



Laboratory Corporation of America

Laboratory Corporation of America® Holdings
6370 Wilcox Road
Dublin, Ohio 43016

Telephone: 614-889-1061

November 10, 2006

Ms. Roberta Wagner
Purchasing Division
2019 Washington Street East
P.O. Box 50130
Charleston, WV 25305-0130

Dear Ms. Wagner:

As you may know, LabCorp is one of the largest and most innovative laboratory organizations in the country, capable of meeting the needs of virtually any provider. Our success was fostered by one primary objective: Provide a clinical laboratory services program that is responsive to clients' needs, wants and expectations. Our business strategy allows us to meet and anticipate the changing needs of our clients and prospects alike.

Convenience, quality, a comprehensive portfolio and excellent service describe LabCorp's network of strategically located patient service centers, local laboratories, a national esoteric laboratory and our Centers for Excellence. This network provides you with the individual attention and dependability of local personnel coupled with the support and strength of a national organization dedicated to researching, developing and implementing leading edge health care technology.

Attached for your examination is the LabCorp response to your October 16, 2006, Request for Quotation WEH70223. Once you have reviewed this information, I hope that you will conclude that LabCorp is committed to and capable of providing you with the finest laboratory testing service available. Thank you for this opportunity to introduce LabCorp's advantages.

Sincerely,

A handwritten signature in black ink that reads "James R. Mott". The signature is written in a cursive, flowing style.

James R. Mott
Sr. Vice President

Table of Contents

1	RFQ WEH70223
2	LabCorp Pricing Proposal
3	LabCorp Response
4	Accreditation Certificates
5	Sample Supply Requisition
6	Panic/Alert Values
7	2006 Comprehensive Professional Fee Schedule
8	2006 Directory of Service and Interpretive Guide



State of West Virginia
 Department of Administration
 Purchasing Division
 2019 Washington Street East
 Post Office Box 50130
 Charleston, WV 25305-0130

Request for Quotation

RFQ NUMBER
WEH70223

PAGE
1

ADDRESS CORRESPONDENCE TO ATTENTION OF:
ROBERTA WAGNER 304-558-0067

VENDOR

*713133556 02 304-366-0291
 LABORATORY CORP OF AMERICA HOL
 501 LOCUST AVENUE
 FAIRMONT WV 26554

SHIP TO

HEALTH AND HUMAN RESOURCES
 WELCH COMMUNITY HOSPITAL
 454 MCDOWELL STREET
 WELCH, WV 24801 304-436-8710

DATE PRINTED	TERMS OF SALE	SHIP VIA	F.O.B.	FREIGHT TERMS
10/16/2006				

BID OPENING DATE: 11/14/2006 BID OPENING TIME 01:30PM

LINE	QUANTITY	UOP	CAT NO	ITEM NUMBER	UNIT PRICE	AMOUNT
0001	1	JB		948-55		
<p>OPEN-END BLANKET CONTRACT</p> <p>THE WEST VIRGINIA DIVISION OF PURCHASING IS SOLICITING BIDS FOR WELCH COMMUNITY HOSPITAL TO PROVIDE LABORATORY REFERENCE SERVICES AS PER THE ATTACHED.</p> <p>TO PROVIDE REFERENCE LABORATORY SERVICES</p> <p>(ATTACHED IS A SAMPLE LISTING OF "REFERENCE" LAB TEST PROCEDURES THAT HAVE BEEN PROVIDED IN THE LAST YEAR. THIS IS NOT A COMPLETE LISTING. SUCCESSFUL BIDDER WILL BE REQUIRED TO PROVIDE ALL PROCEDURES NEEDED BY THE FACILITY WHETHER THEY ARE LISTED OR NOT. ALL BIDDERS MUST PROVIDE A LISTING WITH PRICES OF ALL THE "REFERENCE" LAB TEST PROCEDURES THEY PERFORM.</p> <p>EXHIBIT 3</p> <p>LIFE OF CONTRACT: THIS CONTRACT BECOMES EFFECTIVE ON AND EXTENDS FOR A PERIOD OF ONE (1) YEAR OR UNTIL SUCH "REASONABLE TIME" THEREAFTER AS IS NECESSARY TO OBTAIN A NEW CONTRACT OR RENEW THE ORIGINAL CONTRACT. THE "REASONABLE TIME" PERIOD SHALL NOT EXCEED TWELVE (12) MONTHS. DURING THIS "REASONABLE TIME" THE VENDOR MAY TERMINATE THIS CONTRACT FOR ANY</p>						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE	TELEPHONE	DATE
<i>James R. McH</i>	614-889-1061	November 10, 2006
TITLE	FEIN	ADDRESS CHANGES TO BE NOTED ABOVE
Senior Vice President	13-3757370	

WHEN RESPONDING TO RFQ, INSERT NAME AND ADDRESS IN SPACE ABOVE LABELED 'VENDOR'

**GENERAL TERMS & CONDITIONS
REQUEST FOR QUOTATION (RFQ) AND REQUEST FOR PROPOSAL (RFP)**

1. Awards will be made in the best interest of the State of West Virginia.
2. The State may accept or reject in part, or in whole, any bid.
3. All quotations are governed by the *West Virginia Code* and the *Legislative Rules* of the Purchasing Division.
4. Prior to any award, the apparent successful vendor must be properly registered with the Purchasing Division and have paid the required \$125.00 registration fee.
5. All services performed or goods delivered under State Purchase Orders/Contracts are to be continued for the term of the Purchase Order/Contract, contingent upon funds being appropriated by the Legislature or otherwise being made available. In the event funds are not appropriated or otherwise available for these services or goods, this Purchase Order/Contract becomes void and of no effect after June 30.
6. Payment may only be made after the delivery and acceptance of goods or services.
7. Interest may be paid for late payment in accordance with the *West Virginia Code*.
8. Vendor preference will be granted upon written request in accordance with the *West Virginia Code*.
9. The State of West Virginia is exempt from federal and state taxes and will not pay or reimburse such taxes.
10. The Director of Purchasing may cancel any Purchase Order/Contract upon 30 days written notice to the seller.
11. The laws of the State of West Virginia and the *Legislative Rules* of the Purchasing Division shall govern all rights and duties under the Contract, including without limitation the validity of this Purchase Order/Contract.
12. Any reference to automatic renewal is hereby deleted. The Contract may be renewed only upon mutual written agreement of the parties.
13. **BANKRUPTCY:** In the event the vendor/contractor files for bankruptcy protection, this contract is automatically null and void, and is terminated without further order.
14. **HIPAA Business Associate Addendum** - The West Virginia State Government HIPAA Business Associate Addendum (BAA), approved by the Attorney General, and available online at the Purchasing Division's web site (<http://www.state.wv.us/admin/purchase/vrc/hipaa.htm>) is hereby made part of the agreement. Provided that, the Agency meets the definition of a Covered Entity (45 CFR §160.103) and will be disclosing Protected Health Information (45 CFR §160.103) to the vendor.

INSTRUCTIONS TO BIDDERS

1. Use the quotation forms provided by the Purchasing Division.
2. **SPECIFICATIONS:** Items offered must be in compliance with the specifications. Any deviation from the specifications must be clearly indicated by the bidder. Alternates offered by the bidder as **EQUAL** to the specifications must be clearly defined. A bidder offering an alternate should attach complete specifications and literature to the bid. The Purchasing Division may waive minor deviations to specifications.
3. Complete all sections of the quotation form.
4. Unit prices shall prevail in cases of discrepancy.
5. All quotations are considered F.O.B. destination unless alternate shipping terms are clearly identified in the quotation.
6. **BID SUBMISSION:** All quotations must be delivered by the bidder to the office listed below prior to the date and time of the bid opening. Failure of the bidder to deliver the quotations on time will result in bid disqualifications.

SIGNED BID TO:

Department of Administration
Purchasing Division
2019 Washington Street East
Post Office Box 50130
Charleston, WV 25305-0130



State of West Virginia
 Department of Administration
 Purchasing Division
 2019 Washington Street East
 Post Office Box 50130
 Charleston, WV 25305-0130

**Request for
 Quotation**

RFQ NUMBER
WEH70223

PAGE
3

ADDRESS CORRESPONDENCE TO ATTENTION OF:
ROBERTA WAGNER 304-558-0067

VENDOR

*713133556 02 304-366-0291
 LABORATORY CORP OF AMERICA HOL
 501 LOCUST AVENUE
 FAIRMONT WV 26554

SHIP TO

HEALTH AND HUMAN RESOURCES
 WELCH COMMUNITY HOSPITAL
 454 MCDOWELL STREET
 WELCH, WV 24801 304-436-8710

DATE PRINTED	TERMS OF SALE	SHIP VIA	F.O.B.	FREIGHT TERMS
10/16/2006				

BID OPENING DATE: 11/14/2006 BID OPENING TIME 01:30PM

LINE	QUANTITY	UOP	CAT. NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
<p>WHETHER MORE OR LESS THAN THE QUANTITIES SHOWN.</p> <p>ORDERING PROCEDURE: SPENDING UNIT(S) SHALL ISSUE A WRITTEN STATE CONTRACT ORDER (FORM NUMBER WV-39) TO THE VENDOR FOR COMMODITIES COVERED BY THIS CONTRACT. THE ORIGINAL COPY OF THE WV-39 SHALL BE MAILED TO THE VENDOR AS AUTHORIZATION FOR SHIPMENT, A SECOND COPY MAILED TO THE PURCHASING DIVISION, AND A THIRD COPY RETAINED BY THE SPENDING UNIT.</p> <p>BANKRUPTCY: IN THE EVENT THE VENDOR/CONTRACTOR FILES FOR BANKRUPTCY PROTECTION, THIS CONTRACT IS AUTOMATICALLY NULL AND VOID, AND IS TERMINATED WITHOUT FURTHER ORDER.</p> <p>THE TERMS AND CONDITIONS CONTAINED IN THIS CONTRACT SHALL SUPERSEDE ANY AND ALL SUBSEQUENT TERMS AND CONDITIONS WHICH MAY APPEAR ON ANY ATTACHED PRINTED DOCUMENTS SUCH AS PRICE LISTS, ORDER FORMS, SALES AGREEMENTS OR MAINTENANCE AGREEMENTS, INCLUDING ANY ELECTRONIC MEDIUM SUCH AS CD-ROM.</p> <p>REV. 04/11/2001</p> <p>INQUIRIES: WRITTEN QUESTIONS SHALL BE ACCEPTED THROUGH CLOSE OF BUSINESS ON OCT. 27, 2006. QUESTIONS MAY BE SENT VIA USPS, FAX, COURIER, OR EMAIL. IN ORDER TO ASSURE NO VENDOR RECEIVES AN UNFAIR ADVANTAGE, NO SUBSTANTIVE QUESTIONS WILL BE ANSWERED ORALLY. IF POSSIBLE, E-MAIL QUESTIONS ARE PREFERRED. ADDRESS INQUIRIES TO:</p>						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE	TELEPHONE	DATE
-----------	-----------	------

TITLE	FEIN	ADDRESS CHANGES TO BE NOTED ABOVE
-------	------	-----------------------------------

WHEN RESPONDING TO RFQ, INSERT NAME AND ADDRESS IN SPACE ABOVE LABELED 'VENDOR'



State of West Virginia
 Department of Administration
 Purchasing Division
 2019 Washington Street East
 Post Office Box 50130
 Charleston, WV 25305-0130

Request for Quotation

RFQ NUMBER
WEH70223

PAGE
5

ADDRESS CORRESPONDENCE TO ATTENTION OF
ROBERTA WAGNER 304-558-0067

VENDOR

*713133556 02 304-366-0291
 LABORATORY CORP OF AMERICA HOL
 501 LOCUST AVENUE
 FAIRMONT WV 26554

SHIP TO

HEALTH AND HUMAN RESOURCES
 WELCH COMMUNITY HOSPITAL
 454 MCDOWELL STREET
 WELCH, WV 24801 304-436-8710

DATE PRINTED	TERMS OF SALE	SHIP VIA	F.O.B.	FREIGHT TERMS
10/16/2006				

BID OPENING DATE: 11/14/2006 BID OPENING TIME 01:30PM

LINE	QUANTITY	UOP	CAT NO	ITEM NUMBER	UNIT PRICE	AMOUNT
<p>PREFERENCE IN ACCORDANCE WITH WEST VIRGINIA CODE, 5A-3-37 (DOES NOT APPLY TO CONSTRUCTION CONTRACTS).</p> <p>A. APPLICATION IS MADE FOR 2.5% PREFERENCE FOR THE REASON CHECKED:</p> <p>() BIDDER IS AN INDIVIDUAL RESIDENT VENDOR AND HAS RESIDED CONTINUOUSLY IN WEST VIRGINIA FOR FOUR (4) YEARS IMMEDIATELY PRECEDING THE DATE OF THIS CERTIFICATION; OR</p> <p>() BIDDER IS A PARTNERSHIP, ASSOCIATION OR CORPORATION RESIDENT VENDOR AND HAS MAINTAINED ITS HEAD-QUARTERS OR PRINCIPAL PLACE OF BUSINESS CONTINUOUSLY IN WEST VIRGINIA FOR FOUR (4) YEARS IMMEDIATELY PRECEDING THE DATE OF THIS CERTIFICATION; OR 80% OF THE OWNERSHIP INTEREST OF BIDDER IS HELD BY ANOTHER INDIVIDUAL, PARTNERSHIP, ASSOCIATION OR CORPORATION RESIDENT VENDOR WHO HAS MAINTAINED ITS HEADQUARTERS OR PRINCIPAL PLACE OF BUSINESS CONTINUOUSLY IN WEST VIRGINIA FOR FOUR (4) YEARS IMMEDIATELY PRECEDING THE DATE OF THIS CERTIFICATION; OR</p> <p>() BIDDER IS A CORPORATION NONRESIDENT VENDOR WHICH HAS AN AFFILIATE OR SUBSIDIARY WHICH EMPLOYS A MINIMUM OF ONE HUNDRED STATE RESIDENTS AND WHICH HAS MAINTAINED ITS HEADQUARTERS OR PRINCIPAL PLACE OF BUSINESS WITHIN WEST VIRGINIA CONTINUOUSLY FOR THE FOUR (4) YEARS IMMEDIATELY PRECEDING THE DATE OF THIS CERTIFICATION.</p> <p>B. APPLICATION IS MADE FOR 2.5% PREFERENCE FOR THE REASON CHECKED:</p> <p>() BIDDER IS A RESIDENT VENDOR WHO CERTIFIES THAT, DURING THE LIFE OF THE CONTRACT, ON AVERAGE AT LEAST</p>						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE	TELEPHONE	DATE
TITLE	FEIN	ADDRESS CHANGES TO BE NOTED ABOVE

WHEN RESPONDING TO RFQ, INSERT NAME AND ADDRESS IN SPACE ABOVE LABELED 'VENDOR'



State of West Virginia
 Department of Administration
 Purchasing Division
 2019 Washington Street East
 Post Office Box 50130
 Charleston, WV 25305-0130

Request for Quotation

RFQ NUMBER
WEH70223

PAGE
6

ADDRESS CORRESPONDENCE TO ATTENTION OF
**ROBERTA WAGNER
 304-558-0067**

VENDOR

*713133556 02 304-366-0291
 LABORATORY CORP OF AMERICA HOL
 501 LOCUST AVENUE
 FAIRMONT WV 26554

SHIP TO

HEALTH AND HUMAN RESOURCES
 WELCH COMMUNITY HOSPITAL
 454 MCDOWELL STREET
 WELCH, WV 24801 304-436-8710

DATE PRINTED 10/16/2006	TERMS OF SALE	SHIP VIA	F.O.B.	FREIGHT TERMS
BID OPENING DATE: 11/14/2006		BID OPENING TIME 01:30PM		

LINE	QUANTITY	UOP	CAT NO	ITEM NUMBER	UNIT PRICE	AMOUNT
<p>75% OF THE EMPLOYEES WORKING ON THE PROJECT BEING BID ARE RESIDENTS OF WEST VIRGINIA WHO HAVE RESIDED IN THE STATE CONTINUOUSLY FOR THE TWO YEARS IMMEDIATELY PRECEDING SUBMISSION OF THIS BID; OR () BIDDER IS A NONRESIDENT VENDOR EMPLOYING A MINIMUM OF ONE HUNDRED STATE RESIDENTS OR IS A NONRESIDENT VENDOR WITH AN AFFILIATE OR SUBSIDIARY WHICH MAINTAINS ITS HEADQUARTERS OR PRINCIPAL PLACE OF BUSINESS WITHIN WEST VIRGINIA EMPLOYING A MINIMUM OF ONE HUNDRED STATE RESIDENTS WHO CERTIFIES THAT, DURING THE LIFE OF THE CONTRACT, ON AVERAGE AT LEAST 75% OF THE EMPLOYEES OR BIDDERS' AFFILIATE'S OR SUBSIDIARY'S EMPLOYEES ARE RESIDENTS OF WEST VIRGINIA WHO HAVE RESIDED IN THE STATE CONTINUOUSLY FOR THE TWO YEARS IMMEDIATELY PRECEDING SUBMISSION OF THIS BID.</p> <p>BIDDER UNDERSTANDS IF THE SECRETARY OF TAX & REVENUE DETERMINES THAT A BIDDER RECEIVING PREFERENCE HAS FAILED TO CONTINUE TO MEET THE REQUIREMENTS FOR SUCH PREFERENCE, THE SECRETARY MAY ORDER THE DIRECTOR OF PURCHASING TO: (A) RESCIND THE CONTRACT OR PURCHASE ORDER ISSUED; OR (B) ASSESS A PENALTY AGAINST SUCH BIDDER IN AN AMOUNT NOT TO EXCEED 5% OF THE BID AMOUNT AND THAT SUCH PENALTY WILL BE PAID TO THE CONTRACTING AGENCY OR DEDUCTED FROM ANY UNPAID BALANCE ON THE CONTRACT OR PURCHASE ORDER.</p> <p>BY SUBMISSION OF THIS CERTIFICATE, BIDDER AGREES TO DISCLOSE ANY REASONABLY REQUESTED INFORMATION TO THE PURCHASING DIVISION AND AUTHORIZES THE DEPARTMENT OF TAX AND REVENUE TO DISCLOSE TO THE DIRECTOR OF PURCHASING APPROPRIATE INFORMATION VERIFYING THAT BIDDER HAS PAID THE REQUIRED BUSINESS TAXES, PROVIDED THAT SUCH INFORMATION DOES NOT CONTAIN THE AMOUNTS OF TAXES PAID NOR ANY OTHER INFORMATION DEEMED BY THE TAX</p>						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE	TELEPHONE	DATE
TITLE	FEIN	ADDRESS CHANGES TO BE NOTED ABOVE

WHEN RESPONDING TO RFQ, INSERT NAME AND ADDRESS IN SPACE ABOVE LABELED 'VENDOR'



State of West Virginia
 Department of Administration
 Purchasing Division
 2019 Washington Street East
 Post Office Box 50130
 Charleston, WV 25305-0130

Request for Quotation

RFQ NUMBER
WEH70223

PAGE
7

ADDRESS CORRESPONDENCE TO ATTENTION OF:
ROBERTA WAGNER 304-558-0067

VENDOR

*713133556 02 304-366-0291
 LABORATORY CORP OF AMERICA HOL
 501 LOCUST AVENUE
 FAIRMONT WV 26554

SHIP TO

HEALTH AND HUMAN RESOURCES
 WELCH COMMUNITY HOSPITAL
 454 MCDOWELL STREET
 WELCH, WV 24801 304-436-8710

DATE PRINTED	TERMS OF SALE	SHIP VIA	F.O.B.	FREIGHT TERMS
10/16/2006				

BID OPENING DATE: 11/14/2006 BID OPENING TIME 01:30PM

LINE	QUANTITY	UOP	CAT NO	ITEM NUMBER	UNIT PRICE	AMOUNT
<p>COMMISSIONER TO BE CONFIDENTIAL.</p> <p>UNDER PENALTY OF LAW FOR FALSE SWEARING (WEST VIRGINIA CODE 61-5-3), BIDDER HEREBY CERTIFIES THAT THIS CERTIFICATE IS TRUE AND ACCURATE IN ALL RESPECTS; AND THAT IF A CONTRACT IS ISSUED TO BIDDER AND IF ANYTHING CONTAINED WITHIN THIS CERTIFICATE CHANGES DURING THE TERM OF THE CONTRACT, BIDDER WILL NOTIFY THE PURCHASING DIVISION IN WRITING IMMEDIATELY.</p> <p>BIDDER: -----</p> <p>DATE: -----</p> <p>SIGNED: -----</p> <p>TITLE: -----</p> <p>* CHECK ANY COMBINATION OF PREFERENCE CONSIDERATION(S) IN EITHER "A" OR "B", OR BOTH "A" AND "B" WHICH YOU ARE ENTITLED TO RECEIVE. YOU MAY REQUEST UP TO THE MAXIMUM 5% PREFERENCE FOR BOTH "A" AND "B". (REV. 12/00)</p> <p>NOTICE</p> <p>AN ORIGINAL, SIGNED BID MUST BE SUBMITTED TO:</p> <p>DEPARTMENT OF ADMINISTRATION PURCHASING DIVISION</p>						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE	TELEPHONE	DATE
-----------	-----------	------

TITLE	FEIN	ADDRESS CHANGES TO BE NOTED ABOVE
-------	------	-----------------------------------

WHEN RESPONDING TO RFQ, INSERT NAME AND ADDRESS IN SPACE ABOVE LABELED 'VENDOR'



State of West Virginia
 Department of Administration
 Purchasing Division
 2019 Washington Street East
 Post Office Box 50130
 Charleston, WV 25305-0130

Request for Quotation

RFQ NUMBER
WEH70223

PAGE
9

ADDRESS CORRESPONDENCE TO ATTENTION OF
ROBERTA WAGNER 304-558-0067

VENDOR

*713133556 02 304-366-0291
 LABORATORY CORP OF AMERICA HOL
 501 LOCUST AVENUE
 FAIRMONT WV 26554

SHIP TO

HEALTH AND HUMAN RESOURCES
 WELCH COMMUNITY HOSPITAL
 454 MCDOWELL STREET
 WELCH, WV 24801 304-436-8710

DATE PRINTED	TERMS OF SALE	SHIP VIA	F.O.B.	FREIGHT TERMS
10/16/2006				

BID OPENING DATE: 11/14/2006 BID OPENING TIME 01:30PM

LINE	QUANTITY	UOP	CAT NO	ITEM NUMBER	UNIT PRICE	AMOUNT
***** THIS IS THE END OF RFQ WEH70223 ***** TOTAL: _____						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE	TELEPHONE	DATE
-----------	-----------	------

TITLE	FEIN	ADDRESS CHANGES TO BE NOTED ABOVE
-------	------	-----------------------------------

WHEN RESPONDING TO RFQ, INSERT NAME AND ADDRESS IN SPACE ABOVE LABELED 'VENDOR'

GENERAL INFORMATION

Purpose:

To provide Reference Lab Services for Welch Community Hospital. (See Exhibit A for Background Information for the Hospital.)

General Requirements

- a. Vendor must have at least three (3) years of providing Reference Laboratory Services.
- b. Vendor shall provide references of at least three (3) clients from whom the vendor has provided Reference Laboratory Services.
- c. Vendor must meet all requirements of accreditation including CAP and CLIA certification. A certification of accreditation must be provided.

