

SPRINGFIELD MEMORIAL HOSPITAL
Department of Laboratory Medicine and Pathology
Individual and Reflex Testing

Physician Ordered Testing	CPT Code	FY 2021 Medicare Reimbursement Rate *	Reflex Testing	Reflex Test CPT Codes	FY 2021 Medicare Reimbursement Rate *
<u>Blood Bank Testing</u>					
Antibody Screen	86850	\$9.77	If screen is positive, the following may be performed as required Antibody Identification Antibody Titer Absorption Elution Antigen Testing Crossmatch Immediate Spin Crossmatch IgG Crossmatch Electronic DAT	86870 86886 86978 86860 86905 86920 86922 86923 86880	\$275.72** \$5.18 \$32.03** \$141.20** \$3.83 \$141.20** \$141.20** \$141.20** \$5.39
Fetal Screen	85461	\$9.36	Positive fetal screen will reflex to Kleihauer-Betke to quantitate necessary RhoGam administration	85460	\$7.73
Direct Anti-globulin Screen (Direct Coombs)	86880	\$5.39	Positive direct Coombs test will reflex to an antibody elution and identification	86860 86870	\$141.20 ** \$275.72 **
Platelet Antibody	86022	\$18.37	If HLA antibody screen is positive, will reflex HLA antibody identification HLA molecular typing	86021 86817 86999	\$15.05 \$106.14 \$23.35 **
<u>Chemistry/Toxicology</u>					
CSF IgG Synthesis Rate			Testing includes: CSF IgG CSF Albumin Serum IgG Serum Albumin	82784 82042 82784 82040	\$9.30 \$7.78 \$9.30 \$4.95
Drugs of Abuse Screen	80307	\$62.14	Presumptive positive tests require confirmatory testing using GC Mass Spectroscopy or Chromatography on outpatients and legal specimens	Confirmatory testing will be documented based on specific CPT Code for the identified analyte HCPCS G0480	\$114.43
Hepatitis C Antibody	86803	\$14.27	Positive screen will reflex to Hepatitis C Virus RNA Quantitative PCR	87522	\$42.84
HIV 1 & 2	87389	\$24.08	Positive screen result will reflex to Human Immunodeficiency Virus Types 1 and 2 Antibody Differentiation(ARUP #2012669) (CPT: 86701 and 86702) Supplemental, with Reflex to HIV-1 Quantitative NAAT (ARUP # 0055598) (CPT: 87536).	86701 86702 87536	\$8.89 \$13.52 \$85.10
Immunofixation Electrophoresis (urine)	86335	\$29.35	Urine protein (if not previously ordered within 24 hours)	84156	\$3.67
Lactic Acid	83605	\$11.57	For emergency department patients only, if the initial Lactic Acid is greater than 2.0 mmol/L, repeat testing will be ordered in 4 hours	83605	\$11.57
Protein Electrophoresis, serum	84165	\$10.74	Serum protein peformed (if not previously ordered within 24 hours)	84155	\$3.67
Protein Electrophoresis, urine	84166	\$17.83	Urine protein peformed (if not previously ordered within 24 hours)	84156	\$3.67
Protein Electrophoresis, presence of monoclonal bands,urine	84166	\$17.83	Abnormal screen on initial electrophoresis will reflex to confirmatory testing including: immunofixation electrophoresis	86335	\$29.35
Protein Electrophoresis, presence of monoclonal bands (Serum)	84165	\$10.74	Abnormal screen on initial electrophoresis will reflex to confirmation testing including: immunofixation electrophoresis	86334	\$22.34
Syphillis Serology, RPR	86780	\$13.24	If Reactive or Equivocal; reflex to an RPR Titer (86593). If the results do not compare; reflex to FTA-ABS (0050477)	86593	\$4.40
Thyroid Stimulating Hormone (TSH) with reflex to Free T4 (FT4)	84443	\$16.80	Abnormal findings will reflex to Free T4 (FT4) if TSH result is outside the normal reference range of 0.45-5.33 uIU/mL	84439	\$9.02

