

**Allina Medical Laboratories Reflex Testing  
February 2008**

<b>Test Description</b>	<b>CPT</b>	<b>Medicare Ntl. Limitation Amount</b>
<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>\$16.89</b>
	86039	\$14.75
	86225	\$19.20
<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>\$13.72</b>
	86870  Variable	\$20.96
<b>Cat Scratch</b> <ul style="list-style-type: none"> <li>If screening tests for Henselae, IgG or IgM or Quintana IgG or IgM are positive, titers for these antibodies will be performed at an additional charge.</li> </ul>	<b>86611</b>	<b>\$14.22/ea</b>
	86611	\$14.22/ea
<b>Cystic Fibrosis Panel</b> <ul style="list-style-type: none"> <li>Intron 8 Polyvariant T will be performed at an additional charge when patient has one copy of R117H mutation on initial CF screen.</li> </ul>	<b>83891</b> <b>83892</b> <b>83896 x8</b> <b>83901</b> <b>83912</b>	<b>\$5.60</b> <b>\$5.60</b> <b>\$5.60 x8</b> <b>\$23.42</b> <u><b>\$5.60</b></u> <b>Total= 85.02</b>
	83891 83893 x3 83894 83896 x3 83898	\$5.60 \$5.60 x3 \$5.60 \$5.60 x3 <u>\$23.42</u> Total= 68.22
<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	\$26.54
<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	\$95.84
<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	\$14.11

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<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>\$7.50</b>
	86860	\$20.96
	86870	\$20.96
	Variable	
<b>Endomysial Antibody w/Reflex Titer</b> <ul style="list-style-type: none"> <li>Titer will be performed at additional charge if Endomysial Antibody is positive</li> </ul>	<b>86255</b>	<b>\$16.84</b>
	86256	\$16.84
<b>Epidermal Antibody, Serum</b> <ul style="list-style-type: none"> <li>Titer will be performed at additional charge if Epidermal Antibody, Serum is positive</li> </ul>	<b>88347</b>	<b>\$15.68</b>
	88347	\$15.68
<b>Fetal Maternal Hemorrhage Screen</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>	<b>85461</b>	<b>\$9.26</b>
	86901	\$7.89
	85460	\$10.81
<b>Fungal Antibody Panel</b> <ul style="list-style-type: none"> <li>Histoplasma Immunodiffusion, Yeast and Mycelial will be performed at additional charge if original screen results are Positive or Equivocal</li> </ul>	<b>86403</b>	<b>\$14.24</b>
	<b>86612 x2</b>	<b>\$36.06</b>
	<b>86635 x3</b>	<b>\$48.09</b>
	<b>86698</b>	<b>\$17.46</b>
	86698 x3	\$53.94
<b>Hepatitis A Antibody (Anti-HAV)</b> <ul style="list-style-type: none"> <li>IGM Specific will be performed at additional charge if total anti-HAV is positive</li> </ul>	<b>86708</b>	<b>\$17.31</b>
	86709	\$15.73
<b>Hepatitis B surface antigen (HBsAg)</b> <ul style="list-style-type: none"> <li>HBsAg Neutralization will be performed at additional charge if HBsAg is positive</li> </ul>	<b>87340</b>	<b>\$14.43</b>
	87341	\$14.43
<b>Hepatitis C (HCV)</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>	<b>86803</b>	<b>\$19.94</b>
	86804	\$21.64
<b>Hepatitis C with Quantitation (HCQ)</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>	<b>86803</b>	<b>\$19.94</b>
	87522	\$59.85
	87902	\$359.69
	86804	\$21.64

<b>Test Description</b>	<b>CPT</b>	<b>Medicare Ntl. Limitation Amount</b>
<b>Histoplasma Antibody Screen</b> <ul style="list-style-type: none"> <li>Histoplasma Immunodiffusion, Yeast and Mycelial will be performed at additional charge if original screen results are Positive or Equivocal</li> </ul>	<b>86698</b>  86698 x3	<b>\$17.46</b>  \$53.94
<b>HIV1/HIV 2, Antibody Screen</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>	<b>86703</b>  86689	<b>\$19.17</b>  \$27.05
<b>Islet Cell Antibody Screen</b> <ul style="list-style-type: none"> <li>Islet Cell Antibody Titer will be performed at additional charge if Islet Cell Antibody Screen is positive</li> </ul>	<b>86255</b>  86256	<b>\$16.84</b>  \$16.84
<b>Lupus Anticoagulant (PTT-LA/DRVVT Screen)</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>	<b>85730</b> <b>85613</b>  85597 85597	<b>\$8.38</b> <b>\$11.65</b>  \$25.12 \$25.12
<b>Lymes IgM - MAYO</b> <ul style="list-style-type: none"> <li>Western Blot IgG and Western Blot IgM will be performed at an additional charge if the Lyme IgM screen is positive</li> </ul>	<b>86618</b>  86617 86617	<b>\$23.80</b>  \$21.64 \$21.64
<b>Lymes: ordered with reflex</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>	<b>86618</b>  86617 86617	<b>\$23.80</b>  \$21.64 \$21.64
<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 2008 fee schedule for specific tests, CPT codes and prices.	
<b>Myocardial Antibody</b> <ul style="list-style-type: none"> <li>Titer will be performed at additional charge if Myocardial Antibody is positive</li> </ul>	<b>86255</b>  86256	<b>\$16.84</b>  \$16.84
<b>Neuronal Nuclear (HU) Antibody</b> <ul style="list-style-type: none"> <li>Western Blot will be performed if screening antibody test is positive. (or questionable)</li> <li>Antibody Titer will be performed is Western Blot is positive.</li> </ul>	<b>86255</b>  <b>84181</b>  <b>86256</b>	<b>\$16.84</b>  <b>\$23.80</b>  <b>\$16.84</b>

