

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
AMBULATORY CARE

114.3 CMR 20.00: CLINICAL LABORATORY SERVICES

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20.01: General Provisions

- (1) Scope, Purpose and Effective Date. 114.3 CMR 20.00 governs the payment rates for clinical laboratory services rendered to Publicly-aided Individuals effective December 1, 2011. The rates set forth in 114.3 CMR 20.00 do not apply to individuals covered by M.G.L. c. 152 (the Worker's Compensation Act). Rates for services rendered to such individuals are set forth in 114.3 CMR 40.00.
- (2) Coverage. The payment rates in 114.3 CMR 20.00 are full compensation for clinical laboratory services rendered to Publicly-aided Individuals.
- (3) Coding Updates and Corrections. The Division may publish procedure code updates and corrections in the form of an Informational Bulletin. Updates may reference coding systems including but not limited to the American Medical Association's Current Procedural Terminology (CPT). The publication of such updates and corrections will list:
 - (a) codes for which only the code numbers changed, with the corresponding cross references between existing and new codes;
 - (b) deleted codes for which there are no corresponding new codes; and
 - (c) codes for entirely new services that require pricing. The Division may list and price these codes at 74.67% of prevailing or existing Medicare fees when Medicare fees are available. When Medicare fees are not available, the Division may apply individual consideration (I.C.) in reimbursing for these codes until appropriate rates can be developed.
- (4) Administrative Information Bulletins. The Division may issue administrative information bulletins to clarify its policy on and understanding of substantive provisions of 114.3 CMR 20.00.
- (5) Disclaimer of Authorization of Services. 114.3 CMR 20.00 is neither authorization for nor approval of the substantive services for which rates are determined pursuant to 114.3 CMR 20.00. Governmental units that purchase care are responsible for the definition, authorization, and approval of care and services extended to publicly-aided clients.
- (6) Authority. 114.3 CMR 20.00 is adopted pursuant to M.G.L. c. 118G.

20.02: Definitions

As used in 114.3 CMR 20.00, terms shall have the meanings ascribed in 114.3 CMR 20.02.

Allowable Fee. The amount of reimbursement that will be paid by all governmental units for a laboratory service, as set forth in 114.3 CMR 20.04, 20.05.

Bulk Purchase. A single purchase of a laboratory service (one or more tests) to be uniformly and concurrently performed on a minimum of 40 specimens of the same type. A single purchase of various, non-uniform laboratory services, such as by a physician, will not be considered a bulk purchase, regardless of the number of specimens presented by such a purchaser to the laboratory.

Charge. The price of a laboratory service as determined by the clinical laboratory performing the service.

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Clinical Laboratory. A laboratory where microbiological, chemical, hematological, bio physical, cytological, immuno-hematological, or pathological examinations are performed on materials derived from the human body to provide information for the diagnosis, prevention, or treatment of a disease or assessment of a medical condition.

Division. The Division of Health Care Finance and Policy, established under M.G.L. c.118G.

Eligible Provider of Laboratory Services. A person licensed by an appropriate Board of Registration to perform clinical laboratory services, such registration being in accordance with the provisions of M.G.L. c. 112; or, an independent laboratory. Such persons and laboratories must meet all conditions of participation that have been adopted by a governmental unit, which purchases laboratory services. For purposes of 114.3 CMR 20.00, eligible providers of laboratory services shall not include hospital laboratories.

Fee Schedule. (Description of Service and HCPCS/CPT-4 Procedure Code). HCFA Common Procedure Coding System (HCPCS) which is based upon the American Medical Association (AMA) CPT-4 shall be the basis by which all procedures shall be performed. The CPT-4 handbook is updated by the AMA annually. All non-physician codes and terminology shall be defined by the Health Care Financing Administration (HCFA) and set forth in the HCPCS file.

Governmental Unit. The Commonwealth, any department, division, agency, board, or commission of the Commonwealth and any political subdivision of the Commonwealth.

Independent Laboratory. A clinical laboratory which is operated independently from a hospital, or from an attending or consulting physician's office. If the laboratory is operated or directed by one or more licensed physicians, it must offer its services to other physicians to qualify as an independent laboratory. In cases where two or more distinct, physically separated laboratory facilities operate under the same name and the same director, each facility, which performs clinical laboratory services shall be treated as a separate independent laboratory.

Profile (or Panel) Tests. Any group of tests, whether performed manually, automated, or semi-automated which is ordered for a specific patient on a specified day, and has at least one of the following characteristics:

- (a) The group of tests is designated as a profile or panel by the clinical laboratory performing the tests;
- (b) The group of tests is performed by the clinical laboratory and customary charge which is less than the sum of that clinical laboratory's usual and customary charges for the individual tests in that group.

Publicly-aided Individual. A person who receives medical care and services for which a Governmental Unit is liable, in whole or in part, under a statutory program of public assistance.

Rate. The lesser of the charge or allowable fee. *See* 114.3 CMR 20.02.

Usual and Customary Charge. The lowest fee charged by an independent clinical laboratory for any laboratory service (including individual and profile tests), specified by 114.3 CMR 20.02 or by such independent clinical laboratory, which fee is in effect at the time such laboratory service is performed, other than a fee offered for a bulk purchase. *See* 114.3 CMR 20.02.

20.03: Covered and Excluded Billing Situations

(1) Covered Billing Situations. Except as provided in 114.3 CMR 20.03(2), the method of determining rates of payment contained herein shall apply, with clinical laboratory services provided publicly-aided patients, under the following conditions:

- (a) If clinical laboratory services are performed by an independent laboratory, then the independent laboratory must bill the governmental unit directly. The independent laboratory may not bill indirectly by having a physician or dentist bill either the payor or the patient for services performed by the independent laboratory.

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(b) If clinical laboratory services are performed by a registered physician or dentist, or by an agent under his/her direct supervision, in his private medical office or clinic, then the registered physician or dentist must bill the governmental unit directly.

(2) Excluded Billing Situations. 114.3 CMR 20.00 and the rates of payment contained herein shall not govern the rates of payment for clinical laboratory services where:

- (a) the service is provided in state institutions by a state employed physician, dentist, physician or dentist consultant;
- (b) the service is provided by a physician or dentist whose salary from a hospital or affiliated medical school includes compensation for professional services rendered to patients; or
- (c) the physician, dentist, or independent laboratory does not customarily bill private patients without health insurance under comparable circumstances.

(3) Professional and Technical Component Services. Some laboratory services have both professional and technical components. The professional component is in 114.3 CMR 16.00: *Surgery and Anesthesia Services* while the technical component is in 114.3 CMR 20.00: *Clinical Laboratory Services*.

(a) The relevant codes for laboratory services containing both professional and technical components are: 83020, 83912, 84165, 84166, 84181, 84182, 85390, 85576, 86255, 86256, 86320, 86325, 86327, 86334, 86335, 87164, 87207, 88371, 88372 and 89060.

(b) Surgical pathology services are excluded from 114.3 CMR 20.00: *Clinical Laboratory Services* and instead included in 114.3 CMR 16.00: *Surgery and Anesthesia Services*. Surgical pathology services include codes: 80500, 80502, 85060, 85097, 85396, 86077, 86078, 86079, 86490, 86510, 86580, 88104, 88106, 88107, 88108, 88112, 88125, 88141, 88160, 88161, 88162, 88172, 88173, 88182, 88184, 88185, 88187, 88188, 88189, 88199, 88291, 88299, 88300, 88302, 88304, 88305, 88307, 88309, 88311, 88312, 88313, 88314, 88318, 88319, 88321, 88323, 88325, 88329, 88331, 88332, 88333, 88334, 88342, 88346, 88347, 88348, 88349, 88355, 88356, 88358, 88360, 88361, 88362, 88365, 88367, 88368, 88371, 88380, 88384, 88385, 88386, 88399, 89049, 89100, 89105, 89130, 89132, 89135, 89136, 89140, 89141.

20.04: General Rate Provisions and Maximum Fees

(1) Rate Determination. Payment rates are the lowest of:

- (a) The eligible provider's usual and customary charge to patients other than Publicly-aided Individuals or industrial accident patients; or
- (b) The applicable listing from the schedule of allowable fees listed in 114.3 CMR 20.05; or
- (c) The amount that would be recognized under 42 U.S.C. § 1395 1(h) for such tests performed for an individual enrolled under Part B of subchapter XVIII of the Federal Social Security Act. For a list of procedures affected by this limitation, see the Medicaid Provider Assistance Manual.

(2) Individual Consideration (I.C.). Non-listed procedures and laboratory tests designated I.C. are individually considered items. The eligible provider's bill for such a test is to be accompanied by a brief report of the procedure or test performed and the eligible provider's usual and customary charge for that procedure or test. Determination of appropriate payments for procedures and tests designated I.C. shall be in accordance with the following standards and criteria:

- (a) Time required to perform the procedure;
- (b) Degree of skill required in the procedure performed;
- (c) Severity or complexity of the patient's disease, disorder or disability;
- (d) Policies, procedures and practices of other third party purchasers of care;
- (e) Prevailing medical-laboratory ethics and accepted custom of the medical-laboratory community;

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(f) Such other standards and criteria as adopted by the Commission. In no event shall an eligible provider bill or be paid in excess of the usual and customary charge for the service.

(3) Administrative and Supervisory Duties. The rates of payment under 114.3 CMR 20.00 are full compensation for clinical laboratory services rendered to publicly-aided patients, as well as any related administrative or supervisory duties in connection with clinical laboratory services, without regard to where the service is rendered.

(4) Profile (or Panel) Tests. In no event shall an eligible provider bill or be paid separately for each of the tests included within a profile test when a profile test has either been performed by the provider or requested by an authorized person. See definition in 114.3 CMR 20.02.

(5) Limitations on Payment for Panel Tests.

(a) Any combination of the following tests when performed on a single patient on a single date of service shall be regarded as a single panel test:

- 80047 Basic Metabolic Panel -calcium, ionized (Consists of 82330, 82374, 82435, 82565, 82947, 84132, 84295, 84520): eight individual tests
- 80048 Basic Metabolic Panel -calcium, total (Consists of 82310, 82374, 82435, 82565, 82947, 84132, 84295, 84520): eight individual tests
- 80051 Electrolyte Panel (Consists of 82374, 82435, 84132, 84295): four individual tests
- 80053 Comprehensive Metabolic Panel (Consists of 82040, 82247, 82310, 82374, 82435, 82565, 82947, 84075, 84132, 84155, 84295, 84460, 84450, 84520): 14 individual tests
- 80061 Lipid panel (Consists of 82465, 83718, 84478): three individual tests
- 80069 Renal Function Panel (Consists of 82040, 82310, 82374, 82435, 82565, 82947, 84100, 84132, 84295, 84520): ten individual tests
- 80076 Hepatic Function Panel (Consists of 82040, 82247, 82248, 84075, 84155, 84460, 84450): seven individual tests
- 82040 Albumin; serum
- 82247 Bilirubin, total
- 82248 Bilirubin, direct
- 82310 Calcium; total
- 82374 Carbon dioxide (bicarbonate)
- 82435 Chloride; blood
- 82465 Cholesterol, serum; total
- 82550 Creatine kinase (CK), (CPK); total
- 82565 Creatinine; blood
- 82947 Glucose; quantitative
- 82977 Glutamyltransferase, gamma (GGT)
- 83615 Lactate dehydrogenase (LD), (LDH)
- 84075 Phosphatase, alkaline
- 84100 Phosphorus, inorganic (phosphate)
- 84132 Potassium; serum
- 84155 Protein; total, except refractometry
- 84295 Sodium; serum
- 84450 Transferase; aspartate amino (AST), (SGOT)
- 84460 Transferase; alanine amino (ALT), (SGPT)
- 84478 Triglycerides
- 84520 Urea nitrogen; quantitative
- 84550 Uric acid; blood

(b) Panel tests will be reimbursed according to the following schedule:

Two tests	\$5.54
Three tests	\$7.07
Four tests	\$7.45
Five tests	\$8.31
Six tests	\$8.33
Seven tests	\$8.69
Eight tests	\$8.99
Nine tests	\$9.23

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Ten tests	\$9.23
11 tests	\$9.38
12 tests	\$9.59
13 – 16 tests	\$11.23
17 – 18 tests	\$11.30
19 tests	\$11.75
20 tests	\$12.13
21 tests	\$12.51
22 or more tests	\$12.89

20.05: Allowable Fees

Code	Rate	Description
Organ & Disease Oriented Panels		
80047	\$9.06	Basic metabolic panel (calcium, ionized). This panel must include the following: Calcium ionized (82330),carbon dioxide (82374), chloride (82435), creatinine (82565), glucose (82947), potassium (84132), sodium (84295), urea nitrogen (BUN) (84520)
80048	\$ 9.06	Basic metabolic panel (calcium, total). This panel must include the following: Calcium (82310), Carbon dioxide (82374), Chloride (82435), Creatinine (82565), Glucose (82947), Potassium (84132), Sodium (84295), Urea Nitrogen (BUN) (84520)
80050	\$16.74	General health panel. This panel must include the following: Comprehensive metabolic panel (80053), Blood count, complete (CBC), automated and automated differential WBC count (85025 or 85027 and 85004), OR Blood count, complete (CBC),automated (85027), appropriate manual differential WBC count (85007 or 85009), Thyroid stimulating hormone (TSH) (84443)
80051	\$ 7.51	Electrolyte panel. This panel must include the following: Carbon dioxide (82374), Chloride (82435), Potassium (84132), Sodium (84295)
80053	\$11.31	Comprehensive metabolic panel. This panel must include the following: Albumin (82040), Bilirubin, total (82247), Calcium (82310), Carbon dioxide (bicarbonate) (82374), Chloride (82435), Creatinine (82565), Glucose (82947), Phosphatase, alkaline (84075), Potassium (84132)
80055	\$13.61	Obstetric panel. This panel must include the following: Blood count, complete (CBC), automated and automated differential WBC count (85025 or 85027 and 85004), OR Blood count, complete (CBC), automated (85027) appropriate manual differential WBC count (85007)
80061	\$14.33	Lipid panel. This panel must include the following: Cholesterol, serum, total (82465), Lipoprotein, direct measurement, high density cholesterol (HDL cholesterol) (83718), Triglycerides (84478)
80069	\$ 9.29	Renal function panel. This panel must include the following: Albumin (82040), Calcium (82310), Carbon dioxide (bicarbonate) (82374), Chloride (82435), Creatinine (82565), Glucose (82947), Phosphorus inorganic (phosphate) (84100), Potassium (84132), Sodium (84295)
80074	\$48.13	Acute hepatitis panel. This panel must include the following: Hepatitis A antibody (HAAb), IgM antibody (86709), Hepatitis B core antibody (HbcAb), IgM antibody (86705), Hepatitis B surface antigen (HbsAg) (87340), Hepatitis C antibody (86803)
80076	\$ 8.74	Hepatic function panel. This panel must include the following: Albumin (82040), Bilirubin, total (82247), Bilirubin, direct (82248), Phosphatase, alkaline (84075), Protein, total (84155), Transferase, alanine amino (ALT), (SGPT) (84460), Transferase, aspartate amino (AST) (SGOT)