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Urinalysis with Reflex to Culture	81001	\$3.17	Positive results that meet specific criteria reflex to urine culture and susceptibility testing according to institutional criteria: [Urine culture criteria: Urine WBC count greater than 3 per high-power field, positive urine nitrite, positive urine leukocyte esterase, positive yeast]	87086 87088	\$8.07 \$8.09
Urine dip with Reflex to Culture	81003	\$2.25	Positive results that meet specific criteria reflex to urine culture and susceptibility testing according to institutional criteria: [Urine culture criteria: Positive urine nitrite, positive urine leukocyte esterase]	87086 87088	\$8.07 \$8.09

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<u>Microbiology/Virology</u>					
Blood Culture	87040	\$10.32	Bacterial growth will reflex to identification (per isolate) and sensitivity (per isolate)	87077 87186 (MIC) 87184 (Disk)	\$8.08 \$8.65 \$7.48
Cryptococcal Antigen Screen	86403	\$11.54	Positive screen results reflex to quantitative Cryptococcal antigen titer	86406	\$10.64
Routine Culture	87070	\$8.62	Gram stain is included, reported and charged on all specimens. Significant isolates will reflex to identification and susceptibility testing (per isolate)	87205 87186 (MIC) 87184 (Disk)	\$ 4.27 \$8.65 \$7.48
Tissue Culture	87070	\$8.62	Tissue grind performed on all tissue cultures Anaerobe culture performed on all tissue cultures Gram stain is included, reported and charged on all specimens Significant isolates will reflex to identification and susceptibility testing (per isolate)	87176 87075 87205 87186 (MIC) 87184 (Disk)	\$5.88 \$9.47 \$ 4.27 \$8.65 \$7.648
Culture, Fungus	87101 or 87102	7.71 or \$8.41	GMS (fungal) smear is included and charged on all specimens submitted except for blood, sputum, hair, nails, or skin scrapings. All fungal isolates are identified	87205 87106 87107	\$4.27 \$10.32 \$10.32
Ova & Parasites (O&P) for outpatients	87177 87209	\$8.90 \$17.98	Inpatient orders for O&P will be converted to Giardia & Cryptosporidium and performed internally. Orders for outpatient testing will require completion of a Parasitic Investigation Form. Testing will be determined based on the information provided on the investigation form	87269 87272	\$13.61 \$11.91
Rapid Strep Screen Streptococci, Group A	87880	\$16.53	Negative screening result will reflex to specific direct probe (unless order indicates routine culture to be done)	87651	\$35.09
Stool Culture (C STOOL)	87015 87045	\$6.68 \$9.44	Suspected Salmonella or Shigella identification will be performed per isolate Campylobacter antigen by EIA Shiga toxins tested by Immunoassay	87077 87449 87427 x2	\$8.08 \$11.98 \$11.98 x 2
Mycobacterial Culture (AFB/TB)	87116	\$10.80	AFB stain is included and charged for all specimens except blood Specimen concentration will be performed and charged	87206 87015	\$5.39 \$6.68
Urine Culture (C URINE)	87086	\$8.07	Significant isolates will reflex to identification and susceptibility testing (per isolate)	87088 87077 87186 (MIC) 87184 (Disk)	\$8.09 \$8.08 \$8.65 \$7.68
Vancomycin Resistant Enterococcus (VRE) Culture	87081	\$6.63	Growth of suspected VRE will reflex to identification	87077	\$8.08
Yersinia Culture	87046	\$9.44	Growth of suspected Yersinia will reflex to identification	87077	\$8.08

