

## **Allina Medical Laboratories Reflex Testing 2009**

Test Description	CPT	Medicare Ntl. Limitation Amount
<b>ANA Screen</b> <ul style="list-style-type: none"> <li>• ANA titer will be performed at additional charge if ANA Screen is positive</li> <li>• Anti-native DNA will be performed at additional charge if ANA titer is equal to or greater than 1:640</li> </ul>	<b>86038</b>	<b>\$17.65</b>
	86039	\$15.41
	86225	\$20.06
<b>Antibody Screen</b> <ul style="list-style-type: none"> <li>• Antibody identification and appropriate red cell antigen typing(s) will be performed as required if Antibody Screen is positive</li> <li>• Each serum technique/panel needed will be charged separately. Other special testing may be required for significant antibody identification and will be performed at additional charge</li> </ul>	<b>86850</b>	<b>\$15.35</b>
	86870  Variable	\$27.15
<b>CYG - Add Cells Analysis</b> <ul style="list-style-type: none"> <li>• Additional cells will be performed as deemed appropriate by the Director of Cytogenetics in order to clarify a result</li> </ul>	88285	\$27.74
<b>CYG – Special Stain Individual</b> <ul style="list-style-type: none"> <li>• Additional stains will be performed as deemed appropriate by the Director of Cytogenetics in order to clarify a result</li> </ul>	88283	\$100.15
<b>CYG-Cryopreserve Culture</b> <ul style="list-style-type: none"> <li>• A cell culture will be frozen for all specimens that need send out testing or if deemed necessary by the Director of Cytogenetics</li> </ul>	88240	\$14.75
<b>CYG – Additional Karyotype</b> <ul style="list-style-type: none"> <li>• Additional karyotypes will be performed as deemed appropriate by the Director of Cytogenetics in order to clarify a result</li> </ul>	88280	\$36.64
<b>Coombs, Direct (Direct Antiglobulin Test, DAT)</b> <ul style="list-style-type: none"> <li>• Extended DATs using IgG and C-3 specific antisera may be performed at additional charge if Coombs, Direct is positive</li> <li>• An RBC elution and any necessary antibody identification may be performed at additional charge if Extended DAT is positive</li> </ul>	<b>86880</b>	<b>\$7.84</b>
	86860	\$27.15
	86870	\$27.15

<b>Test Description</b>	<b>CPT</b>	<b>Medicare Ntl. Limitation Amount</b>
<b>Fetal Maternal Hemorrhage Screen</b>	<b>85461</b>	<b>\$9.69</b>
<ul style="list-style-type: none"> <li>Rh(D) typing may be performed if no Rh typing in patient history</li> <li>Kleihauer Betke will be performed at additional charge if Fetal Maternal Screen is positive</li> </ul>	86901	\$4.35
	85460	\$11.30
<b>Hepatitis A Antibody (Anti-HAV)</b>	<b>86708</b>	<b>\$18.09</b>
<ul style="list-style-type: none"> <li>IGM Specific will be performed at additional charge if total anti-HAV is positive</li> </ul>	86709	\$16.44
<b>Hepatitis B surface antigen (HBsAg)</b>	<b>87340</b>	<b>\$15.08</b>
<ul style="list-style-type: none"> <li>HBsAg Neutralization will be performed at additional charge if HBsAg is positive</li> </ul>	87341	\$15.08
<b>Hepatitis C (HCV)</b>	<b>86803</b>	<b>\$20.84</b>
<ul style="list-style-type: none"> <li>RIBA will be performed at additional charge if HCV is Positive with <b>Index Value 0.80 - 10.99</b></li> </ul>	86804	\$22.61
<b>Hepatitis C with Quantitation (HCQ)</b>	<b>86803</b>	<b>\$20.84</b>
<ul style="list-style-type: none"> <li>HCV RNA Quant will be performed at an additional charge if the HCV with quantitation shows equivocal or positive results.</li> <li>HCV Genotype will be performed at an additional charge if the HCV RNA Quant is positive.</li> <li>RIBA will be performed at an additional charge if the HCV RNA Quant is negative.</li> </ul>	87522	\$62.54
	87902	\$375.88
	86804	\$22.61
<b>HIV1/HIV 2, Antibody Screen</b>	<b>86703</b>	<b>\$20.02</b>
<ul style="list-style-type: none"> <li>HIV-1 Western Blot will be performed at additional charge if HIV 1/2 is positive</li> </ul>	86689	\$28.26
<b>Lupus Anticoagulant (PTT-LA/DRVVT Screen)</b>	<b>85730</b> <b>85613</b>	<b>\$8.76</b> <b>\$12.17</b>
<ul style="list-style-type: none"> <li>DRVVT Confirm and StaClot LA will be performed at an additional charge if screening test for Lupus Anticoagulant is positive</li> </ul>	85597 85597	\$26.25 \$26.25
<b>Lymes: ordered with reflex</b>	<b>86618</b>	<b>\$24.87</b>
<ul style="list-style-type: none"> <li>Western Blot IGG &amp; Western Blot IGM will be performed at additional charge if Lymes is positive</li> </ul>	86617 86617	\$22.61 \$22.61
<b>Microbiology Cultures</b>		
<ul style="list-style-type: none"> <li>Identification, susceptibilities and serogrouping will be performed on all microbiology isolates considered by the laboratory to be significant</li> </ul>	See the Allina Laboratory 2009 fee schedule for specific tests, CPT codes and prices.	