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Code	Rate	Description (continued)
Drug Testing and Therapeutic Drug Assays		
G0431	\$48.78	Drug screen, qualitative; multiple drug classes by high complexity test method (eg, immunoassay, enzyme assay), per patient encounter
G0434	\$12.51	Drug screen, other than chromatographic, any number of drug classes, by CLIA waived test or moderate complexity test, per patient encounter
80103	I.C.	Tissue preparation for drug analysis
80150	\$16.13	Amikacin
80152	\$19.15	Amitriptyline
80154	\$19.79	Benzodiazepines
80156	\$15.58	Carbamazepine; total
80157	\$14.19	Carbamazepine; free
80158	\$19.31	Cyclosporine
80160	\$18.42	Desipramine
80162	\$14.21	Digoxin
80164	\$14.49	Dipropylacetic acid (valproic acid)
80166	\$16.59	Doxepin
80168	\$17.49	Ethosuximide
80170	\$17.54	Gentamicin
80172	\$17.44	Gold
80173	\$15.58	Haloperidol
80174	\$18.42	Imipramine
80176	\$15.72	Lidocaine
80178	\$ 7.07	Lithium
80182	\$14.49	Nortriptyline
80184	\$12.26	Phenobarbital
80185	\$14.19	Phenytoin; total
80186	\$14.73	Phenytoin; free
80188	\$17.76	Primidone
80190	\$17.92	Procainamide;
80192	\$17.92	Procainamide; with metabolites (<i>e.g.</i> , n-acetyl procainamide)
80194	\$15.62	Quinidine
80195	\$ 7.80	Sirolimus
80196	\$ 7.59	Salicylate
80197	\$ 7.80	Tacrolimus
80198	\$15.14	Theophylline
80200	\$17.25	Tobramycin
80201	\$12.76	Topiramate
80202	\$14.49	Vancomycin
80299	\$14.65	Quantitation of drug, not elsewhere specified
Evocative Suppression Testing		
80400	\$34.90	ACTH stimulation panel; for adrenal insufficiency. This panel must include the following: Cortisol (82533 x 2)
80402	\$93.04	ACTH stimulation panel; for 21 hydroxylase deficiency. This panel must include the following: Cortisol (82533 x 2), 17 hydroxyprogesterone (83498 x 2)
80406	\$81.24	ACTH stimulation panel; for 3 beta-hydroxydehydrogenase deficiency. This panel must include the following: Cortisol (82533 x 2), 17 hydroxypregnenolone (84143 x 2)
80408	\$134.29	Aldosterone suppression evaluation panel (<i>e.g.</i> , saline infusion). This panel must include the following: Aldosterone (82088 x 2), Renin (84244 x 2)
80410	\$85.98	Calcitonin stimulation panel (<i>e.g.</i> , calcium, pentagastrin). This panel must include the following: Calcitonin (82308 x 3)
80412	\$352.68	Corticotrophic releasing hormone (CRH) stimulation panel. This panel must include the following: Cortisol (82533 x 6), Adrenocorticotrophic hormone (ACTH) (82024 x 6)
80414	\$55.25	Chorionic gonadotropin stimulation panel; testosterone response. This panel must include the following: Testosterone (84403 x 2 on three pooled blood samples)

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Code	Rate	Description (continued)
80415	\$59.80	Chorionic gonadotropin stimulation panel; estradiol response. This panel must include the following: Estradiol (82670 x 2 on three pooled blood samples)
80416	\$141.21	Renal vein renin stimulation panel (<i>e.g.</i> , captopril). This panel must include the following: Renin (84244 x 6)
80417	\$47.07	Peripheral vein renin stimulation panel (<i>e.g.</i> , captopril). This panel must include the following: Renin (84244 x 2)
80418	\$620.16	Combined rapid anterior pituitary evaluation panel. This panel must include the following: Adrenocorticotrophic hormone (ACTH) (82024 x 4), Luteinizing hormone (LH) (83002 x 4), Follicle stimulating hormone (FSH) (83001 x 4), Prolactin (84146 x 4), Human growth
80420	\$77.09	Dexamethasone suppression panel, 48 hour. This panel must include the following: Free cortisol, urine (82530 x 2), Cortisol (82533 x 2), Volume measurement for timed collection (81050 x 2) (For single dose dexamethasone, use 82533.)
80422	\$49.30	Glucagon tolerance panel; for insulinoma. This panel must include the following: Glucose (82947 x 3), Insulin (83525 x 3)
80424	\$54.03	Glucagon tolerance panel; for pheochromocytoma. This panel must include the following: Catecholamines, fractionated (82384 x 2)
80426	\$158.80	Gonadotropin releasing hormone stimulation panel. This panel must include the following: Follicle stimulating hormone (FSH) (83001 x 4), Luteinizing hormone (LH) (83002 x 4)
80428	\$71.39	Growth hormone stimulation panel (<i>e.g.</i> , arginine infusion, l-dopa administration). This panel must include the following: Human growth hormone (HGH) (83003 x 4)
80430	\$83.98	Growth hormone suppression panel (glucose administration). This panel must include the following: Glucose (82947 x 3), Human growth hormone (HGH) (83003 x 4)
80432	\$144.55	Insulin-induced C-peptide suppression panel. This panel must include the following: Insulin (83525), C-peptide (84681 x 5), Glucose (82947 x 5)
80434	\$108.24	Insulin tolerance panel; for ACTH insufficiency. This panel must include the following: Cortisol (82533 x 5), Glucose (82947 x 5)
80435	\$110.22	Insulin tolerance panel; for growth hormone deficiency. This panel must include the following: Glucose (82947 x 5), Human growth hormone (HGH) (83003 x 5)
80436	\$97.56	Metirapone panel. This panel must include the following: Cortisol (82533 x 2), 11 deoxycortisol (82634 x 2)
80438	\$53.93	Thyrotropin releasing hormone (TRH) stimulation panel; one hour. This panel must include the following: Thyroid stimulating hormone (TSH) (84443 x 3)
80439	\$71.90	Thyrotropin releasing hormone (TRH) stimulation panel; two hour. This panel must include the following: Thyroid stimulating hormone (TSH) (84443 x 4)
80440	\$62.21	Thyrotropin releasing hormone (TRH) stimulation panel; for hyperprolactinemia. This panel must include the following: Prolactin (84146 x 3)
Urinanalysis		
81000	\$ 3.38	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; non-automated, with microscopy
81001	\$ 3.38	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; automated, with microscopy
81002	\$ 2.74	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; non-automated, without microscopy
81003	\$ 2.40	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; automated, without microscopy

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Code	Rate	Description (continued)
81005	\$ 2.32	Urinalysis; qualitative or semiquantitative, except immunoassays
81007	\$ 2.75	Urinalysis; bacteriuria screen, by non-culture technique, commercial kit (specify type)
81015	\$ 3.25	Urinalysis; microscopic only
81020	\$ 3.95	Urinalysis; two or three glass test
81025	\$ 6.77	Urine pregnancy test, by visual color comparison methods
81050	\$ 3.21	Volume measurement for timed collection, each
81099	I.C.	Unlisted urinalysis procedure
Chemistry		
82000	\$13.25	Acetaldehyde, blood
82003	\$21.66	Acetaminophen
82009	\$ 4.84	Acetone or other ketone bodies, serum; qualitative
82010	\$ 8.74	Acetone or other ketone bodies, serum; quantitative
82013	\$11.95	Acetylcholinesterase
82016	\$14.84	Acylcarnitines; qualitative, each specimen
82017	\$11.44	Acylcarnitines; quantitative, each specimen
82024	\$41.33	Adrenocorticotrophic hormone (ACTH)
82030	\$27.60	Adenosine, 5-monophosphate, cyclic (cyclic AMP)
82040	\$ 5.29	Albumin; serum
82042	\$ 5.54	Albumin; urine, quantitative
82043	\$ 5.79	Albumin; urine, microalbumin, quantitative
82044	\$ 4.90	Albumin; urine, microalbumin, semiquantitative (<i>e.g.</i> , reagent strip assay)
82045	\$36.32	Albumin; ischemia modified
82055	\$11.57	Alcohol (ethanol); any specimen except breath
82075	\$12.90	Alcohol (ethanol); breath
82085	\$10.39	Aldolase
82088	\$43.61	Aldosterone
82101	\$29.84	Alkaloids, urine, quantitative
82103	\$14.38	Alpha-1-antitrypsin; total
82104	\$15.47	Alpha-1-antitrypsin; phenotype
82105	\$17.95	Alpha-fetoprotein; serum
82106	\$17.95	Alpha-fetoprotein; amniotic fluid
82107	\$68.92	AFP-L3 fraction isoform and total AFP (including ratio)
82108	\$27.26	Aluminum
82120	\$ 4.02	Amines, vaginal fluid, qualitative
82127	\$14.84	Amino acids; single, qualitative, each specimen
82128	\$14.84	Amino acids; multiple, qualitative, each specimen
82131	\$18.05	Amino acids; single, quantitative, each specimen
82135	\$17.61	Aminolevulinic acid, delta (ALA)
82136	\$11.44	Amino acids, 2 to 5 amino acids, quantitative, each specimen
82139	\$11.44	Amino acids, 6 or more amino acids, quantitative, each specimen
82140	\$15.60	Ammonia
82143	\$ 7.35	Amniotic fluid scan (spectrophotometric)
82145	\$16.63	Amphetamine or methamphetamine
82150	\$ 6.93	Amylase
82154	\$30.85	Androstanediol glucuronide
82157	\$31.33	Androstenedione
82160	\$26.76	Androsterone
82163	\$19.27	Angiotensin II
82164	\$15.62	Angiotensin I - converting enzyme (ACE)
82172	\$16.58	Apolipoprotein, each
82175	\$20.30	Arsenic
82180	\$10.58	Ascorbic acid (Vitamin C), blood
82190	\$ 5.82	Atomic absorption spectroscopy, each analyte
82205	\$12.26	Barbiturates, not elsewhere specified
82232	\$17.31	Beta-2 microglobulin

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82239	\$18.33	Bile acids; total
82240	\$28.44	Bile acids; cholyglycine
82247	\$ 5.37	Bilirubin; total
82248	\$ 5.37	Bilirubin; direct
82252	\$ 4.87	Bilirubin; feces, qualitative
82261	\$11.44	Biotinidase, each specimen
82270	\$ 3.48	Blood, occult, by peroxidase activity (<i>e.g.</i> , guaiac), qualitative; feces, consecutive collected specimens with single determination, for colorectal neoplasm screening (ie, patient was provided three cards or single triple card for consecutive collection)
82271	\$ 3.48	Blood, occult, by peroxidase activity (<i>e.g.</i> , guaiac), qualitative; other sources
82272	\$ 3.48	Blood, occult, by peroxidase activity (<i>e.g.</i> , guaiac), qualitative, feces, single specimen (<i>e.g.</i> , from digital rectal exam)
82274	\$15.85	Blood, occult, by fecal hemoglobin determination by immunoassay, qualitative, feces, 1-3 simultaneous determinations
82286	\$ 7.37	Bradykinin
82300	\$24.77	Cadmium
82306	\$31.68	Calcifediol (25-OH Vitamin D-3)
82307	\$34.24	Calciferol (Vitamin D)
82308	\$28.66	Calcitonin
82310	\$ 5.52	Calcium; total
82330	\$14.62	Calcium; ionized
82331	\$ 5.54	Calcium; after calcium infusion test
82340	\$ 6.46	Calcium; urine quantitative, timed specimen
82355	\$12.39	Calculus (stone); qualitative analysis
82360	\$13.78	Calculus (stone); quantitative analysis, chemical
82365	\$13.79	Calculus (stone); infrared spectroscopy
82370	\$13.41	Calculus (stone); x-ray diffraction
82373	\$19.32	Carbohydrate deficient transferrin
82374	\$ 5.23	Carbon dioxide (bicarbonate)
82375	\$13.19	Carbon monoxide, (carboxyhemoglobin); quantitative
82376	\$ 6.42	Carbon monoxide, (carboxyhemoglobin); qualitative
82378	\$20.30	Carcinoembryonic antigen (CEA)
82379	\$11.44	Carnitine (total and free), quantitative, each specimen
82380	\$ 9.87	Carotene
82382	\$18.40	Catecholamines; total urine
82383	\$26.81	Catecholamines; blood
82384	\$27.02	Catecholamines; fractionated
82387	\$22.26	Cathepsin-D
82390	\$11.50	Ceruloplasmin
82397	\$11.44	Chemiluminescent assay
82415	\$13.56	Chloramphenicol
82435	\$ 4.92	Chloride; blood
82436	\$ 5.38	Chloride; urine
82438	\$ 5.23	Chloride; other source
82441	\$ 6.43	Chlorinated hydrocarbons, screen
82465	\$ 4.66	Cholesterol, serum, total
82480	\$ 8.43	Cholinesterase; serum
82482	\$ 8.22	Cholinesterase; RBC
82485	\$22.10	Chondroitin B sulfate, quantitative
82486	\$19.32	Chromatography, qualitative; column (<i>e.g.</i> , gas liquid or HPLC), analyte not elsewhere specified
82487	\$17.09	Chromatography, qualitative; paper, 1-dimensional, analyte not elsewhere specified
82488	\$22.87	Chromatography, qualitative; paper, 2-dimensional, analyte not elsewhere specified

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
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20.05: continued