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<u>Immunology/Flow Cytometry/Molecular Pathology</u>					
Anti-double stranded DNA Screen	86225	\$13.74	Positive screen will reflex to titer	86256	\$12.05
Anti-mitochondrial Antibody	86255	\$12.05	Positive screen will reflex to titer	86256	\$12.05
Anti-neutrophilic Cytoplasmic Antibody (ANCA)	86255	\$12.05	Positive screening test confirmation by ANCA Titer with Myeloperoxidase (MPO) and Proteinase3 (PR3) by solid phase immunoassay ANA testing will be performed	86256 83876 83516	\$12.05 \$50.86 \$11.53
Anti-nuclear Antibody Screen (ANA)	86038	\$12.09	Positive screen will reflex to titer	86039	\$11.16
Anti-smooth Muscle Antibody	86255	\$12.05	Positive test will reflex to titer	86256	\$12.05
Celiac Disease Panel with Reflex	83516	\$11.53	TTG A (includes an IgA verification) If IgA is deficient, TTG G and DGP G will be ordered as a reflex	83516 83516	\$11.53 \$11.53
Flow Cytometry, Initial Marker	88184	275.72**	Testing includes: CBC with automated differential (if not previously requested) for peripheral blood specimens only. Tissue and fluid specimens will require a cytospin preparation. Additional flow cytometry markers will be charged as required for identification	85025 88185	\$7.77 Not Reimbursed
Total Lymphocyte Subset Enumeration	86359 86360	\$37.73 \$46.98	Testing includes: CBC with automated differential (if not previously requested)	85025	\$7.77
T Cell Subset Analysis	86359 86355 86357 86360	\$37.73 \$37.73 \$37.73 \$46.98	Testing includes: CBC with automated differential (if not previously requested)	85025	\$7.77
Ribonucleoprotein (RNP)/SM	86235	\$17.93	Positive testing will reflex to RNP and Smith antibody testing	86235 86235	\$17.93 \$17.93
<u>Surgical Pathology</u>					
Invasive Breast Carcinoma	88305 or 88307 or 88309	\$47.11** \$275.22** \$621.15**	Estrogen Receptor Assay by Immunohistochemistry Progesterone Receptor Assay by Immunohistochemistry Her-2/neu Protein	88360 88360 88360	\$141.20** \$141.20** \$141.20**
Invasive Breast Carcinomas: Immunohistochemical stain for Her-2/neu Protein: 2+ Positive.	88360	\$141.20**	Borderline (2+ positive) results will reflex to FISH testing	88374	\$141.20**
Initial Ductal Carcinoma-in-Situ	88305 or 88307 or 88309	\$47.11** \$275.72** \$621.15**	Estrogen Receptor Assay by Immunohistochemistry Progesterone Receptor Assay by Immunohistochemistry	88360 88360	\$141.20** \$141.20**
Endometrial Cancer Cases (HNPCC/Lynch Syndrome)	88305	\$47.11**	New diagnosis of endometrial cancer or recurrent cancers with no previous MMR/MSI will reflex to microsatellite instability testing Testing strategy at Memorial Medical Center: IHC is the first test for MMR (MLH1, MSH2, MSH6 and PMS2). PCR is the second test for MSI if IHC test is abnormal. IHC can be performed on biopsy or resection specimens. PCR can be performed on biopsy specimens if normal tissue is present, otherwise will be done on resection specimens. Please direct any questions regarding MSI testing to Dr. John Gao at (217) 788-3060	88342 x1 88341 x3 81301	\$141.20** Not Reimbursed \$348.56
Oropharyngeal Squamous Cell Carcinoma (Surgical Pathology, Catgory IV)	88305	\$47.11**	Biopsies positive for oropharyngeal squamous cell carcinoma will reflex to HPV by ISH - in-situ hybridization	88365 88364	\$141.20** Not Reimbursed
Colon Biopsy (Surgical Pathology Level IV) Colon segmental resection (Surgical Pathology Level V) Colon segmental resection for tumor (Surgical Pathology Level VI)	88305 ***** 88307 ***** 88309	\$47.11** ***** \$275.72** ***** \$621.15**	Colorectal specimens with invasive adenocarcinoma will reflex to microsatellite instability testing Testing strategy at Memorial Medical Center: All new diagnosis of colon cancer or recurrent cancer with no previous MMR/MSI tests done. IHC is the first test for MMR (MLH1, MSH2, MSH6 and PMS2). PCR is the second test for MSI if IHC test is abnormal. IHC can be performed on biopsy or resection specimens. PCR can be performed on biopsy specimens if normal tissue is present, otherwise will be done on resection specimens. Please direct any questions regarding MSI testing to Dr. John Gao at (217) 788-3060	88342 x1 88341 x3 81301	\$141.20** Not Reimbursed \$348.56
<u>Cytopathology</u>					