Test Description	CPT	Medicare Ntl. Limitation Amount
<b>Neuronal Nuclear (RI) Antibody</b>	<b>86255</b>	<b>\$16.84</b>
<ul style="list-style-type: none"> <li>Western Blot will be performed if screening antibody test is positive. (or questionable)</li> </ul>	<b>84181</b>	<b>\$23.80</b>
<ul style="list-style-type: none"> <li>Antibody Titer will be performed is Western Blot is positive.</li> </ul>	<b>86256</b>	<b>\$16.84</b>
<b>Pap ThinPrep® Screen ordered with Reflex</b>	G0123	<b>\$14.76</b>
<b>Pap ThinPrep® Diagnostic ordered with Reflex</b>	88142	<b>\$14.76</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	\$49.04
<b>Parietal Cell Antibody, Serum</b>	<b>86255</b>	<b>\$16.84</b>
<ul style="list-style-type: none"> <li>Titer will be performed at additional charge if Parietal Cell Antibody, Serum is positive</li> </ul>	86256	\$16.84
<b>PCR, B Cell</b>	<b>83891</b> <b>83900</b> <b>83901</b> <b>83894</b> <b>83912-TC</b>	<b>\$5.60</b> <b>\$46.84</b> <b>\$23.42</b> <b>\$5.60</b> <b><u>5.60</u></b> <b>Total=\$87.06</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	\$5.60 x3 \$5.60 \$5.60 \$5.60 <u>\$5.60</u> Total = \$44.80
<b>PCR, T Cell</b>	<b>83891</b> <b>83900</b> <b>83901 x3</b> <b>83894</b> <b>83912-TC</b>	<b>\$5.60</b> <b>\$46.84</b> <b>\$23.42 x3</b> <b>\$5.60</b> <b>\$5.60</b> <b>Total=\$133.90</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	\$5.60 x3 \$5.60 \$5.60 \$5.60 <u>\$5.60</u> Total=\$44.80
<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>\$5.60</b> <b>\$46.84</b> <b>\$23.42 x6</b> <b>\$5.60 x2</b> <b><u>\$5.60</u></b> <b>Total=\$209.76</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	\$5.60 x6 \$5.60 \$5.60 x2 \$5.60 x2 <u>\$5.60</u> Total=\$67.20
<b>Protein S</b>	<b>85306</b>	<b>\$21.41</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	\$21.41

<b>Test Description</b>	<b>CPT</b>	<b>Medicare Ntl. Limitation Amount</b>
<b>Rapid HIV 1 / 2</b>	<b>86703</b>	<b>\$19.17</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	\$27.05
<b>Rh(D) Typing</b>	<b>86901</b>	<b>\$7.65</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	\$5.34
<b>RPR</b>	<b>86592</b>	<b>\$5.96</b>
<ul style="list-style-type: none"> <li>FTA-ABS is performed at additional charge RPR is reactive (required by law)</li> </ul>	86781	\$18.50
<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>\$16.84</b> <b>\$12.03</b> <b>\$54.82</b> <b>\$54.82</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	\$12.03
<b>Skeletal Muscle Antibody Screen</b>	<b>86255</b>	<b>\$16.84</b>
<ul style="list-style-type: none"> <li>Titer will be performed at additional charge if Screen is positive</li> </ul>	86256	\$16.84
<b>Throat Rapid Strep A</b>	<b>87880</b>	<b>\$16.76</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	\$8.47
<b>Troponin T-Qualitative</b>	<b>84512</b>	<b>\$10.76</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	\$13.75
<b>Urinalysis</b>	<b>81003</b>	<b>\$3.14</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)	\$4.43
<ul style="list-style-type: none"> <li>Reducing Substances – Urine will be performed if patient &lt;1 years old</li> </ul>	81005	\$3.03
<b>Von Willebrand Screen (VWI)</b>	<b>86327</b>	<b>\$44.60</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>		