SCOPE OF WORK:

The vendor is to provide Reference Laboratory Services to Welch Community Hospital consistent with all applicable State and Federal Laws and Regulations, more specifically, vendor shall include, but not be limited to the following requirements:

1. Vendor must provide supplemental testing services for the following testing for the term of the contract period. The bid sheet contains a sample listing of tests with estimated annual volume for each.
2. Vendor must provide histology and cytology testing at such times when Pathologist of Welch Community Hospital is not available.
3. Vendor must provide Bacteriology Services (cultures and sensitivity) when the Bacteriology section of the Hospital's Lab is unavailable.
4. Vendor must have the availability of furnishing stored results to laboratory for QA – Quality Assurance monitoring and assessment by the laboratory. Results storage capability must be at least three (3) years for regular test and five (5) years for pathology specimens and results.
5. Vendor must have a CAP and CLIA certified Pathologist who must be available for questions regarding positive results and in case of result interpretation.
6. Vendor must provide routine specimen collection and transport materials and all necessary supplies to hospital's laboratory department for preparation of all specimens for testing. This includes but is not limited to vacutainer tubes, needles, request forms, preservatives, 24 hour urine containers, cytology and histology containers with preservatives, slides, fixatives, plastic transport bags, centrifuges and directory for all the services offered. Analyzer offers both open and closed sampling options.
7. Vendor must provide a computer system with printer to expedite results turnaround time and capability of retrieving stored results or backtracking

- capability. Preventive maintenance and repairs of system/printer shall be the responsibility of the vendor.
8. Vendor must provide courier services seven (7) days per week for collection of all specimens.
 9. Vendor must provide turn around time of specimen in accordance to Reference Lab Specifications. Specifications for "each" test to be provided shall be listed in the vendors response to this RFQ for easy identification, results shall be available from the vendor via computer system and hard-copy to be delivered next day for all routine testing in accordance with specifications for special testing such as cytology and histology reports.
 10. Vendor must provide blood culture results to be given for total of seven (7) days. Routine cultures shall have primary reports reported within 24 hours, 48 hours, and final report within 72 hours of receipt of specimens.
 11. Vendor must provide general routine chemistries results within 24 hours of receipt of specimens.
 12. Vendor must telephone all positive results and panic or toxic values to Hospital's Laboratory Department between the hours of 8:00 AM and 5:00 PM - prior to computer system printout.
 13. Vendor must retain negative and unsatisfactory PAP slides for five (5) years and positive slides for twenty (20) years. Histology slides must be retained for ten (10) years.
 14. Vendor must provide Histology and Cytology PAP's results turnaround time shall be within three (3) days upon receipt of slides/specimens unless further study or staining is required.

Exceptions:

Cytology Turnaround Time

Normal PAP Smear results reporting time – five to seven days. Any abnormal, suspicious, unusual specimens or those submitted with insufficient information usually take longer must be called-in within 14 days.

Surgical Pathology Turnaround Time

Properly submitted specimens are usually processed the next working day, turnaround time is dependent on the complexity of diagnosis and case load. When requested on the Request Form, a preliminary diagnosis must be available via telephone or teleprinter. A final signed report will follow, all numerical abnormal results to be clearly identified on the report form.

15. Vendor must examine, interpret and report results on all slides submitted. Vendor must have written criteria for rejection and for categorizing specimens as unsatisfactory.

16. Vendor must assume all responsibility and liability for reading and processing of all cytology and histology specimens.
17. Vendor must provide Hospital's Lab Department the total number of tests performed on a monthly and annual basis by individual testing category.
18. Vendor must agree to become a participating Reference Laboratory with managed care companies and HMO's currently contracted by Welch Community Hospital and those the hospital chooses to contract with in the future. Currently they are: Carelink, Prime One, WVAHP, Blue Cross, Health Source and United State Steel.
19. Vendor must provide Hospital with the name, address and telephone number of their account representative. Notification of changes to the above should be sent to the Director of Laboratory Services, Welch Community Hospital, 454 McDowell Street, Welch, WV 24801.
20. Vendor must provide all Reference Lab Services and other related services as required in this RFQ, items #1 through #18 above, for the quoted price per test.

Special Terms and Conditions:

Insurance Requirements:

Insurance certificates are required prior to award but are not required at the time of bid. The vendor shall present evidence of insurance at the time of award in the types and amounts required by the Agency and acceptable to the State. Included in the required insurance coverage shall be the following:

1. For bodily injury (including death): \$500,000 per person, minimum of \$1,000,000 per occurrence.
2. For property damage and professional liability: minimum of \$1,000,000 per occurrence.

Invoices and Progress Payments:

The Vendor shall submit invoices, in arrears, to the Agency at the address on the face of the purchase order labeled "Invoice To" pursuant to the terms of the contract. Invoices may not be submitted more than once monthly and State Law forbids payment of invoices prior to receipt of services.

BID SHEET

Price Each Per Lab Test Procedure Performed: Bidder must provide listing of test procedures with pricing for each.

Bid Sheet is a sample listing of lab test procedures that have been provided in the past year. This is not a complete listing. Successful vendor will be required to provide all procedures needed by the facility whether listed or not.

All Bidders must provide a listing with prices of all the "referenced" lab test procedures that they perform.

Item No.	Annual Estimated Usage	Procedure	Turn Around Time	Price	Extended Price
1	8	17-alpha-Hydroxyprogesterone			
2	800	7+Crt-Bund			
3	64	9+Oxycodone – Bund			
4	8	ACTH, Plasma			
5	36	Aerobic Bacterial Culture			
6	16	AFB Culture and Smear, Broth			
7	64	AFP Tetra			
8	4	AFP X-tra Profile			
9	16	AFP, Serum, Tumor Marker			
10	8	Aldolase			
11	4	Aldosterone, Serum			
12	4	Allergen Profile, Food-Citrus			
13	4	Allergen Profile, Food-Grain			
14	4	Allergen Profile, Food-Milk			
15	8	Allergens, Zone 3			
16	4	Alpha-1-Antitrypsin, Serum			
17	4	Amitripyline (Elavil), Serum			
18	4	Amphetamine Confirmation, Ur			
19	88	ANA Qualitative			
20	4	ANA w/Reflex			
21	24	Anaerobic and Aerobic Culture			
22	8	Anti-DNA (SS)IgG, Ab, Qn			
23	20	Anti-dxDNA Antibodies			
24	4	Antiextractable Nuclear Ag			
25	4	Anti-Neuronal Nuclear Ab. Serum			
26	4	Antineutrophil Cytoplasmic Ab			
27	68	Antinuclear Antibodies Direct			
28	4	Antiphospholipid Syndorme Prof			
29	56	Antistreptolysin O Antibodies			
30	4	Aspergillus Flavus Antibodies			
31	4	Aspergillus Niger Antibodies			
32	32	B Strep Culture Group B Only			
33	16	Barbiturates Confirmation, Ur			
34	20	Barbiturates Conf (GC/MS)			
35	44	Benzodiazepine Confirmation, Ur			
36	184	Benzodiazepines Conf (GC/MS)			
37	20	Benzodiazepines GC/MS Retest			
38	84	Beta Strep Culture, Gp A Only			
39	632	Blood Culture, Routine			
40	84	B-Type Natriuretic Peptide			
41	52	C difficile Toxins A+B, EIA			
42	40	Calcium, Ionized, Serum			
43	4	Calcium, Random Urine			
44	20	Cancer Antigen (CA) 125			

Item No.	Annual Estimated Usage	Procedure	Turn Around Time	Price	Extended Price
45	120	Cannabinoid Conf (GC/MS)			
46	12	Cannabinoid Confirmation, Ur			
47	12	Cannabinoid GC/MS Retest			
48	4	Catecholamine/VMA, 24-hr Urine			
49	12	CMC With Differential/Platelet			
50	8	CEA			
51	4	Cell Count, Body Fluid			
52	64	Chain-Of-Custody Protocol			
53	4	Chlamydia, Nucleic Acid Amp			
54	4	Chlamydia, Swab/Urine, PCR			
55	60	Chlamydia/GC Amplification			
56	4	Chlamydia/GC, DNA Probe w/Rflx			
57	248	Chlamydia/Gonococcus DNA Probe			
58	4	Chromosome, Blood, Routine			
59	4	Cocaine GC/MS Retest			
60	16	Cocaine Metabolite Confirm, Ur			
61	4	Complement C3, Serum			
62	4	Complement C4, Serum			
63	8	Cortisol			
64	24	Cortisol – AM			
65	24	Cortisol – PM			
66	8	Cortisol, Urinary Free by HPLC			
67	44	C-Peptide, Serum			
68	8	Creatine Kinase (CK), MB			
69	12	Creatinine Clearance			
70	8	Creatinine, Urine			
71	16	Cyclosporine, Blood			
72	52	Cystic Fibrosis Profile			
73	4	D/L Methamphetamine			
74	8	Dehydroepiandrosterone (DHEA)			
75	8	Dehydroepiandrosterone Sulfate			
76	4	Drug Coma/Overdose I, Blood			
77	4	Drug Profile 799015			
78	4	Drug Profile 799031			
79	80	Drug Profile 799056			
80	8	Drug Profile 799076			
81	4	Drug Profile, Blood (7 drugs)			
82	4	dRVVT Mix			
83	4	EBV Acute Infection Antibodies			
84	4	EBV Early Antigen Ab, IgG			
85	4	Escitalopram (Lexapro), Serum			
86	8	Estradiol			
87	4	Estrogens, Total			
88	4	Factor VIII Activity			

BID SHEET

Item No.	Annual Estimated Usage	Procedure	Turn Around Time	Price	Extended Price
89	4	Fetal Fibronectin			
90	12	Folates (Folic Acid), Serum			
91	64	FSH and LH			
92	64	FSH, Serum			
93	12	Fungus (Mycology) Culture			
94	4	GAD-65 Autoantibody			
95	28	Genital Culture, Routine			
96	4	Giardia lamblia Ag, EIA			
97	4	Giardia, EIA; Ova/Parasites			
98	8	Gram's Stain			
99	4	H. Pylori IgG, Abs			
100	8	HBsAg Screen			
101	4	HBV Core Ab, IgG/IgM Diff			
102	4	HBV DNA, Qualitative PCR			
103	4	HBV/HCV (Profile VIII)			
104	148	HCV Ab w/Rflx to RIBA			
105	12	HCV QuantaSure Plus (Non-Graph)			
106	4	HCV RNA by PCR, Qn Rfx Geno			
107	8	Hemoglobin (Hgb) Solubility			
108	4	Hemoglobinopathy Profile			
109	4	Hep A Ab, IgM			
110	4	Hep B Core Ab, Tot			
111	8	Hepatitis B Virus (Profile VI)			
112	4	Hepatitis C Genotype			
113	4	Hepatitis C Virus Ab, Riba 3.0			
114	4	Hepatitis C Virus Genotyping			
115	120	Hepatitis, Diagnostic (Prof I)			
116	28	HIV-1 Abs, Prelim Test w/Confirm			
117	4	HLA B 27 Disease Association			
118	6	Homocyst(e)ine, Plasma			
119	40	HPV HC, High Risk			
120	8	HPV Hybrid Capture II			
121	24	HPV, High Risk			
122	12	HSV Culture and Typing			
123	8	IFE and PE, Serum			
124	8	Immunofixation, Serum			
125	8	Insulin and C-Peptide, Serum			
126	4	Insulin, Fasting			
127	4	Kleihauer-Betke			
128	8	Lactic Acid, Plasma			
129	100	Lead, Blood (Pediatric			
130	4	Lead, Blood (Venipuncture			
131	4	Levetiracetam, S			
132	52	Liquid Pap w/HPV Rfx on ASC-U			

BID SHEET

Item No.	Annual Estimated Usage	Procedure	Turn Around Time	Price	Extended Price
133	20	Lower Respiratory Culture			
134	424	LQD Pap w/HPV Rfx on ASCUS-SIL			
135	4	Lyme IgG/IgM Ab			
136	4	Metanephrines, Frac, Qn, 24-Hr			
137	4	Methadone			
138	52	Methadone Confirmation Urine			
139	4	Methadone Screen, Urine			
140	4	Methylmalonic Acid, Serum			
141	12	Microalb/Creat Ratio, Randm Ur			
142	24	Microalbumin, 24 Hr Urine			
143	52	Microalbumin, Random Urine			
144	8	Mitochondrial (M2) Antibody			
145	4	Myoglobin, Quantitative, Serum			
146	16	Na U+Cl U+K U			
147	8	Nifedipine (Procardia)			
148	16	Opiates GC/MS Retest			
149	292	Opiates Conf (GC/MS)			
150	56	Opiates GC/MS Conf			
151	28	Osmolality, Serum			
152	24	Osmolality, Urine			
153	40	Ova/Parasites Exam, Routine			
154	4	Oxycodone (GC/MS)			
155	152	Pap LB, rfx HPV all pth			
156	40	Pap Lb, w Mat Indx			
157	4	Phencyclidine Conf (GC/MS)			
158	4	Phencyclidine, Confirm, Urine			
159	40	Physician Read Pap			
160	16	Potassium, Urine			
161	4	Primidone (Mysoline), Serum			
162	24	Progesterone			
163	24	Prolactin			
164	8	Prot+CreatU			
165	8	Protein Electro, Random Urine			
166	12	Protein Electro., S			
167	8	Protein Total, Qn, 24-Hr Urine			
168	8	Protein, Total, Urine			
169	8	PSA, Free +%			
170	52	PTH, Intact			
171	4	PTT-LA Mix			
172	4	Renin, Plasma			
173	148	Rheumatoid Arthritis Factor			
174	4	RIVA (HCV Confirmation)			
175	8	Rotavirus Ag, EIA			
176	12	Rubella Antibodies, IgG			

BID SHEET

Item No.	Annual Estimated Usage	Procedure	Turn Around Time	Price	Extended Price
177	420	Sensitivity Organism #1			
178	168	Sensitivity Organism #2			
179	24	Sensitivity Organism #3			
180	4	Sex Horm Binding Glob, Serum			
181	4	Sirolimus (Rapamune), Blood			
182	4	Sjogren's Ab, Anti-SS-A/-SS-B			
183	12	Sodium, Urine			
184	12	Soluble Liver Ag (IgG Ab)			
185	24	Specific Gravity			
186	64	Split Receipt			
187	4	Sputum Cytology			
188	36	Stool Culture			
189	20	Strep Gp B Cult/DNA Probe			
190	28	Tacrolimus (FK506), Blood			
191	36	Testosterone, Serum			
192	20	Testosterone, Free and Total			
193	12	Thyroid Antithyroglobulin Ab			
194	4	Thyroid Panel with TSH			
195	16	Thyroid Peroxidase (TPO) Ab			
196	4	Thyroid Profile II			
197	228	Thyroxine (T4) Free, Direct, S			
198	8	Topiramate (Topamax), Serum			
199	80	Tricyclics By TLC			
200	12	Triiodothyronine, Free, Serum			
201	20	Troponin I			
202	4	TSH + Free T4			
203	92	Upper Respiratory Culture			
204	936	Urine Culture, Routine			
205	4	Vitamin B1 (Thiamine), Blood			
206	124	Vitamin B12			
207	296	Vitamin V12 and Folate			
208	16	Vitamin D, 1.25 Dihydroxy			
209	44	Vitamin D, 25-Hydroxy			
210	24	Von Willebrand Profile			
211	20	White Blood Cels (WBC), Stool			
Grand Total					

Please provide documentation that bidder meets the General Requirements a) b) and c).

Please attach your listing of lab test procedures and the pricing. Pricing for the above items and your listing of lab test procedures must have the same pricing.

Welch Community Hospital Exhibit A – Background for the Hospital

Background:

Welch Community Hospital is a 124 bed hospital, 59 of which are Long Term care beds. Acute care beds include: 8 Intensive care beds; 2 pediatric beds; 10 obstetrical beds and 45 medical/surgical beds. The hospital serves the counties of McDowell, Wyoming and Mingo with a total market population of about 83,000.

The following numbers represent the typical utilization encountered by the outpatient service area of Welch Community Hospital for the 2005 fiscal year:

- Emergency Room Patients – 9,956
- Observation Visits – 1,725
- Clinic Patients – 26,713
- Surgeries – 454
- Deliveries – 80
- Laboratory Tests – 723,764
- Radiology – 15,763
- CAT Scans – 2,909
- Ultrasound – 1,802
- Mammographies – 564
- Respiratory Tests – 29,293
- Electrocardiograms – 4,818
- Admissions – 1,276
 - Long Term Card ADC (56 Patients per day) – 94%
 - Overall ADC (71 Patients per day) – 66%
- Total Patient Days (20,296 Long Term Care and 5,445 Acute Care Days) – 25,741

Outpatient Services Provided Are:

- Primary Care and Family Practice in a Certified Rural Health Setting
- Pediatric Clinic
- Newborn Care
- Internal Medicine
- Surgery
- Emergency Room Services
- Radiology Services Including:
 - Diagnostic
 - CAT Scan
 - Ultrasound
 - Mammography
 - MRI
 - EKG, Cardiac Doppler Studies, Stress Testing and Respiratory Therapy Services
- Laboratory Services

AFFIDAVIT

West Virginia Code §5A-3-10a states:

No contract or renewal of any contract may be awarded by the state or any of its political subdivisions to any vendor or prospective vendor when the vendor or prospective vendor or a related party to the vendor or prospective vendor is a debtor and the debt owned is an amount greater than one thousand dollars in the aggregate.

DEFINITIONS:

"Debt" means any assessment, premium, penalty, fine, tax or other amount of money owed to the state or any of its political subdivisions because of a judgment, fine, permit violation, license assessment, defaulted workers' compensation premium, penalty or other assessment presently delinquent or due and required to be paid to the state or any of its political subdivisions, including any interest or additional penalties accrued thereon.

"Debtor" means any individual, corporation, partnership, association, limited liability company or any other form or business association owing a debt to the state or any of its political subdivisions.

"Political subdivision" means any county commission; municipality; county board of education; any instrumentality established by a county or municipality; any separate corporation or instrumentality established by one or more counties or municipalities, as permitted by law; or any public body charged by law with the performance of a government function or whose jurisdiction is coextensive with one or more counties or municipalities.

"Related party" means a party, whether an individual, corporation, partnership, association, limited liability company or any other form or business association or other entity whatsoever, related to any vendor by blood, marriage, ownership or contract through which the party has a relationship of ownership or other interest with the vendor so that the party will actually or by effect receive or control a portion of the benefit, profit or other consideration from performance of a vendor contract with the party receiving an amount that meets or exceeds five percent of the total contract amount.

EXCEPTION:

The prohibition of this section does not apply where a vendor has contested any tax administered pursuant to chapter eleven of this code, workers' compensation premium, permit fee or environmental fee or assessment and the matter has not become final or where the vendor has entered into a payment plan or agreement and the vendor is not in default of any of the provisions of such plan or agreement.

LICENSING:

The vendor must be licensed in accordance with any and all state requirements to do business with the state of West Virginia.

CONFIDENTIALITY:

The vendor agrees that he or she will not disclose to anyone, directly or indirectly, any such personally identifiable information or other confidential information gained from the agency, unless the individual who is the subject of the information consents to the disclosure in writing or the disclosure is made pursuant to the agency's policies, procedures and rules. Vendors should visit www.state.wv.us/admin/purchase/privacy for the Notice of Agency Confidentiality Policies.

Under penalty of law for false swearing (West Virginia Code, §61-5-3), it is hereby certified that the vendor acknowledges the information in this said affidavit and are in compliance with the requirements as stated.

Vendor's Name: Laboratory Corporation of America Holdings

Authorized Signature:  Date: November 10, 2006

Annual Estimated Usage	Turn Around Time	Price	Extended Price	LCA Test Code	LCA Test Name
8	1 Day	\$19.00	\$152.00	004713	17-alpha-Hydroxyprogesterone
800	1 to 2 Days	\$13.86	\$11,088.00	788199	7+CrI-Bund
64	1 to 2 Days	\$35.00	\$2,240.00	789238	9+Oxycodone - Bund
8	1 Day	\$25.00	\$200.00	004440	ACTH, Plasma
36	2 to 3 Days	\$8.00	\$288.00	008649	Aerobic Bacterial Culture
16	42-56 Days	\$30.00	\$480.00	182402	AFB Culture and Smear, Broth
64	3 Days	\$50.00	\$3,200.00	017319	AFP Tetra
4	3 Days	\$35.00	\$140.00	017335	AFP X-tra Profile
16	1 to 2 Days	\$15.00	\$240.00	480012	AFP, Tumor Marker (Serial)
8	1 Day	\$3.00	\$24.00	002030	Aldolase
4	1 Day	\$19.00	\$76.00	004374	Aldosterone, Serum
4	2 Days	\$35.00	\$140.00	600981	Allergens(5)
4	2 Days	\$42.00	\$168.00	601633	Allergens(6)
4	2 Days	\$42.00	\$168.00	601856	Allergens(6)
8	2 Days	\$189.00	\$1,512.00	676536	ALLERGENS, ZONE 3
4	1 Day	\$5.00	\$20.00	001982	Alpha-1-Antitrypsin, Serum
4	1 Day	\$16.00	\$64.00	007476	Amitriptyline (Elavil), Serum
4	1 to 2 Days	\$35.00	\$140.00	071282	Amphetamine Confirmation, Ur
88	1 Day	\$6.00	\$528.00	164855	ANA Qualitative
4	1 Day	\$6.00	\$24.00	164962	ANA w/Reflex
24	4 Days	\$23.00	\$552.00	008003	Anaerobic and Aerobic Culture
8	1 Day	\$20.00	\$160.00	161422	Anti-DNA (SS)IgG, Ab, Qn
20	1 Day	\$9.00	\$180.00	096339	Anti-dsDNA Antibodies
4	1 Day	\$20.00	\$80.00	006338	Antiextractable Nuclear Ag
4	Send-out Test	\$170.00	\$680.00	808966	Anti-Neuronal Nuclear Ab, Serum
4	1 to 2 Days	\$18.00	\$72.00	162388	Antineutrophil Cytoplasmic Ab
68	1 Day	\$6.00	\$408.00	164855	Antinuclear Antibodies Direct
4	2 Days	\$66.00	\$264.00	250555	ANTIPHOSPHOLIPID SYNDROME PROF
56	1 Day	\$5.00	\$280.00	006031	Antistreptolysin O Antibodies
4	3 Days	\$23.00	\$92.00	660068	Aspergillus Flavus Antibodies
4	3 Days	\$23.00	\$92.00	660050	Aspergillus Niger Antibodies
32	2 Days	\$8.00	\$256.00	188128	B Strep Culture Group B Only
16	1 to 2 Days	\$35.00	\$560.00	071290	Barbiturates Confirmation, Ur
20	1 to 2 Days	\$35.00	\$700.00	071290	Barbiturates Confirmation, Ur
44	1 to 2 Days	\$35.00	\$1,540.00	071308	Benzodiazepine Confirmation, Ur
184	1 to 2 Days	\$35.00	\$6,440.00	780137	Benzodiazepines Conf (GC/MS)