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Fine Needle Biopsy, Thyroid	88172 88173 88177	\$141.20** \$47.11** Not Reimbursed	Reflex to Veracyte, Afirma Thyroid FNA Analysis for gene expression classification. Three specific diagnostic criteria; 1.) Atypia of undetermined significance. 2.) Suspicious for follicular neoplasm 3.) Suspicious for Malignancy	Testing will be billed directly by performing laboratory	
Fine Needle Biopsy, (Neck, Lymph Node-Neck)	88172 88173 88177	\$141.20** \$47.11** Not Reimbursed	Neck mass or neck lymph node FNA specimens with squamous cell carcinoma will be reflexed to p16 testing on the prepared cell block	88342 88341	\$141.20** Not Reimbursed
Pap Smear, SurePath (liquid based)	88142 G0123	\$20.26	Pathologist review: Reflexed by cytotechnologist to cytopathologists for additional review, abnormal Pap Smear results and viral effects. High-Risk HPV (HR HPV) Testing: Reflexed on patients between twenty-one (21) and sixty-five (65) years of age when requested on the requisition AND the Pap result is " Atypical squamous cells of undetermined significance ". HPV-16/18 Genotyping: HPV with Pap - Reflexed when requested on the requisition AND Pap result is " Negative for intraepithelial lesion or malignancy " AND the HR HPV test result is " POSITIVE for high risk types of HPV " AND the patient is between thirty (30) and sixty-five (65) years of age. HPV Only - Reflexed when requested on the requisition AND the HR HPV test result is " POSITIVE for high risk types of HPV "	88141 G0124 87624 G0476 87625	Considered bundled service \$35.09 \$40.55
<u>Hematology/Coagulation</u>					
Blood Smear Review	85060	Considered bundled service	Test includes automated reticulocyte count at pathologist's discretion	85045	\$3.99
CBC with Differential	85025	\$7.77	Abnormal results will reflex to smear review defined using ISLH criteria	85060	Considered bundled service
Hemoglobin Electrophoresis	83020	\$12.87	Includes: CBC with automated differential (if not previously ordered) Hemoglobin A2 if MCV < 80 Hemoglobin F if MCV < 80 Sickle solubility testing if Hemoglobin S is seen on alkaline Hgb Electrophoresis and interpretation	85025 83021 83021 85660	\$7.77 \$18.06 \$18.06 \$5.51
APTT with reflex	85730	\$6.01	If APTT is normal then no further workup. If elevated a Thrombin Time and APTT MIX (which includes an immediate and incubated mixing study) are performed	85670 85732	\$5.77 \$6.47
PT with reflex	85610	\$4.29	If PT is normal then no further workup. If elevated a PT MIX is performed	85611	\$3.94
DVVT with reflex	85613	\$9.58	If DVVT is normal then no further workup. If elevated a DVVT MIX and DVVT CONFIRM are performed	85613	\$9.58
Lupus Anticoagulant/Inhibitor Studies Reflexive Panel	85610 85730 85613 85597 86146 85670 86038 86147 X 2	\$4.29 \$6.01 \$9.58 \$17.98 \$25.45 \$5.77 \$12.09 \$25.45 X 2	See Lupus Anticoagulant Algorithm in Laboratory Test Reference Guide. If abnormal APTT then TT is ordered If normal TT then PTT 1:1 mix is ordered (which includes an immediate and incubated mixing study) If abnormal DVVT then DVVT 1:1 mix is ordered If DVVT mix abnormal then DVVT Confirm is ordered If TT is abnormal then DVVT & HexPhos is cancelled	85670 85732 85613 85613	\$5.77 \$6.47 \$9.58 \$9.58
Sickle Cell Quantitation	85660	\$5.51	Known sickle cell disease patients who have Quantitative Hemoglobin S ordered	83021	\$18.06