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Test Description	CPT	Medicare Ntl. Limitation Amount
<b>Pap ThinPrep® Screen ordered with Reflex</b> <b>Pap ThinPrep® Diagnostic ordered with Reflex</b>	G0145 or G0123 88175 or 88142	<b>\$22.21/\$15.42</b> <b>\$22.21/\$15.42</b>
<ul style="list-style-type: none"> <li>Human Papillomavirus Profile (HPV) will be performed at additional charge if Thin Prep Pap is ASCUS</li> </ul>	87621	\$51.25
<b>PCR, B Cell</b>	<b>83891</b> <b>83900</b> <b>83901</b> <b>83894</b> <b>83912-TC</b>	<b>\$5.85</b> <b>\$48.95</b> <b>\$24.47</b> <b>\$5.85</b> <b><u>\$5.85</u></b> <b>Total=\$90.97</b>
<ul style="list-style-type: none"> <li>B CELL PCR Reflex (Southern Blot) will be performed at additional charge if PCR is negative and if sample is adequate</li> </ul>	83892x3 83894 83896 83897 83912-TC	\$5.85 x3 \$5.85 \$5.85 \$5.85 <u>\$5.85</u> Total = \$40.95
<b>PCR, T Cell</b>	<b>83891</b> <b>83900</b> <b>83901 x3</b> <b>83894</b> <b>83912-TC</b>	<b>\$5.85</b> <b>\$48.95</b> <b>\$24.47 x3</b> <b>\$5.85</b> <b>\$5.85</b> <b>Total=\$139.91</b>
<ul style="list-style-type: none"> <li>T CELL PCR Reflex (Southern Blot) will be performed at additional charge if T Cell PCR is negative and if sample is adequate</li> </ul>	83892x3, 83894 83896 83897 83912-TC	\$5.85 x3 \$5.85 \$5.85 \$5.85 <u>\$5.85</u> Total=\$40.95
<b>PCR, T &amp; B Cell</b>	<b>83891</b> <b>83900</b> <b>83901 x6</b> <b>83894x2</b> <b>83912-TC</b>	<b>\$5.85</b> <b>\$48.95</b> <b>\$24.47 x6</b> <b>\$5.85 x2</b> <b><u>\$5.85</u></b> <b>Total=\$219.17</b>
<ul style="list-style-type: none"> <li>T &amp; B CELL PCR Reflex (Southern Blot) will be performed at additional charge if T &amp; B PCR is negative and if sample is adequate</li> </ul>	83892x6 83894 83897x2 83896x2 83912-TC	\$5.85 x6 \$5.85 \$5.85 x2 \$5.85 x2 <u>\$5.85</u> Total=\$70.20
<b>Protein S</b>	<b>85306</b>	<b>\$22.37</b>
<ul style="list-style-type: none"> <li>Free Protein S will be performed at additional charge if Functional Protein S is abnormal</li> </ul>	85306	\$22.37

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<b>Rapid HIV 1 / 2</b>	<b>86703</b>	<b>\$20.02</b>
<ul style="list-style-type: none"> <li>HIV 1 Western Blot will be performed at additional charge when HIV-1 / 2 is positive.</li> </ul>	86689	\$28.26
<b>Rh(D) Typing</b>	<b>86901</b>	<b>\$4.35</b>
<ul style="list-style-type: none"> <li>A weak D (Du) Typing is performed for the following patients at additional charge if Rh (D) typing is negative :               <ol style="list-style-type: none"> <li>1) Rh negative cord blood samples</li> <li>2) Rh negative OB patients with positive Fetal Maternal Hemorrhage Screens</li> <li>3) Patients with Rh typing discrepancies (i.e. history of Rh pos with current typing of Rh neg)</li> </ol> </li> </ul>	86905	\$5.58
<b>RPR</b>	<b>86592</b>	<b>\$6.23</b>
<ul style="list-style-type: none"> <li>FTA-ABS is performed at additional charge RPR is reactive (required by law)</li> </ul>	86781	\$19.34
<b>Semen Analysis/Post Vasectomy Analysis/Sperm Preparations-Metro Facilities ONLY</b>	<b>89320</b> <b>89310</b> <b>89260</b> <b>89261</b>	<b>\$17.60</b> <b>\$12.57</b> <b>\$58.15</b> <b>\$58.15</b>
<ul style="list-style-type: none"> <li>Semen culture will be performed at additional charge if Semen Analysis/Sperm Preparations contain &gt;2+ WBC's</li> </ul>	87070	\$12.57
<b>Throat Rapid Strep A</b>	<b>87880</b>	<b>\$17.52</b>
<ul style="list-style-type: none"> <li>Throat Strep A culture will be performed at additional charge if Rapid Strep A throat is negative</li> </ul>	87081	\$8.85
<b>Troponin T-Qualitative</b>	<b>84512</b>	<b>\$11.24</b>
<ul style="list-style-type: none"> <li>Quantitative Troponin T will be performed at an additional charge on all positive Qualitative Troponin T</li> </ul>	84484	\$14.37
<b>Urinalysis</b>	<b>81003</b>	<b>\$3.28</b>
<ul style="list-style-type: none"> <li>Microscopic urinalysis will be performed at additional charge on urines with abnormal appearance or abnormal chemical results</li> </ul>	81001 (Bundled code)	\$4.63
<ul style="list-style-type: none"> <li>Reducing Substances – Urine will be performed if patient &lt;1 years old</li> </ul>	81005	\$3.16
<b>Von Willebrand Screen (VWI)</b>	<b>86327</b>	<b>\$33.13</b>
<ul style="list-style-type: none"> <li>Decrease in the vWF:RCo and /or the vW: Agn results will automatically reflex to the CIEP and will be sent to Mayo at an additional charge</li> <li>VW CIEP MML / 2250</li> </ul>		

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