Annual Estimated Usage	Turn Around Time	Price	Extended Price	LCA Test Code	LCA Test Name
20	1 to 2 Days	\$45.00	\$900.00	798419	Benzodiazepines GC/MS Retest
84	1 to 2 Days	\$5.50	\$462.00	008169	Beta Strep Culture, Gp A Only
632	5 Days	\$8.00	\$5,056.00	008300	Blood Culture, Routine
84	1 Day	\$35.00	\$2,940.00	140889	B- Type Natriuretic Peptide
52	1 Day	\$10.00	\$520.00	086207	C difficile Toxins A+B, EIA
40	1 Day	\$8.00	\$320.00	004804	Calcium, Ionized, Serum
4	1 Day	\$3.00	\$12.00	013706	Calcium, Random Urine
20	1 Day	\$10.00	\$200.00	002303	Cancer Antigen (CA) 125
120	1 to 2 Days	\$35.00	\$4,200.00	071316	Cannabinoid Confirmation, Ur
12	1 to 2 Days	\$35.00	\$420.00	712562	Cannabinoid Confirmation, Ur
12	1 to 2 Days	\$45.00	\$540.00	733048	Cannabinoid GC/MS Retest
4	2 Days	\$28.00	\$112.00	286161	Catecholamine/VMA, 24-Hr Urine
12	1 Day	\$4.00	\$48.00	005009	CBC With Differential/Platelet
8	1 Day	\$10.00	\$80.00	002139	CEA
4	1 Day	\$6.00	\$24.00	215996	Cell Count, Body Fluid
64	CB	\$3.50	\$224.00	070466	Chain-of-Custody Protocol
4	2 Days	\$15.00	\$60.00	188078	Chlamydia, Nucleic Acid Amp
4	5 Days	\$27.00	\$108.00	182550	Chlamydia, Swab/Urine, PCR
60	2 Days	\$40.00	\$2,400.00	183194	Chlamydia/GC Amplification
4	#N/A	\$14.00	\$56.00	164160	Chlamydia/GC (with Reflex)
248	#N/A	\$14.00	\$3,472.00	096479	Chlamydia/Gonococcus DNA Probe
	(STAT 48 hour prelim)				
4		\$260.00	\$1,040.00	052019	Chromosome, Blood, Routine
4	1 to 2 Days	\$45.00	\$180.00	733055	Cocaine GC/MS Retest
16	1 to 2 Days	\$35.00	\$560.00	071324	Cocaine Metabolite Confirm, Ur
4	1 Day	\$6.00	\$24.00	006452	Complement C3, Serum
4	1 Day	\$4.00	\$16.00	001834	Complement C4, Serum
8	1 Day	\$8.00	\$64.00	004051	Cortisol
24	1 Day	\$8.00	\$192.00	104018	Cortisol - AM
24	1 Day	\$8.00	\$192.00	104026	Cortisol - PM
8	2 Days	\$11.00	\$88.00	004432	Cortisol, Urinary Free by HPLC
44	1 Day	\$12.00	\$528.00	010108	C-Peptide, Serum
8	1 Day	\$20.00	\$160.00	120816	Creatine Kinase (CK), MB
12	1 Day	\$7.00	\$84.00	003004	Creatinine Clearance
8	1 Day	\$4.00	\$32.00	013672	Creatinine, Urine
16	1 Day	\$20.00	\$320.00	706556	Cyclosporine, Blood

Annual Estimated Usage	Turn Around Time	Price	Extended Price	LCA Test Code	LCA Test Name
52	7 Days	\$110.00	\$5,720.00	480533	Cystic Fibrosis Profile
4	1 to 2 Days	\$35.00	\$140.00	714766	D/L METHAMPHETAMINE
8	1 Day	\$19.00	\$152.00	004101	Dehydroepiandrosterone (DHEA)
8	1 Day	\$13.00	\$104.00	004697	Dehydroepiandrosterone Sulfate
4	2 Days	\$30.00	\$120.00	041780	Drug Coma/Overdose I, Blood
4	1 to 2 Days	\$35.00	\$140.00	799015	DRUG PROFILE 799015
4	1 to 2 Days	\$35.00	\$140.00	071308	Benzodiazepine Confirmation, Ur
80	1 to 2 Days	\$35.00	\$2,800.00	799056	DRUG PROFILE 799056
8	1 to 2 Days	\$17.50	\$140.00	715318	Oxycodone
4	1 to 2 Days	\$11.00	\$44.00	725788	Drug Abuse, Routine, (7 Drugs)
4	1 Day	\$18.00	\$72.00	117127	DRVVT Mix
4	1 Day	\$50.00	\$200.00	216655	EBV Acute Infection Antibodies
4	1/2 POS	\$28.00	\$112.00	160739	EBV Early Antigen Ab Prof, Qn
4	1 to 2 Days	\$128.00	\$512.00	810708	Escitalpram (Lexapro), Serum
8	1 Day	\$19.00	\$152.00	004515	Estradiol
4	1 Day	\$18.00	\$72.00	004549	Estrogens, Total
4	1 Day	\$70.00	\$280.00	086264	Factor VIII Activity
4	ASAP	\$125.00	\$500.00	120857	Fetal Fibronectin
12	1 Day	\$7.00	\$84.00	002014	Folates (Folic Acid), Serum
64	1 Day	\$18.00	\$1,152.00	028480	FSH and LH
64	1 Day	\$9.00	\$576.00	004309	FSH, Serum
12	30 Days	\$13.00	\$156.00	008482	Fungus (Mycology) Culture
4	1 Day	\$40.00	\$160.00	143008	GAD-65 Autoantibody
28	2 Days	\$8.00	\$224.00	008334	Genital Culture, Routine
4	1 Day	\$13.00	\$52.00	182204	Giardia lamblia Ag, EIA
4	3 Days	\$23.00	\$92.00	188110	Giardia, EIA; Ova/Parasites
8	1 Day	\$7.50	\$60.00	006540	Gram's Stain
4	1 Day	\$14.00	\$56.00	162289	H. Pylori IgG, ABS
8	1 Day	\$6.00	\$48.00	006510	Hep B Surface Ag
4	1 Day	\$14.00	\$56.00	098418	HBV Core Ab, IgG/IgM Diff
4	1 Day	\$80.00	\$320.00	551432	HBV DNA, Qualitative PCR
4	1 Day	\$47.00	\$188.00	255505	HBV/HCV (Profile VIII)
148	1 Day	\$7.00	\$1,036.00	143991	HCV Ab w/Rfx to RIBA
12	5 Days	\$110.00	\$1,320.00	550027	HCV QuantaSure Plus(Non-Graph)
4	5 Days	\$110.00	\$440.00	551221	HCV RNA by PCR, Qn Rfx Geno
8	1 Day	\$4.00	\$32.00	005223	Hemoglobin (Hgb) Solubility
4	1 Day	\$13.00	\$52.00	121679	Hemoglobinopathy Profile

Annual Estimated Usage	Turn Around Time	Price	Extended Price	LCA Test Code	LCA Test Name
4	1 Day	\$9.00	\$36.00	006734	Hep A Ab, IgM
4	1 Day	\$6.00	\$24.00	006718	Hep B Core Ab, Tot
8	1 Day	\$40.00	\$320.00	058545	Hepatitis B Virus (Profile VI)
4	10 Days	\$200.00	\$800.00	550475	Hepatitis C Virus Genotyping
4	1 to 3 Days	\$100.00	\$400.00	141408	Hepatitis C Virus Ab, Riba 3.0
4	10 Days	\$200.00	\$800.00	550475	Hepatitis C Virus Genotyping
120	1 Day	\$23.00	\$2,760.00	058560	Hepatitis, Diagnostic (Prof I)
28	1 to 2 Days	\$6.00	\$168.00	083824	HIV-1 Abs, Prelim Test w/Confirm
4	3 to 5 Days	\$30.00	\$120.00	006924	HLA B 27 Disease Association
6	Send-out Test	\$35.00	\$210.00	706994	HOMOCYST(E)INE, PLASMA/SERUM
40	72 HRS	\$45.00	\$1,800.00	507301	HPV Hybrid Capture High Risk
8	72 HRS	\$45.00	\$360.00	507301	HPV Hybrid Capture High Risk
24	72 HRS	\$45.00	\$1,080.00	507301	HPV Hybrid Capture High Risk
12	1 Day	\$20.00	\$240.00	008250	HSV Culture and Typing
8	2 Days	\$39.00	\$312.00	001495	IFE and PE, Serum
8	1 Day	\$38.00	\$304.00	001685	Immunofixation, Serum
8	1 Day	\$18.00	\$144.00	213660	Insulin and C-Peptide, Serum
4	1 Day	\$6.00	\$24.00	004333	Insulin, Fasting
4	Send-out Test	\$88.00	\$352.00	816108	Kleihauer-Betke
8	1 Day	\$9.00	\$72.00	004770	Lactic Acid, Plasma
100	1 Day	\$8.00	\$800.00	717009	Lead, Blood (Pediatric)
4	1 Day	\$8.00	\$32.00	007625	Lead, Blood (Adult)
4	1 Day	\$33.00	\$132.00	716936	Levetiracetam, S
52	6 Days	\$25.00	\$1,300.00	192047	Liquid Pap w/HPV Rfx on ASC-U
20	2 Days	\$10.00	\$200.00	180810	Lower Respiratory Culture
424	6 Days	\$25.00	\$10,600.00	192047	LQD Pap w/HPV Rfx on ASCUS-SIL
4	1 to 2 Days	\$18.00	\$72.00	015271	Lyme IgG/IgM Ab
4	2 Days	\$23.00	\$92.00	004234	Metanephrines, Frac, Qn, 24-Hr
4	2 Days	\$44.00	\$176.00	007781	Methadone (Dolophine), Serum
52	1 to 2 Days	\$35.00	\$1,820.00	700070	METHADONE CONFIRMATION, URINE
4	1 to 2 Days	\$8.00	\$32.00	074468	Methadone Screen, Urine
4	5 Days	\$40.00	\$160.00	706961	METHYLMALONIC ACID, SERUM
12	1 Day	\$9.00	\$108.00	140285	Microalb/Creat Ratio, Randm Ur
24	1 Day	\$5.00	\$120.00	140050	Microalbumin, 24 hr Urine
52	1 Day	\$5.00	\$260.00	149997	Microalbumin, Random Urine
8	1 to 2 Days	\$8.00	\$64.00	006650	Antimitochondrial Ab (AMA), Qn
4	1 Day	\$9.00	\$36.00	010405	Myoglobin, Quantitative, Serum

Annual Estimated Usage	Turn Around Time	Price	Extended Price	LCA Test Code	LCA Test Name
16	1 Day	\$15.00	\$240.00	222000	Na U+Cl U+K U
8	Send-out Test	\$149.00	\$1,192.00	207607	Nifedipine (Procardia)
16	1 to 2 Days	\$45.00	\$720.00	733071	Opiates GC/MS Retest
292	1 to 2 Days	\$35.00	\$10,220.00	713644	OPIATES GC/MS CONF
56	1 to 2 Days	\$35.00	\$1,960.00	713644	OPIATES GC/MS CONF
28	1 Day	\$5.00	\$140.00	002071	Osmolality, Serum
24	1 Day	\$5.00	\$120.00	003442	Osmolality, Urine
40	2 Days	\$10.00	\$400.00	008623	Ova + Parasite Exam
4	1 to 2 Days	\$35.00	\$140.00	712349	OXYCODONE (GC/MS)
152	5 to 6 Days	\$25.00	\$3,800.00	192630	Pap Lb, rfx HPV all pth
40	5 to 6 Days	\$27.00	\$1,080.00	192096	Pap, Liquid-based with MI
4	1 to 2 Days	\$35.00	\$140.00	712588	Phencyclidine Confirmation, Ur
4	1 to 2 Days	\$35.00	\$140.00	071464	Phencyclidine, Confirm, Urine
40	5 to 6 Days	\$18.00	\$720.00	881411	Physician Read Pap
16	1 Day	\$3.00	\$48.00	003186	Potassium, Urine
4	1 Day	\$20.00	\$80.00	007856	Primidone (Mysoline), Serum
24	1 Day	\$9.00	\$216.00	004317	Progesterone
24	1 Day	\$9.00	\$216.00	004465	Prolactin
8	1 Day	\$8.00	\$64.00	003129	Prot+CreatU
8	2 Days	\$6.00	\$48.00	354928	Protein Electro, Random Urine
12	1 Day	\$7.00	\$84.00	001487	Protein Electro., S
8	1 Day	\$4.00	\$32.00	003277	Protein Total, Qn, 24-hr Urine
8	1 Day	\$4.00	\$32.00	013664	Protein, Total, Urine
8	1 Day	\$14.00	\$112.00	480947	PSA, Free +%
52	1 Day	\$10.00	\$520.00	015610	PTH, Intact
4	1 Day	\$18.00	\$72.00	117002	PTT -LA Mix
4	1 Day	\$13.00	\$52.00	002006	Renin, Plasma
148	1 Day	\$4.50	\$666.00	006502	Rheumatoid Arthritis Factor
4	1 to 3 Days	\$100.00	\$400.00	141408	Hepatitis C Virus Ab, Riba 3.0
8	1 Day	\$10.00	\$80.00	006866	Rotavirus Ag, EIA
12	1 Day	\$7.00	\$84.00	006197	Rubella Antibodies, IgG
420	1 Day	\$5.00	\$2,100.00	S00001	Sensitivity Organism #1
168	1 Day	\$5.00	\$840.00	S00002	Sensitivity Organism #2
24	1 Day	\$5.00	\$120.00	S00003	Sensitivity Organism #3
4	1 Day	\$18.00	\$72.00	082016	Sex Horm Binding Glob, Serum
4	1 Day	\$33.00	\$132.00	716712	SIROLIMUS (RAPAMUNE), BLOOD
4	1 Day	\$20.00	\$80.00	012708	Sjogren's Ab, Anti-SS-A/SS-B

BID SHEET

Department of Health and Human Services
Welch Community Hospital

	Annual Estimated Usage		Turn Around Time	Price	Extended Price	LCA Test Code	LCA Test Name
183	12	Sodium, Urine	1 Day	\$3.00	\$36.00	003178	Sodium, Urine
184	12	Soluble Liver Ag (IgG Ab)	3 Days	\$70.00	\$840.00	007441	Soluble Liver Ag (IgG Ab)
185	24	Specific Gravity	CB	\$5.00	\$120.00	100057	Specific Gravity
186	64	Split Receipt					
187	4	Sputum Cytology	3 Days	\$50.00	\$200.00	009076	Sputum Cytology
188	36	Stool Culture	3 Days	\$30.00	\$1,080.00	008144	Stool Culture
189	20	Strep Gp B Cult/DNA Probe	2 Days	\$8.00	\$160.00	188128	Strep Gp B Cult/DNA Probe
190	28	Tacrolimus (FK506), Blood	1 Day	\$50.00	\$1,400.00	706242	TACROLIMUS (FK506), BLOOD
191	36	Testosterone, Serum	1 Day	\$9.00	\$324.00	004226	Testosterone, Serum
192	20	Testosterone, Free and Total	1 Day	\$37.00	\$740.00	140103	Testosterone, Free and Total
193	12	Thyroid Antithyroglobulin Ab	1 Day	\$8.00	\$96.00	006692	Thyroid Antithyroglobulin Ab
194	4	Thyroid Panel with TSH	1 Day	\$12.50	\$50.00	000620	Thyroid Panel With TSH
195	16	Thyroid Peroxidase (TPO) Ab	1 Day	\$6.50	\$104.00	006676	Thyroid Peroxidase (TPO) Ab
196	4	Thyroid Profile II	1 Day	\$22.50	\$90.00	027011	Thyroid Profile II
197	228	Thyroxine (T4) Free, Direct, S	1 Day	\$5.00	\$1,140.00	001974	Thyroxine (T4) Free, Direct, S
198	8	Topiramate (Topamax), Serum	1 Day	\$40.00	\$320.00	716285	TOPIRAMATE (TOPAMAX), SERUM
199	80	Tricyclics By TLC	1 to 2 Days	\$40.00	\$3,200.00	711226	Tricyclics By TLC
200	12	Triiodothyronine, Free, Serum	1 Day	\$16.00	\$192.00	010389	Triiodothyronine, Free, Serum
201	20	Troponin I	1 Day	\$20.00	\$400.00	120832	Troponin I
202	4	TSH + Free T4	1 Day	\$10.00	\$40.00	224576	TSH+FREE T4
203	92	Upper Respiratory Culture	1 to 2 Days	\$8.00	\$736.00	008342	Upper Respiratory Culture
204	936	Urine Culture, Routine	1 to 2 Days	\$7.00	\$6,552.00	008847	Urine Culture, Routine
205	4	Vitamin B 1 (Thiamine), Blood	3 Days	\$14.00	\$56.00	121186	Vitamin B1 (Thiamine), Blood
206	124	Vitamin B12	1 Day	\$7.50	\$930.00	001503	Vitamin B12
207	296	Vitamin V12 and Folate	1 Day	\$14.50	\$4,292.00	000810	Vitamin B12 and Folate
208	16	Vitamin D, 1.25 Dihydroxy	2 Days	\$25.00	\$400.00	081091	Vitamin D, 1,25 Dihydroxy
209	44	Vitamin D, 25-Hydroxy	1 Day	\$18.00	\$792.00	081950	Vitamin D, 25-Hydroxy
210	24	Von Willebrand Profile	1 Day	\$195.00	\$4,680.00	084715	von Willebrand Profile
211	20	White Blood Cels (WBC), Stool	1 Day	\$7.00	\$140.00	008656	White Blood Cells (WBC), Stool
Grand Total						\$158,988.00	
Monthly Average						\$13,249.00	

LabCorp Response
RFQ WEH70223
Welch Community Hospital

LabCorp is a pioneer in commercializing new diagnostic technologies and the first in its industry to embrace genomic testing. With annual revenues of \$3.3 billion in 2005, approximately 23,500 employees nationwide, and more than 220,000 clients, LabCorp offers over 4,400 clinical assays ranging from routine blood analyses to the most sophisticated molecular diagnostics. Since its creation in May of 1995, through a merger between Roche Biomedical Laboratories, Inc. (RBL) and National Health Laboratories Incorporated (NHL), LabCorp has grown into a network of 31 primary testing locations and more than 1,100 patient service centers.

LabCorp combines its expertise in innovative clinical testing technology with its Centers of Excellence: The Center for Molecular Biology and Pathology, in Research Triangle Park, NC; National Genetics Institute, Inc. in Los Angeles, CA; ViroMed Laboratories, Inc. based in Minneapolis, MN; The Center for Esoteric Testing in Burlington, NC; and DIANON Systems, Inc. based in Stratford, CT. LabCorp clients include physicians, government agencies, managed care organizations, hospitals, clinical labs, and pharmaceutical companies.

LabCorp performs more than 4,400 routine and esoteric procedures and reports more than two million results daily to physicians, hospitals, medical centers, managed care systems, industry, governmental agencies, researchers, and independent local laboratories. Our quality assessment programs help LabCorp deliver accurate test information consistently throughout the nation. LabCorp participates in internal and external quality review and assurance programs, as well as proficiency testing programs such as the one administered by the College of American Pathologists.

To assure it continues its diagnostic leadership role, LabCorp empowers its more than 200 doctoral-level scientists to evaluate and implement improvements in clinical laboratory technology on a continuing basis. Their expertise allows LabCorp to be among the first to offer your patients access to the latest advances in the laboratory industry.

Our command of clinical diagnostic technology is matched by the capabilities of our national specimen distribution system, which transports specimens to LabCorp's Center for Esoteric Testing (CET) or to the Center for Molecular Biology and Pathology (CMBP). This provides the convenience of working with only one laboratory for routine and esoteric testing as LabCorp maintains control regardless of which facility performs the assay.

The CMBP is one of the largest volume testing laboratories for HIV resistance testing, sequencing hundreds of samples daily. CMBP possesses expertise in diagnostic molecular biology and has an impressive list of international and domestic clients.

Being on the cutting edge of molecular and polymerase chain reaction (PCR) technologies enables LabCorp to often provide earlier and more reliable information regarding genetic diseases, cancer, and many other viral and bacterial diseases.

As the unquestioned pioneer in genomic testing, LabCorp possesses unique capabilities to identify, commercialize, and deploy evermore useful and sensitive tests – assays that carry the highest information value in the industry. Today, clinical assays drive medical decisions by patients and treatment professionals at every level of health care. We are committed to our laboratories remaining at the forefront of new molecular tests to diagnose, treat and manage disease, particularly in the areas of infectious disease, oncology and genetics. By developing technology partnerships with scientific leaders like EXACT Sciences Corporation, Myriad Genetics, Inc. and Correllogic Systems, Inc, LabCorp plans to remain at the cutting-edge of the latest scientific discoveries. For our customers who need the data to better understand and manage the health care needs of their patients, we are employing advanced connectivity solutions and information rich customized reports to make it easier to order tests, as well as, access and understand results.

References

Bluefield Regional Hospital
Main Account # 47102400
500 Cherry Street
Bluefield, WV 24701
(304) 327-1572
Contact: Frances Bolden- Lab Manager

Cabell Huntington Hospital
Main Account # 47209910
1340 Hal Greer BLVD
Huntington, WV 25701
(304) 526-2000
Contact: Tom Lightner-Lab Manger

Princeton Community Hospital
Main Account # 47107855
12th Street Extension
Princeton, WV 24740
(304) 487-7818
Contact: Vickie Lilly-Lab Manager

Accreditation and Licensure

All of LabCorp's laboratories are subject to the College of American Pathologists ("CAP") proficiency testing program, state surveys and LabCorp's own internally quality control programs. The CAP is an independent, non-governmental organization of board-certified pathologists that offer an accreditation program to which laboratories can voluntarily subscribe. The CAP accreditation program involves both on-site inspections and participation in the CAP's proficiency testing program for all categories in which the CAP provides accreditation. The CAP has been authorized by the Center for Medicare and Medicaid Services ("CMS"), (formerly known as the Health Care Finance Administration, or "HCFA") to inspect clinical laboratories to determine adherence to the Clinical Laboratory Improvement Act of 1967, and the Clinical Laboratory Amendments of 1988 (collectively, as amended, "CLIA") standards. A laboratory's receipt of accreditation by the CAP satisfies the Medicare requirement for participation in proficiency testing programs administered by an external source. The CAP and CLIA accredit all of LabCorp's major laboratories.

Although the Joint Committee on Accreditation of Healthcare Organizations ("JCAHO") requires similar proficiency testing as CAP, JCAHO no longer offers accreditation to independent reference laboratories. All LabCorp facilities performing under this contract maintain the necessary laboratory licensure/credentials as determined by their level of testing.

The primary testing site performing Welch Community Hospital reference testing will be LabCorp's Regional Laboratory in Dublin, Ohio. Copies of facility licensures and accreditations for this facility can be found in Tab 4.

Supplies

As permitted by applicable law, LabCorp provides its clients with routine specimen collection and transport materials for specimens that are analyzed within our laboratory network. Please see a sample supply requisition form in Tab 5.

Connectivity Options

Enhance productivity and streamline test ordering and result reporting through LabCorp's comprehensive and innovative menu of connectivity solutions. LabCorp offers a wide range of information solutions to meet the varied needs of healthcare providers. From Windows®-based and Web-based tools to electronic interfaces, LabCorp has the flexibility to mix and match connectivity solutions to provide efficient and effective communication between LabCorp and our clients. Depending upon the specific needs of the client, some of the connectivity solutions are available at no additional charge and are subject to the terms of a restricted use agreement. Once a

more detailed description of the Information Service desired is received by LabCorp a cost, if any, will be provided.