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<u>Referred Testing</u>					
BCR-ABL1, Qualitative with Quant Reflex	81206 81207	\$163.96 \$144.84	If the presence of either the p210 or p190 BCR-ABL1 fusion is detected, then the appropriate quantitative test will be performed	81206 81207	\$163.96 \$144.84
Bordetella pertussis Antibodies, IgA, IgG, and IgM by ELISA with Reflex to Immunoblot	86615 X 3	\$13.19 X 3	If Bordetella pertussis Antibody, IgA by ELISA is 1.2 U/mL or greater, then Bordetella pertussis IgA Immunoblot testing will be added	86615 86615 86615	\$13.19 \$13.19 \$13.19
Coxiella burnetii (Q-Fever) Antibody IgG, Phase I and II with Reflex to Titer	86638 X 2	\$12.12 X 2	If either C. Burnetii Abs IgG Phase I and/or Phase II result is indeterminate or positive, then titer(s) will be added	86638	\$12.12
Fragile X (FMR1) w/Reflex to Methylation	81243	\$57.04	If a CGG repeat of 55 or greater is detected by PCR and Capillary Electrophoresis; methylation analysis will be added	81244	\$44.89
Heavy Metals Panel 6, Urine with Reflex	82175 82300 82525 83655 83825 84630	\$18.97 \$23.64 \$12.41 \$12.11 \$16.26 \$11.39	If total arsenic concentration is between 35-2000 ug/L, then Arsenic, Fractionated, will be added to determine the proportion of organic, inorganic, and methylated forms	82175	\$18.97
Inflammatory Bowel Disease Panel	86671 86671 86255	\$12.25 \$13.25 \$12.05	If the ANCA screen detects antibodies at a 1:20 dilution or greater, then a titer to end point will be added	86256	\$12.05
Paraneoplastic Abs (PCCA/ANNA) Rflx Scrn	86255	\$12.05	If the IFA screen is indeterminate, then a Neuronal Nuclear Antibodies (Hu, Ri, and Yo) IgG by Immunoblot will be added If the IFA screen is positive at 1:10 or greater, then a PCCA/ANNA antibodies titer and Neuronal Nuclear Antibodies (Hu, Ri, and Yo) IgG by Immunoblot will be added	83516 86256 86256 83516	\$11.53 \$12.05 \$12.05 \$11.53
Paraneoplastic Abs w/Rflx, CSF	86255	\$12.05	If the IFA screen is indeterminate then the Immunoblot will be added If the IFA screen is positive at 1:1, then a specific titer (PCCA or ANNA) and Immunoblot will be added	83516 86256 83516	\$11.53 \$12.05 \$11.53
VDRL with Reflex to Titer, Serum	86592	\$4.27	If VDRL is reactive, a titer will be added	86593	\$4.40
* All CPT Codes have been reviewed and validated as of 11/01/2021					
** Reimbursement based on Wage Adjusted APC Payment					

MEMORIAL MEDICAL CENTER
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AMA Approved Organ or Disease Oriented Panels