Code	Rate	Description (continued)
82489	\$19.79	Chromatography, qualitative; thin layer, analyte not elsewhere specified
82491	\$19.32	Chromatography, quantitative, column (<i>e.g.</i> , gas liquid or HPLC); single analyte not elsewhere specified, single stationary and mobile phase
82492	\$19.32	Chromatography, quantitative, column (<i>e.g.</i> , gas liquid or HPLC); multiple analytes, single stationary and mobile phase
82495	\$21.70	Chromium
82507	\$29.75	Citrate
82520	\$16.22	Cocaine or metabolite
82523	\$13.64	Collagen cross links, any method
82525	\$13.28	Copper
82528	\$24.09	Corticosterone
82530	\$17.88	Cortisol; free
82533	\$17.45	Cortisol; total
82540	\$ 4.96	Creatine
82541	\$19.32	Column chromatography/mass spectrometry (<i>e.g.</i> , GC/MS, or HPLC/MS), analyte not elsewhere specified; qualitative, single stationary and mobile phase
82542	\$19.32	Column chromatography/mass spectrometry (<i>e.g.</i> , GC/MS, or HPLC/MS), analyte not elsewhere specified; quantitative, single stationary and mobile phase
82543	\$19.32	Column chromatography/mass spectrometry (<i>e.g.</i> , GC/MS, or HPLC/MS), analyte not elsewhere specified; stable isotope dilution, single analyte, quantitative, single stationary and mobile phase
82544	\$19.32	Column chromatography/mass spectrometry (<i>e.g.</i> , GC/MS, or HPLC/MS), analyte not elsewhere specified; stable isotope dilution, multiple analytes, quantitative, single stationary and mobile phase
82550	\$ 6.97	Creatine kinase (CK), (CPK); total
82552	\$14.34	Creatine kinase (CK), (CPK); isoenzymes
82553	\$ 8.30	Creatine kinase (CK), (CPK); MB fraction only
82554	\$ 8.18	Creatine kinase (CK), (CPK); isoforms
82565	\$ 5.49	Creatinine; blood
82570	\$ 5.54	Creatinine; other source
82575	\$10.11	Creatinine; clearance
82585	\$ 6.20	Cryofibrinogen
82595	\$ 6.93	Cryoglobulin
82600	\$20.76	Cyanide
82607	\$16.01	Cyanocobalamin (Vitamin B-12);
82608	\$15.32	Cyanocobalamin (Vitamin B-12); unsaturated binding capacity
82610	\$12.15	Cystatin C
82615	\$ 8.73	Cystine and homocystine, urine, qualitative
82626	\$27.04	Dehydroepiandrosterone (DHEA)
82627	\$23.79	Dehydroepiandrosterone-sulfate (DHEA-S)
82633	\$33.15	Desoxycorticosterone, 11-
82634	\$31.33	Deoxycortisol, 11-
82638	\$13.10	Dibucaine number
82646	\$22.10	Dihydrocodeinone
82649	\$27.50	Dihydromorphinone
82651	\$27.63	Dihydrotestosterone (DHT)
82652	\$41.20	Dihydroxyvitamin D, 1,25-
82654	\$14.81	Dimethadione
82656	\$12.26	Elastase, pancreatic (EL-1) fecal, qualitative or semi-qualitative
82657	\$19.32	Enzyme activity in blood cells, cultured cells, or tissue, not elsewhere specified; nonradioactive substrate, each specimen
82658	\$19.32	Enzyme activity in blood cells, cultured cells, or tissue, not elsewhere specified; radioactive substrate, each specimen
82664	\$36.77	Electrophoretic technique, not elsewhere specified

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20.05: continued

Code	Rate	Description (continued)
82666	\$22.59	Epandrosterone
82668	\$20.12	Erythropoietin
82670	\$29.90	Estradiol
82671	\$34.56	Estrogens; fractionated
82672	\$23.22	Estrogens; total
82677	\$19.85	Estriol
82679	\$26.71	Estrone
82690	\$18.49	Ethchlorvynol
82693	\$15.94	Ethylene glycol
82696	\$25.24	Etiocholanolone
82705	\$ 5.44	Fat or lipids, feces; qualitative
82710	\$17.98	Fat or lipids, feces; quantitative
82715	\$18.42	Fat differential, feces, quantitative
82725	\$14.25	Fatty acids, nonesterified
82726	\$19.32	Very long chain fatty acids
82728	\$14.58	Ferritin
82731	\$68.92	Fetal fibronectin, cervicovaginal secretions, semi-quantitative
82735	\$19.84	Fluoride
82742	\$21.18	Flurazepam
82746	\$15.73	Folic acid; serum
82747	\$16.78	Folic acid; RBC
82757	\$18.56	Fructose, semen
82759	\$22.99	Galactokinase, RBC
82760	\$11.98	Galactose
82775	\$22.54	Galactose-1-phosphate uridyl transferase; quantitative
82776	\$ 8.97	Galactose-1-phosphate uridyl transferase; screen
82784	\$ 7.95	Gammaglobulin; IgA, IgD, IgG, IgM, each
82785	\$17.63	Gammaglobulin; IgE
82787	\$ 3.95	Gammaglobulin; immunoglobulin subclasses, (IgG1, 2, 3, or 4) each
82800	\$ 9.06	Gases, blood, pH only
82803	\$20.70	Gases, blood, any combination of pH, pCO ₂ , pO ₂ , CO ₂ , HCO ₃ (including calculated O ₂ saturation);
82805	\$30.37	Gases, blood, any combination of pH, pCO ₂ , pO ₂ , CO ₂ , HCO ₃ (including calculated O ₂ saturation); with O ₂ saturation, by direct measurement, except pulse oximetry
82810	\$ 9.34	Gases, blood, O ₂ saturation only, by direct measurement, except pulse oximetry
82820	\$ 8.24	Hemoglobin-oxygen affinity (pO ₂ for 50% hemoglobin saturation with oxygen)
82930	\$ 5.83	Gastric acid analysis, includes pH if performed, each specimen
82938	\$18.93	Gastrin after secretin stimulation
82941	\$18.87	Gastrin
82943	\$15.29	Glucagon
82945	\$ 4.20	Glucose, body fluid, other than blood
82946	\$16.13	Glucagon tolerance test
82947	\$ 4.20	Glucose; quantitative
82948	\$ 2.74	Glucose; blood, reagent strip
82950	\$ 5.08	Glucose; post glucose dose (includes glucose)
82951	\$13.78	Glucose; tolerance test (GTT), three specimens (includes glucose)
82952	\$ 3.08	Glucose; tolerance test, each additional beyond three specimens
82953	\$16.21	Glucose; tolbutamide tolerance test
82955	\$ 9.55	Glucose-6-phosphate dehydrogenase (G6PD); quantitative
82960	\$ 6.20	Glucose-6-phosphate dehydrogenase (G6PD); screen
82962	\$ 2.50	Glucose, blood by glucose monitoring device(s) cleared by the FDA specifically for home use
82963	\$22.99	Glucosidase, beta

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
AMBULATORY CARE

20.05: continued

Code	Rate	Description (continued)
82965	\$ 8.27	Glutamate dehydrogenase
82975	\$16.95	Glutamine (glutamic acid amide)
82977	\$ 7.70	Glutamyltransferase, gamma (GGT)
82978	\$15.25	Glutathione
82979	\$ 7.37	Glutathione reductase, RBC
82980	\$19.60	Glutethimide
82985	\$16.13	Glycated protein
83001	\$19.88	Gonadotropin; follicle stimulating hormone (FSH)
83002	\$19.82	Gonadotropin; luteinizing hormone (LH)
83003	\$17.85	Growth hormone, human (HGH) (somatotropin)
83008	\$17.96	Guanosine monophosphate (GMP), cyclic
83009	\$72.08	Helicobacter pylori, blood test analysis for urease activity, non-radioactive isotope (<i>e.g.</i> , C-13)
83010	\$13.46	Haptoglobin; quantitative
83012	\$18.40	Haptoglobin; phenotypes
83013	\$72.08	Helicobacter pylori, analysis for urease activity, non-radioactive isotope
83014	\$ 8.41	Helicobacter pylori, analysis for urease activity, non-radioactive isotope ; drug administration and sample collection
83015	\$20.15	Heavy metal (arsenic, barium, beryllium, bismuth, antimony, mercury); screen
83018	\$23.50	Heavy metal (arsenic, barium, beryllium, bismuth, antimony, mercury); quantitative, each
83020	\$13.78	Hemoglobin fractionation and quantitation; electrophoresis (<i>e.g.</i> , A2, S, C, and/or F)
83021	\$19.32	Hemoglobin fractionation and quantitation; chromatography (<i>e.g.</i> , A2, S, C, and/or F)
83026	\$ 2.52	Hemoglobin; by copper sulfate method, non-automated
83030	\$ 8.85	Hemoglobin; F (fetal), chemical
83033	\$ 6.38	Hemoglobin; F (fetal), qualitative (APT) test, fecal
83036	\$10.39	Hemoglobin; glycosylated (A1C)
83037	\$10.39	Hemoglobin; glycosylated (A1C) by device cleared by FDA for home use
83045	\$ 5.30	Hemoglobin; methemoglobin, qualitative
83050	\$ 7.84	Hemoglobin; methemoglobin, quantitative
83051	\$ 7.82	Hemoglobin; plasma
83055	\$ 5.27	Hemoglobin; sulfhemoglobin, qualitative
83060	\$ 8.85	Hemoglobin; sulfhemoglobin, quantitative
83065	\$ 7.37	Hemoglobin; thermolabile
83068	\$ 9.06	Hemoglobin; unstable, screen
83069	\$ 4.23	Hemoglobin; urine
83070	\$ 5.08	Hemosiderin; qualitative
83071	\$ 7.35	Hemosiderin; quantitative
83080	\$11.44	b-Hexosaminidase, each assay
83088	\$31.60	Histamine
83090	\$18.05	Homocystine
83150	\$20.70	Homovanillic acid (HVA)
83491	\$18.74	Hydroxycorticosteroids, 17- (17-OHCS)
83497	\$13.79	Hydroxyindolacetic acid, 5-(HIAA)
83498	\$29.07	Hydroxyprogesterone, 17-d
83499	\$26.98	Hydroxyprogesterone, 20-
83500	\$24.23	Hydroxyproline; free
83505	\$26.01	Hydroxyproline; total
83516	\$12.26	Immunoassay for analyte other than infectious agent antibody or infectious agent antigen, qualitative or semiquantitative; multiple step method
83518	\$ 8.18	Immunoassay for analyte other than infectious agent antibody or infectious agent antigen, qualitative or semiquantitative; single step method (<i>e.g.</i> , reagent strip)

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
AMBULATORY CARE

20.05: continued

Code	Rate	Description (continued)
83519	\$14.46	Immunoassay, analyte, quantitative; by radiopharmaceutical technique (<i>e.g.</i> , RIA)
83520	\$13.85	Immunoassay, analyte, quantitative; not otherwise specified
83525	\$12.23	Insulin; total
83527	\$13.54	Insulin; free
83528	\$17.02	Intrinsic factor
83540	\$ 6.93	Iron
83550	\$ 9.35	Iron binding capacity
83570	\$ 7.36	Isocitric dehydrogenase (IDH)
83582	\$15.16	Ketogenic steroids, fractionation
83586	\$13.70	Ketosteroids, 17- (17-KS); total
83593	\$28.14	Ketosteroids, 17- (17-KS); fractionation
83605	\$11.43	Lactate (lactic acid)
83615	\$ 6.46	Lactate dehydrogenase (LD), (LDH);
83625	\$13.69	Lactate dehydrogenase (LD), (LDH); isoenzymes, separation and quantitation
83630	\$21.00	Lactoferrin, fecal; qualitative
83631	\$21.00	Lactoferrin, fecal; quantitative
83632	\$21.63	Lactogen, human placental (HPL) human chorionic somatomammotropin
83633	\$ 5.89	Lactose, urine; qualitative
83634	\$12.33	Lactose, urine; quantitative
83655	\$12.95	Lead
83661	\$23.53	Lecithin-sphingomyelin ratio (L/S ratio); quantitative
83662	\$20.25	Lecithin-sphingomyelin ratio (L/S ratio); foam stability test
83663	\$20.25	Fetal lung maturity assessment; fluorescence polarization
83664	\$20.25	Fetal lung maturity assessment; lamellar body density
83670	\$ 9.02	Leucine aminopeptidase (LAP)
83690	\$ 7.37	Lipase
83695	\$13.85	Lipoprotein (a)
83698	\$36.32	Lipoprotein associated phospholipase
83700	\$12.04	Lipoprotein, blood; electrophoretic separation and quantitation
83701	\$26.56	Lipoprotein, blood, high resolution fractionation and quantitation of lipoproteins including lipoprotein subclasses when performed (<i>e.g.</i> , electrophoresis, ultracentrifugation)
83704	\$33.76	Lipoprotein, blood, quantitation of lipoprotein particle numbers and lipoprotein subclasses (<i>e.g.</i> , by nuclear magnetic resonance spectroscopy)
83718	\$ 8.76	Lipoprotein, direct measurement; high density cholesterol (HDL cholesterol)
83719	\$12.46	Lipoprotein, direct measurement; direct measurement, VLDL cholesterol
83721	\$ 9.82	Lipoprotein, direct measurement; direct measurement, LDL cholesterol
83727	\$18.40	Luteinizing releasing factor (LRH)
83735	\$ 7.17	Magnesium
83775	\$ 7.47	Malate dehydrogenase
83785	\$26.32	Manganese
83788	\$19.32	Mass spectrometry and tandem mass spectrometry (MS, MS/MS), analyte not elsewhere specified; qualitative, each specimen
83789	\$19.32	Mass spectrometry and tandem mass spectrometry (MS, MS/MS), analyte not elsewhere specified; quantitative, each specimen
83805	\$18.86	Meprobamate
83825	\$17.40	Mercury, quantitative
83835	\$18.13	Metanephridines
83840	\$17.47	Methadone
83857	\$ 8.39	Methemalbumin
83858	\$15.85	Methsuximide
83861	\$ 4.67	Microfluidic analysis utilizing an integrated collection and analysis device, tear osmolarity
83864	\$21.31	Mucopolysaccharides, acid; quantitative
83866	\$10.55	Mucopolysaccharides, acid; screen