LabCorp Communications Manager (LCM)

LabCorp Communications Manager (LCM) is a Windows®-based application that

- Provides quick and efficient test ordering
- Greatly simplifies access to laboratory information
- Automates result retrieval, storage, viewing, and reporting
- Provides cumulative reporting of patient results

Browser-based LabCorp Communications Manager (e-LCM)

Identical to the non browser-based LabCorp Communications Manager from a look-and-feel perspective, e-LCM uses the Internet to link the physician directly to LabCorp laboratories. This link is available at any time and from anywhere that the physician has access to the Internet.

e-Results

LabCorp's e-Results is a Web-based tool that allows LabCorp clients to view their patient result information quickly, efficiently, and securely through the Internet. e-Results is currently available in a majority of LabCorp service areas; please check with your local LabCorp representative for information on availability.

- Quick and easy access to patient result information on-line
- Minimal equipment requirement
- Convenience
- Saves valuable office time
- User-friendly inquiry features
- Patient data archive
- On-line security features

Electronic Data Interchange (EDI)

Electronic Data Interchange (EDI) enables clients to connect their existing office management system to LabCorp laboratories through a secure electronic interface. LabCorp has bi-directional and result-only interfaces with many Laboratory Information Systems (LIS) and Practice Management Systems (PMS).

Fax Delivery of Reports

LabCorp delivers patient result reports to a secure fax machine in your office.

Teleprinter Delivery of Reports

LabCorp delivers more than 30,000 patient results each day to teleprinters. A teleprinter is an effective and convenient reporting method that enables the physician to schedule one or more delivery times a day for result reports. This allows the physician to choose the schedule that meets the needs of his/her practice or facility.

Specimen Pick-up

Pickup times would be provided at the times best suited to Welch Community Hospital needs for optimal turn-around times. Dependent on hours of operation and specimen pickup requirements, mutually agreeable times could be scheduled to meet these specific needs, including multiple daily pick-ups consistent with LabCorp policies. Weekend and STAT pick-up services are available in most areas and can be scheduled to meet various requirements.

Panic/Alert Result Notification

LabCorp categorizes significantly abnormal results into two categories: life-threatening ("panic") results and significantly abnormal, but not life-threatening ("alert") results. LabCorp's specific Panic and Alert test list, with value range limits, can be found in Tab 6.

LabCorp notifies clients of panic results as soon as possible via telephone, unless otherwise instructed by the client.

LabCorp clients customize how they want to be notified of alert results, called during normal business hours. Customers have the option of:

- getting all of the LabCorp Alert tests on the list called at the default values,
- indicating which specific tests and values the client is to be called,
- or, defaulting to getting no alert results called. With the advent of electronic and auto-fax reporting capabilities, many customers received their completed patient reports prior to the "normal business hours" alert call. Many clients wanted to reduce the time spent on unnecessary or redundant telephone calls.

All results that exceed the normal reference range are flagged as abnormal on the patient result report.

Specimen Rejection

LabCorp is responsible for communicating the result(s) of all tests ordered by LabCorp clients. This responsibility extends to those tests where LabCorp is not able to provide a result. There are three common scenarios where LabCorp must report a TNP (test not performed) to clients:

1. Pre-analytical problems - such as receiving the incorrect specimen for a given test, or no test requested for a specimen.
2. Specimen Rejection - Where the condition of the specimen is such that testing cannot be performed, such as: Insufficient quantity, Hemolysis or Wrong pH.

3. Lab Identified Specimen Quality Issues - Where an accident occurred such that testing is no longer possible, such as: Lost sample, Thawed sample, or Broken sample.

LabCorp communicates this information to the client by adding the appropriate explanation to the patient's report. In some instances, this is followed up with a phone call to the client to alert them to the problem.

Utilization Reports

An integral part of the planning process for any organization includes reviewing past experiences and projecting future activity. Data collection and analysis plays a major role in this effort. LabCorp recognizes that your facility requires information to assist in the ongoing process. To support your hospital in this endeavor, LabCorp has developed a series of Utilization Management Reports designed to provide your hospital with concise information about its laboratory usage.

The process is simple. Tell your LabCorp representative which report(s) you would like, and he or she can order them on-line from our Corporate Reporting Department. The timeframe depends on the request and variables such as system availability and volume of previous report requests, but often times the reports can be turned around within three business days. Thereafter, the reports will be sent to the address you provide on a routine monthly basis.

The following Utilization Reports can be ordered:

- **Standard Utilization Report (Order #RCMB015 - A)**
This report provides clients with account data for book keeping purposes. LabCorp Test Code Number and Test Name, Test Price, Current Month Quantity (how many of the test were ordered that month), Current Month Dollars (test quantity times test price), and Year-To-Date Quantity, and Year-To-Date Dollars.
- **Standard Utilization Report Without Pricing (Order #RCMB015 - B)**
The same report as above without the pricing information: LabCorp Test Code Number and Test Name, Current Month Quantity, and Year-To-Date Quantity.
- **Physician Level Utilization Report With Formularies (RCMB015 - D)**
This report was created to help our clients monitor their individual physicians' ordering patterns. It provides clients with account data sorted by account number, ordering physician, and then by ordered tests. Each test is categorized as either a "Formulary Test" or a "Non-Formulary Test." The "Formulary" is a group of tests put together and recommended for use by the client's Corporate Medical Director. Formulary and Non-Formulary Sub Totals will only be provided if an account supplies LabCorp with the list of tests they want to monitor. The report also exhibits account pricing.

- **Physician Level Utilization Report Without Formularies (RCMB015-E)**
This report is identical to the previous report without categorizing tests as "Formulary" or "Non-Formulary."
- **Year-To-Date Utilization Report (RCMB015-G)**
This report supplies the volume of tests ordered and the adjusted (e.g., includes any credits issued) dollars cumulatively from January to the last month that has been through an end of the month production cycle. The report is sorted by quantity in descending order and shows the account quantity and dollar totals at the bottom of the report.
- **Standard Utilization Report by Line of Business (RCMB015-H)**
This summary report shows tests ordered sorted by account number and then sorted again by the line of business within the account. The line of business codes are CM = Commercial, MC = Medicare, PI = Private Insurance, PT = Patient, MD = Medicaid. This report is sorted in alphabetical order by test name.

Managed Care Company/HMO Participation

Upon mutually agreeable terms, LabCorp would be willing to work with the managed care companies and HMO's currently contracted by Welch Community Hospital.

Directory of Services and Professional Fee Schedule

The 2006 Directory of Services and Interpretive Guide has been include (see Tab 8). This is also available on our website at www.labcorp.com.

LabCorp's 2006 Comprehensive Fee Schedule has been included in Tab 7. For the performance of tests not set forth in the Pricing Proposal, LabCorp will offer the fees set forth in the price list current at the time the test is performed less an across-the-board discount of 50%, except for the tests listed in LabCorp's "Non-Discountable List", which will be performed at book price. LabCorp shall have the right to remove any test from the set price list and place it on the Non-Discountable List, in the event of a material change which affects the difficulty or cost of providing any test. Any other change in the fees reflected herein shall be effective following a 30-day written notice.

LabCorp Representative

LabCorp is proud of its unrivalled commitment to customer support. Your personal LabCorp representative will be Bob VanHoose. His contact information follows:

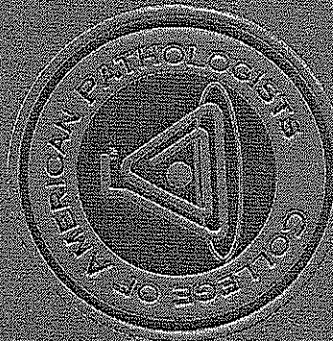
Bob VanHoose

Hospital Key Account Executive
315 5th Avenue
South Charleston, WV 25303
800-582-8940 extension 3835



Advancing Excellence

**Accredited
Laboratory**



The College of American Pathologists

certifies that the laboratory named below

Laboratory Corporation of America

Dublin, Ohio

Rose A. Goodwin, MD

LAP Number: 1635001
AU-ID: 1182090

has met all applicable standards for accreditation and is hereby fully accredited by the College of American Pathologists' Laboratory Accreditation Program. Reinspection should occur within 30 days prior to September 20, 2007 to maintain accreditation.

Accreditation does not automatically survive a change in director, ownership, or location and assumes that all interim requirements are met.

Paul Williams, MD

Chair, Commission on Laboratory Accreditation

Thomas Soderman MD FACP

President, College of American Pathologists

**CENTERS FOR MEDICARE & MEDICAID SERVICES
CLINICAL LABORATORY IMPROVEMENT AMENDMENTS
CERTIFICATE OF ACCREDITATION**

LABORATORY NAME AND ADDRESS

LABORATORY CORPORATION OF AMERICA HLDG
6370 WILCOX ROAD
DUBLIN, OH 43016

CLIA ID NUMBER

36D0327333

EFFECTIVE DATE

06/14/2005

EXPIRATION DATE

06/13/2007

LABORATORY DIRECTOR
ROSE A GOODWIN MD

Pursuant to Section 353 of the Public Health Services Act (42 U.S.C. 263a) as revised by the Clinical Laboratory Improvement Amendments (CLIA), the above named laboratory located at the address shown hereon (and other approved locations) may accept human specimens for the purposes of performing laboratory examinations or procedures. This certificate shall be valid until the expiration date above, but is subject to revocation, suspension, limitation, or other sanctions for violation of the Act or the regulations promulgated thereunder.



Judith A. You

Judith A. You, Director
Division of Laboratory Services
Survey and Certification Group
Center for Medicaid and State Operations

If you currently hold a Certificate of Compliance or Certificate of Accreditation, below is a list of the laboratory specialties/subspecialties you are certified to perform and their effective date:

<u>LAB CERTIFICATION (CODE)</u>	<u>EFFECTIVE DATE</u>	<u>LAB CERTIFICATION (CODE)</u>	<u>EFFECTIVE DATE</u>
BACTERIOLOGY (110)	10/13/1995	ANTIBODY TRANSFUSION (520)	06/10/2003
MYCOBACTERIOLOGY (115)	10/13/1995	ANTIBODY NON-TRANSFUSION (530)	06/10/2003
MYCOLOGY (120)	10/13/1995	ANTIBODY IDENTIFICATION (540)	06/10/2003
PARASITOLOGY (130)	10/13/1995	HISTOPATHOLOGY (610)	10/13/1995
VIROLOGY (140)	10/13/1995	CYTOLOGY (630)	10/13/1995
SYPHILIS SEROLOGY (210)	06/10/2003		
GENERAL IMMUNOLOGY (220)	10/13/1995		
ROUTINE CHEMISTRY (310)	10/13/1995		
URINALYSIS (320)	10/13/1995		
ENDOCRINOLOGY (330)	10/13/1995		
TOXICOLOGY (340)	10/13/1995		
HEMATOLOGY (400)	10/13/1995		
ABO & RH GROUP (510)	06/10/2003		

FOR MORE INFORMATION ABOUT CLIA, VISIT OUR WEBSITE AT WWW.CMS.HHS.GOV/CLIA OR CONTACT YOUR LOCAL STATE AGENCY. PLEASE SEE THE REVERSE FOR YOUR STATE AGENCY'S ADDRESS AND PHONE NUMBER. PLEASE CONTACT YOUR STATE AGENCY FOR ANY CHANGES TO YOUR CURRENT CERTIFICATE.



CLIENT SUPPLY REQUISITION (COLUMBUS BRANCH)

PHONE: 614-889-1061 ext. 3310

FAX: 614-889-0870

DATE REQUESTED:

Account Number:

Account Name:

REQUESTED BY:

Account Address:

Phone Number:

DESCRIPTION	QUANTITY ORDERED	UNIT	QUANTITY ISSUED	DESCRIPTION	QUANTITY ORDERED	UNIT	QUANTITY ISSUED
EVACUATED BLOOD COLLECTION TUBES				FORMS			
Serum Separator Tube 3.5 ml <input type="checkbox"/> 8.5 ml <input type="checkbox"/>		Each		Clinical Requisition		Each	
Lavender Top (EDTA) 3 ml <input type="checkbox"/> 4 ml <input type="checkbox"/>		Each		Cytology/Histology Requisition		Each	
Grey Top (Sodium Fluoride/Potassium Oxalate) 4 ml <input type="checkbox"/> 6 ml <input type="checkbox"/>		Each		Chain of Custody (non NIDA)		Each	
Grey Top, Glass (For Drug Screens & Volatiles) 5 ml <input type="checkbox"/>		Each		LCM Requisition 8 Label 3x) 6 Label 2x)		Pack	
Blue Top (Sodium Citrate) 2.7 ml <input type="checkbox"/> (For PT/PTT) 4.5 ml <input type="checkbox"/>		Each		LCM Laser Report Paper		Pack	
Yellow Top (ACD) 6 ml <input type="checkbox"/> 8.5 ml <input type="checkbox"/>		Each		Supply Requisition Form		Each	
Red Top (Plain) 3 ml <input type="checkbox"/> 5 ml <input type="checkbox"/> 10 ml <input type="checkbox"/>		Each		Universal Report Paper 1 ply <input type="checkbox"/> 2 ply <input type="checkbox"/> 3 ply <input type="checkbox"/>		Box	
Dark Blue Sodium Heparin <input type="checkbox"/>		Each		Printer Ribbon/Toner Cartridge		Each	
Green Top (Sodium Heparin) 5 ml <input type="checkbox"/> 10 ml <input type="checkbox"/>		Each		Cartridge #			
Green Top (Lithium Heparin) 7 ml <input type="checkbox"/>		Each		Specimen Log Book		Each	
Microtainer Specify Type Lav. <input type="checkbox"/> Plain <input type="checkbox"/> Amber <input type="checkbox"/> SST <input type="checkbox"/>		Each		ABN Forms		Each	
PPT 5 ml <input type="checkbox"/>		Each					
BLOOD COLLECTION NEEDLES				CYTOLOGY/HISTOLOGY SUPPLIES			
Needles (Multisample) 21G 1.25" <input type="checkbox"/>		Each		Pap Pack w/Brush <input type="checkbox"/>		Box	
				Spray Fixative		Bottle	
				Histology Micheles Media		Each	
Needle Holder Regular <input type="checkbox"/> Pediatric <input type="checkbox"/>		Each		Blopsy Bottle w/Formalin 40 ml <input type="checkbox"/> 120 ml <input type="checkbox"/>		Each	
				ThinPrep Collectors		Pack	
				ThinPrep Vials		Pack	
URINE COLLECTION				TRANSPORT MEDIA			
Urinalysis Tube - Speckled Top		Each		Cyto- Spatulas <input type="checkbox"/> Brushes <input type="checkbox"/> Brooms <input type="checkbox"/>		Each	
C&S Urine Tube - Grey Top		Each		AutoCyte		Each	
Urine Transfer Straw		Each		Tripath Collection w/Rovers Blue Brooms		Each	
Cup, Paper "Urine Collection"		Each					
24 Hr. Urine Jug Boric <input type="checkbox"/> Plain <input type="checkbox"/> HCL <input type="checkbox"/> Other <input type="checkbox"/>		Each		DNA Gen-Probe Male <input type="checkbox"/> Female <input type="checkbox"/>		Each	
				Vira Pap HPV Digene		Each	
TRANSPORT MATERIAL				LABELS			
Transfer Tubes and Caps		Each		OVA and Parasite Kit		Each	
LabCorp Specimen Bags 14 x 22 In.		Each		Stool C&S Vials		Each	
LabCorp Transport Bags/with Pouch 6 x 9 in.		Each		Para-Pak Clean Vials		Each	
Frozen Specimen Bags		Each		Viral Multitransport		Each	
Frozen Transport Tubes & Caps		Each		Blood Culture Bottles Adult <input type="checkbox"/> Ped <input type="checkbox"/>		Each	
Sterile Container		Each		Swab, Transport - Pink/Red - Bacterial		Each	
				ProbeTec Swab		Each	
DRUG SCREEN SUPPLIES				MISCELLANEOUS SUPPLIES			
Drug Screen Cups, Lids (Single)		Each		Frozen Labels Small Red <input type="checkbox"/> Large Blue <input type="checkbox"/>		Roll	
NIDA/D.O.T. (Drug Screen Kits) (Double)		Each		Specimen I.D. Labels		Roll	
				AOE		Roll	
TRANSPORT KITS				OTHER			
Frozen Trans-Pak Bottles		Each		Glucola (Orange Flavor) 50g <input type="checkbox"/> 100g <input type="checkbox"/>		Each	
Fluid Transport Kit Amniotic		Each		Glucola (Lemon-Lime Flavor) 50g <input type="checkbox"/> 100g <input type="checkbox"/>		Each	
General Transport Kit		Each		Tourniquet		Each	
Taysache Disease Kit		Each					
Bone Marrow Transport Kit		Each					
Histology Special Studies		Each					
Cytology Special Studies		Each		Lockbox		Each	

Time and Date Completed: _____ Route #: _____ Initials: _____
 Date and Time of Delivery: _____ Verified Order: _____

ALERT result call designation form

Please complete this form,
fold, insert into the
business reply envelope,
and mail to LabCorp
by February 25, 2005.

Thank you!



ALERT result call designation form 1 of 5

After you have reviewed this information, please sign and return the completed ALERT result call designation form verifying your selected ALERT results tests and values to LabCorp in the return envelope.

Note: Effective April 1, 2005, LabCorp will only call ALERT tests and values if indicated below by the client. Notification of ALERT results will occur on weekdays, Monday through Friday, during normal business hours.

Please check the appropriate box:

- Call all of the following default ALERT results
- Call only the selected ALERT results with the indicated values.
(Also enter new values for each test chosen if you desire notification at levels different than the default values)

Routine Tests

Call as Alert (✓)	Test	Units	Reference Interval	Default call Low ≤	Default call High ≥	Call at Default Level (✓)	Change LOW to:	Change HIGH to:
	ALT (SGPT)	IU/L	0-40		500			
	AST (SGOT)	IU/L	0-40		500			
	Alkaline Phosphatase	IU/L	(M) 25-160 (F) 25-165		1000			
	Ammonia	µg/dL	19-102		120			
	Amylase	U/L	0-99	5	400			
	Beta-2 Microglobulin + Creatinine Ratio, Urine Chloride, Serum	µg/g Crt	0-30		1500			
	CO ₂ Total Content	mEq/L	96-109	75	115			
	Coproporphyrin, Urine, 24-hour	µg/24 hours	20-32	10	40			
	Creatinine, Serum	mg/dL	(M) 10-109 (F) 3-56		1000			
	Creatine Kinase, MB	mg/dL	0.5-1.5		15.0			
	Creatine Phosphokinase	ng/mL	0-3.3		3.4			
	Factor II	U/L	24-204		500			
	Factor V	% Activity	75-130	5	500			
	Factor VII	% Activity	60-140	5	500			
	Factor VIII	% Activity	50-150	5	500			
	Factor IX	% Activity	50-150	5	500			
	Factor X	% Activity	55-150	5	500			
	Factor XI	% Activity	65-140	5	500			
	Factor XII	% Activity	60-135	5	500			
	Fibrinogen	% Activity	50-150	5	500			
	Glucose, Gestational: 1st Trimester FBS	mg/dL	109-490	100	800			
	Glucose, Gestational: 1st Trimester 1-hour	mg/dL	30-70	30	400			
	Glucose, Gestational: 1st Trimester 2-hour	mg/dL	65-95	40	96			
	Glucose, Gestational: 1st Trimester 3-hour	mg/dL	65-180	40	181			
	Gamma Glutamyl Transpeptidase	mg/dL	65-155	40	156			
	Hemoglobin	mg/dL	65-140	40	141			
	Iron-binding Capacity	IU/L	(M) 0-65 (F) 0-60		650			
	Iron, Serum	g/dL	(M) 12.5-17.0 (F) 11.5-15.0		25.0			
	Iron, Saturation	µg/dL	250-450	125	550			
	Ionized Calcium	µg/dL	(M) 40-155 (F) 35-155	10	260			
	Lactic Acid, Blood	%	15-55	10	75			
	Lead, Adult	mg/dL	4.5-5.6	3.0	6.5			
	Lead, Pediatric	mg/dL	3-12		30			
	LDH	µg/dL	19-29		29			
		µg/dL	0-9		19			
		IU/L	100-250	35	1000			

ALERT result call designation form 2 of 5

Routine Tests (continued)

Call as Alert (✓)	Test	Units	Reference Interval	Default call Low ≤	Default call High ≥	Call at Default Level (✓)	Change LOW to:	Change HIGH to:
	Magnesium	mg/dL	1.6 - 2.6	1.0	3.5			
	Osmolality, Serum	mOsm/kg	275 - 301	230	375			
	Phosphorus	mg/dL	2.5 - 4.5	1.0	9.0			
	Platelet Count	x10 ³ /μL	190 - 415	100	1000			
	Partial Thromboplastin Time (PTT)	seconds	22 - 40		60			
	Neutrophil (Absolute)	x10 ³ /μL	1.8 - 7.8	1.0	14.0			
	RBC	x10 ⁶ /μL	(M) 4.10 - 5.60 (F) 3.80 - 5.10	2.75	7.00			
	Total Bilirubin (Neonatal)		Premature:					
		mg/dl	24 hour: 1 - 6		15			
		mg/dl	48 hour: 6 - 8		15			
		mg/dl	3-5 days: 10 - 12		15			
			Full-term:					
		mg/dl	24 hour: 2 - 6		15			
		mg/dl	48 hour: 6 - 7		15			
		mg/dl	3-5 days: 4 - 6		15			
	Total Bilirubin (Adult)	mg/dL	0.1 - 1.2	0.1	12.0			
	Urea Nitrogen, Serum (BUN)	mg/dL	5 - 26	2	75			
	Uric Acid	mg/dL	2.4 - 8.2		15.0			
	WBC	x10 ³ /μL	4.0 - 10.5	2.5	20			

Toxicology

Call as Alert (✓)	Test	Units	Reference Interval	Default call Low ≤	Default call High ≥	Call at Default Level (✓)	Change LOW to:	Change HIGH to:
	Acetaminophen, Serum	μg/mL	10 - 25		200			
	Aluminum, Serum	μg/L	0 - 9		60			
	Amikacin	μg/mL	Trough 1 - 8 Peak 20 - 30	Trough: 8.0	Peak: 30.0			
	Amiodarone	μg/mL	1.0 - 2.5		10.0			
	Noramiodarone (Desethyl®)	μg/mL	1.0 - 2.5		10.0			
	Amitriptyline + Nortriptyline	ng/mL	120 - 250		500			
	Amobarbital (Amytal®)	μg/mL	5 - 15		15			
	Antimony, Urine	μg/L	0 - 9		1000			
	Arsenic, Blood	μg/L	2 - 23		100			
	Arsenic (Total), Urine	μg/L	0 - 50		1000			
	Arsenic (Inorganic), Urine	μg/L	0 - 19		250			
	Butabarbital, Serum	μg/mL	8 - 17		20			
	Butalbital	μg/mL	1 - 10		15			
	Cadmium, Blood	μg/L	0 - 1.2		15.0			
	Caffeine	μg/mL	3 - 15		50			
	Carbamazepine	μg/mL	4 - 12		12			
	Chlordiazepoxide	μg/mL	30 - 300		5			
	Demoxepam	μg/mL	0.1 - 0.9		5.0			
	Norchlordiazepoxide	μg/mL	0.1 - 0.6		5.0			
	Nordiazepam	μg/mL	0.1 - 1.4		5.0			
	Chlorpromazine	ng/mL	30 - 300		750			
	Clomipramine	ng/mL	70 - 200		400			
	Norclomipramine (Desmethyl®)	ng/mL	150 - 300		600			
	Clonazepam	ng/mL	15 - 60		80			
	Clorazepate	μg/mL	0.5 - 2.0		5.0			
	Copper, Serum	μg/dL	70 - 155		500			
	Cyanide, Blood	μg/mL	0.0 - 0.2		1.0			
	Cyclosporine, Blood	ng/mL	100 - 400		400			
	Desipramine	ng/mL	150 - 250		400			
	Diazepam + Nordiazepam	ng/mL	0.1 - 0.9		5.0			
	Disopyramide (Norpace®)	μg/mL	2 - 5		5			
	Doxepin + Desmethyldoxepin	ng/mL	150 - 250		500			
	Ethosuximide	μg/mL	40 - 100		100			
	Ethylene Glycol, Serum	mg/dL	None detected		100			
	Flecainide, Serum	μg/mL	0.2 - 1.0		1.0			