Physician Ordered Test	CPT Code	FY 2021 Medicare Reimbursement Rate *	Tests Included in the Initial Test Order	Component Test CPT Codes	FY 2021 Medicare Reimbursement Rate *
Basic Metabolic Panel (includes ionized calcium)	80047	\$13.73	Calcium, Ionized	82330	\$13.68
			Total Carbon Dioxide (Bicarbonate)	82374	\$4.88
			Chloride	82435	\$4.60
			Creatinine	82565	\$5.12
			Glucose	82947	\$3.93
			Potassium	84132	\$4.76
			Sodium	84295	\$4.81
			Blood Urea Nitrogen (BUN)	84520	\$3.95
Basic Metabolic Panel (Includes total serum calcium)	80048	\$8.46	Calcium, Total Serum	82310	\$5.16
			Total Carbon Dioxide (Bicarbonate)	82374	\$4.88
			Chloride	82435	\$4.60
			Creatinine	82565	\$5.12
			Glucose	82947	\$3.93
			Potassium	84132	\$4.76
			Sodium	84295	\$4.81
			Blood Urea Nitrogen (BUN)	84520	\$3.95
General Health Panel	80050	Not covered by Medicare benefit	Comprehensive Metabolic Panel	80053	\$10.56
			Complete Blood Count (CBC) (includes automated hemogram and differential count)	85025	\$7.77
			Thyroid Stimulating Hormone (TSH)	84443	\$16.80
Electrolyte Panel	80051	\$7.01	Total Carbon Dioxide (Bicarbonate)	82374	\$4.88
			Chloride	82435	\$4.60
			Potassium	84132	\$4.76
			Sodium	84295	\$4.81
Comprehensive Metabolic Panel	80053	\$10.56	Albumin	82040	\$4.95
			Bilirubin, Total	82247	\$5.02
			Calcium, Total Serum	82310	\$5.16
			Total Carbon Dioxide (Bicarbonate)	82374	\$4.88
			Chloride	82435	\$4.60
			Creatinine	82565	\$5.12
			Glucose	82947	\$3.93
			Phosphatase, Alkaline	84075	\$5.18
			Potassium	84132	\$4.76
			Protein, Total	84155	\$3.67
			Sodium	84295	\$4.81
			Transferase, Alanine Amino (ALT/SGPT)	84460	\$5.30
			Transferase, Aspartase Amino (AST/SGOT)	84450	\$5.18
			Blood Urea Nitrogen (BUN)	84520	\$3.95
Lipid Panel	80061	\$13.39	Cholesterol, serum, total	82465	\$4.35
			HDL Cholesterol	83718	\$8.19
			Triglycerides- If greater than or equal to 400 mg/dL a measured LDL will be performed.	84478	5.74
				83721	\$10.50
Obstetric Panel	80055	Not covered by Medicare benefit	Complete Blood Count (CBC) (includes automated hemogram and differential count)	85025	\$7.77
			Hepatitis B Surface Antigen (HBsAG)	87340	\$10.33
			Rubella Antibody	86762	\$14.39
			Syphilis Serology, Qualitative (RPR)	86780	\$13.24
			Antibody Screen, RBC	86850	\$9.77
			Blood Group Typing (ABO)	86900	\$2.99
			Blood Rh Typing (Rh)	86901	\$2.99
Obstetric Panel (Includes HIV Testing)	80081	Not covered by Medicare benefit	Complete Blood Count (CBC) (includes automated hemogram and differential count)	85025	\$7.77
			Hepatitis B Surface Antigen (HBsAG)	87340	\$10.33
			Rubella Antibody	86762	\$14.39
			Syphilis Serology, Qualitative (RPR)	86780	\$4.27
			Antibody Screen, RBC	86850	\$9.77
			Blood Group Typing (ABO)	86900	\$2.99
			Blood Rh Typing (Rh)	86901	\$2.99
			HIV-1 Antigen(s), with HIV-1 and HIV-2 antibodies, single result	87389	\$24.08
Renal Function Panel	80069	\$8.68	Albumin	82040	\$4.95
			Calcium, Total Serum	82310	\$5.16
			Total Carbon Dioxide (Bicarbonate)	82374	\$4.88
			Chloride	82435	\$4.60
			Creatinine	82565	\$5.12
			Glucose	82947	\$3.93
			Phosphorus, Inorganic (Phosphate)	84100	\$4.74
			Potassium	84132	\$4.76
			Sodium	84295	\$4.81
			Blood Urea Nitrogen (BUN)	84520	\$3.95

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Acute Hepatitis Panel (Hepatitis B surface antibody is not included in this panel. If required, please order separately.)	80074	\$47.63	Hepatitis A Antibody (HAAB) IGM Antibody	86709	\$11.26
			Hepatitis B Core Antibody (HBcAB) IGM Antibody	86705	\$11.77
			Hepatitis B Surface Antigen (HBsAG)	87340	\$10.33
			Hepatitis C Antibody	86803	\$14.27
Hepatic Function Panel	80076	\$8.17	Albumin	82040	\$4.95
			Bilirubin, Total	82247	\$5.02
			Bilirubin, Direct	82248	\$5.02
			Phosphatase, Alkaline	84075	\$5.18
			Protein, Total	84155	\$3.67
			Transferase, Alanine Amino (ALT/SGPT)	84460	\$5.30
			Transferase, Aspartate Amino (AST/SGOT)	84450	\$5.18

* All CPT codes and Medicare reimbursement rates have been reviewed and validated 11/01/2021

** Reimbursement based on wage adjusted APC Payment