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AMBULATORY CARE

20.05: continued

Code	Rate	Description (continued)
83872	\$ 6.27	Mucin, synovial fluid (Ropes test)
83873	\$18.41	Myelin basic protein, cerebrospinal fluid
83874	\$13.82	Myoglobin
83876	\$36.32	Assay, myeloperoxidase
83880	\$36.32	Natriuretic peptide
83883	\$12.15	Nephelometry, each analyte not elsewhere specified
83885	\$26.22	Nickel
83887	\$25.34	Nicotine
83890	\$ 4.29	Molecular diagnostics; molecular isolation or extraction
83891	\$ 4.29	Molecular diagnostics; isolation or extraction of highly purified nucleic acid
83892	\$ 4.29	Molecular diagnostics; enzymatic digestion
83893	\$ 4.29	Molecular diagnostics; dot/slot blot production
83894	\$ 4.29	Molecular diagnostics; separation by gel electrophoresis (<i>e.g.</i> , agarose, polyacrylamide)
83896	\$ 4.29	Molecular diagnostics; nucleic acid probe, each
83897	\$ 4.29	Molecular diagnostics; nucleic acid transfer (<i>e.g.</i> , Southern, Northern)
83898	\$ 4.67	Molecular diagnostics; amplification of patient nucleic acid, each nucleic acid sequence
83900	\$ 9.35	Molecular diagnostics; amplification of patient nucleic acid, multiplex, first two nucleic acid sequences
83901	\$ 4.67	Molecular diagnostics; amplification of patient nucleic acid, multiplex, each additional nucleic acid sequence (list separately in addition to code for primary procedure)
83902	\$ 4.41	Molecular diagnostics; reverse transcription
83903	\$ 4.67	Molecular diagnostics; mutation scanning, by physical properties (<i>e.g.</i> , single strand conformational polymorphisms (SSCP), heteroduplex, denaturing gradient gel electrophoresis (DGGE), RNA'ase A), single segment, each
83904	\$ 4.67	Molecular diagnostics; mutation identification by sequencing, single segment, each segment
83905	\$ 4.67	Molecular diagnostics; mutation identification by allele specific transcription, single segment, each segment
83906	\$ 4.67	Molecular diagnostics; mutation identification by allele specific translation, single segment, each segment
83907	\$14.30	lysis of cells prior to nucleic acid extraction (<i>e.g.</i> , stool specimens, paraffin embedded tissue)
83908	\$ 4.67	single amplification of patient nucleic acid, each nucleic acid sequence
83909	\$ 4.67	separation and identification by high resolution technique (<i>e.g.</i> , capillary electrophoresis)
83912	\$ 4.29	Molecular diagnostics; interpretation and report
83913	\$14.30	Molecular diagnostics; RNA Stabilization
83914	\$ 4.67	mutation identification by enzymatic ligation or primer extension, single segment, each segment (<i>e.g.</i> , oligonucleotide ligation assay (OLA), single base chain extension (SBCE), or allele-specific primer extension (ASPE))
83915	\$11.94	Nucleotidase 5-
83916	\$21.52	Oligoclonal immune (oligoclonal bands)
83918	\$17.61	Organic acids; quantitative, each specimen
83919	\$17.61	Organic acids; qualitative, each specimen
83921	\$17.61	Organic acid, single, quantitative
83925	\$20.82	Opiates, (<i>e.g.</i> , morphine, meperidine)
83930	\$ 7.07	Osmolality; blood
83935	\$ 7.29	Osmolality; urine
83937	\$31.94	Osteocalcin (bone gla protein)
83945	\$13.78	Oxalate
83950	\$68.92	Oncoprotein, HER-2/neu
83951	\$68.92	Des-gamma-carboxy-prothrombin (DCP)
83970	\$44.16	Parathormone (parathyroid hormone)

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
AMBULATORY CARE

20.05: continued

Code	Rate	Description (continued)
83986	\$ 3.83	pH, body fluid, except blood
83987	\$17.00	exhaled breath condensate
83992	\$15.73	Phencyclidine (PCP)
83993	\$21.00	Calprotectin, fecal
84022	\$16.67	Phenothiazine
84030	\$ 5.89	Phenylalanine (PKU), blood
84035	\$ 3.92	Phenylketones, qualitative
84060	\$ 7.90	Phosphatase, acid; total
84061	\$ 7.95	Phosphatase, acid; forensic examination
84066	\$10.33	Phosphatase, acid; prostatic
84075	\$ 5.54	Phosphatase, alkaline;
84078	\$ 7.81	Phosphatase, alkaline; heat stable (total not included)
84080	\$15.83	Phosphatase, alkaline; isoenzymes
84081	\$17.68	Phosphatidylglycerol
84085	\$ 7.22	Phosphogluconate, 6-, dehydrogenase, RBC
84087	\$11.05	Phosphohexose isomerase
84100	\$ 5.07	Phosphorus inorganic (phosphate);
84105	\$ 5.54	Phosphorus inorganic (phosphate); urine
84106	\$ 4.58	Porphobilinogen, urine; qualitative
84110	\$ 9.03	Porphobilinogen, urine; quantitative
84112	\$68.92	Placental alpha microglobulin-1 (PAMG-1), cervicovaginal secretion, qualitative
84119	\$ 8.12	Porphyrins, urine; qualitative
84120	\$15.74	Porphyrins, urine; quantitation and fractionation
84126	\$27.26	Porphyrins, feces; quantitative
84127	\$ 8.12	Porphyrins, feces; qualitative
84132	\$ 4.92	Potassium; serum
84133	\$ 4.60	Potassium; urine
84134	\$15.60	Prealbumin
84135	\$20.47	Pregnanediol
84138	\$20.26	Pregnanetriol
84140	\$22.13	Pregnenolone
84143	\$23.17	17-hydroxypregnenolone
84144	\$22.33	Progesterone
84145	\$28.66	Procalcitonin (PCT)
84146	\$20.74	Prolactin
84150	\$26.71	Prostaglandin, each
84152	\$19.69	Prostate specific antigen (PSA); complexed (direct measurement)
84153	\$19.69	Prostate specific antigen (PSA); total
84154	\$19.69	Prostate specific antigen (PSA); free
84155	\$ 3.92	Protein, total, except by refractometry; serum
84156	\$ 3.92	Protein, total, except by refractometry; urine
84157	\$ 3.92	Protein, total, except by refractometry; other source (<i>e.g.</i> , synovial fluid, cerebrospinal fluid)
84160	\$ 5.54	Protein, total by refractometry, any source
84163	\$16.11	Pregnancy-associated plasma protein-A (PAPP-A)
84165	\$11.50	Protein; electrophoretic fractionation and quantitation
84166	\$19.08	Electrophoretic fractionation and quantitation, other fluids with concentration (<i>e.g.</i> , urine, CSF)
84181	\$18.23	Protein; Western Blot, with interpretation and report, blood or other body fluid
84182	\$19.26	Protein; Western Blot, with interpretation and report, blood or other body fluid, immunological probe for band identification, each
84202	\$15.35	Protoporphyrin, RBC; quantitative
84203	\$ 9.21	Protoporphyrin, RBC; screen
84206	\$19.06	Proinsulin
84207	\$29.08	Pyridoxal phosphate (Vitamin B-6)

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20.05: continued

Code	Rate	Description (continued)
84210	\$11.61	Pyruvate
84220	\$10.10	Pyruvate kinase
84228	\$12.46	Quinine
84233	\$68.92	Receptor assay; estrogen
84234	\$69.42	Receptor assay; progesterone
84235	\$56.00	Receptor assay; endocrine, other than estrogen or progesterone (specify hormone)
84238	\$39.13	Receptor assay; non-endocrine (specify receptor)
84244	\$23.53	Renin
84252	\$21.66	Riboflavin (Vitamin B-2)
84255	\$27.32	Selenium
84260	\$33.15	Serotonin
84270	\$23.25	Sex hormone binding globulin (SHBG)
84275	\$14.38	Sialic acid
84285	\$25.20	Silica
84295	\$ 5.15	Sodium; serum
84300	\$ 5.21	Sodium; urine
84302	\$ 5.21	Sodium; other source
84305	\$18.09	Somatomedin
84307	\$18.09	Somatostatin
84311	\$ 6.92	Spectrophotometry, analyte not elsewhere specified
84315	\$ 2.68	Specific gravity (except urine)
84375	\$20.98	Sugars, chromatographic, TLC or paper chromatography
84376	\$ 5.89	Sugars (mono, di, and oligosaccharides); single qualitative, each specimen
84377	\$ 5.89	Sugars (mono, di, and oligosaccharides); multiple qualitative, each specimen
84378	\$12.33	Sugars (mono, di, and oligosaccharides); single quantitative, each specimen
84379	\$12.33	Sugars (mono, di, and oligosaccharides); multiple quantitative, each specimen
84392	\$ 5.08	Sulfate, urine
84402	\$27.25	Testosterone; free
84403	\$27.63	Testosterone; total
84425	\$22.72	Thiamine (Vitamin B-1)
84430	\$12.46	Thiocyanate
84431	\$17.98	Thromboxane metabolite(s), including thromboxane if performed, urine
84432	\$17.19	Thyroglobulin
84436	\$ 7.35	Thyroxine; total
84437	\$ 6.93	Thyroxine; requiring elution (<i>e.g.</i> , neonatal)
84439	\$ 9.65	Thyroxine; free
84442	\$15.83	Thyroxine binding globulin (TBG)
84443	\$17.98	Thyroid stimulating hormone (TSH)
84445	\$54.41	Thyroid stimulating immune globulins (TSI)
84446	\$15.17	Tocopherol alpha (Vitamin E)
84449	\$18.82	Transcortin (cortisol binding globulin)
84450	\$ 5.54	Transferase; aspartate amino (AST) (SGOT)
84460	\$ 5.66	Transferase; alanine amino (ALT) (SGPT)
84466	\$13.66	Transferrin
84478	\$ 6.16	Triglycerides
84479	\$ 6.93	Thyroid hormone (T3 or T4) uptake or thyroid hormone binding ratio (THBR)
84480	\$15.17	Triiodothyronine T3; total (TT-3)
84481	\$18.13	Triiodothyronine T3; free
84482	\$16.30	Triiodothyronine T3; reverse
84484	\$10.53	Troponin, quantitative
84485	\$ 8.04	Trypsin; duodenal fluid
84488	\$ 7.36	Trypsin; feces, qualitative
84490	\$ 8.14	Trypsin; feces, quantitative, 24-hour collection
84510	\$11.13	Tyrosine
84512	\$ 7.90	Troponin, qualitative

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
AMBULATORY CARE

20.05: continued

Code	Rate	Description (continued)
84520	\$ 4.23	Urea nitrogen; quantitative
84525	\$ 4.02	Urea nitrogen; semiquantitative (<i>e.g.</i> , reagent strip test)
84540	\$ 5.08	Urea nitrogen, urine
84545	\$ 7.06	Urea nitrogen, clearance
84550	\$ 4.84	Uric acid; blood
84560	\$ 5.08	Uric acid; other source
84577	\$13.35	Urobilinogen, feces, quantitative
84578	\$ 3.48	Urobilinogen, urine; qualitative
84580	\$ 6.83	Urobilinogen, urine; quantitative, timed specimen
84583	\$ 5.38	Urobilinogen, urine; semiquantitative
84585	\$16.59	Vanillylmandelic acid (VMA), urine
84586	\$20.43	Vasoactive intestinal peptide (VIP)
84588	\$36.32	Vasopressin (antidiuretic hormone, ADH)
84590	\$12.41	Vitamin A
84591	\$12.41	Vitamin, not otherwise specified
84597	\$14.67	Vitamin K
84600	\$17.20	Volatiles (<i>e.g.</i> , acetic anhydride, carbon tetrachloride, dichloroethane, dichloromethane, diethylether, isopropyl alcohol, methanol)
84620	\$12.68	Xylose absorption test, blood and/or urine
84630	\$12.18	Zinc
84681	\$22.26	C-peptide
84702	\$16.11	Gonadotropin, chorionic (hCG); quantitative
84703	\$ 8.04	Gonadotropin, chorionic (hCG); qualitative
84704	\$16.11	Free beta chain
84830	\$10.74	Ovulation tests, by visual color comparison methods for human luteinizing hormone
84999	\$ 4.23	Unlisted chemistry procedure
Hematology and Coagulation		
85002	\$ 4.81	Bleeding time
85004	\$ 6.93	Blood count; automated differential WBC count
85007	\$ 3.68	Blood count; blood smear, microscopic examination with manual differential WBC count
85008	\$ 3.68	Blood count; blood smear, microscopic examination without differential WBC count
85009	\$ 3.98	Blood count; manual differential WBC count, buffy coat
85013	\$ 2.53	Blood count; spun microhematocrit
85014	\$ 2.53	Blood count; hematocrit (Hct)
85018	\$ 2.53	Blood count; hemoglobin (Hgb)
85025	\$ 8.32	Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count
85027	\$ 6.93	Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count)
85032	\$ 4.60	Blood count; manual cell count (erythrocyte, leukocyte, or platelet) each
85041	\$ 3.10	Blood count; red blood cell (RBC) automated
85044	\$ 4.60	Blood count; reticulocyte, manual
85045	\$ 4.28	Blood count; reticulocyte, automated
85046	\$ 5.97	Blood count; reticulocytes, hemoglobin concentration
85048	\$ 2.71	Blood count; leukocyte (WBC), automated
85049	\$ 4.78	Blood count; platelet, automated
85055	\$11.76	Reticulated platelet assay
85130	\$ 8.18	Chromogenic substrate assay
85170	\$ 3.87	Clot retraction
85175	\$ 4.14	Clot lysis time, whole blood dilution
85210	\$13.89	Clotting; factor II, prothrombin, specific
85220	\$18.88	Clotting; factor V (AcG or proaccelerin), labile factor
85230	\$19.16	Clotting; factor VII (proconvertin, stable factor)