ALERT result call designation form 3 of 5

Toxicology (continued)

Call as Alert (✓)	Test	Units	Reference Interval	Default call Low ≤	Default call High ≥	Call at Default Level (✓)	Change LOW to:	Change HIGH to:
	Fluoxetine (Prozac®)	ng/mL	91 - 302		1000			
	Norfluoxetine	ng/mL	72 - 258		1000			
	Fluphenazine (Prolixin®)	ng/mL	0.3 - 4.0		25.0			
	Free Carbamazepine, Serum	µg/mL	0.6 - 4.2		4.2			
	Free Phenytoin, Serum	µg/mL	1.0 - 2.0		2.0			
	Free Valproic Acid, Serum	µg/mL	4 - 12		12			
	Gabapentin	µg/mL	4 - 16		24			
	Gentamicin	µg/mL	Peak: 6 - 10 Trough: 0.5 - 1.5	Trough: 2.0	Peak: 10.0			
	Haloperidol	ng/mL	4 - 26		30			
	Imipramine + Desipramine	ng/mL	150 - 250		500			
	Lamotrigine	µg/mL	2.0 - 20.0		20.0			
	Lidocaine	µg/mL	1.5 - 5.0		5.0			
	Lithium	mmol/L	0.4 - 1.4		1.5			
	Magnesium, Urine	mg/24 hours	12 - 293		1833			
	Mandelic Acid	mg/L	0 - 5		800			
	Mandelic Acid/Creatinine Ratio	mg/g Creatinine	0 - 800		800			
	Meperidine	ng/mL	70 - 500		1000			
	Mephobarbital (as Phenobarbital)	µg/mL	8 - 15		40			
	Mercury, Blood	µg/L	0 - 14.9		50.0			
	Mercury/Creatinine Ratio	µg/g Creatinine	0 - 5		100			
	Mercury, Urine 24-hour	µg/24-hour	0 - 20		100			
	Mesoridazine (Serentil®)	µg/mL	0.2 - 1.4		1.4			
	Methadone	ng/mL	100 - 400		2000			
	Methotrexate	µmol/L	0.02 - 5.0		5.0 (After 24 Hrs)			
	Methylmalonic Acid, Serum	nmol/L	73 - 376		5000			
	Mexiletine (Mexitol®)	µg/mL	0.75 - 2.00		2.00			
	Nortriptyline	ng/mL	50 - 150		300			
	Olanzapine	ng/mL	10 - 80		100			
	Pentobarbital, Serum	µg/mL	1 - 5		8			
	Phenobarbital	µg/mL	15 - 40		40			
	Phenol (Total)	mg/L	0.0 - 19.9		49.9			
	Phenol/Creatinine Ratio	mg/g Creatinine	0 - 49.9		49.9			
	Phenytoin	µg/mL	10 - 20		20			
	Prazepam	µg/mL	0.1 - 0.3		5.0			
	Primidone, Serum	µg/mL	5 - 12		12			
	Procainamide	µg/mL	4.0 - 10.0		10.0			
	Procainamide and NAPA	µg/mL	10.0 - 30.0		30.0			
	Propoxyphene, Serum	ng/mL	100 - 400		500			
	Protoporphyrin, Adult and Pediatric	µg/dL	FEP: 0 - 34 ZPP: 0 - 38		FEP: 200 ZPP: 200			
	Quinidine	µg/mL	2.0 - 5.0		5.0			
	Risperidone + 9-OH-Risp	ng/mL	10 - 120		150			
	Salicylate, Serum	µg/mL	30 - 250		300			
	Secobarbital, Serum	µg/mL	1.0 - 5.0		5.0			
	Selenium, Blood	µg/mL	100 - 340	20	600			
	Sirolimus	ng/mL	3.0 - 20.0		40.0			
	Tacrolimus, Blood	ng/mL	2.0 - 20.0		20.0			
	Theophylline, Adult	µg/mL	10 - 20		20			
	Theophylline, Neonatal	µg/mL	5 - 10		10			
	Thioridazine	µg/mL	0.5 - 5.0		7.0			
	Thiothixene (Navane®)	ng/mL	10 - 100		100			
	Tobramycin	µg/mL	Peak: 6.0 - 10.0 Trough: 0.5 - 1.5	Trough: 2.0	Peak: 12.0			
	Trazodone (Desyrel®)	µg/mL	0.8 - 1.6		5.0			
	Valproic Acid (Depakote®)	µg/mL	50 - 120		120			
	Vancomycin	µg/mL	Peak: 18.0 - 40.0 Trough: 5.0 - 10.0	Trough: 20.0	Peak: 40.0			
	Warfarin (Coumadin®)	µg/mL	1.0 - 10.0		10.0			

ALERT result call designation form 4 of 5

Alpha or Qualitative ALERT results (results that are **not** numbers)

LabCorp will continue to call qualitative ALERT results as soon as they are result and verified, Monday through Friday, 8:00 AM to 5:00 PM; however, for cytology and histology, you can request calls for low-grade lesions and/or suspicious results.

Call as Alert (✓)	Test	Abnormal Result	Call at Default Level
Cytology and Histology Tests			
		Abnormal Results	Special Request(s)
X	Pap Smear	High-grade squamous intraepithelial lesions (HSIL) or malignant	
X	Nongynecological Specimens	All positive and highly suspicious specimens	
X	Tissue Analysis	New or Unexpected Malignancy (Except Basal or Squamous of Skin)	
Microbiology Test			
		Abnormal Results	
X	Acid-fast Bacilli Stains and Cultures	Positive smear and/or culture	Unavailable for Change
X	Stool Cultures	Positive For: Salmonella, Shigella, Campylobacter, Yersinia (special culture) Vibrio (special culture) and enterohemorrhagic <i>E. coli</i>	Unavailable for Change
X	Cryptococcal Antigen, Serum and CSF	Positive	Unavailable for Change
X	<i>Strep pneumoniae</i> Antigen	Positive	Unavailable for Change
X	<i>Haemophilus influenzae</i> , B Antigen	Positive	Unavailable for Change
X	<i>Neisseria meningitidis</i> Antigen	Positive	Unavailable for Change
Other Test			
		Abnormal Results	
X	Blood Smear	Presence of malarial parasites	Unavailable for Change
X	L/S Ratio (Amniotic Fluid)	All results	Unavailable for Change
X	Amniotic Scan for Bilirubin	All results	Unavailable for Change

ALERT result call designation form 5 of 5

Special physician or client-specific ALERT limits

I, _____, have been advised of the LabCorp policy concerning notification of **ALERT results**. Based on my medical judgment, I request that I be called for the following additional results that I deem to be **ALERT results**.

Other specific ALERT results to call:

Individual Test	Test Number	Low Limit	High Limit

I hereby assume all responsibility for the election of the specific tests, the ALERT results listed above and/or changes in calling instructions and hereby agree to indemnify LabCorp and its employees and representatives from any and all claims or lawsuits resulting from LabCorp's compliance with my request(s) relating to the listed ALERT results and contact procedures.

Physician's Signature: _____

Date: _____

Must be signed by the physician(s)

Account Number(s):

Contact/Phone Number(s):

I. Life-Threatening (Panic) Values^{1,2,3} :**A. Clinical Chemistry Limits^{4,12} :**

Test	Units	Reference Intervals	Low Limit	High Limit
Calcium, S	mg/dl	0-6 mo 8.9-11.0 >6 mo 8.5-10.6	7.0	13.0
Creatine Kinase, MB	ng/mL	0.0-3.3		7.1
Glucose	mg/dl	65-109	40	500
Potassium, S	mEq/L	3.5-5.5	2.5	6.5
Sodium	mEq/L	135-148	120	160
Troponin I	ng/mL	0.0-0.4		0.5

B. Hematology Limits⁵ :

Test	Units	Reference Intervals	Low Limit	High Limit
Fibrinogen	mg/dl	180 - 460	50	
Hematocrit	%	M: 36.0-50.0 F: 34.0-44.0	18	
Hemoglobin	g/dl	M:12.5-17.0 F: 11.5-15.0	7.0	
INR	Ratio			5.0
Platelets	$\times 10^3/\text{mcl}$	140-415	30	
WBC	$\times 10^3/\text{mcl}$	4.0-10.5	1.0	

C. Toxicology^{8,12} :

Test	Units	Reference Intervals	Low Limit	High Limit
Carbamazepine	mcg/ml	4.0-12.0		20.0
Digoxin	ng/ml	0.9-2.0		2.5
Ethosuximide	mcg/ml	40-100		200
Lithium	mmol/L	0.6-1.4		2.0
Primidone	mcg/ml	5.0-12.0		24.0
Phenobarbital	mcg/ml	15-40		60
Phenytoin	mcg/ml	10.0-20.0		40.0
Valproic Acid	mcg/ml	50-120		200

D. Microbiology⁶ :

Any positive from Gram Stain or KOH/Calcofluor of CSF.

Any positive culture results from a CSF culture.

Any positive Gram Stain of a blood culture.

Any positive culture result from a blood culture.

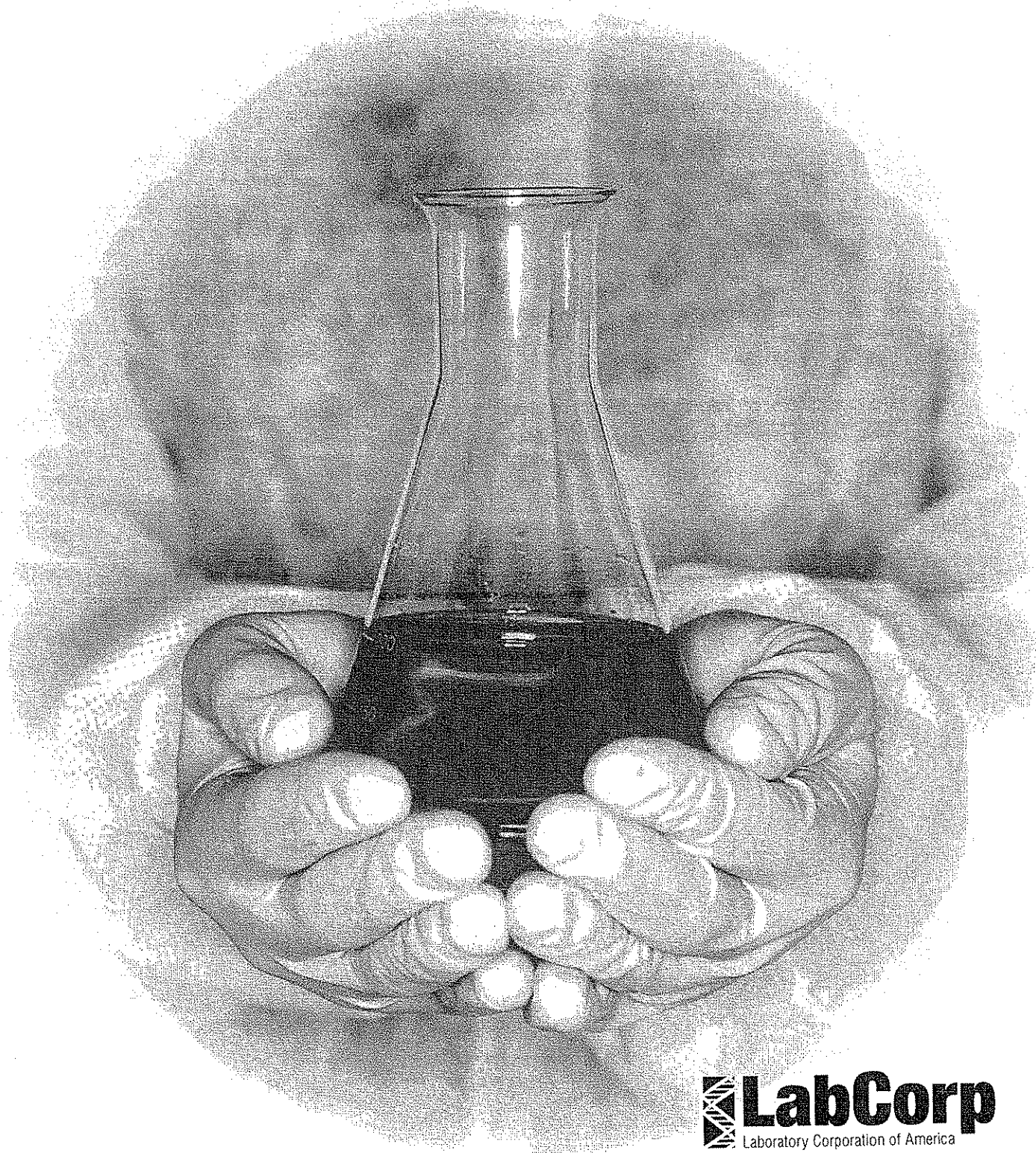
Any positive gram stain or KOH/calcofluor from a normally sterile body fluid specimen.

Any positive culture from a normally sterile body fluid specimen.

Any seasonal (Nov 1 - April 30) STAT RSV EIA results.

Comprehensive Professional

Fee Schedule 2006



 **LabCorp**
Laboratory Corporation of America



Professional Fee Schedule—2006

This fee schedule shall be effective as of 2006 and is intended to complement the LabCorp® *Directory of Services and Interpretive Guide*. LabCorp reserves the right to revise its fees at any time, without further notice.

CPT Codes. CPT codes are provided for the convenience of our clients; however, they are subject to change at any time. The codes presented here are intended as general guidelines and should not be used without confirming with the applicable payor that their use is appropriate in each case. The CPT codes included in this publication conform to the 2006 edition of *Current Procedural Terminology*, published by the American Medical Association. Please refer to *Current Procedural Terminology* to resolve coding questions.

Investigational Use. Some of the procedures included in this publication may be considered by Medicare and other insurance carriers as new technology tests and/or investigational procedures and, therefore, may not be payable by the carrier as a covered benefit for the patient. This information should not be used for billing purposes without conferring with the applicable payor in each case.

Additional information in connection with our testing services is available on request. To help us handle these questions efficiently, please direct them to your sales representative or customer service office.

Test No	Test Name	Non-discountable	Fee	CPT Code(s)
	#			
001131	11-Desoxycortisol	*	\$168.25	82634
004713	17-Alpha-Hydroxyprogesterone	*	\$99.00	83498
020966	17-Hydroxycorticosteroids and 17-Ketosteroids		\$160.75	83491; 83586
120998	17-Hydroxycorticosteroids and Creatinine Ratio, 24-Hour Urine		\$107.50	82570; 83491
004242	17-Hydroxycorticosteroids, Urine		\$79.50	83491
140715	17-Hydroxypregnenolone	*	\$127.00	84143
004002	17-Ketogenic Steroids and 17-Ketosteroids, 24-Hour Urine		\$170.00	83582; 83586
004010	17-Ketogenic Steroids, 24-Hour Urine		\$88.75	83582
004028	17-Ketosteroids, Total, 24-Hour Urine		\$81.25	83586
001701	5' Nucleotidase		\$78.00	83915
140442	5-Alpha-Androstane-3-alpha, 17-beta-Diol Glucuronide, Serum	*	\$205.25	82154
004069	5-Hydroxyindoleacetic Acid (HIAA), Quantitative, 24-Hour Urine		\$56.75	83497
316205	5-Hydroxyindoleacetic Acid (HIAA), Quantitative, Random Urine (Pediatric)		\$84.75	83497; 82570
716159	6-Acetylmorphine, Urine		\$112.00	80102
	A			
009050	Abdominal Fluid Cytology	*	\$117.00	88112
116004	Abnormal Bleeding Profile	*	\$102.25	85049; 85610; 85670; 85730
006056	ABO Grouping		\$24.50	86900
006049	ABO Grouping and Rho(D) Typing		\$47.25	86900; 86901
007740	Acetaminophen (Tylenol®), Serum	*	\$75.00	82003
085902	Acetylcholine Receptor-binding Antibodies, Serum	*	\$176.00	83519
085926	Acetylcholine Receptor-blocking Antibodies, Serum	*	\$192.50	83519
510354	Acetylcholinesterase, Amniotic Fluid With Reflex to Fetal Hemoglobin (Hb F)	*	\$123.75	82013
658559	Acid Anhydride Profile	*	\$31.50	86003(x2)
500120	Acid Labile Subunit (ALS)	*	\$78.00	83519
001388	Acid Phosphatase, Total		\$60.00	84060
083386	Acid Phosphatase, Total and Prostatic		\$110.00	84066; 84060
182402	Acid-fast (Mycobacteria) Broth-based Culture and Smear	*	\$133.00	87116; 87206; 87015
182675	Acid-fast (Mycobacteria) Broth-based Culture and Smear and Susceptibility	*	\$133.00	87116; 87015; 87206
006643	Actin (Smooth Muscle) Antibody		\$76.75	83516
502500	Activated Natural Killer/IL-2R	*	\$263.25	86359; 86357; 86586
117762	Activated Protein C Resistance (APCR)	*	\$99.25	85307
489055	Acute Leukemia Profile, Flow Cytometry	*	\$0.00	See Appendix A on Page 35
185041	Adenovirus (Type 40/41), Direct Detection by EIA	*	\$79.25	87301
187013	Adenovirus (Type 40/41)/Rotavirus, Direct Detection by EIA	*	\$172.00	87301; 87425
138164	Adenovirus Detection By PCR	*	\$314.75	87798
096065	Adenovirus Group Antibodies, Quantitative	*	\$90.75	86603
500092	Adrenal 21-Hydroxylase Autoantibodies	*	\$54.00	83519
004440	Adrenocorticotrophic Hormone (ACTH), Plasma		\$137.00	82024
225250	Adrenocorticotrophic Hormone (ACTH), Plasma (2 Specimens)		\$274.00	82024(x2)
038927	Adrenocorticotrophic Hormone (ACTH), Plasma (3 Specimens)		\$411.00	82024(x3)
225268	Adrenocorticotrophic Hormone (ACTH), Plasma (4 Specimens)		\$548.00	82024(x4)
038919	Adrenocorticotrophic Hormone (ACTH), Plasma (5 Specimens)		\$685.00	82024(x5)
225276	Adrenocorticotrophic Hormone (ACTH), Plasma (6 Specimens)		\$822.00	82024(x6)
038901	Adrenocorticotrophic Hormone (ACTH), Plasma (7 Specimens)		\$959.00	82024(x7)
788890	Adulteration (Dilution), Urine	*	\$5.00	N/A
008649	Aerobic Bacterial Culture, General		\$53.00	87070
182261	Aerobic Identification and Susceptibility		\$66.75	87077
001545	Alanine Aminotransferase (ALT)		\$19.75	84460
001081	Albumin, Serum		\$19.75	82040

Test No	Test Name	Non-discountable	Fee	CPT Code(s)
002030	Aldolase		\$46.75	82085
004291	Aldosterone, 24-Hour Urine		\$153.00	82088
004374	Aldosterone, Serum		\$111.75	82088
001612	Alkaline Phosphatase Isoenzymes		\$68.50	84080; 84075
001107	Alkaline Phosphatase, Serum		\$19.75	84075
480004	Alkaline Phosphatase, Serum (Serial Monitor)		\$29.75	84075
660423	Allergen Profile, Basic Food Profile	*	\$164.25	86003(x9); 86005
671871	Allergen Profile, Hymenoptera Profile 2	*	\$94.50	86003(x6)
649749	Allergen Profile, Mini-Panel(11)	*	\$173.25	86003(x11)
062448	Allergen Profile, Mold	*	\$204.75	86003(x13)
671935	Allergen Profile, Pediatric, Birth to Three Years	*	\$78.75	86003(x5)
671932	Allergen Profile, Pediatric, Six Years Plus	*	\$78.75	86003(x5)
671934	Allergen Profile, Pediatric, Three to Six Years	*	\$94.50	86003(x6)
062497	Allergen Profile, Perennial Allergen	*	\$283.50	86003(x18)
676528	Allergen Profile, Regional Allergen Zone 2	*	\$472.50	86003(x30)
676536	Allergen Profile, Regional Allergen Zone 3	*	\$425.25	86003(x27)
676544	Allergen Profile, Regional Allergen Zone 4	*	\$472.50	86003(x30)
676551	Allergen Profile, Regional Allergen Zone 5	*	\$472.50	86003(x30)
676569	Allergen Profile, Regional Allergen Zone 6	*	\$456.75	86003(x29)
676577	Allergen Profile, Regional Allergen Zone 7	*	\$472.50	86003(x30)
676585	Allergen Profile, Regional Allergen Zone 8	*	\$488.25	86003(x31)
676593	Allergen Profile, Regional Allergen Zone 9	*	\$456.75	86003(x29)
676601	Allergen Profile, Regional Allergen Zone 10	*	\$425.25	86003(x27)
676619	Allergen Profile, Regional Allergen Zone 11	*	\$425.25	86003(x27)
676627	Allergen Profile, Regional Allergen Zone 12	*	\$425.25	86003(x27)
676635	Allergen Profile, Regional Allergen Zone 13	*	\$409.50	86003(x26)
676643	Allergen Profile, Regional Allergen Zone 14	*	\$409.50	86003(x26)
676650	Allergen Profile, Regional Allergen Zone 15	*	\$409.50	86003(x26)
676668	Allergen Profile, Regional Allergen Zone 16	*	\$504.00	86003(x32)
676676	Allergen Profile, Regional Allergen Zone 17	*	\$362.25	86003(x23)
676684	Allergen Profile, Regional Allergen Zone 18	*	\$393.75	86003(x25)
650820	Allergen Profile, Regional Allergen Zone 19	*	\$456.75	86003(x30)
062489	Allergen Profile, Seasonal Allergen, Spring-Tree	*	\$189.00	86003(x12)
062471	Allergen Profile, Seasonal Allergen, Summer-Grass	*	\$157.50	86003(x10)
611095	Allergens, Multiple Inhalant Allergen (MIA) Test	*	\$22.50	86005
140269	Alpha Subunit, Free	*	\$142.50	83519
511881	Alpha-1-Antitrypsin Deficiency, DNA Analysis	*	\$200.00	83894; 83901(x2); 83912; 83891; 83900
095653	Alpha-1-Antitrypsin Phenotyping		\$104.25	82103; 82104
001982	Alpha-1-Antitrypsin, Serum		\$57.00	82103
117739	Alpha-2-Antiplasmin	*	\$157.25	85410
122135	Alpha-2-Macroglobulin, Quantitative	*	\$70.00	83883
017319	Alpha-Fetoprotein (AFP) Tetra Profile	*	\$269.50	82105; 82677; 84702; 86336
017335	Alpha-Fetoprotein (AFP) X-tra Profile	*	\$207.00	82105; 82677; 84702
510305	Alpha-Fetoprotein (AFP), AChE, Amniotic Fluid With Reflex to Fetal Hemoglobi	*	\$180.75	82013; 82106
002428	Alpha-Fetoprotein (AFP), Amniotic Fluid	*	\$76.00	82106
010801	Alpha-Fetoprotein (AFP), Maternal Serum (MS-AFP)	*	\$62.00	82105
002253	Alpha-Fetoprotein (AFP), Serum, Tumor Marker		\$62.00	82105
480012	Alpha-Fetoprotein (AFP), Serum, Tumor Marker (Serial Monitor)		\$72.00	82105
402388	Alpha-Galactosidase A Deficiency, Leukocytes	*	\$228.00	82657
082966	Alpha-Naphthyl Acetate Esterase Stain		\$36.75	88319
071548	Aluminum, Plasma or Serum		\$95.00	82108

