNT 20 CELLS, 2 KAROTYPES, WITH BANDING;(EG, ATAXIA TELANGIECTASIA, FANCONI ANEMIA)(INTERIM VALUE 1-1-94)				\$236.26
00088249	CHROMOSOME ANALYSIS FOR BREAKAGE SYNDROMES; SCORE 100 CELLS, CLASTOGEN STRESS HAVE PHYSICIANS PROGRAM SPRECIALIST REVIEW FOR COVERAGE				\$236.26
00088261	CHROMOSOME ANALYSIS; COUNT 5 CELLS, 1 KARYOTYPE, WITH BANDING DELETED 0593 PRICE \$242.06				\$241.11
00088262	COUNT 1-20 CELLS FOR MOSAICISM, 2 KARYOTYPES DELETED 0593 PRICE \$210.50				\$170.04
00088263	***** COUNT 45 CELLS FOR MOSAICISM, 2 KAROTYPES WITH BANDING DELETED 0593 PRICE \$218.26				\$205.03
00088264	CHROMOSOME ANALYSIS; ANALYZE 20-25 CELLSREVIEW FOR COVERAGE BY PHYSICIANS PROGRAM SPECIALIST				\$170.04
00088267	AMNIOTIC FLUID, COUNT 1-4 CELLS, 1 KAROTYPE DELETED 0593 PRICE \$279.87				\$245.26

00088269	CHROMOSOME ANALYSIS, IN SITU FOR AMNIOTIC FLUID CELLS, COUNT CELLS FROM 6-12 COLONIES, 1 KAROTYPE, WITH BANDING			\$226.91
00088271	MOLECUALR CYTOGENETICS; DNA PROBE, EACH FISH.			\$29.22
00088272	MOLECULAR CYTOGENETICS; CHROMOSOMAL IN SITU HYBRIDIZATION, ANALYZE 3-5 CELLS			\$36.53
00088273	MOLECULAR CYTOGENETICS; CHROMOSOMAL IN SITU HYBGRIDIZATION, ANALYZE 10-30 CELLS			\$43.84
00088274	MOLECULAR CYTOGENETICS; INTERPHASE IN SITU HYBRIDIZATION, ANDALYZE 25-99 CELLS.			\$47.49
00088275	MOLECULAR CYTOGENETICS; INTERPHASE IN SITUR HYBRIDIZATION, ANALYZE 100 - 300 CELLS.			\$54.79
00088280	ADDITIONAL KARYOTYPING			\$34.24
00088283	***** ADDITIONAL SPECIALIZED BANDING TECHNIQUE (EG, NOR, C-BANDING) DELETED 0593 PRICE \$93.94			\$93.59
00088285	ADDITIONAL CELLS COUNTED-UPDATED 11/96			\$25.92
00088289	***** ADDITIONAL HIGH RESOLUTION STUDY			\$30.12
00088342	IMMUNOHISTOCHEMISTRY (INCLUDING TISSUE IMMUNOPEROXIDASE), EACH ANTIBODY	NOT COVERED		
00088343	IMMUNOHISTOCHEMISTRY OR IMMUNOCYTOCHEMISTRY, EACH SEPARATELY IDENTIFIABLE ANTIBODY PER BLOCK, CYTOLOGIC PREPARATION, OR HEMATOLOGIC SMEAR;	NOT COVERED		
00088371	PROTEIN ANALYSIS OF TISSUE BY WESTERN BLOT, WITH INTERPRETATION AND REPORT;			\$30.32
00088372	.....IMMUNOLOGICAL PROBE FOR BAND IDENTIFICATION, EACH; RNE			\$28.51
00088375	Microscopic imaging using an endoscope, interpretation and report, real-time or referred	DOCUMENTATION REQUIRED.		
00088720	BILIRUBIN, TOTAL, TRANSCUTANEOUS			\$6.84
00088738	HEMOGLOBIN (HGB), QUANTITATIVE, TRANSCUTANEOUS			\$6.84
00088740	HEMOGLOBIN, QUANTITATIVE, TRANSCUTANEOUS, PER DAY; CARBOXYHEMOGLOBIN			\$6.84
00088741	HEMOGLOBIN, QUANTITATIVE, TRANSCUTANEOUS, PER DAY; METHEMOGLOBIN			\$6.84
00089050	CELL COUNT, MISCELLANEOUS BODY FLUIDS (EG, CEREBROSPINAL FLUID, JOINT FLUID),EXCEPT BLOOD;			\$4.94
00089051	CELL COUNT , MISC BODY FLUIDS EXCEPT BLOOD; WITH DIFFERENTIAL COUNT			\$7.51
00089055	LEUKOCYTE ASSESSMENT, FECAL, QUALITATIVE OR SEMIQUANTITATIVE			\$5.82
00089060	CRYSTAL IDENTIFICATION BY LIGHT MICROSCOPY WITH OR WITHOUT POLARIZING LENSANALYSIS, TISSUE OR ANY BODY FLUID (EXCEPT URINE)			\$9.76
00089125	FAT STAIN, FECES, URINE, OR RESPIRATORY SECRETIONS			\$5.89
00089160	MEAT FIBERS, FECESDELETED 0593 PRICE \$5.50			\$5.03
00089190	NASAL SMEAR FOR EOSINOPHILSDELETED 0593 PRICE \$6.88			\$6.48
00089250	CULTURE OF OOCYTE(S)/EMBRYO(S), LESS THAN 4 DAYS;	NOT COVERED		
00089251	CULTURE OF OOCYTE(S)/EMBRYO(S), LESS THAN 4 DAYS; WITH CO-CULTURE OFOOCYTE(S)/EMBRYOS	NOT COVERED		
00089253	ASSISTED EMBRYO MATCHIN, MICROTECHNIQUES (ANY METHOD) NON COVERED SERVICE	NOT COVERED		