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
AMBULATORY CARE

20.05: continued

Code	Rate	Description (continued)
85240	\$19.16	Clotting; factor VIII (AHG), one stage
85244	\$21.85	Clotting; factor VIII related antigen
85245	\$24.55	Clotting; factor VIII, VW factor, ristocetin cofactor
85246	\$24.55	Clotting; factor VIII, VW factor antigen
85247	\$24.55	Clotting; factor VIII, Von Willebrands factor, multimetric analysis
85250	\$20.38	Clotting; factor IX (PTC or Christmas)
85260	\$19.16	Clotting; factor X (Stuart-Prower)
85270	\$19.16	Clotting; factor XI (PTA)
85280	\$20.70	Clotting; factor XII (Hageman)
85290	\$17.49	Clotting; factor XIII (fibrin stabilizing)
85291	\$ 9.51	Clotting; factor XIII (fibrin stabilizing), screen solubility
85292	\$20.26	Clotting; prekallikrein assay (Fletcher factor assay)
85293	\$20.26	Clotting; high molecular weight kininogen assay (Fitzgerald factor assay)
85300	\$12.68	Clotting inhibitors or anticoagulants; antithrombin III, activity
85301	\$11.57	Clotting inhibitors or anticoagulants; antithrombin III, antigen assay
85302	\$12.87	Clotting inhibitors or anticoagulants; protein C, antigen
85303	\$13.64	Clotting inhibitors or anticoagulants; protein C, activity
85305	\$12.41	Clotting inhibitors or anticoagulants; protein S, total
85306	\$15.29	Clotting inhibitors or anticoagulants; protein S, free
85307	\$15.29	Activated Protein C (APC) resistance assay
85335	\$13.78	Factor inhibitor test
85337	\$11.16	Thrombomodulin
85345	\$ 4.60	Coagulation time; Lee and White
85347	\$ 4.55	Coagulation time; activated
85348	\$ 3.98	Coagulation time; other methods
85360	\$ 9.00	Euglobulin lysis
85362	\$ 7.37	Fibrin(ogen) degradation (split) products (FDP)(FSP); agglutination slide, semiquantitative
85366	\$ 8.07	Fibrin(ogen) degradation (split) products (FDP)(FSP); paracoagulation
85370	\$ 7.35	Fibrin(ogen) degradation (split) products (FDP)(FSP); quantitative
85378	\$ 7.63	Fibrin degradation products, D-dimer; qualitative or semiquantitative
85379	\$10.89	Fibrin degradation products, D-dimer; quantitative
85380	\$10.89	Fibrin degradation products, D-dimer; ultrasensitive (<i>e.g.</i> , for evaluation for venous thromboembolism), qualitative or semiquantitative
85384	\$ 9.09	Fibrinogen; activity
85385	\$ 9.09	Fibrinogen; antigen
85390	\$ 5.53	Fibrinolysins or coagulopathy screen, interpretation and report
85397	\$24.55	Coagulation & fibrinolysis, functional activity, not otherwise specified (eg, ADAMTS-13), each analyte
85400	\$ 9.47	Fibrinolytic factors and inhibitors; plasmin
85410	\$ 8.26	Fibrinolytic factors and inhibitors; alpha-2 antiplasmin
85415	\$18.40	Fibrinolytic factors and inhibitors; plasminogen activator
85420	\$ 7.00	Fibrinolytic factors and inhibitors; plasminogen, except antigenic assay
85421	\$10.90	Fibrinolytic factors and inhibitors; plasminogen, antigenic assay
85441	\$ 4.50	Heinz bodies; direct
85445	\$ 7.29	Heinz bodies; induced, acetyl phenylhydrazine
85460	\$ 6.20	Hemoglobin or RBCs, fetal, for fetomaternal hemorrhage; differential lysis (Kleihauer-Betke)
85461	\$ 7.10	Hemoglobin or RBCs, fetal, for fetomaternal hemorrhage; rosette
85475	\$ 9.49	Hemolysin, acid
85520	\$14.01	Heparin assay
85525	\$12.68	Heparin neutralization
85530	\$15.17	Heparin-protamine tolerance test
85536	\$ 6.93	Iron stain, peripheral blood
85540	\$ 9.21	Leukocyte alkaline phosphatase with count
85547	\$ 6.83	Mechanical fragility, RBC

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
AMBULATORY CARE

20.05: continued

Code	Rate	Description (continued)
85549	\$20.07	Muramidase
85555	\$ 7.16	Osmotic fragility, RBC; unincubated
85557	\$ 8.70	Osmotic fragility, RBC; incubated
85576	\$22.99	Platelet; aggregation (in vitro), each agent
85597	\$ 5.00	Platelet neutralization
85598	\$ 5.00	hexagonal phospholipid
85610	\$ 4.21	Prothrombin time;
85611	\$ 4.21	Prothrombin time; substitution, plasma fractions, each
85612	\$ 6.42	Russell viper venom time (includes venom); undiluted
85613	\$ 6.42	Russell viper venom time (includes venom); diluted
85635	\$10.54	Reptilase test
85651	\$ 3.80	Sedimentation rate, erythrocyte; non-automated
85652	\$ 2.89	Sedimentation rate, erythrocyte; automated
85660	\$ 5.90	Sickling of RBC, reduction
85670	\$ 6.18	Thrombin time; plasma
85675	\$ 7.33	Thrombin time; titer
85705	\$ 7.48	Thromboplastin inhibition; tissue
85730	\$ 6.43	Thromboplastin time, partial (PTT); plasma or whole blood
85732	\$ 6.93	Thromboplastin time, partial (PTT); substitution, plasma fractions, each
85810	\$12.49	Viscosity
85999	I.C.	Unlisted hematology and coagulation procedure
Immunology		
86000	\$ 7.47	Agglutinins, febrile (<i>e.g.</i> , Brucella, Francisella, Murine typhus, Q fever, Rocky Mountain spotted fever, scrub typhus), each antigen
86001	\$ 5.58	Allergen specific IgG quantitative or semiquantitative, each allergen
86003	\$ 5.58	Allergen specific IgE; quantitative or semiquantitative, each allergen
86005	\$ 8.53	Allergen specific IgE; qualitative, multiallergen screen (dipstick, paddle or disk)
86021	\$16.11	Antibody identification; leukocyte antibodies
86022	\$19.66	Antibody identification; platelet antibodies
86023	\$13.33	Antibody identification; platelet associated immunoglobulin assay
86038	\$12.93	Antinuclear antibodies (ANA);
86039	\$11.95	Antinuclear antibodies (ANA); titer
86060	\$ 7.81	Antistreptolysin O; titer
86063	\$ 6.18	Antistreptolysin O; screen
86140	\$ 5.54	C-reactive protein
86141	\$13.85	C-reactive protein; high sensitivity (hsCRP)
86146	\$14.71	Beta 2 Glycoprotein 1 antibody, each
86147	\$14.71	Cardiolipin (phospholipid) antibody
86148	\$14.71	Anti-phosphatidylserine (phospholipid) antibody
86155	\$17.10	Chemotaxis assay, specify method
86156	\$ 6.82	Cold agglutinin; screen
86157	\$ 8.63	Cold agglutinin; titer
86160	\$12.84	Complement; antigen, each component
86161	\$12.84	Complement; functional activity, each component
86162	\$21.74	Complement; total hemolytic (CH50)
86171	\$ 9.31	Complement fixation tests, each antigen
86185	\$ 9.57	Counterimmunoelectrophoresis, each antigen
86200	\$13.85	Cyclic citrullinated peptide (CCP), antibody
86215	\$14.18	Deoxyribonuclease, antibody
86225	\$14.70	Deoxyribonucleic acid (DNA) antibody; native or double stranded
86226	\$12.96	Deoxyribonucleic acid (DNA) antibody; single stranded
86235	\$19.19	Extractable nuclear antigen, antibody to, any method (<i>e.g.</i> , nRNP, SS-A, SS-B, Sm, RNP, Sc170, J01), each antibody
86243	\$21.95	Fc receptor
86255	\$ 9.31	Fluorescent noninfectious agent antibody; screen, each antibody

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
AMBULATORY CARE

20.05: continued

Code	Rate	Description (continued)
86256	\$12.90	Fluorescent noninfectious agent antibody; titer, each antibody
86277	\$16.84	Growth hormone, human (HGH), antibody
86280	\$ 8.76	Hemagglutination inhibition test (HAI)
86294	\$20.99	Immunoassay for tumor antigen, qualitative or semiquantitative (<i>e.g.</i> , bladder tumor antigen)
86300	\$22.27	Immunoassay for tumor antigen, quantitative, CA 15-3 (27.29
86301	\$22.27	Immunoassay for tumor antigen, quantitative, CA 19-9
86304	\$22.27	Immunoassay for tumor antigen, quantitative, CA 125
86305	\$22.27	Human epididymis protien 4 (HE4)
86308	\$ 5.54	Heterophile antibodies; screening
86309	\$ 6.93	Heterophile antibodies; titer
86310	\$ 7.89	Heterophile antibodies; titers after absorption with beef cells and guinea pig kidney
86316	\$22.27	Immunoassay for tumor antigen (<i>e.g.</i> , cancer antigen 125), each
86317	\$16.04	Immunoassay for infectious agent antibody, quantitative, not otherwise specified
86318	\$13.85	Immunoassay for infectious agent antibody, qualitative or semiquantitative, single step method (<i>e.g.</i> , reagent strip)
86320	\$23.98	Immunoelectrophoresis; serum
86325	\$23.92	Immunoelectrophoresis; other fluids (<i>e.g.</i> , urine, cerebrospinal fluid) with concentration
86327	\$24.28	Immunoelectrophoresis; crossed (2-dimensional assay)
86329	\$15.03	Immunodiffusion; not elsewhere specified
86331	\$12.82	Immunodiffusion; gel diffusion, qualitative (Ouchterlony), each antigen or antibody
86332	\$26.08	Immune complex assay
86334	\$23.91	Immunofixation electrophoresis;serum
86335	\$31.40	Immunofixation electrophoresis;other fluids with concentration (<i>e.g.</i> urine,CSF)
86336	\$16.68	Inhibin A
86337	\$22.91	Insulin antibodies
86340	\$16.13	Intrinsic factor antibodies
86341	\$21.18	Islet cell antibody
86343	\$13.34	Leukocyte histamine release test (LHR)
86344	\$ 8.55	Leukocyte phagocytosis
86352	\$130.23	Cellular function assay involving stimulation (eg, mitogen or antigen) and detection of biomarker (eg, ATP)
86353	\$52.46	Lymphocyte transformation, mitogen (phytomitogen) or antigen induced blastogenesis
86355	\$12.26	B cells, total count
86356	\$11.76	Mononuclear cell antigen, quantitative (<i>e.g.</i> , flow cytometry) not otherwise specified, each antigen
86357	\$12.26	Natural Killer (NK) cells, total count
86359	\$12.26	T cells; total count
86360	\$14.71	T cells; absolute CD4 and CD8 count, including ratio
86361	\$11.76	T cells; absolute CD4 count
86367	\$12.26	Stem cells (ie, CD34) total count
86376	\$15.57	Microsomal antibodies (<i>e.g.</i> , thyroid or liver-kidney), each
86378	\$21.07	Migration inhibitory factor test (MIF)
86382	\$18.10	Neutralization test, viral
86384	\$12.18	Nitroblue tetrazolium dye test (NTD)
86403	\$10.90	Particle agglutination; screen, each antibody
86406	\$11.38	Particle agglutination; titer, each antibody
86430	\$ 6.07	Rheumatoid factor; qualitative
86431	\$ 6.07	Rheumatoid factor; quantitative

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
AMBULATORY CARE

20.05: continued

Code	Rate	Description (continued)
86480	\$66.32	Tuberculosis test, cell mediated immunity measurement of gamma interferon antigen response
86481	\$66.32	enumeration of gamma interferon-producing T-cells in cell suspension
86485	\$23.85	Skin test; candida
86486	I.C.	Unlisted antigen, each
86590	\$11.81	Streptokinase, antibody
86592	\$ 4.57	Syphilis test; qualitative (<i>e.g.</i> , VDRL, RPR, ART)
86593	\$ 4.71	Syphilis test; quantitative
86602	\$10.45	Antibody; actinomyces
86603	\$11.17	Antibody; adenovirus
86606	\$15.77	Antibody; Aspergillus
86609	\$10.45	Antibody; bacterium, not elsewhere specified
86611	\$10.45	Antibody; Bartonella
86612	\$13.81	Antibody; Blastomyces
86615	\$14.11	Antibody; Bordetella
86617	\$16.58	Antibody; Borrelia burgdorferi (Lyme disease) confirmatory test (<i>e.g.</i> , Western blot or immunoblot)
86618	\$15.29	Antibody; Borrelia burgdorferi (Lyme disease)
86619	\$14.32	Antibody; Borrelia (relapsing fever)
86622	\$ 9.30	Antibody; Brucella
86625	\$10.45	Antibody; Campylobacter
86628	\$12.85	Antibody; Candida
86631	\$12.65	Antibody; Chlamydia
86632	\$13.58	Antibody; Chlamydia, IgM
86635	\$12.28	Antibody; Coccidioides
86638	\$12.97	Antibody; Coxiella Brunetii (Q fever)
86641	\$ 9.30	Antibody; Cryptococcus
86644	\$15.40	Antibody; cytomegalovirus (CMV)
86645	\$15.29	Antibody; cytomegalovirus (CMV), IgM
86648	\$10.45	Antibody; Diphtheria
86651	\$14.11	Antibody; encephalitis, California (La Crosse)
86652	\$14.11	Antibody; encephalitis, Eastern equine
86653	\$14.11	Antibody; encephalitis, St. Louis
86654	\$14.11	Antibody; encephalitis, Western equine
86658	\$11.17	Antibody; enterovirus (<i>e.g.</i> , coxsackie, echo, polio)
86663	\$14.04	Antibody; Epstein-Barr (EB) virus, early antigen (EA)
86664	\$15.29	Antibody; Epstein-Barr (EB) virus, nuclear antigen (EBNA)
86665	\$15.29	Antibody; Epstein-Barr (EB) virus, viral capsid (VCA)
86666	\$10.45	Antibody; Ehrlichia
86668	\$ 9.30	Antibody; Francisella Tularensis
86671	\$10.45	Antibody; fungus, not elsewhere specified
86674	\$15.29	Antibody; Giardia Lamblia
86677	\$15.53	Antibody; Helicobacter Pylori
86682	\$10.45	Antibody; helminth, not elsewhere specified
86684	\$10.45	Antibody; Hemophilus influenza
86687	\$ 8.98	Antibody; HTLV-I
86688	\$10.68	Antibody; HTLV-II
86689	\$20.71	Antibody; HTLV or HIV antibody, confirmatory test (<i>e.g.</i> , Western Blot)
86692	\$18.09	Antibody; hepatitis, delta agent
86694	\$15.40	Antibody; herpes simplex, non-specific type test
86695	\$14.11	Antibody; herpes simplex, type I
86696	\$20.71	Antibody; herpes simplex, type 2
86698	\$13.38	Antibody; histoplasma
86701	\$ 9.51	Antibody; HIV-1
86702	\$11.30	Antibody; HIV-2
86703	\$11.30	Antibody; HIV-1 and HIV-2, single assay