Test No	Test Name	Non-discountable	Fee	CPT Code(s)
071555	Aluminum, Urine	*	\$70.00	82108; 82570
006874	Amebiasis Antibodies	*	\$90.75	86753
031138	Amenorrhea Profile		\$231.25	83001; 83002; 84146
007204	Amikacin (Amikin®), Serum, Peak		\$75.00	80150
717330	Amikacin (Amikin®), Serum, Peak and Trough		\$150.00	80150(x2)
007205	Amikacin (Amikin®), Serum, Trough		\$75.00	80150
096354	Aminolevulinic Acid, Delta, 24-Hour Urine		\$147.00	82135
007351	Aminolevulinic Acid, Delta, Random Urine		\$147.00	82135
706705	Amiodarone (Cordarone®), Serum		\$115.00	80299
007476	Amitriptyline (Elavil®), Serum		\$95.25	80152
007054	Ammonia, Plasma		\$78.00	82140
071282	Amphetamine Confirmation, Urine	*	\$92.00	82145
766551	Amphetamine Screen and Confirmation, Blood	*	\$50.00	80101
767551	Amphetamine Screen Only, Blood	*	\$50.00	80101
074401	Amphetamine Screen, Urine	*	\$38.00	80101
767608	Amphetamines, Blood	*	\$193.75	82145
102590	Amylase Isoenzymes		\$142.25	82150; 82664
088062	Amylase, Body Fluid		\$28.25	82150
001396	Amylase, Serum		\$28.25	82150
003293	Amylase, Urine		\$26.75	82150
008003	Anaerobic and Aerobic Culture		\$127.75	87070; 87075
183111	Anaerobic and Aerobic Culture and Gram Stain		\$168.25	87070; 87075; 87205
008904	Anaerobic Culture		\$98.50	87075
009160	Anal (Rectal) Cytology, Liquid-based preparation	*	\$117.00	88112
004705	Androstenedione, Serum	*	\$128.75	82157
030577	Anemia Profile A		\$82.25	83550; 85025; 85045; 83540
042077	Anemia Profile B		\$261.50	82607; 82728; 82746; 83550; 85025; 85045; 83540
706960	Anemia Profile, Megaloblastic, Serum	*	\$226.00	82136; 83918
716340	Anemia Profile, Megaloblastic, Urine	*	\$180.00	82136; 83918
511150	Angelman and Prader-Willi Syndromes, DNA Analysis	*	\$350.00	83891; 83894; 83912; 83900
010116	Angiotensin-converting Enzyme (ACE)		\$64.25	82164
082024	Antiadrenal Antibodies, Quantitative	*	\$80.75	86255
006213	Antibody Identification		\$70.25	86870
006015	Antibody Screen		\$24.75	86850
161950	Anticardiolipin Antibodies (ACA), IgA, IgG, IgM		\$214.50	86147(x3)
161836	Anticardiolipin Antibodies (ACA), IgA, Quantitative		\$71.50	86147
161802	Anticardiolipin Antibodies (ACA), IgG and IgM		\$143.00	86147(x2)
161810	Anticardiolipin Antibodies (ACA), IgG, Quantitative		\$71.50	86147
161828	Anticardiolipin Antibodies (ACA), IgM		\$71.50	86147
164814	Anticentromere B Antibodies	*	\$76.25	86235
163766	Antichromatin Antibodies, IgG		\$83.25	83516
046557	Antidiuretic Hormone (ADH) Profile	*	\$225.00	83930; 84588
096339	Anti-DNA (Double-stranded) Antibodies by EIA		\$55.50	86225
161422	Anti-DNA (Single-stranded) Antibodies, IgG, Quantitative		\$87.75	86226
096289	Anti-DNase B (Streptococcal) Antibodies	*	\$90.75	86215
006338	Antiextractable Nuclear Antigens	*	\$136.00	86235(x2)
180968	Antifungal Susceptibility Testing, Amphotericin B and Ketoconazole	*	\$250.00	87186
181362	Antifungal Susceptibility Testing, Amphotericin B and Voriconazole	*	\$250.00	87186
180976	Antifungal Susceptibility Testing, Amphotericin B, Ketoconazole, Voriconazol	*	\$500.00	87186
182220	Antifungal Susceptibility Testing, Fluconazole	*	\$125.00	87186
181768	Antifungal Susceptibility Testing, Fluconazole, Flucytosine, and Itraconazol	*	\$375.00	87186

Test No	Test Name	Non-discountable	Fee	CPT Code(s)
006262	Antigen Typing, Red Blood Cell (RBC)	*	\$57.00	86905
082719	Antiglomerular Basement Membrane Antibodies, Quantitative	*	\$130.50	83520
012518	Antihistone Antibodies, Quantitative		\$76.25	86235
161455	Anti-Jo-1	*	\$76.25	86235
071605	Antimony, Urine	*	\$108.25	83018
500183	Anti-Mullerian Hormone (AMH), Serum	*	\$77.00	83516
163840	Antimyeloperoxidase (MPO) Antibodies		\$112.50	83516
085910	Antimyocardial Antibodies, Quantitative		\$74.75	86256(x2)
162388	Antineutrophil Cytoplasmic Antibodies (ANCA)	*	\$161.50	86255(x2)
163873	Antineutrophil Cytoplasmic Antibody (ANCA) Profile	*	\$378.50	83516(x2); 86255(x2)
165092	Antinuclear Antibodies (ANA) Comprehensive Profile	*	\$624.25	86225; 86235(x8)
164962	Antinuclear Antibodies (ANA) With Reflex		\$56.25	86038
164863	Antinuclear Antibodies (ANA) With Reflex to Multiple Confirmatory Tests		\$56.25	86038
164855	Antinuclear Antibodies (ANA), Qualitative		\$56.25	86038
160721	Antipancreatic Islet Cells	*	\$110.25	86341
006486	Antiparietal Cell Antibody		\$76.75	83516
117994	Antiphosphatidylserine, IgG, IgM, IgA	*	\$270.00	86148(x3)
250555	Antiphospholipid Syndrome Profile	*	\$281.75	85732; 86147(x2); 85613
163857	Antiproteinase 3 (PR3) Antibodies		\$112.50	83516
018705	Antiscleroderma-70 Antibodies	*	\$76.25	86235
082545	Antiskin Autoantibodies, Quantitative	*	\$97.50	86255
006643	Antismooth Muscle Antibodies, Quantitative		\$76.75	83516
006031	Antistreptolysin O (ASO) Antibodies		\$32.75	86060
015040	Antithrombin Activity		\$109.50	85300
015057	Antithrombin Antigen		\$121.50	85301
015594	Antithrombin Deficiency Profile		\$231.00	85300; 85301
016873	Apolipoprotein A-I		\$46.50	82172
216010	Apolipoprotein Assessment		\$93.00	82172(x2)
167015	Apolipoprotein B		\$46.50	82172
162008	Arboviral Encephalitis Antibodies Profile, IgG		\$300.00	86651; 86652; 86653; 86654
162305	Arboviral Encephalitis Antibodies Profile, IgM		\$300.00	86651; 86652; 86653; 86654
723379	Aromatic Solvent Metabolites, Urine	*	\$140.00	82570; 84600; 83918
723049	Aromatic Solvents Exposure, Blood	*	\$110.00	84600
007039	Arsenic Exposure Profile, Urine	*	\$87.75	82175; 82570
007245	Arsenic, Blood	*	\$100.50	82175
402396	Arylsulfatase A Deficiency, Leukocytes	*	\$228.00	82657
333561	Ashkenazi Jewish Carrier Profile	*	\$869.25	83901(x20); 83912(x3); 83892; 83080; 83891(x2); 83909; 83900; 83914(x31)
001123	Aspartate Aminotransferase (AST)		\$19.75	84450
164285	Aspergillus Antibodies Quantitative, DID		\$153.00	86606(x3)
138772	Aspergillus DNA, PCR	*	\$254.00	87798
660068	Aspergillus flavus Antibodies	*	\$51.00	86606
660050	Aspergillus niger Antibodies	*	\$51.00	86606
500319	AspirinCheck™ (11-Dehydro Thromboxane B2/Creatinine Ratio)	*	\$90.00	83520
006981	Autoimmune Profile		\$165.75	86038; 86160; 86225
.....	Autopsy			
B				
138315	Babesia microti Antibody Profile	*	\$181.50	86753(x2)
138318	Babesia microti, Real-time DNA PCR	*	\$354.75	87798
006890	Bacterial Antigens (Serum, Urine, Cerebrospinal Fluid)		\$441.00	87899(x3); 87802
071290	Barbiturate Confirmation, Urine	*	\$92.00	80102

Test No	Test Name	Non-discountable	Fee	CPT Code(s)
074419	Barbiturate Screen, Urine	*	\$38.00	80101
767616	Barbiturates, Blood	*	\$233.00	82205
007088	Barbiturates, Serum		\$70.00	80101
138350	Bartonella DNA, PCR	*	\$272.25	87471
511253	Bat-26, Microsatellite Instability (MSI) for Hereditary Nonpolyposis Colorec	*	\$495.00	83892; 83898; 83904; 83912; 83891; 83909(x2); 83907; 83914(x2)
480716	B-Cell Gene Rearrangement, PCR	*	\$247.00	83891; 83912; 83909; 83900; 83901(x7)
480715	B-Cell Gene Rearrangements, Ig Heavy Chain	*	\$281.00	83891; 83892(x3); 83894(x2); 83896; 83912; 83897
480723	B-Cell Gene Rearrangements, Ig Light Chain	*	\$281.00	83891; 83892(x3); 83894(x2); 83897; 83896; 83912
480566	BCL2 Transcript Detection for Lymphoma	*	\$284.00	83912; 83894; 83901(x2); 83891; 83900
480481	BCR-ABL1 Transcript Detection for Chronic Myelogenous Leukemia, Quantitative	*	\$425.00	83891; 83896(x3); 83898(x3); 83902; 83912
480473	BCR-ABL1 Transcript Detection for CML/ALL, Qualitative	*	\$425.00	83891; 83902; 83898(x4); 83896(x4); 83912
723064	Benzene Exposure Profile	*	\$130.00	82570; 84600(x2)
007732	Benzene Metabolite Profile, Urine	*	\$80.00	82570; 84600
324095	Benzene Standard Profile	*	\$97.00	84600
723056	Benzene, Blood	*	\$88.00	84600
071308	Benzodiazepine Confirmation, Urine	*	\$92.00	80102
074427	Benzodiazepine Screen, Urine	*	\$38.00	80101
767624	Benzodiazepines, Blood	*	\$240.00	80101
018804	Beta Strep (Group B) Antigen		\$119.75	87802
163915	Beta-2 Glycoprotein I Antibodies, IgG, IgA, IgM		\$144.50	86146(x3)
010181	Beta-2 Microglobulin, Serum	*	\$83.75	82232
480020	Beta-2 Microglobulin, Serum (Serial Monitor)	*	\$93.75	82232
010173	Beta-2 Microglobulin, Urine	*	\$100.00	82232
402370	Beta-Galactosidase Deficiency, Leukocytes	*	\$228.00	82657
008169	Beta-Hemolytic Streptococcus Culture, Group A Only, Throat		\$28.25	87081
500446	Beta-Thromboglobulin (BTG)	*	\$200.00	83520
010330	Bile Acids		\$54.00	82239
003228	Bile, Qualitative, Urine		\$21.25	81005
002196	Bilirubin, Amniotic Fluid Scan		\$64.00	82143
001222	Bilirubin, Direct		\$19.75	82248
001099	Bilirubin, Total		\$19.75	82247
001214	Bilirubin, Total and Direct, Serum		\$20.25	82247; 82248
181560	Biological Indicators (Sterile)	*	\$20.50	non-human specimen
402362	Biotinidase Deficiency	*	\$96.75	82261
706515	Bismuth, Blood	*	\$108.25	83018
706507	Bismuth, Urine	*	\$108.25	83018
496414	Bladder Cancer, FISH	*	\$442.75	88274; 88271(x4); 88291
488379	Bladder Tumor Antigen (BTA) Cytology Profile	*	\$212.50	86316; 88112
488387	Bladder Tumor Antigen (BTA) Cytology/DNA Ploidy Analysis Profile	*	\$390.75	86316; 88112; 88358
488049	Bladder Tumor Antigen (BTA), Quantitative	*	\$131.50	86316
164293	Blastomyces Antibodies, Quantitative, DID	*	\$90.75	86612
008300	Blood Culture, Routine		\$50.00	87040
019372	Blood Pressure Monitoring	*	\$129.50	93788
019380	Blood Pressure Unit, One-time Use and Analysis	*	\$187.75	93788
512145	Bloom Syndrome, DNA Analysis	*	\$200.00	83912; 83891; 83892; 83900; 83914
180802	Body Fluid Culture, Sterile, Routine		\$72.75	87070
489900	Bone Marrow Aspiration and Biopsy - Call Lab for Pricing	*		Tracking Purposed

Test No	Test Name	Non-discountable	Fee	CPT Code(s)
513002	Bone-specific Alkaline Phosphatase	*	\$82.25	84080
138677	Bordetella pertussis and Bordetella parapertussis DNA, Real-time PCR	*	\$295.00	87798(x2)
086173	Bordetella pertussis and Bordetella parapertussis Smear by DFA		\$77.50	87265
164384	Bordetella pertussis IgA Antibodies, Quantitative	*	\$100.00	86615
161745	Bordetella pertussis IgG Antibodies, Quantitative	*	\$100.00	86615
161752	Bordetella pertussis IgM Antibodies, Quantitative	*	\$100.00	86615
180224	Bordetella pertussis/parapertussis, Nasopharyngeal Culture		\$81.00	87070
485003	Breast Cancer Monitor Profile II		\$268.00	82378; 84275; 86300
480335	Breast Cancer Prognosis Profile I, Paraffin Block	*	\$342.25	88182; 88360(x2)
495036	Breast Cancer Prognosis Profile II, Paraffin Block	*	\$774.50	88360(x2); 88368
485409	Breast Cancer Prognosis Profile III, Paraffin Block	*	\$802.50	88182; 88360(x4)
485482	Breast Cancer Prognosis Profile IV, Paraffin Block	*	\$619.75	88182; 88360(x3)
485383	Breast Cancer Prognosis Profile V, Paraffin Block	*	\$965.75	88182; 88360(x5)
009134	Breast Discharge Cytology	*	\$99.75	88161
009876	Breast Ductal Lavage Cytology	*	\$117.00	88112
009332	Bronchial Brushings	*	\$130.00	88104
009035	Bronchial Washings Cytology	*	\$117.00	88112
164608	Brucella abortus, IgG, by EIA		\$60.00	86622
164624	Brucella abortus, IgM, by EIA		\$60.00	86622
140889	B-Type Natriuretic Peptide (BNP)	*	\$144.25	83880
G				
500452	C4 Binding Protein	*	\$142.00	83520
724344	Cadmium Standard Profile	*	\$275.00	82232; 82300(x2); 82570
085340	Cadmium, Blood	*	\$100.50	82300
072249	Cadmium, Urine	*	\$87.00	82300; 82570
071258	Caffeine, Serum		\$80.00	80299
004895	Calcitonin (Thyrocalcitonin), Serum	*	\$138.75	82308
048249	Calcitonin (Thyrocalcitonin), Serum (2 Specimens)		\$277.50	82308(x2)
026781	Calcitonin (Thyrocalcitonin), Serum (3 Specimens)		\$416.25	82308(x3)
026799	Calcitonin (Thyrocalcitonin), Serum (4 Specimens)		\$555.00	82308(x4)
026807	Calcitonin (Thyrocalcitonin), Serum (5 Specimens)		\$693.75	82308(x5)
026815	Calcitonin (Thyrocalcitonin), Serum (6 Specimens)		\$832.50	82308(x6)
480103	Calcitonin (Thyrocalcitonin), Serum (Serial Monitor)	*	\$148.75	82308
004804	Calcium, Ionized, Serum		\$59.75	82330
001016	Calcium, Serum		\$19.75	82310
003269	Calcium, Urine		\$22.25	82340
120790	Calculi, Urinary	*	\$51.75	82360
120691	Calculi, Urinary, With Photograph	*	\$60.75	82360
162016	California Encephalitis Virus Antibodies, IgG	*	\$75.00	86651
162313	California Encephalitis Virus Antibodies, IgM	*	\$75.00	86651
180141	Campylobacter Culture		\$38.00	87046
511147	Canavan Disease, DNA Analysis	*	\$248.00	83892; 83912; 83891; 83901(x2); 83900; 83914(x4)
144733	Cancer Antigen (CA) 125 in the Presence of Human Antimouse Antibodies (HAMA)	*	\$113.25	86304
002303	Cancer Antigen (CA) 125, Serum		\$100.00	86304
480061	Cancer Antigen (CA) 125, Serum (Serial Monitor)		\$110.00	86304
143404	Cancer Antigen (CA) 15-3		\$85.00	86300
140293	Cancer Antigen (CA) 27.29		\$100.00	86300
480293	Cancer Antigen (CA) 27.29 (Serial Monitor)		\$110.00	86300
096719	Candida Antibodies, Qualitative	*	\$94.00	86628
071316	Cannabinoid (Marijuana) Confirmation, Urine	*	\$92.00	80102
767554	Cannabinoid (Marijuana) Screen, Blood	*	\$60.50	80101

Test No	Test Name	Non-discountable	Fee	CPT Code(s)
074435	Cannabinoid (Marijuana), Qualitative, Urine	*	\$38.00	80101
070409	Cannabinoid/Creatinine Ratio, Urine		\$50.00	80101; 82570
767665	Cannabinoids (Marijuana), Blood	*	\$213.50	80101
007484	Cannabis sativa		\$160.00	non-human specimen
007419	Carbamazepine (Tegretol®), Serum		\$75.75	80156
070748	Carbamazepine, Free, Serum	*	\$90.00	80157
716803	Carbamazepine-10,11 Epoxide		\$80.00	80156
002261	Carbohydrate Antigen (CA) 19-9	*	\$97.25	86301
480053	Carbohydrate Antigen (CA) 19-9 (Serial Monitor)		\$107.25	86301
001578	Carbon Dioxide, Total		\$19.75	82374
007187	Carbon Monoxide, Blood		\$70.00	82375
002139	Carcinoembryonic Antigen (CEA)		\$69.75	82378
480095	Carcinoembryonic Antigen (CEA) (Serial Monitor)		\$79.75	82378
144725	Carcinoembryonic Antigen (CEA) in the Presence of Human Antimouse Antibodies	*	\$119.75	82378
716274	Carisoprodol (Soma®, Soridol®), Serum		\$115.00	80299
120840	Carnitine, Total and Free		\$115.50	82379
001529	Carotene, Beta		\$71.50	82380
163162	Cat Scratch Disease Antibody		\$640.00	86611(x4)
084152	Catecholamines, Fractionated, Plasma		\$147.75	82384
004176	Catecholamines, Fractionated, Urinary Free		\$124.00	82384
286161	Catecholamines, Fractionated, Urinary Free and Vanillylmandelic Acid (VMA),		\$185.00	82384; 84585
316203	Catecholamines, Fractionated, Urinary Free, Random Urine		\$124.00	82384
480384	Cathepsin D, Paraffin Block	*	\$187.75	88360
505271	CD4/CD8 Ratio Profile	*	\$165.00	86360
164111	Celiac Disease Antibody Profile	*	\$368.25	83516(x3); 86255(x2)
165118	Celiac Disease Antibody Screen With Reflex Profile	*	\$182.00	83516(x2); 82784
165126	Celiac Disease Comprehensive Profile	*	\$398.50	83516(x4); 86255; 82784
167062	Celiac Disease HLA DQ Association	*	\$357.50	83891; 83898(x56); 83894; 83912(x2)
165167	Celiac Disease Pediatric Antibody Profile	*	\$182.00	83516(x2); 82784
165142	Celiac Disease Profile	*	\$183.75	86255; 83516; 82784
165134	Celiac Disease Profile II	*	\$256.50	86255; 83516(x2); 82784
215996	Cell Count, Body Fluid		\$42.00	89051
005256	Cell Count, Cerebrospinal Fluid		\$42.00	89051
005231	Cell Count, Synovial Fluid		\$63.00	89051; 89060
001560	Ceruloplasmin		\$46.00	82390
070466	Chain-of-Custody Protocol, Specimen	*	\$3.50	99199
096180	Chlamydia Antibodies, IgG	*	\$86.75	86631
138263	Chlamydia pneumoniae, PCR	*	\$211.75	87486
008532	Chlamydia psittaci Culture	*	\$96.75	87299; 87110
096149	Chlamydia trachomatis Antibodies, IgM, Quantitative	*	\$82.50	86632
009340	Chlamydia trachomatis by DFA		\$47.50	87270
098012	Chlamydia trachomatis by DNA Probe		\$50.00	87490
164202	Chlamydia trachomatis by DNA Probe (With Confirmation)		\$50.00	87490
008565	Chlamydia trachomatis Culture		\$96.25	87110; 87140
182550	Chlamydia trachomatis, Swab or Urine by PCR	*	\$109.00	87491
096479	Chlamydia/Gonococcus by DNA Probe		\$100.00	87490; 87590
164160	Chlamydia/Gonococcus by DNA Probe (With Confirmation)		\$100.00	87490; 87590
183194	Chlamydia/Gonococcus by Nucleic Acid Amplification, Urine	*	\$180.75	87491; 87591
007682	Chlordiazepoxide (Librium®), Serum		\$90.00	80154
002063	Chloride, Cerebrospinal Fluid		\$19.75	82438
001206	Chloride, Serum		\$19.75	82435