00089254		OOCYTE IDENTIFICATION FROM FOLLICULAR FLUID NON COVERED SERVICE	NOT COVERED		
00089255		PREPARATION OF EMBRYO FOR TRANSFER (ANY METHOD)NON COVERED SERVICE	NOT COVERED		
00089257		SPERM IDENTIFICATION FROM ASPIRATION (OTHER THAN SEMINAL FLUID)	NOT COVERED		
00089258		CRYOPRESERVATION; EMBRYO(S)	NOT COVERED		
00089259		CRYOPRESERVATION; SPERM NONCOVERED SERVICE	NOT COVERED		
00089260		SPERM ISOLATION;SIMPLE PREP (EG, SPERM MASH AND SWIM-UP) FOR INSEMINATION NONCOVERED SERVICE	NOT COVERED		
00089261		SPERM ISOLATION; COMPLEX PREP (EG COL GRADIENT, ALBUMIN GRADIENT) NON COVERED SERVICE	NOT COVERED		
00089264		SPERM IDENTIFICATION FROM TESTIS TISSUE, FRESH OR CRYOPRESERVEDNON COVERED	NOT COVERED		
00089268		INSEMINATION OF OOCYTES	NOT COVERED		
00089272		EXTENDED CULTURE OF OOCYTE(S)/EMBRYO(S), 4-7 DAYS	NOT COVERED		
00089280		ASSISTED OOCYTE FERTILIZATION, MICROTECHNIQUE; LESS THAN OR EQUAL TO 10 OOCYTES	NOT COVERED		
00089281		ASSISTED OOCYTE FERTILIZATION, MICROTECHNIQUE; GREATER THAN 10 OOCYTES	NOT COVERED		
00089290		BIOPSY, OOCYTE POLAR BODY OR EMBRYO BLASTOMERE, MICROTECHNIQUE (FOR PRE-IMPLANTATION GENETIC DIAGNOSIS); LESS THAN OR EQUAL TO 5 EMB	NOT COVERED		
00089291		BIOPSY, OOCYTE POLAR BODY OR EMBRYO BLASTOMERE, MICROTECHNIQUE (FOR PRE-IMPLANTATION GENETIC DIAGNOSIS); GREATER THAN 5 EMBRYOS	NOT COVERED		
00089300		SEMEN ANALYSIS, PRESENCE OR ABSENCE OF SPERM OR MOTILITY ONLY, INCLUDINGHUHNER TEST INFERTILITY TEST, NONCOVERED	NOT COVERED		
00089300	QW	SEMEN ANALYSIS, PRESENCE OR ABSENCE OF SPERM OR MOTILITY ONLY, INCLUDING-HUHNER TEST INFERTILITY TEST, NONCOVERED.	NOT COVERED		
00089310		SEMEN ANALYSIS; MOTILITY AND COUNT (NOT INCLUDING HUHNER TEST)			\$11.74
00089320		SEMEN ANALYSIS; VOLUME, COUNT, MOTILITY, AND DIFFERENTIAL	REQUIRES DOCUMENTATION		\$16.44
00089321		SEMEN ANALYSIS; SPERM PRESENCE AND MOTILITY OF SPERM, IF PERFORMED	NOT COVERED		
00089321	QW	SEMEN ANALYSIS; SPERM PRESENCE AND MOTILITY OF SPERM, IF PERFORMED	NOT COVERED		
00089322		SEMEN ANALYSIS; VOLUME, COUNT, MOTILITY, AND DIFFERENTIAL USING STRICT MORPHOLOGIC CRITERIA (EG, KRUGER)	NOT COVERED		
00089325		SPERM ANTIBODIES DELETED 0593 PRICE \$16.29	NOT COVERED		
00089329		SPERM EVALUATION; HAMSTER PENETRATION TESTINFERTILITY TEST, NONCOVERED	NOT COVERED		
00089330		***** CERVICAL MUCOUS PENETRATION TEST, WITH OR WITHOUT SPINBARKEITTEST--INFERTILITY TEST, NONCOVERED	NOT COVERED		
00089331		SPERM EVALUATION, FOR RETROGRADE EJACULATION, URINE (SPERM CONCENTRATION, MOTILITY, AND MORPHOLOGY, AS INDICATED)	NOT COVERED		
00089335		CRYOPRESERVATION, REPRODUCTIVE TISSUE, TESTICULAR	NOT COVERED		

00089342		STORAGE, (PER YEAR); EMBRYO(S)		NOT COVERED		
00089343		STORAGE, (PER YEAR); SPERM/SEMEN		NOT COVERED		
00089344		STORAGE, (PER YEAR); REPRODUCTIVE TISSUE, TESTICULAR/OVARIAN		NOT COVERED		
00089346		STORAGE, (PER YEAR); OOCYTE(S)		NOT COVERED		
00089352		THAWING OF CRYOPRESERVED; EMBRYO(S)		NOT COVERED		
00089353		THAWING OF CRYOPRESERVED; SPERM/SEMEN, EACH ALIQUOT		NOT COVERED		
00089354		THAWING OF CRYOPRESERVED; REPRODUCTIVE TISSUE, TESTICULAR/OVARIAN		NOT COVERED		