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
AMBULATORY CARE

20.05: continued

Code	Rate	Description (continued)
86704	\$12.90	Hepatitis B core antibody (HbcAb); IgG and IgM
86705	\$12.59	Hepatitis B core antibody (HbcAb); IgM antibody
86706	\$11.19	Hepatitis B surface antibody (HBsAb)
86707	\$12.38	Hepatitis Be antibody (HBeAb)
86708	\$12.44	Hepatitis A antibody (HAAb); IgG and IgM
86709	\$12.04	Hepatitis A antibody (HAAb); IgM antibody
86710	\$11.17	Antibody; influenza virus
86713	\$16.37	Antibody; Legionella
86717	\$ 9.96	Antibody; Leishmania
86720	\$ 9.30	Antibody; Leptospira
86723	\$ 9.96	Antibody; Listeria monocytogenes
86727	\$11.17	Antibody; lymphocytic choriomeningitis
86729	\$12.78	Antibody; Lymphogranuloma Venereum
86732	\$ 9.96	Antibody; mucormycosis
86735	\$13.97	Antibody; mumps
86738	\$11.17	Antibody; Mycoplasma
86741	\$ 9.96	Antibody; Neisseria meningitidis
86744	\$ 9.96	Antibody; Nocardia
86747	\$ 9.96	Antibody; parvovirus
86750	\$ 9.96	Antibody; Plasmodium (malaria)
86753	\$ 9.96	Antibody; protozoa, not elsewhere specified
86756	\$13.79	Antibody; respiratory syncytial virus
86757	\$20.71	Antibody; Rickettsia
86759	\$14.11	Antibody; rotavirus
86762	\$15.40	Antibody; rubella
86765	\$13.79	Antibody; rubeola
86768	\$ 9.96	Antibody; Salmonella
86771	\$ 9.96	Antibody; Shigella
86774	\$ 9.96	Antibody; tetanus
86777	\$15.40	Antibody; Toxoplasma
86778	\$15.41	Antibody; Toxoplasma, IgM
86780	\$14.17	Treponema pallidum
86784	\$13.44	Antibody; trichinella
86787	\$13.79	Antibody; varicella-zoster
86788	\$15.29	Antibody; West Nile Virus ;IGM
86789	\$15.40	Antibody; West Nile Virus
86790	\$ 9.96	Antibody; virus, not elsewhere specified
86793	\$ 9.96	Antibody; Yersinia
86800	\$15.85	Thyroglobulin antibody
86803	\$12.44	Hepatitis C antibody;
86804	\$16.58	Hepatitis C antibody; confirmatory test (<i>e.g.</i> , immunoblot)
86805	\$55.95	Lymphocytotoxicity assay, visual crossmatch; with titration
86806	\$50.92	Lymphocytotoxicity assay, visual crossmatch; without titration
86807	\$42.35	Serum screening for cytotoxic percent reactive antibody (PRA); standard method
86808	\$31.76	Serum screening for cytotoxic percent reactive antibody (PRA); quick method
86812	\$27.62	HLA typing; A, B, or C (<i>e.g.</i> , A10, B7, B27), single antigen
86813	\$62.06	HLA typing; A, B, or C, multiple antigens
86816	\$29.82	HLA typing; DR/DQ, single antigen
86817	\$68.90	HLA typing; DR/DQ, multiple antigens
86821	\$60.41	HLA typing; lymphocyte culture, mixed (MLC)
86822	\$39.12	HLA typing; lymphocyte culture, primed (PLC)
86825	\$35.30	Human leukocyte antigen (HLA) crossmatch, non-cytotoxic (<i>eg</i> , using flow cytometry); first serum sample or dilution
86826	\$11.76	each additional serum sample or sample dilution (List separately in addition to primary procedure)

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
AMBULATORY CARE

20.05: continued

Code	Rate	Description (continued)
86849	I.C.	Unlisted immunology procedure
Transformation		
86850	I.C.	Antibody screen, RBC, each serum technique
86860	I.C.	Antibody elution (RBC), each elution
86870	I.C.	Antibody identification, RBC antibodies, each panel for each serum technique
86880	\$ 5.75	Antihuman globulin test (Coombs test); direct, each antiserum
86885	\$ 6.13	Antihuman globulin test (Coombs test); indirect, qualitative, each antiserum
86886	\$ 5.54	Antihuman globulin test (Coombs test); indirect, titer, each antiserum
86890	I.C.	Autologous blood or component, collection processing and storage; predeposited
86891	I.C.	Autologous blood or component, collection processing and storage; intra- or postoperative salvage
86900	\$ 3.19	Blood typing; ABO
86901	\$ 3.19	Blood typing; Rh (D)
86902	\$ 4.09	antigen testing of donor blood using reagent serum, each antigen test
86904	\$10.17	Blood typing; antigen screening for compatible unit using patient serum, per unit screened
86905	\$ 4.09	Blood typing; RBC antigens, other than ABO or Rh (D), each
86906	\$ 8.30	Blood typing; Rh phenotyping, complete
86910	\$18.88	Blood typing, for paternity testing, per individual; ABO, Rh and MN
86911	\$ 5.37	Blood typing, for paternity testing, per individual; each additional antigen system
86920	I.C.	Compatibility test each unit; immediate spin technique
86921	I.C.	Compatibility test each unit; incubation technique
86922	I.C.	Compatibility test each unit; antiglobulin technique
86923	I.C.	Compatibility test each unit; electronic
86927	I.C.	Fresh frozen plasma, thawing, each unit
86930	I.C.	Frozen blood, preparation for freezing, each unit;
86931	I.C.	Frozen blood, preparation for freezing, each unit; with thawing
86932	I.C.	Frozen blood, preparation for freezing, each unit; with freezing and thawing
86940	\$ 8.78	Hemolysins and agglutinins; auto, screen, each
86941	\$12.96	Hemolysins and agglutinins; incubated
86945	\$22.87	Irradiation of blood product, each unit
86950	\$73.58	Leukocyte transfusion
86960	I.C.	Volume reduction of blood or blood product (<i>e.g.</i> , red blood cells or platelets), each unit
86965	\$22.87	Pooling of platelets or other blood products
86970	\$18.27	Pretreatment of RBCs for use in RBC antibody detection, identification, and/or compatibility testing; incubation with chemical agents or drugs, each
86971	\$18.27	Pretreatment of RBCs for use in RBC antibody detection, identification, and/or compatibility testing; incubation with enzymes, each
86972	\$18.27	Pretreatment of RBCs for use in RBC antibody detection, identification, and/or compatibility testing; by density gradient separation
86975	\$18.27	Pretreatment of serum for use in RBC antibody identification; incubation with drugs, each
86976	\$18.27	Pretreatment of serum for use in RBC antibody identification; by dilution
86977	\$18.27	Pretreatment of serum for use in RBC antibody identification; incubation with inhibitors, each
86978	\$18.27	Pretreatment of serum for use in RBC antibody identification; by differential red cell absorption using patient RBCs or RBCs of known phenotype, each absorption
86985	I.C.	Splitting of blood or blood products, each unit
86999	I.C.	Unlisted transfusion medicine procedure
Microbiology		
87001	\$ 5.27	Animal inoculation, small animal; with observation
87003	\$18.01	Animal inoculation, small animal; with observation and dissection

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
AMBULATORY CARE

20.05: continued

Code	Rate	Description (continued)
87015	\$ 7.15	Concentration (any type), for parasites, ova, or tubercle bacillus (TB, AFB)
87040	\$11.05	Culture, bacterial; blood aerobic, with isolation and presumptive identification of isolates (includes anaerobic culture, if appropriate)
87045	\$10.10	Culture, bacterial; stool, aerobic, with isolation and preliminary examination (<i>e.g.</i> , KIA, LIA), <i>Salmonella</i> and <i>Shigella</i> species
87046	\$10.10	Culture, bacterial; stool, aerobic, additional pathogens, isolation and presumptive identification of isolates
87070	\$ 9.22	Culture, bacterial; any other source except urine, blood or stool, aerobic, with isolation and presumptive identification of isolates
87071	\$10.10	Culture, bacterial; quantitative, aerobic with isolation and presumptive identification of isolates, any source except urine, blood or stool
87073	\$10.10	Culture, bacterial; quantitative, anaerobic with isolation and presumptive identification of isolates, any source except urine, blood or stool
87075	\$10.12	Culture, bacterial; any source; except blood, anaerobic with isolation and presumptive identification of isolates
87076	\$ 5.60	Culture, bacterial; anaerobic isolate, additional methods required for definitive identification, each isolate
87077	\$ 5.60	Culture, bacterial; aerobic isolate, additional methods required for definitive identification, each isolate
87081	\$ 7.09	Culture, bacterial, screening only, for single organisms
87084	\$ 7.47	Culture, presumptive, pathogenic organisms, screening only, by commercial kit (specify type); with colony estimation from density chart
87086	\$ 8.64	Culture, bacterial, urine; quantitative, colony count
87088	\$ 8.67	Culture, bacterial, urine; identification, in addition to quantitative or commercial kit; w isolation & presumptive identification of ea isolate, urine
87101	\$ 8.26	Culture, fungi (mold or yeast) isolation, with presumptive identification of isolates; skin, hair or nail
87102	\$ 9.00	Culture, fungi, (mold or yeast) isolation with presumptive identification of isolates; other source (except blood)
87103	\$ 9.65	Culture, fungi, (mold or yeast) isolation with presumptive identification of isolates blood
87106	\$11.05	Culture, fungi, definitive identification, each organism; yeast (Use 87106 in addition to codes 87101, 87102, or 87103 when appropriate.)
87107	\$11.05	Culture, fungi, definitive identification, each organism; mold
87109	\$16.46	Culture, mycoplasma, any source
87110	\$20.96	Culture, chlamydia
87116	\$11.57	Culture, tubercle or other acid-fast bacilli (<i>e.g.</i> , TB, AFB, mycobacteria); any source, isolation only
87118	\$11.71	Culture, mycobacteria, definitive identification of each organism
87140	\$ 5.96	Culture, typing; fluorescent method, each antiserum
87143	\$13.41	Culture, typing; gas liquid chromatography (GLC) method
87147	\$ 5.54	Culture, typing; immunologic method, other than immunofluoresence (<i>e.g.</i> agglutination grouping), per antiserum
87149	\$21.46	Culture, typing; identification by nucleic acid probe
87150	\$27.88	identification by nucleic acid (DNA or RNA) probe, amplified probe technique, per culture or isolate, each organism probed
87152	\$ 5.60	Culture, typing; identification by pulse field gel typing
87153	\$115.17	identification by nucleic acid sequencing method, each isolate (<i>e.g.</i> sequencing of the 16S rRNA gene)
87158	\$ 5.60	Culture, typing; other methods
87164	\$ 6.20	Dark field examination, any source (<i>e.g.</i> , penile, vaginal, oral, skin); includes specimen collection
87166	\$ 6.20	Dark field examination, any source (<i>e.g.</i> , penile, vaginal, oral, skin); without collection
87168	\$ 4.57	Macroscopic examination; arthropod

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20.05: continued

Code	Rate	Description (continued)
87169	\$ 4.57	Macroscopic examination; parasite
87172	\$ 4.57	Pinworm exam (<i>e.g.</i> , cellophane tape prep)
87176	\$ 6.30	Endotoxin, bacterial (pyrogens); homogenization, tissue, for culture
87177	\$ 9.52	Ova and parasites, direct smears, concentration and identification
87181	\$ 5.08	Susceptibility studies, antimicrobial agent; agar dilution method, per agent (<i>e.g.</i> , antibiotic gradient strip)
87184	\$ 7.38	Susceptibility studies, antimicrobial agent; disk method, per plate (12 or fewer disks)
87185	\$ 5.08	Susceptibility studies, antimicrobial agent; enzyme detection (<i>e.g.</i> , beta lactamase), per enzyme
87186	\$ 9.25	Susceptibility studies, antimicrobial agent; microdilution or agar dilution, (minimum inhibitory concentration (MIC) or breakpoint), each multi-antimicrobial, per plate
87187	\$11.09	Susceptibility studies, antimicrobial agent; microdilution or agar dilution, minimum lethal concentration (MLC) each plate (List separately in addition to code for primary procedure)
87188	\$ 7.10	Susceptibility studies, antimicrobial agent; macrobroth dilution method, each agent
87190	\$ 5.27	Susceptibility studies, antimicrobial agent; mycobacteria, proportion method, each agent
87197	\$16.08	Serum bactericidal titer (Schlichter test)
87205	\$ 4.57	Smear, primary source, with interpretation; Gram or Giemsa stain for bacteria, fungi, or cell types
87206	\$ 5.75	Smear, primary source, with interpretation; fluorescent and/or acid fast stain for bacteria, fungi, parasites, viruses or cell types
87207	\$ 6.42	Smear, primary source, with interpretation; special stain for inclusion bodies or parasites (<i>e.g.</i> , malaria, coccidia, microsporidia, trypanosomes, herpes viruses)
87209	\$19.23	Smear, primary source, with interpretation; complex special stain (<i>e.g.</i> , trichrome, iron hemotoxylin) for ova and parasites
87210	\$ 4.57	Smear, primary source, with interpretation; wet mount for infectious agents (<i>e.g.</i> , saline, India ink, KOH preps)
87220	\$ 4.57	Tissue examination by KOH slide of samples from skin, hair, or nails for fungi or ectoparasite ova or mites (<i>e.g.</i> , scabies)
87230	\$20.91	Toxin or antitoxin assay, tissue culture (<i>e.g.</i> , <i>Clostridium difficile</i> toxin)
87250	\$20.93	Virus isolation; inoculation of embryonated eggs, or small animal, includes observation and dissection
87252	\$27.89	Virus isolation; tissue culture inoculation, observation, and presumptive identification by cytopathic effect
87253	\$21.61	Virus isolation; tissue culture, additional studies or definitive identification (<i>e.g.</i> , hemabsorption, neutralization, immunofluorescence stain), each isolate
87254	\$20.93	Virus isolation; centrifuge enhanced (shell vial) technique, includes identification with immunofluorescence stain, each virus
87255	\$36.24	Virus isolation; including identification by non-immunologic method, other than by cytopathic effect (<i>e.g.</i> , virus specific enzymatic activity)
87260	\$12.26	Infectious agent antigen detection by immunofluorescent technique; adenovirus
87265	\$12.26	Infectious agent antigen detection by immunofluorescent technique; <i>Bordetella pertussis</i> /parapertussis
87267	\$12.26	Infectious agent antigen detection by immunofluorescent technique; Enterovirus, direct fluorescent antibody (DFA)
87269	\$12.26	Infectious agent antigen detection by immunofluorescent technique; giardia
87270	\$12.26	Infectious agent antigen detection by immunofluorescent technique; <i>Chlamydia trachomatis</i>
87271	\$12.26	Infectious agent antigen detection by immunofluorescent technique; Cytomegalovirus, direct fluorescent antibody (DFA)