Test No	Test Name	Non-discountable	Fee	CPT Code(s)
003160	Chloride, Urine		\$19.75	82436
085621	Chlorinated Pesticides, Serum	*	\$206.00	82441
723007	Chlorinated Solvents Exposure Profile, Blood	*	\$100.00	84600
072132	Chlorpromazine (Thorazine®), Serum		\$109.00	84022
001065	Cholesterol, Total		\$19.75	82465
160200	Cholinesterase, Plasma		\$60.50	82480
214007	Cholinesterase, Plasma and RBC		\$121.50	82480; 82482
007286	Cholinesterase, RBC		\$61.00	82482
007211	Cholinesterase, Serum		\$60.50	82480
028290	Cholinesterase, Serum and RBC		\$121.50	82480; 82482
071522	Chromium, Plasma	*	\$84.75	82495
071530	Chromium,Urine	*	\$77.00	82495; 82570
140848	Chromogranin A	*	\$146.75	86316
480459	Chromosome 18q Allelic Loss, Frozen Tissue	*	\$383.00	83891(x2); 83901(x8); 83912; 83909(x2); 83900(x2)
481101	Chromosome 18q Allelic Loss, Paraffin Block	*	\$383.00	83891(x2); 83901(x8); 83912; 83909(x2); 83900(x2)
510032	Chromosome Analysis and AFP, Amniotic Fluid	*	\$713.25	82106; 88235; 88269; 88280; 88285; 88291
510255	Chromosome Analysis, AFP, AChE, Amniotic Fluid With Reflex to Fetal Hemoglob	*	\$825.75	82013; 82106; 88235; 88269; 88280; 88285; 88291
052050	Chromosome Analysis, Amniotic Fluid	*	\$645.00	88235; 88269; 88280; 88285; 88291
052019	Chromosome Analysis, Blood (Constitutional)	*	\$522.50	88230; 88262; 88291
052021	Chromosome Analysis, Blood (Constitutional) With Reflex for Y Deletion Analy	*	\$522.50	88230; 88262; 88291
510040	Chromosome Analysis, Chorionic Villus Biopsy	*	\$730.00	88235; 88267; 88280; 88285; 88291
052027	Chromosome Analysis, High Resolution	*	\$676.50	88230; 88262; 88289; 88291
052030	Chromosome Analysis, High Resolution With Reflex to CGH Chip Array	*	\$676.50	88230; 88262; 88289; 88291
052060	Chromosome Analysis, High Resolution, With Reflex to Multiprobe Subtelomere	*	\$676.50	88230; 88262; 88289; 88291
510230	Chromosome Analysis, Instability (Fanconi Anemia)	*	\$738.25	88230; 88248; 88249; 88291
052001	Chromosome Analysis, Leukemia/Lymphoma	*	\$632.50	88237; 88264; 88280(x2); 88291
510313	Chromosome Analysis, Prenatal Cordocentesis and Fetal Hemoglobin (Hb F)	*	\$584.00	88230; 88262; 83020; 88291
490060	Chromosome Analysis, Solid Tumor	*	\$730.00	88264; 88280(x2); 88291; 88239
052068	Chromosome Analysis, Tissue Biopsies (Products of Conception, Skin)	*	\$775.50	88233; 88262; 88291
505099	Chronic Fatigue Syndrome (CFS) and Immune Dysfunction Profile	*	\$966.75	86359; 86360; 86663; 86665(x2); 86790; 86586(x3); 86367; 86357
489088	Chronic Leukemia Profile, Flow Cytometry	*	\$0.00	See Appendix A on Page 35
510594	Chronic Lymphocytic Leukemia Profile	*	\$597.00	88271(x6); 88275; 88291
150410	Chronic Myelogenous Leukemia Profile: Chromosome Analysis and BCR/ABL FISH	*	\$1,091.25	88271(x2); 88273; 88275; 88291(x2); 88237; 88280(x2); 88264
016865	Citric Acid (Citrate), Urine		\$136.75	82507
706465	Clomipramine (Anafranil®), Serum		\$80.00	80299
071712	Clonazepam (Klonopin™), Serum		\$90.00	80154
123158	Clonidine Suppression Test, Four-hour		\$487.50	82384(x4)
123133	Clonidine Suppression Test, Three-hour		\$365.50	82384(x3)
007930	Clorazepate (Tranxene®), Serum		\$90.00	80154
180448	Clostridium difficile (Toxin B, Cytotoxin) Assay		\$66.00	87230
008045	Clostridium difficile Culture		\$50.00	87075
086181	Clostridium difficile Toxin A Assay, EIA		\$87.00	87324
086207	Clostridium difficile Toxins A+B, EIA	*	\$87.00	87324
706440	Clozapine (Clozaril®), Serum	*	\$90.00	80154
071506	Cobalt, Plasma	*	\$108.25	83018
071514	Cobalt, Urine	*	\$80.00	83018; 82570
767632	Cocaine and Benzoylcegonine, Blood	*	\$213.50	80101

Test No	Test Name	Non-discountable	Fee	CPT Code(s)
071324	Cocaine Metabolite Confirmation, Urine	*	\$92.00	80102
766555	Cocaine Metabolite Screen and Confirmation, Blood	*	\$55.00	80101
074443	Cocaine Metabolite, Urine	*	\$38.00	80101
164301	Coccidioides Antibodies, Quantitative, DID		\$82.50	86635
006353	Cold Agglutinin Titer, Quantitative		\$60.00	86157
500360	Collagen Binding Activity	*	\$250.00	83520; 85246
511311	Colon Cancer, Microsatellite Instability	*	\$363.00	83891(x2); 83901(x8); 83912; 83900(x2); 83909(x2)
485011	Colorectal Cancer Monitor Profile		\$241.25	82378; 84275; 86301
734004	Common Alloy Elements Profile	*	\$624.75	82175; 82300; 82495; 82525; 83655; 83825; 83885; 83018
510010	Comparative Genomic Hybridization Chip Array, Constitutional	*	\$1,500.00	83891; 88271(x83); 83894; 88291
120220	Complement C1 Esterase Inhibitor, Functional		\$154.00	86161
004648	Complement C1 Esterase Inhibitor, Serum		\$69.00	86160
016824	Complement C1q, Quantitative		\$69.00	86160
161414	Complement C2		\$72.00	86160
086157	Complement C3 Activator		\$58.25	86161
100149	Complement C3, Body Fluid		\$54.00	86160
006452	Complement C3, Serum		\$54.00	86160
100339	Complement C4, Body Fluid		\$54.00	86160
001834	Complement C4, Serum		\$54.00	86160
001941	Complement, Total (CH50)		\$83.75	86162
005009	Complete Blood Count (CBC) With Differential (With Platelet Count)		\$19.75	85025
028142	Complete Blood Count (CBC) Without Differential		\$19.50	85027
511915	Connexin 26 (Cx26), DNA Analysis	*	\$200.00	83891; 83896(x2); 83892(x2); 83903(x2); 83912; 83908(x2)
500436	Contact Factor Evaluation Profile	*	\$522.00	85270; 85280; 85293; 85292
006270	Coombs', Direct		\$25.75	86880
001586	Copper, Serum	*	\$60.00	82525
003343	Copper, Urine	*	\$66.00	82525; 82570
500130	Corticosteroid-binding Globulin (CBG)	*	\$46.00	84449
500135	Corticosterone, Serum	*	\$90.00	82528
004051	Cortisol		\$65.00	82533
024265	Cortisol (2 Specimens)		\$130.00	82533(x2)
028498	Cortisol (3 Specimens)		\$195.00	82533(x3)
026948	Cortisol (4 Specimens)		\$260.00	82533(x4)
039222	Cortisol (5 Specimens)		\$325.00	82533(x5)
024091	Cortisol (6 Specimens)		\$390.00	82533(x6)
039214	Cortisol (7 Specimens)		\$455.00	82533(x7)
210823	Cortisol (8 Specimens)		\$520.00	82533(x8)
104000	Cortisol, AM and PM		\$130.00	82533(x2)
004432	Cortisol, Urinary Free by HPLC		\$119.50	82530
143222	Cortisol, Urinary Free by ICMA		\$73.75	82530
010108	C-Peptide, Serum		\$77.00	84681
003236	C-Peptide, Urine		\$81.00	84681
120766	C-Reactive Protein (CRP), Cardiac	*	\$45.00	86141
006627	C-Reactive Protein (CRP), Quantitative		\$42.50	86140
003855	Creatine and Creatinine, 24-Hour Urine		\$59.50	82540; 82570
001859	Creatine Kinase (CK) and Lactic Acid Dehydrogenase (LD) Isoenzymes		\$99.25	82550; 82552; 83625; 83615
002154	Creatine Kinase (CK) Isoenzymes, Serum		\$57.75	82550; 82552
120816	Creatine Kinase (CK), MB	*	\$108.00	82553
002311	Creatine Kinase (CK), MB and Total	*	\$127.75	82550; 82553
001362	Creatine Kinase (CK), Total, Serum		\$19.75	82550

Test No	Test Name	Non-discountable	Fee	CPT Code(s)
003475	Creatine, 24-Hour Urine		\$31.50	82540
002402	Creatine, Serum		\$31.50	82540
003004	Creatinine Clearance		\$47.75	82575
003012	Creatinine, 24-Hour Urine		\$28.00	82570
013672	Creatinine, Random Urine		\$28.00	82570
001370	Creatinine, Serum		\$19.75	82565
080317	Cryofibrinogen, Qualitative		\$23.25	82585
001594	Cryoglobulin, Qualitative, Serum (With Quantitative Reflex)		\$23.25	82595
082891	Cryptococcus Antibodies, Quantitative	*	\$90.75	86641
160747	Cryptococcus Antigen, Cerebrospinal Fluid		\$65.00	87899
006551	Cryptococcus Antigen, Serum		\$65.00	87899
182378	Cryptosporidium and Isospora Smear, Stool		\$61.50	87206; 87015
008755	Cryptosporidium Smear, Stool		\$61.50	87206; 87015
005355	Crystal Examination, Miscellaneous Fluid		\$49.25	89060
500089	C-Telopeptide, Serum	*	\$126.00	82523
180315	Culture of Dialysate	*	\$27.50	non-human specimen
180307	Culture of Dialysis Water	*	\$27.50	non-human specimen
716225	Cyanide, Blood		\$80.00	82600
004903	Cyclic AMP, Urine	*	\$180.00	82030; 82570
164871	Cyclic Citrullinated Peptide (CCP), IgG Antibodies, ELISA		\$66.00	86200
183145	Cyclospora Smear, Stool		\$66.00	87015; 87206
706556	Cyclosporine, Blood		\$111.50	80158
480700	Cystic Fibrosis Extended Profile	*	\$335.00	83891; 83901(x68); 83912; 83900; 83892(x2); 83914(x70)
480533	Cystic Fibrosis Profile, DNA Analysis	*	\$233.00	83901(x14); 83912; 83891; 83909; 83900; 83914(x25)
480555	Cystic Fibrosis Profile, DNA Analysis and 5T Allele Genotyping	*	\$498.00	83912; 83891; 83909; 83900; 83901(x14); 83914(x28)
480970	Cystic Fibrosis, 5T Allele Genotyping	*	\$265.00	83912; 83898; 83891; 83909; 83914(x3)
480541	Cystic Fibrosis, Fetal Analysis	*	\$325.00	83912; 83901(x14); 83891; 83909; 83900; 83914(x25)
003350	Cystine, Quantitative, Urine		\$51.50	82131
511270	Cytochrome P450 2C9 Genotyping	*	\$250.00	83891; 83898; 83901(x2); 83894(x2); 83912; 83900
511160	Cytochrome P450 2D6 Genotyping	*	\$400.00	83891; 83901(x2); 83894; 83896(x25); 83892(x25); 83903(x2); 83912; 83908(x25); 83900
511316	Cytochrome P450 2D6/2C19 Genotyping and Phenotyping	*	\$1,000.00	83891; 83894; 83892(x29); 83896(x29); 83903; 83912; 83900
488312	Cytology/DNA Ploidy Reflex Profile	*	\$117.00	88112
006494	Cytomegalovirus (CMV) Antibodies, IgG, Quantitative		\$75.00	86644
096727	Cytomegalovirus (CMV) Antibodies, IgM, Quantitative		\$75.00	86645
550905	Cytomegalovirus (CMV) By DNA Probe, Paraffin Block	*	\$156.25	88365
008201	Cytomegalovirus (CMV) Culture	*	\$137.00	87252; 87254
138669	Cytomegalovirus (CMV) Genotyping for Drug Resistance	*	\$365.00	83891; 83898(x3); 83894(x2); 83904(x3); 83912
511121	Cytomegalovirus (CMV), DNA Detection and Quantitation	*	\$205.75	87497
138701	Cytomegalovirus (CMV), PCR, Amniotic Fluid	*	\$270.50	87496
138693	Cytomegalovirus (CMV), Qualitative, PCR	*	\$256.75	87496
138610	Cytomegalovirus (CMV), Quantitative, PCR	*	\$364.00	87497
D				
115188	D-Dimer (Latex)	*	\$116.25	85379

Test No	Test Name	Non-discountable	Fee	CPT Code(s)
723445	DDT Exposure Profile	*	\$206.00	82441
004101	Dehydroepiandrosterone (DHEA)		\$143.50	82626
004697	Dehydroepiandrosterone (DHEA) Sulfate		\$89.75	82627
500138	Deoxycorticosterone (DOC), Serum	*	\$119.00	82633
511105	Deoxyypyridinoline (Dpd) Cross-links (Serial Monitor)	*	\$71.00	82523; 82570
182337	Dermatophyte Culture		\$25.00	87101
007765	Desipramine, Serum		\$102.50	80160
500118	Dexamethasone, Serum	*	\$76.00	82542
007989	Diazepam (Valium®), Serum		\$90.00	80154
081513	Dibucaine Number		\$23.25	82638
081455	Dibucaine Number With Plasma and RBC Cholinesterase		\$144.75	82480; 82482; 82638
121152	Dibucaine Number With Serum and RBC Cholinesterase		\$144.75	82638; 82480; 82482
015173	Differential and Total WBC Count		\$16.75	85048; 85004
007385	Digoxin (Lanoxin®), Serum		\$60.00	80162
500142	Dihydrotestosterone (DHT)	*	\$76.00	82651
117887	Dilute Russell Viper Venom Time	*	\$80.25	85613
723395	Dimethylacetamide Exposure Profile	*	\$80.00	84600; 82570
163709	Diphtheria Antitoxoid Antibodies		\$74.00	86317
007864	Disopyramide, Serum		\$80.00	80299
116012	Disseminated Intravascular Coagulation (DIC) Profile	*	\$270.50	85362; 85379; 85384; 85049; 85610; 85730
117820	Disseminated Intravascular Coagulation (DIC) Profile, Comprehensive	*	\$476.75	85300; 85410; 85384; 85049; 85610; 85730; 85379
117853	Disseminated Intravascular Coagulation (DIC) Profile, Comprehensive Plus	*	\$923.25	85300; 85410; 85384; 85049; 85610; 85730; 85379; 85220; 85240; 85420
480319	DNA Ploidy Analysis, Body Fluids	*	\$196.25	88358
480228	DNA Ploidy Analysis, Frozen Tissue	*	\$224.25	88182
490078	DNA Ploidy Analysis, Needle Biopsy Tissue Sections	*	\$186.50	88358
480327	DNA Ploidy Analysis, Paraffin Block	*	\$224.25	88182
007609	Doxepin (Sinequan®), Serum		\$95.25	80166
794800	Drug Abuse Profile (HHS/DOT), Urine (Five Drugs) (GC/MS Confirmation Include	*	\$53.00	80100
707000	Drug Abuse Profile (HHS/DOT), Urine (Five Drugs) (GC/MS Confirmation Include	*	\$43.00	80100
794388	Drug Abuse Profile (Routine), Urine (Seven Drugs) (GC/MS Confirmation Includ	*	\$60.00	80100
725788	Drug Abuse Profile (Routine), Urine (Seven Drugs) (GC/MS Confirmation Includ	*	\$50.00	80100
726778	Drug Abuse Profile, Urine (Seven Drugs and Alcohol)	*	\$56.00	80100
007575	Drug Analysis, Unknown, Qualitative	*	\$115.00	non-human specimen
757526	Drug Analysis, Unknown, Qualitative and Quantitative	*	\$200.00	non-human specimen
757518	Drug Analysis, Unknown, Quantitative	*	\$115.00	non-human specimen
041780	Drug Coma/Overdose Profile I, Blood		\$100.00	80100; 84600
700617	Drug Coma/Overdose Profile II, Blood and Urine (With Cannabinoids)		\$180.00	80100; 84600
072207	Drug Coma/Overdose Profile II, Blood and Urine or Gastric Contents		\$174.00	80100; 84600
766550	Drug Profile, Blood (Five Drugs)	*	\$233.25	80100
766477	Drug Profile, Blood (Seven Drugs)	*	\$280.00	80100
770701	Drug Profile, Treatment Center, Urine	*	\$62.00	80100
794370	Drug Profile, Urine (Nine Drugs) by Immunoassay With GC/MS Confirmation	*	\$72.00	80100
071985	Drug Profile, Urine (With Cannabinoids)	*	\$92.00	80100; 84600
072033	Drug Profile, Urine, Comprehensive (With Volatiles)		\$84.00	80100; 84600
701250	Drug Profile, Urine, Comprehensive (Without Volatiles)	*	\$73.00	80100
E				
162024	Eastern Equine Encephalitis Virus Antibodies, IgG	*	\$75.00	86652
162321	Eastern Equine Encephalitis Virus Antibodies, IgM	*	\$75.00	86652

Test No	Test Name	Non-discountable	Fee	CPT Code(s)
500190	Ecarin Clotting Time	*	\$110.00	85635
990333	ECG Cardiologist Overread Only, Adult	*	\$34.50	93010
990655	ECG Cardiologist Overread Only, Pediatric	*	\$40.25	93010
119180	ECG Computer Analysis Only	*	\$23.50	93010
999706	ECG Tracing and Computer Analysis	*	\$86.25	93005
138768	Echinococcus Antibody	*	\$199.75	86682
138168	Ehrlichia chaffeensis, DNA, PCR	*	\$160.00	87798
138412	Ehrlichia, DNA, PCR	*	\$322.50	87798(x2)
164722	Ehrlichiosis (Granulocytic and Monocytic) Profile	*	\$400.00	86666(x4)
303754	Electrolyte Panel		\$21.25	80051
164996	Endomysial Antibody, IgA	*	\$72.75	86255
168120	Engraftment Monitoring, Post	*	\$247.50	83901(x8); 83912; 83891; 83909; 83900
168138	Engraftment Monitoring, Pre	*	\$440.00	83901(x16); 83912; 83891(x2); 83909(x2); 83900(x2)
180935	Enterohemorrhagic E. coli (EHEC) Shiga Toxin, EIA	*	\$40.00	87427
180356	Enterohemorrhagic E. coli (O157) (EHEC) Culture	*	\$38.00	87046
138636	Enterovirus, Real-time PCR	*	\$276.75	87798
008557	Environmental Culture		\$37.25	non-human specimen
005298	Eosinophil Count		\$18.50	85048
008581	Eosinophil Count, Nasal		\$40.00	89190
115055	Eosinophil, Urine or Stool		\$33.00	87205
480370	Epidermal Growth Factor Receptor (EGFR) pharmDx™ (HER-1) Oncoprotein, Par	*	\$201.25	88342
480368	Epidermal Growth Factor Receptor (EGFR), Breast Cancer	*	\$163.25	88360
216655	Epstein-Barr Virus (EBV) Acute Infection Antibodies Profile		\$279.00	86663; 86664; 86665(x2)
160739	Epstein-Barr Virus (EBV) Antibodies to Early Antigen Profile, Quantitative		\$139.50	86663(x2)
096248	Epstein-Barr Virus (EBV) Antibodies to Early Antigen, IgG		\$69.75	86663
096230	Epstein-Barr Virus (EBV) Antibodies to Viral Capsid Antigen (VCA), IgG		\$69.75	86665
096735	Epstein-Barr Virus (EBV) Antibodies to Viral Capsid Antigen (VCA), IgM		\$69.75	86665
010272	Epstein-Barr Virus (EBV) Nuclear Antigen, IgG Antibodies		\$69.75	86664
010280	Epstein-Barr Virus (EBV) Profile, Chronic, Active Infection		\$209.25	86663; 86664; 86665
550913	Epstein-Barr Virus (EBV), DNA Probe	*	\$156.25	88365
138230	Epstein-Barr Virus (EBV), DNA, Quantitative, PCR	*	\$363.00	87799
138289	Epstein-Barr Virus (EBV), Qualitative, PCR	*	\$390.25	87798
096255	Epstein-Barr Virus (Viral Capsid Antigen [VCA] and Early Antigen [EA]), IgG		\$139.50	86663; 86665
140277	Erythropoietin (EPO), Serum	*	\$90.75	82668
004515	Estradiol		\$117.50	82670
140244	Estradiol, Sensitive	*	\$148.00	82670
004614	Estriol, Serum	*	\$83.00	82677
480277	Estrogen Receptor/Progesterone Receptor (ER/PR), Immunohistochemical, Paraff	*	\$232.25	88360(x2)
004549	Estrogens, Total		\$97.50	82672
004564	Estrone, Serum	*	\$129.50	82679
017996	Ethanol, Blood		\$70.00	82055
007237	Ethanol, Urine		\$48.00	80101
007443	Ethosuximide (Zarontin®), Serum		\$73.75	80168
723361	Ethyl Benzene Exposure Profile	*	\$124.00	82570; 84600; 83921
723486	Ethyl Benzene Metabolite Profile, Urine	*	\$62.00	83921; 82570
723148	Ethyl Benzene, Blood	*	\$88.00	84600
071654	Ethylene Glycol, Serum		\$90.50	82693
500055	Euglobulin Lysis Time	*	\$90.00	85360
F				
511162	Factor II (Prothrombin), DNA Analysis	*	\$193.00	83892; 83894; 83898; 83912; 83891

Test No	Test Name	Non-discountable	Fee	CPT Code(s)
086231	Factor II Activity	*	\$171.75	85210
500500	Factor II Inhibitor Panel, Comprehensive	*	\$250.00	85730; 85610; 85611(x3); 85210; 85335
086298	Factor IX Activity	*	\$171.75	85250
500014	Factor IX Antigen	*	\$150.00	85250
500443	Factor IX Inhibitor	*	\$121.00	85250; 85335
500390	Factor IX Inhibitor (Bethesda)	*	\$250.00	85730; 85732(x3); 85250; 85335
086249	Factor V Activity	*	\$171.75	85220
500380	Factor V Inhibitor (Bethesda)	*	\$250.00	85730; 85610; 85611(x3); 85220; 85335
511154	Factor V Leiden Mutation Analysis	*	\$193.00	83894; 83898(x2); 83912; 83891
800599	Factor VII Activity	*	\$171.75	85230
500025	Factor VII Antigen	*	\$155.00	85230
500371	Factor VII Inhibitor Panel, Comprehensive	*	\$250.00	85730; 85610; 85611(x3); 85230; 85335
086264	Factor VIII Activity	*	\$171.75	85240
500196	Factor VIII Antigen	*	\$155.00	85244
086272	Factor VIII Inhibitor	*	\$234.25	85335
500350	Factor VIII Inhibitor, Human	*	\$250.00	85730; 85732(x3); 85240; 85335
500512	Factor VIII Inhibitor, Porcine	*	\$180.00	85730; 85732(x4)
500018	Factor VIII Inhibitor, Porcine (Bethesda)	*	\$250.00	85730; 85732(x2); 85240; 85335
086306	Factor X Activity	*	\$171.75	85260
500438	Factor X Antigen	*	\$82.50	85260
500060	Factor X Inhibitor Panel, Comprehensive	*	\$250.00	85730; 85610; 85260; 85611(x3); 85335
117904	Factor Xa, Chromogenic	*	\$171.75	85260
086314	Factor XI Activity	*	\$171.75	85270
500396	Factor XI Inhibitor (Bethesda)	*	\$250.00	85730; 85732(x3); 85270; 85335
086322	Factor XII Activity	*	\$171.75	85280
500370	Factor XII Inhibitor (Bethesda)	*	\$250.00	85730; 85732(x3); 85280; 85335
086330	Factor XIII	*	\$171.75	85291
500185	Factor XIII Activity	*	\$150.00	85290
511352	Familial Dysautonomia, DNA Analysis	*	\$200.00	83891; 83892; 83912; 83900; 83914(x2)
511212	Fanconi Anemia (Type C), DNA Analysis	*	\$137.50	83891; 83892; 83912; 83900; 83914(x2)
081893	Fatty Acids, Free (Nonester)		\$71.75	82725
138552	Febrile Agglutinin Profile	*	\$173.00	86000(x8)
049684	Fecal Fat and Muscle Fibers, Qualitative		\$88.75	82705; 89160
001677	Fecal Fat, Qualitative		\$65.75	82705
001354	Fecal Fat, Quantitative		\$99.25	82710
016766	Fecal Reducing Substances		\$44.50	84377
716530	Felbamate (Felbatol®), Serum		\$80.00	80299
764340	Fentanyl (Sublimase®), Urine	*	\$110.00	83925
004598	Ferritin, Serum		\$51.00	82728
480111	Ferritin, Serum (Serial Monitor)		\$61.00	82728
480525	Fetal Sickle Cell Anemia, DNA Analysis	*	\$325.00	83912; 83893(x3); 83896(x3); 83898; 83891
500150	Fibrin Monomer	*	\$80.00	85366
001610	Fibrinogen Activity		\$34.00	85384
117052	Fibrinogen Antigen	*	\$117.50	85385
115402	Fibrinogen Degradation Products (FDP), Plasma	*	\$60.50	85362
009001	Fine-needle Aspiration Cytology (Palpable Mass, Lymph Node, Cyst)	*	\$162.00	88173
017500	First Trimester Serum Screen	*	\$169.75	84702; 86336; 84163