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20.05: continued

Code	Rate	Description (continued)
87272	\$12.26	Infectious agent antigen detection by immunofluorescent technique; cryptosporidium
87273	\$12.26	Infectious agent antigen detection by immunofluorescent technique; Herpes simplex virus type 2
87274	\$12.26	Infectious agent antigen detection by immunofluorescent technique; Herpes simplex virus type 1
87275	\$12.26	Infectious agent antigen detection by immunofluorescent technique; Influenza B virus
87276	\$12.26	Infectious agent antigen detection by immunofluorescent technique; influenza A virus
87277	\$12.26	Infectious agent antigen detection by immunofluorescent technique; Legionella micdadei
87278	\$12.26	Infectious agent antigen detection by immunofluorescent technique; Legionella pneumophila
87279	\$12.26	Infectious agent antigen detection by immunofluorescent technique; Parainfluenza virus, each type
87280	\$12.26	Infectious agent antigen detection by direct fluorescent technique; respiratory syncytial virus
87281	\$12.26	Infectious agent antigen detection by immunofluorescent technique; Pneumocystis carinii
87283	\$12.26	Infectious agent antigen detection by immunofluorescent technique; Rubeola
87285	\$12.26	Infectious agent antigen detection by immunofluorescent technique; Treponema pallidum
87290	\$12.26	Infectious agent antigen detection by immunofluorescent antibody technique; Varicella zoster virus
87299	\$12.26	Infectious agent antigen detection by immunofluorescent antibody technique, not otherwise specified
87300	\$12.26	Infectious agent antigen detection by immunofluorescent technique, polyvalent for multiple organisms, each polyvalent antiserum
87301	\$12.26	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple step method; adenovirus enteric types 40/41
87305	\$12.26	Aspergillus; infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple step
87320	\$12.26	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple step method; Chlamydia trachomatis
87324	\$12.26	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple step method; Clostridium difficile toxin A
87327	\$12.26	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple step method; Crptococcus neoformans
87328	\$12.26	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple step method; cryptosporidium
87329	\$12.26	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple step method; giardia
87332	\$12.26	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple step method; cytomegalovirus
87335	\$12.26	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple step method; Escherichia coli 0157
87336	\$12.26	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple step method; Entamoeba histolytica dispar group
87337	\$12.26	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple step method; Entamoeba histolytica group

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20.05: continued

Code	Rate	Description (continued)
87338	\$12.28	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple step method; Helicobacter pylori, stool
87339	\$12.26	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple step method; Helicobacter pylori
87340	\$11.05	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple step method; hepatitis B surface antigen (HBsAg)
87341	\$11.05	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple step method; hepatitis B surface antigen (HbsAg) neutralization
87350	\$12.33	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple step method; hepatitis Be antigen (HBeAg)
87380	\$11.90	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple step method; hepatitis, delta agent
87385	\$12.26	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple step method; Histoplasma capsulatum
87390	\$18.88	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple step method; HIV-1
87391	\$18.88	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple step method; HIV-2
87400	\$12.26	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple step method; Influenza A or B, each
87420	\$12.26	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple step method; respiratory syncytial virus
87425	\$12.26	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple step method; rotavirus
87427	\$12.26	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple step method; Shiga-like toxin
87430	\$12.26	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple step method; Streptococcus, group A
87449	\$12.26	Infectious agent antigen detection by enzyme immunoassay technique qualitative or semiquantitative; multiple step method, not otherwise specified
87450	\$ 8.18	Infectious agent antigen detection by enzyme immunoassay technique qualitative or semiquantitative; single step method, not otherwise specified
87451	\$ 8.18	Infectious agent antigen detection by enzyme immunoassay technique qualitative or semiquantitative; multiple step method, polyvalent for multiple organisms, each polyvalent antiserum
87470	\$21.46	Infectious agent detection by nucleic acid (DNA or RNA); Bartonella henselae and Bartonella quintana, direct probe technique
87471	\$27.88	Infectious agent detection by nucleic acid (DNA or RNA); Bartonella henselae and Bartonella quintana, amplified probe technique
87472	\$45.84	Infectious agent detection by nucleic acid (DNA or RNA); Bartonella henselae and Bartonella quintana, quantification
87475	\$21.46	Infectious agent detection by nucleic acid (DNA or RNA); Borrelia burgdorferi, direct probe technique
87476	\$27.88	Infectious agent detection by nucleic acid (DNA or RNA); Borrelia burgdorferi, amplified probe technique
87477	\$45.84	Infectious agent detection by nucleic acid (DNA or RNA); Borrelia burgdorferi, quantification
87480	\$21.46	Infectious agent detection by nucleic acid (DNA or RNA); Candida species, direct probe technique

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AMBULATORY CARE

20.05: continued

Code	Rate	Description (continued)
87481	\$27.88	Infectious agent detection by nucleic acid (DNA or RNA); Candida species, amplified probe technique
87482	\$44.67	Infectious agent detection by nucleic acid (DNA or RNA); Candida species, quantification
87485	\$21.46	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia pneumoniae, direct probe technique
87486	\$27.88	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia pneumoniae, amplified probe technique
87487	\$45.84	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia pneumoniae, quantification
87490	\$21.46	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, direct probe technique
87491	\$27.88	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, amplified probe technique
87492	\$17.56	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, quantification
87493	\$27.88	Clostridium difficile, toxin gene(s), amplified probe technique
87495	\$21.46	Infectious agent detection by nucleic acid (DNA or RNA); cytomegalovirus, direct probe technique
87496	\$27.88	Infectious agent detection by nucleic acid (DNA or RNA); cytomegalovirus, amplified probe technique
87497	\$45.84	Infectious agent detection by nucleic acid (DNA or RNA); cytomegalovirus, quantification
87498	\$27.88	Infectious agent detection by nucleic acid (DNA or RNA) ; enterovirus; amplified probe technique
87500	\$27.88	Vancomycin resistance (<i>e.g.</i> , enterococcus species van A, van B), amplified probe technique
87501	\$32.29	influenza virus, reverse transcription and amplified probe technique, each type or subtype
87502	\$60.15	influenza virus, for multiple types or sub-types, reverse transcription and amplified probe technique, first two types or sub-types
87503	\$10.46	influenza virus, for multiple types or sub-types, multiplex reverse transcription and amplified probe technique, each additional influenza virus type or sub-type beyond two (List separately in addition to code for primary procedure)
87510	\$21.46	Infectious agent detection by nucleic acid (DNA or RNA); Gardnerella vaginalis, direct probe technique
87511	\$27.88	Infectious agent detection by nucleic acid (DNA or RNA); Gardnerella vaginalis, amplified probe technique
87512	\$44.67	Infectious agent detection by nucleic acid (DNA or RNA); Gardnerella vaginalis, quantification
87515	\$21.46	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis B virus, direct probe technique
87516	\$27.88	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis B virus, amplified probe technique
87517	\$45.84	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis B virus, quantification
87520	\$21.46	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis C, direct probe technique
87521	\$27.88	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis C, amplified probe technique
87522	\$45.84	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis C, quantification
87525	\$21.46	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis G, direct probe technique

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
AMBULATORY CARE

20.05: continued

Code	Rate	Description (continued)
87526	\$27.88	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis G, amplified probe technique
87527	\$44.67	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis G, quantification
87528	\$21.46	Infectious agent detection by nucleic acid (DNA or RNA); Herpes simplex virus, direct probe technique
87529	\$27.88	Infectious agent detection by nucleic acid (DNA or RNA); Herpes simplex virus, amplified probe technique
87530	\$45.84	Infectious agent detection by nucleic acid (DNA or RNA); Herpes simplex virus, quantification
87531	\$21.46	Infectious agent detection by nucleic acid (DNA or RNA); Herpes virus-6, direct probe technique
87532	\$27.88	Infectious agent detection by nucleic acid (DNA or RNA); Herpes virus-6, amplified probe technique
87533	\$44.67	Infectious agent detection by nucleic acid (DNA or RNA); Herpes virus-6, quantification
87534	\$21.46	Infectious agent detection by nucleic acid (DNA or RNA); HIV-1, direct probe technique
87535	\$27.88	Infectious agent detection by nucleic acid (DNA or RNA); HIV-1, amplified probe technique
87536	\$60.13	Infectious agent detection by nucleic acid (DNA or RNA); HIV-1, quantification
87537	\$21.46	Infectious agent detection by nucleic acid (DNA or RNA); HIV-2, direct probe technique
87538	\$27.88	Infectious agent detection by nucleic acid (DNA or RNA); HIV-2, amplified probe technique
87539	\$45.84	Infectious agent detection by nucleic acid (DNA or RNA); HIV-2, quantification
87540	\$21.46	Infectious agent detection by nucleic acid (DNA or RNA); Legionella pneumophila, direct probe technique
87541	\$27.88	Infectious agent detection by nucleic acid (DNA or RNA); Legionella pneumophila, amplified probe technique
87542	\$44.67	Infectious agent detection by nucleic acid (DNA or RNA); Legionella pneumophila, quantification
87550	\$21.46	Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria species, direct probe technique
87551	\$27.88	Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria species, amplified probe technique
87552	\$45.84	Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria species, quantification
87555	\$21.46	Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria tuberculosis, direct probe technique
87556	\$27.88	Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria tuberculosis, amplified probe technique
87557	\$45.84	Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria tuberculosis, quantification
87560	\$21.46	Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria avium-intracellulare, direct probe technique
87561	\$27.88	Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria avium-intracellulare, amplified probe technique
87562	\$45.84	Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria avium-intracellulare, quantification
87580	\$21.46	Infectious agent detection by nucleic acid (DNA or RNA); Mycoplasma pneumoniae, direct probe technique
87581	\$27.88	Infectious agent detection by nucleic acid (DNA or RNA); Mycoplasma pneumoniae, amplified probe technique

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
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20.05: continued

Code	Rate	Description (continued)
87582	\$44.67	Infectious agent detection by nucleic acid (DNA or RNA); Mycoplasma pneumoniae, quantification
87590	\$21.46	Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, direct probe technique
87591	\$27.88	Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, amplified probe technique
87592	\$45.84	Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, quantification
87620	\$21.46	Infectious agent detection by nucleic acid (DNA or RNA); papillomavirus, human, direct probe technique
87621	\$27.88	Infectious agent detection by nucleic acid (DNA or RNA); papillomavirus, human, amplified probe technique
87622	\$44.67	Infectious agent detection by nucleic acid (DNA or RNA); papillomavirus, human, quantification
87640	\$27.88	Infectious agent detection by nucleic acid (DNA or RNA); staphylococcus aureus, amplified probe technique
87641	\$27.88	Infectious agent detection by nucleic acid (DNA or RNA) ; staphylococcus aureus; methicillin resistant; amplified probe technique
87650	\$21.46	Infectious agent detection by nucleic acid (DNA or RNA); Streptococcus, group A, direct probe technique
87651	\$27.88	Infectious agent detection by nucleic acid (DNA or RNA); Streptococcus, group A, amplified probe technique
87652	\$44.67	Infectious agent detection by nucleic acid (DNA or RNA); Streptococcus, group A, quantification
87653	\$27.88	Infectious agent detection by nucleic acid (DNA or RNA);Streptococcus, group B Amplified probe technique
87660	\$21.46	Infectious agent detection by nucleic acid (DNA or RNA); Trichomonas vaginalis, direct probe technique
87797	\$21.46	Infectious agent detection by nucleic acid (DNA or RNA) not otherwise specified; direct probe technique, each organism
87798	\$27.88	Infectious agent detection by nucleic acid (DNA or RNA) not otherwise specified; amplified probe technique, each organism
87799	\$45.84	Infectious agent detection by nucleic acid (DNA or RNA) not otherwise specified; quantification, each organism
87800	\$42.92	Infectious agent detection by nucleic acid (DNA or RNA), multiple organisms; direct probe(s) technique
87801	\$55.74	Infectious agent detection by nucleic acid (DNA or RNA), multiple organisms; amplified probe(s) technique
87802	\$12.26	Infectious agent antigen detection by immunoassay with direct optical observation; Streptococcus, group B
87803	\$12.26	Infectious agent antigen detection by immunoassay with direct optical observation; Clostridium difficile toxin A
87804	\$12.26	Infectious agent antigen detection by immunoassay with direct optical observation; Influenza
87807	\$12.26	Infectious agent antigen detection by immunoassay with direct optical observation; respiratory syncytial virus
87808	\$12.26	Infectious agent antigen detection by immunoassay with direct optical observation;trichomonas vaginalis
87809	\$12.26	Adenovirus
87810	\$12.26	Infectious agent detection by immunoassay with direct optical observation; Chlamydia trachomatis
87850	\$12.26	Infectious agent detection by immunoassay with direct optical observation; Neisseria gonorrhoeae
87880	\$12.26	Infectious agent detection by immunoassay with direct optical observation; Streptococcus, group A

114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY
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20.05: continued

Code	Rate	Description (continued)
87899	\$12.26	Infectious agent detection by immunoassay with direct optical observation; not otherwise specified
87900	\$139.47	Infectious agent drug susceptibility phenotype prediction using regularly updated genotypic bioinformatics
87901	\$270.51	Infectious agent genotype analysis by nucleic acid (DNA or RNA); HIV 1, reverse transcriptase and protease
87902	\$88.04	Infectious agent genotype analysis by nucleic acid (DNA or RNA); Hepatitis C virus
87903	\$522.88	Infectious agent phenotype analysis by nucleic acid (DNA or RNA); with drug resistance tissue culture analysis, HIV 1; first through ten drugs tested
87904	\$27.89	Infectious agent phenotype analysis by nucleic acid (DNA or RNA); with drug resistance tissue culture analysis, HIV 1; each additional drug tested (list separately in addition to code for primary procedure)
87905	\$13.08	Infectious agent enzymatic activity other than virus (eg sialidase activity in vaginal fluid)
87906	\$44.02	HIV-1, other region (eg, integrase, fusion)
87999	I.C.	Unlisted microbiology procedure
Anatomic Pathology		
88000	I.C.	Necropsy (autopsy), gross examination only; without CNS
88005	I.C.	Necropsy (autopsy), gross examination only; with brain
88007	I.C.	Necropsy (autopsy), gross examination only; with brain and spinal cord
88012	I.C.	Necropsy (autopsy), gross examination only; infant with brain
88014	I.C.	Necropsy (autopsy), gross examination only; stillborn or newborn with brain
88016	I.C.	Necropsy (autopsy), gross examination only; macerated stillborn
88020	I.C.	Necropsy (autopsy), gross and microscopic; without CNS
88025	I.C.	Necropsy (autopsy), gross and microscopic; with brain
88027	I.C.	Necropsy (autopsy), gross and microscopic; with brain and spinal cord
88028	I.C.	Necropsy (autopsy), gross and microscopic; infant with brain
88029	I.C.	Necropsy (autopsy), gross and microscopic; stillborn or newborn with brain
88036	I.C.	Necropsy (autopsy), limited, gross and/or microscopic; regional
88037	I.C.	Necropsy (autopsy), limited, gross and/or microscopic; single organ
88040	I.C.	Necropsy (autopsy); forensic examination
88045	I.C.	Necropsy (autopsy); coroner's call
88099	I.C.	Unlisted necropsy (autopsy) procedure
Cryopathology		
88130	\$16.11	Sex chromatin identification; Barr bodies
88140	\$ 8.55	Sex chromatin identification; peripheral blood smear, polymorphonuclear drumsticks
88142	\$24.75	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; manual screening under physician supervision
88143	\$24.75	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; with manual screening and rescreening under physician supervision
88147	\$12.18	Cytopathology smears, cervical or vaginal; screening by automated system under physician supervision
88148	\$16.27	Cytopathology smears, cervical or vaginal; screening by automated system with manual rescreening under physician supervision
88150	\$11.31	Cytopathology, slides, cervical or vaginal; manual screening under physician supervision
88152	\$11.31	Cytopathology, slides, cervical or vaginal; with manual screening and computer-assisted rescreening under physician supervision
88153	\$11.31	Cytopathology, slides, cervical or vaginal; with manual screening and rescreening under physician supervision

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20.05: continued

Code	Rate	Description (continued)
88154	\$11.31	Cytopathology, slides, cervical or vaginal; with manual screening and computer-assisted rescreening using cell selection and review under physician supervision
88155	\$ 6.42	Cytopathology, slides, cervical or vaginal, definitive hormonal evaluation (<i>e.g.</i> , maturation index, karyopyknotic index, estrogenic index) (List separately in addition to code(s) for other technical and interpretation services)
88164	\$11.31	Cytopathology, slides, cervical or vaginal (the Bethesda System); manual screening under physician supervision
88165	\$11.31	Cytopathology, slides, cervical or vaginal (the Bethesda System); with manual screening and rescreening under physician supervision
88166	\$11.31	Cytopathology, slides, cervical or vaginal (the Bethesda System); with manual screening and computer-assisted rescreening under physician supervision
88167	\$11.31	Cytopathology, slides, cervical or vaginal (the Bethesda System); with manual screening and computer-assisted rescreening using cell selection and review under physician supervision
88174	\$22.86	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; screening by automated system, under physician supervision
88175	\$28.35	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; with screening by automated system and manual rescreening or review, under physician supervision
Cryogenetic Studies		
88230	\$37.05	Tissue culture for non-neoplastic disorders; lymphocyte
88233	\$94.06	Tissue culture for non-neoplastic disorders; skin or other solid tissue biopsy
88235	\$94.06	Tissue culture for non-neoplastic disorders; amniotic fluid or chorionic villus cells
88237	\$42.76	Tissue culture for neoplastic disorders; bone marrow, blood cells
88239	\$157.86	Tissue culture for neoplastic disorders; solid tumor
88240	\$10.81	Cryopreservation, freezing and storage of cells, each cell line
88241	\$10.81	Thawing and expansion of frozen cells, each aliquot
88245	\$159.30	Chromosome analysis for breakage syndromes; baseline Sister Chromatid Exchange (SCE), 20-25 cells
88248	\$185.31	Chromosome analysis for breakage syndromes; baseline breakage, score 50-100 cells, count 20 cells, two karyotypes (<i>e.g.</i> , for ataxia telangiectasia, Fanconi anemia, fragile X)
88249	\$185.31	Chromosome analysis for breakage syndromes; score 100 cells, clastogen stress (<i>e.g.</i> , diepoxybutane, mitomycin C, ionizing radiation, UV radiation)
88261	\$189.12	Chromosome analysis; count five cells, one karyotype, with banding
88262	\$133.38	Chromosome analysis; count 15-20 cells, 2 karyotypes, with banding
88263	\$156.77	Chromosome analysis; count 45 cells for mosaicism, two karyotypes, with banding
88264	\$133.38	Chromosome analysis; analyze 20-25 cells
88267	\$192.37	Chromosome analysis, amniotic fluid or chorionic villus, count 15 cells, one karyotype, with banding
88269	\$177.97	Chromosome analysis, in situ for amniotic fluid cells, count cells from 6-12 colonies, one karyotype, with banding
88271	\$22.92	Molecular cytogenetics; DNA probe, each (<i>e.g.</i> , FISH)
88272	\$28.64	Molecular cytogenetics; chromosomal in situ hybridization, analyze three - five cells (<i>e.g.</i> , for derivatives and markers)
88273	\$34.38	Molecular cytogenetics; chromosomal in situ hybridization, analyze 10-30 cells (<i>e.g.</i> , for microdeletions)
88274	\$37.25	Molecular cytogenetics; interphase in situ hybridization, analyze 25-99 cells
88275	\$42.97	Molecular cytogenetics; interphase in situ hybridization, analyze 100-300 cells
88280	\$26.86	Chromosome analysis; additional karyotypes, each study

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Code	Rate	Description (continued)
88283	\$73.40	Chromosome analysis; additional specialized banding technique (<i>e.g.</i> , NOR, C-banding)
88285	\$20.33	Chromosome analysis; additional cells counted, each study
88289	\$36.85	Chromosome analysis; additional high resolution study
88371	\$23.78	Protein analysis of tissue by Western Blot, with interpretation and report;
88372	\$24.34	Protein analysis of tissue by Western Blot, with interpretation and report; immunological probe for band identification, each
88720	\$ 5.37	Bilirubin total transcutaneous
88738	\$ 5.37	Hemoglobin (Hgb), quantitative, transcutaneous
88740	\$ 5.37	Hemoglobin, quantitative, transcutaneous, per day; carboxyhemoglobin
88741	\$ 5.37	Methemoglobin
Other Procedures		
89050	\$ 5.06	Cell count, miscellaneous body fluids (<i>e.g.</i> , cerebrospinal fluid, joint fluid), except blood;
89051	\$ 5.89	Cell count, miscellaneous body fluids (<i>e.g.</i> , cerebrospinal fluid, joint fluid), except blood; with differential count
89055	\$ 4.57	Leukocyte assessment, fecal, qualitative or semiquantitative
89060	\$ 7.65	Crystal identification by light microscopy with or without polarizing lens analysis, any body fluid (except urine)
89125	\$ 4.62	Fat stain, feces, urine, or respiratory secretions
89160	\$ 3.95	Meat fibers, feces
89190	\$ 5.08	Nasal smear for eosinophils
89240	I.C.	Unlisted miscellaneous pathology test
89250	I.C.	Culture of oocyte(s)/embryo(s), less than four days;
89251	I.C.	Culture of oocyte(s)/embryo(s), less than four days; with co-culture of oocyte(s)/embryos
89253	I.C.	Assisted embryo hatching, microtechniques (any method)
89254	I.C.	Oocyte identification from follicular fluid
89255	I.C.	Preparation of embryo for transfer (any method)
89257	I.C.	Sperm identification from aspiration (other than seminal fluid)
89258	I.C.	Cryopreservation; embryo(s)
89259	I.C.	Cryopreservation; sperm
89260	\$32.42	Sperm isolation; simple prep (<i>e.g.</i> , sperm wash and swim-up) for insemination or diagnosis with semen analysis
89261	\$90.04	Sperm isolation; complex prep (<i>e.g.</i> , Percoll gradient, albumin gradient) for insemination or diagnosis with semen analysis
89264	I.C.	Sperm identification from testis tissue, fresh or cryopreserved
89268	I.C.	Insemination of oocytes
89272	I.C.	Extended culture of oocyte(s)/embryo(s), four - seven days
89280	I.C.	Assisted oocyte fertilization, microtechnique; less than or equal to ten oocytes
89281	I.C.	Assisted oocyte fertilization, microtechnique; greater than ten oocytes
89290	I.C.	Biopsy, oocyte polar body or embryo blastomere, microtechnique (for pre-implantation genetic diagnosis); less than or equal to five embryos
89291	I.C.	Biopsy, oocyte polar body or embryo blastomere, microtechnique (for pre-implantation genetic diagnosis); greater than five embryos
89300	\$ 7.48	Semen analysis; presence and/or motility of sperm including Huhner test (post coital)
89310	\$ 9.21	Semen analysis; motility and count (not including Huhner test)
89320	\$12.90	Semen analysis; complete (volume, count, motility, and differential)
89321	\$12.90	Semen analysis; presence and/or motility of sperm
89322	\$16.59	Volume, count, motility, and differential using strict morphologic criteria (<i>e.g.</i> Kruger)
89325	\$11.42	Sperm antibodies
89329	\$22.43	Sperm evaluation; hamster penetration test
89330	\$10.59	Sperm evaluation; cervical mucus penetration test, with or without spinnbarkeit test

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Code	Rate	Description (continued)
89331	\$20.96	Sperm analysis; for retrograde ejaculation, urine (sperm concentration, motility, and morphology as indicated)
89335	I.C.	Cryopreservation, reproductive tissue, testicular
89342	I.C.	Storage, (per year); embryo(s)
89343	I.C.	Storage, (per year); sperm/semen
89344	I.C.	Storage, (per year); reproductive tissue, testicular/ovarian
89346	I.C.	Storage, (per year); oocyte
89352	I.C.	Thawing of cryopreserved; embryo(s)
89353	I.C.	Thawing of cryopreserved; sperm/semen, each aliquot
89354	I.C.	Thawing of cryopreserved; reproductive tissue, testicular/ovarian
89356	I.C.	Thawing of cryopreserved; oocytes, each aliquot
89398	I.C.	Unlisted reproductive medicine laboratory procedure
Pathology and Laboratory		
J1460	I.C.	Injection, gamma globulin, intramuscular, 1 cc.
J1561	I.C.	Injection, immune globulin, intravenous, 500mg.
P2028	I.C.	cephalin flocculation, blood
P2029	I.C.	congo red, blood
P2031	I.C.	hair analysis (excluding arsenic)
P2033	I.C.	thymol turbidity, blood
P2038	\$ 5.38	mucoprotein, blood (seromucoid) (medical necessity procedure)
P3000	\$11.31	screening Papanicolaou smear, cervical or vaginal, up to three smears, by technician under physician supervision
P3001	\$10.83	screening Papanicolaou smear, cervical or vaginal, up to three smears, requiring interpretation by physician
P7001	\$12.71	culture, bacterial, urine; quantitative, sensitivity study
P9010	I.C.	blood (whole), for transfusion, per unit
P9011	I.C.	blood (split unit), specify amount
P9012	I.C.	cryoprecipitate, each unit
P9013	I.C.	fibrinogen unit
P9016	I.C.	leukocyte poor blood, each unit
P9017	I.C.	plasma, single donor, fresh frozen, each unit
P9018	I.C.	plasma protein fraction, each unit
P9019	I.C.	platelets, each unit
P9020	I.C.	platelet rich plasma, each unit
P9021	I.C.	red blood cells, each unit
P9022	I.C.	washed red blood cells, each unit
P9603	I.C.	travel allowance one way in connection with medically necessary laboratory specimen collection drawn from home bound or nursing home bound patient; prorated miles actually travelled.
P9604	\$ 4.54	travel allowance one way in connection with medically necessary laboratory specimen collection drawn from home bound or nursing home bound patient; prorated trip charge.
P9612	\$ 2.28	catheterization for collection of specimen, single patient, all places of service
P9615	\$ 2.28	catheterization for collection of specimen(s) (multiple patients)
S3820	\$ 2,731.00	complete BRCA1 and BRCA2 gene sequence analysis for susceptibility to breast and ovarian cancer
S3820QP	\$385.00	Reflex BRCA Analysis
S3822	\$468.00	Single mutation analysis (in individual with a known BRCA1 or BRCA2 mutation in the family) for susceptibility to breast and ovarian cancer
S3823	\$ 2,467.50	Three-mutation BRCA1 and BRCA2 analysis for susceptibility to breast and ovarian cancer in Ashkenazi individuals

20.06: Filing and Reporting Requirements

- (1) Required Reports and Records. Each eligible clinical laboratory provider shall:
 - (a) File such data and information as the Division shall reasonably require;

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- (b) Certify the accuracy and truthfulness of all data, information, reports, books and records submitted to the Division;
- (c) Make available to the Division all reports, books and records relating to its operation for audit.

(2) Filing Dates.

- (a) All required reports and records shall be filed by eligible clinical laboratory providers with the Division within the time period specified by the Division in its request;
- (b) The Division may, for cause, extend the filing date for submission of required reports and records.

(3) Reclassification of Non-complying Eligible Clinical Laboratory Providers. At the discretion of the Division, a non-complying eligible clinical laboratory provider may be placed in a category of providers whose maximum allowable fees are reduced for failure to comply with 114.3 CMR 20.06(1) and (2).

(4) Penalty for Non-complying Eligible Clinical Laboratory Providers. In addition to reclassify a non-complying eligible clinical laboratory provider, the Division may take other action against the clinical laboratory pursuant to its delegated powers under M.G.L. c. 6A.

20.07: Severability

The provisions of 114.3 CMR 20.00 are severable, and if any provision of 114.3 CMR 20.00 or application of such provision to any eligible clinical laboratory provider or any circumstances shall be held to be invalid or unconstitutional, such invalidity shall not be construed to affect the validity or constitutionality of any remaining provisions to any eligible clinical laboratory providers or circumstances other than those held invalid.

REGULATORY AUTHORITY

114.3 CMR 20.00: M.G.L. c. 118G.

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NON-TEXT PAGE