Test No	Test Name	Non-discountable	Fee	CPT Code(s)
085662	Flecainide (Tambacor®), Serum	*	\$92.00	80299
480008	FLT 3 Mutation Detection	*	\$250.00	83891; 83892; 83912; 83900; 83909
510560	Fluorescence in situ Hybridization (FISH), Multiprobe, Centromere-specific	*	\$614.00	88273(x2); 88291; 88271(x24)
510578	Fluorescence in situ Hybridization (FISH), Multiprobe, Paint-specific	*	\$614.00	88273(x2); 88291; 88271(x24)
510362	Fluorescence in situ Hybridization (FISH), Oncology - Call Lab for Pricing	*		See Appendix B on Page 36
510545	Fluorescence in situ Hybridization (FISH), Paraffin Block	*	\$363.00	88271; 88274; 88291
510396	Fluorescence in situ Hybridization (FISH), Prenatal Aneuploid Evaluation, Am	*	\$335.00	88271(x5); 88291; 88275
510370	Fluorescence in situ Hybridization (FISH), Prenatal Aneuploid Evaluation, Ch	*	\$365.00	88271(x5); 88275; 88291
510552	Fluorescence in situ Hybridization (FISH), TELO-SCAN, Multiprobe, Subtelomer	*	\$863.75	88273(x3); 88291; 88271(x41)
510388	Fluorescence in situ Hybridization (FISH), Without Cell Culture - Call Lab for Pricing	*		See Appendix B on Page 36
070060	Fluoride, Serum	*	\$80.00	82735
070052	Fluoride, Urine	*	\$80.00	82570; 82735
090068	Fluoride, Water	*	\$62.00	non-human specimen
706838	Fluoxetine (Prozac®), Serum		\$115.00	80299
706887	Fluphenazine (Prolixin®), Serum	*	\$109.00	84022
002014	Folate (Folic Acid), Serum		\$57.50	82746
266015	Folate, RBC (With Hct)		\$107.75	82747; 85014
285700	Folate, RBC and Serum (With Hct)		\$165.25	82746; 82747; 85014
028480	Follicle-stimulating Hormone (FSH) and Luteinizing Hormone (LH)		\$141.25	83001; 83002
004309	Follicle-stimulating Hormone (FSH), Serum		\$71.75	83001
208785	Follicle-stimulating Hormone (FSH), Serum (2 Specimens)		\$143.50	83001(x2)
038935	Follicle-stimulating Hormone (FSH), Serum (3 Specimens)		\$215.25	83001(x3)
211292	Follicle-stimulating Hormone (FSH), Serum (4 Specimens)		\$287.00	83001(x4)
038943	Follicle-stimulating Hormone (FSH), Serum (5 Specimens)		\$358.75	83001(x5)
211284	Follicle-stimulating Hormone (FSH), Serum (6 Specimens)		\$430.50	83001(x6)
208801	Follicle-stimulating Hormone (FSH), Serum (7 Specimens)		\$502.25	83001(x7)
208819	Follicle-stimulating Hormone (FSH), Serum (8 Specimens)		\$574.00	83001(x8)
500221	Follicle-stimulating Hormone (FSH), Urine	*	\$48.00	83001; 82570
500465	Fondaparinux Anti-Xa	*	\$66.00	85520
510115	Fragile X Syndrome, Chromosome and DNA Analysis	*	\$815.75	88230; 88262; 83891; 83912; 88289; 88291; 83909; 83900
510461	Fragile X Syndrome, Cytogenetics/DNA With Reflex to Multiprobe Subtelomere F	*	\$815.75	88230; 88262; 83891; 83912; 88289; 88291; 83909; 83900
510065	Fragile X Syndrome, DNA Analysis	*	\$291.50	83891; 83912; 83909; 83900
146688	Free Androgen Index (FAI), Serum	*	\$178.50	84403; 84270
121137	Free Kappa and Lambda Light Chains Plus Ratio, Quantitative, Serum		\$200.00	83883(x2)
121228	Free Kappa and Lambda Light Chains Plus Ratio, Quantitative, Urine		\$200.00	83883(x2)
070789	Free Valproic Acid (Depakote®), Serum	*	\$90.00	80164
.....	Frozen Tissue Section			
100800	Fructosamine		\$33.00	82985
001875	Fructose, Semen Analysis		\$84.50	82757
091454	Fungal Antibodies, Quantitative		\$370.25	86612; 86635; 86698; 86606(x3)
008482	Fungus (Mycology) Culture		\$68.25	87101
188243	Fungus Culture With Stain		\$108.50	87101; 87206
008136	Fungus Stain	*	\$40.25	87206
G				
716811	Gabapentin (Neurontin®), Serum	*	\$98.50	80299
001958	Gamma-Glutamyl Transpeptidase (GGT)		\$19.75	82977
004390	Gastrin, Serum	*	\$63.75	82941
208827	Gastrin, Serum (2 Specimens)	*	\$127.50	82941(x2)
038745	Gastrin, Serum (3 Specimens)	*	\$191.25	82941(x3)
039438	Gastrin, Serum (4 Specimens)	*	\$255.00	82941(x4)

Test No	Test Name	Non-discountable	Fee	CPT Code(s)
038752	Gastrin, Serum (5 Specimens)	*	\$318.75	82941(x5)
204644	Gastrin, Serum (6 Specimens)	*	\$382.50	82941(x6)
034934	Gastrin, Serum (7 Specimens)	*	\$446.25	82941(x7)
211268	Gastrin, Serum (8 Specimens)	*	\$510.00	82941(x8)
511048	Gaucher Disease, DNA Analysis	*	\$308.00	83892; 83912; 83891; 83901(x6); 83900; 83914(x8)
008128	GC (Neisseria gonorrhoeae), Culture Only		\$30.00	87081
008334	Genital Culture, Routine		\$53.00	87070
007162	Gentamicin (Garamycin®), Serum, Peak		\$70.00	80170
717348	Gentamicin (Garamycin®), Serum, Peak and Trough		\$140.00	80170(x2)
007163	Gentamicin (Garamycin®), Serum, Trough		\$70.00	80170
102277	Gestational Diabetes Evaluation		\$19.75	82950
102004	Gestational Glucose Tolerance (Diagnostic), Four Specimens		\$63.00	82951; 82952
188110	Giardia lamblia By EIA and Ova and Parasites Examination	*	\$97.25	87329; 87177; 87209
182204	Giardia lamblia, Direct Detection by EIA	*	\$48.50	87329
163402	Gliadin IgG and IgA Antibody Profile, EIA		\$142.00	83516(x2)
100768	Glomerular Filtration Rate, Estimated (eGFR)		\$19.75	82565
004622	Glucagon, Plasma	*	\$117.25	82943
001917	Glucose 6-Phosphate Dehydrogenase (G-6-PD), Quantitative, Blood and Red Bloo		\$70.25	82955; 85041
090373	Glucose Tolerance Test (GTT), Blood (5 Specimens)		\$72.00	82951; 82952(x2)
203224	Glucose Tolerance Test (GTT), Blood/Urine (5 Specimens)		\$129.00	82951; 81005(x5); 82952(x2)
019497	Glucose, Body Fluid		\$19.75	82945
002048	Glucose, Cerebrospinal Fluid		\$43.25	82945
001818	Glucose, Plasma		\$19.75	82947
003376	Glucose, Quantitative, Urine		\$19.75	82945
001032	Glucose, Serum		\$19.75	82947
002022	Glucose, Two-Hour Postprandial		\$19.75	82950
054130	Glucose/Insulin Response Profile (Five Specimens)		\$310.75	82951; 82952(x2); 83525(x5)
143008	Glutamic Acid Decarboxylase (GAD) Autoantibody	*	\$145.50	83519
001693	Glycohemoglobin (GHB), Total		\$41.00	83036
500115	GlycoMark™	*	\$50.00	84378
500434	Gonadotropin-releasing Hormone	*		83727
008540	Gram Stain		\$28.75	87205
.....	Gross Examination, Surgical Specimens			
180786	Group A Streptococcus Direct Test, DNA Probe		\$31.00	87650
188128	Group B Streptococcus Colonization Detection Culture and DNA Probe	*	\$54.00	87081; 87149
004275	Growth Hormone (HGH), Serum		\$68.75	83003
026898	Growth Hormone (HGH), Serum (2 Specimens)		\$137.50	83003(x2)
038844	Growth Hormone (HGH), Serum (3 Specimens)		\$206.25	83003(x3)
045997	Growth Hormone (HGH), Serum (4 Specimens)		\$275.00	83003(x4)
038836	Growth Hormone (HGH), Serum (5 Specimens)		\$343.75	83003(x5)
004267	Growth Hormone (HGH), Serum (6 Specimens)		\$412.50	83003(x6)
038869	Growth Hormone (HGH), Serum (7 Specimens)		\$481.25	83003(x7)
208835	Growth Hormone (HGH), Serum (8 Specimens)		\$550.00	83003(x8)
500144	Growth Hormone Antibodies	*	\$40.00	86277
500330	Growth Hormone, Urine, 24-Hour	*	\$93.00	83003; 82570
500177	Growth Hormone-binding Protein	*	\$66.00	83519
009100	Gynecologic Pap Smear (One Slide)	*	\$35.00	88164
009191	Gynecologic Pap Smear (Two Slides)	*	\$70.00	88164
009209	Gynecologic Pap Smear and Maturation Index (One Slide)	*	\$41.00	88164; 88155
190074	Gynecologic Pap Smear and Maturation Index (Two Slides)	*	\$82.00	88164; 88155
193000	Gynecologic Pap Test (Image-guided), Liquid-based Preparation	*	\$77.50	88175

Test No	Test Name	Non-discountable	Fee	CPT Code(s)
198888	Gynecologic Pap Test (Image-guided), Liquid-based Preparation and Chlamydia	*	\$172.25	88175; 87491
195677	Gynecologic Pap Test (Image-guided), Liquid-based Preparation and Chlamydia	*	\$172.25	88175; 87491
197676	Gynecologic Pap Test (Image-guided), Liquid-based Preparation and Chlamydia	*	\$163.50	88175; 87491
196402	Gynecologic Pap Test (Image-guided), Liquid-based Preparation and Chlamydia/	*	\$258.25	88175; 87491; 87591
192153	Gynecologic Pap Test (Image-guided), Liquid-based Preparation and Chlamydia/	*	\$423.75	88175; 87491; 87591; 87621
194027	Gynecologic Pap Test (Image-guided), Liquid-based Preparation and Chlamydia/	*	\$258.25	88175; 87491; 87591
196565	Gynecologic Pap Test (Image-guided), Liquid-based Preparation and Chlamydia/	*	\$258.25	88175; 87491; 87591
198190	Gynecologic Pap Test (Image-guided), Liquid-based Preparation and Human Papi	*	\$254.50	88175; 87621(x2)
199123	Gynecologic Pap Test (Image-guided), Liquid-based Preparation and Human Papi	*	\$243.00	87621; 88175
193069	Gynecologic Pap Test (Image-guided), Liquid-based Preparation With Maturatio	*	\$83.50	88175; 88155
194074	Gynecologic Pap Test (Image-guided), Liquid-based Preparation With Reflex to	*	\$77.50	88175
196250	Gynecologic Pap Test (Image-guided), Liquid-based Preparation With Reflex to	*	\$77.50	88175
192005	Gynecologic Pap Test, Liquid-based Preparation	*	\$65.00	88142
193130	Gynecologic Pap Test, Liquid-based Preparation and Chlamydia by Nucleic Acid	*	\$151.00	88142; 87491
192138	Gynecologic Pap Test, Liquid-based Preparation and Chlamydia trachomatis by	*	\$151.00	88142; 87491
193148	Gynecologic Pap Test, Liquid-based Preparation and Chlamydia trachomatis by	*	\$155.25	88142; 87491
192104	Gynecologic Pap Test, Liquid-based Preparation and Chlamydia trachomatis/Nei	*	\$245.75	88142; 87491; 87591
192112	Gynecologic Pap Test, Liquid-based Preparation and Chlamydia trachomatis/Nei	*	\$245.75	88142; 87491; 87591
192120	Gynecologic Pap Test, Liquid-based Preparation and Chlamydia/Gonococcus by N	*	\$245.75	88142; 87491; 87591
197070	Gynecologic Pap Test, Liquid-based Preparation and Human Papillomavirus (HPV	*	\$242.00	88142; 87621(x2)
195050	Gynecologic Pap Test, Liquid-based Preparation and Human Papillomavirus (HPV	*	\$230.50	88142; 87621
192146	Gynecologic Pap Test, Liquid-based Preparation and Human Papillomavirus (HPV	*	\$411.25	88142; 87591; 87491; 87621
192096	Gynecologic Pap Test, Liquid-based Preparation With Maturation Index	*	\$71.00	88142; 88155
192630	Gynecologic Pap Test, Liquid-based Preparation With Reflex to High-risk Huma	*	\$65.00	88142
192047	Gynecologic Pap Test, Liquid-based Preparation With Reflex to High-risk Huma	*	\$65.00	88142
H				
018762	Haemophilus influenzae b Antigen		\$122.00	87899
138271	Haemophilus influenzae b, IgG	*	\$143.00	86684
070482	Haloperidol (Haldol®), Serum		\$109.00	80173
001628	Haptoglobin		\$67.50	83010
042580	Heavy Metals Profile I, Blood	*	\$221.00	82175; 83655; 83825
007492	Heavy Metals Profile I, Urine	*	\$234.75	82175; 82570; 83655; 83825
706200	Heavy Metals Profile II, Blood	*	\$309.00	82175; 82300; 83655; 83825
070813	Heavy Metals Profile II, Urine	*	\$321.75	82175; 82300; 82570; 83655; 83825
180885	Helicobacter pylori Culture		\$57.00	87081; 87205
180764	Helicobacter pylori Stool Antigen	*	\$146.00	87338
180836	Helicobacter pylori Urea Breath Test	*	\$200.00	83013
163170	Helicobacter pylori, IgA		\$79.00	86677
162289	Helicobacter pylori, IgG		\$79.00	86677
163204	Helicobacter pylori, IgM Antibodies		\$79.00	86677
163683	Helicobacter pylori, IgM, IgG, IgA Antibodies		\$237.00	86677(x3)
505008	Helper T-Lymphocyte Marker CD4	*	\$92.00	86361
259317	Helper/Suppressor and Natural Killer Profile	*	\$340.50	86359; 86360; 86357
005058	Hematocrit		\$18.50	85014
005066	Hematopathology Consultation, Peripheral Smear - Call Lab for Pricing			85060
005041	Hemoglobin (Hgb)		\$18.50	85018
001453	Hemoglobin (Hgb) A1c		\$41.00	83036
102525	Hemoglobin (Hgb) A1c With MBG Estimation		\$41.00	83036
005223	Hemoglobin (Hgb) Solubility		\$53.00	85660
005330	Hemoglobin (Hgb) Solubility With Reflex to Hemoglobin Fractionation, Blood		\$53.00	85660
120900	Hemoglobin (Hgb), Fetal, Quantitative	*	\$76.50	83021

Test No	Test Name	Non-discountable	Fee	CPT Code(s)
005595	Hemoglobin (Hgb), Free, Plasma		\$59.75	83051
080176	Hemoglobin, Free, Qualitative, Urine		\$15.50	81003
121679	Hemoglobinopathy Profile		\$129.50	83021; 85660
122101	Hemoglobinopathy Profile Without Solubility		\$76.50	83021
117846	Hemophilia A Monitoring Profile	*	\$406.00	85335; 85240
500198	Heparin Adsorption	*	\$20.00	85525
117101	Heparin Anti-Xa	*	\$205.25	85520
500187	Heparin Cofactor II	*	\$160.00	85130
500004	Heparin Solution Quantitation	*	\$200.00	N/A
150075	Heparin-induced Platelet Antibody	*	\$207.75	86022
322755	Hepatic Function Panel (7)		\$22.75	80076
006734	Hepatitis A Antibody, IgM		\$62.75	86709
006726	Hepatitis A Antibody, Total		\$59.75	86708
098418	Hepatitis B Core Antibody, IgG/IgM Differentiation		\$126.75	86704; 86705
016881	Hepatitis B Core Antibody, IgM		\$63.75	86705
006718	Hepatitis B Core Antibody, Total		\$63.00	86704
006395	Hepatitis B Surface Antibody		\$57.00	86706
006510	Hepatitis B Surface Antigen		\$47.25	87340
551432	Hepatitis B Virus (HBV) DNA by PCR, Qualitative	*	\$200.25	87516
551510	Hepatitis B Virus (HBV) DNA, Qualitative, Reflex to HBV QuantaSure	*	\$200.25	87516
140615	Hepatitis B Virus (HBV) DNA, QuantaSure™, TaqMan™, PCR	*	\$363.75	87517
140656	Hepatitis B Virus (HBV) DNA, QuantaSure™, TaqMan™, PCR (Serial Monitor	*	\$408.25	87517
551840	Hepatitis B Virus (HBV) GenoSure™	*	\$385.00	83894; 83898; 83904(x2); 83912; 83891(x2); 83909
140810	Hepatitis B Virus (HBV) NGI SuperQuant™ by PCR, Quantitative	*	\$400.25	87517
140622	Hepatitis B Virus (HBV) NGI UltraQual™ by PCR, Qualitative	*	\$383.00	87516
551550	Hepatitis B Virus (HBV) QuantaSure By Real-time PCR with Reflex to HBV Genot	*	\$400.25	87517
006635	Hepatitis Be Antibody	*	\$49.50	86707
006619	Hepatitis Be Antigen	*	\$49.50	87350
140659	Hepatitis C Virus (HCV) Antibody		\$71.75	86803
143991	Hepatitis C Virus (HCV) Antibody With Reflex to RIBA		\$71.75	86803
141408	Hepatitis C Virus (HCV) Antibody, Immunoblot Assay (RIBA)	*	\$300.00	86804
550123	Hepatitis C Virus (HCV) FibroSure™	*	\$215.00	83883; 83010; 82172; 82977; 82247; 84460
550475	Hepatitis C Virus (HCV) Genotyping	*	\$444.75	87902
140619	Hepatitis C Virus (HCV) NGI Baseline Profile	*	\$550.00	87522; 87902
140639	Hepatitis C Virus (HCV) NGI QuantaSure™ by PCR, Quantitative	*	\$480.25	87522
140612	Hepatitis C Virus (HCV) NGI SuperQuant™	*	\$332.75	87522
140609	Hepatitis C Virus (HCV) NGI UltraQual™	*	\$332.75	87521
550027	Hepatitis C Virus (HCV) QuantaSure™ Plus by TaqMan™ PCR, Quantitative	*	\$304.00	87522
550033	Hepatitis C Virus (HCV) QuantaSure™ Plus by TaqMan™ PCR, Quantitative	*	\$314.00	87522
550400	Hepatitis C Virus (HCV) RNA by PCR, Qualitative	*	\$254.75	87521
551242	Hepatitis C Virus (HCV) RNA by PCR, Qualitative With Reflex to Genotype	*	\$254.75	87521
550146	Hepatitis C Virus (HCV) RNA by PCR, Qualitative With Reflex to Quantitative	*	\$254.75	87521
551221	Hepatitis C Virus (HCV) RNA by PCR, Quantitative With Reflex to Genotype	*	\$314.00	87522
551879	Hepatitis C Virus (HCV) RNA by PCR, Quantitative With Reflex to Genotype (No	*	\$304.00	87522
322744	Hepatitis Panel, Acute		\$245.50	80074
058560	Hepatitis Profile I (Diagnostic)		\$173.75	87340; 86705; 86709
046938	Hepatitis Profile II (Diagnostic Follow-up)		\$156.00	86706; 87350; 86707
045849	Hepatitis Profile III (Patient Management)		\$146.25	87340; 87350; 86707
058537	Hepatitis Profile IV (Hepatitis A and B Immune Status)		\$242.50	86704; 86706; 86708; 86709
028928	Hepatitis Profile V (Hepatitis A Profile)		\$122.50	86709; 86708

Test No	Test Name	Non-discountable	Fee	CPT Code(s)
058545	Hepatitis Profile VI (Hepatitis B Profile)		\$330.00	87340; 86704; 86706; 87350; 86707; 86705
058552	Hepatitis Profile VII (Hepatitis A and B Profile)		\$452.50	87340; 86704; 86705; 86706; 87350; 86707; 86708; 86709
255505	Hepatitis Profile VIII (Hepatitis B and C Profile)		\$401.75	87340; 86704; 86706; 87350; 86707; 86803; 86705
235473	Hepatitis Profile X (HBV Pre vaccination Profile)		\$231.00	87340; 86704; 86705; 86706
265389	Hepatitis Profile XI (HBV Vaccine Follow-up Profile)		\$57.00	86706
091108	Hepatitis Profile XII (HBV Follow-up Profile)		\$203.25	87340; 86706; 87350; 86707
265397	Hepatitis Profile XIII (HBV Prenatal Profile)	*	\$153.75	87340; 86706; 87350
483289	HER-2 Immunohistochemistry (IHC) With Reflex to Fluorescence in situ Hybridi	*	\$201.25	88360
483248	HER-2/neu FISH	*	\$542.25	88368
480376	HER-2/neu Oncoprotein, Paraffin Block	*	\$201.25	88360
480136	HER-2/neu Quantitative by ELISA	*	\$219.25	83950
511345	Hereditary Hemochromatosis, DNA Analysis	*	\$212.50	83892(x3); 83894(x3); 83898(x2); 83912; 83891
550921	Herpes Simplex Virus (HSV) by DNA Probe	*	\$156.25	88365
008250	Herpes Simplex Virus (HSV) Culture and Typing	*	\$98.50	87255
186072	Herpes Simplex Virus (HSV) Culture Without Typing	*	\$86.50	87255
163147	Herpes Simplex Virus (HSV) Type II-specific Antibodies, IgG		\$85.00	86696
164897	Herpes Simplex Virus (HSV) Type I-specific Antibodies, IgG		\$57.75	86695
164905	Herpes Simplex Virus (HSV) Types I- and II-specific Antibodies, IgG		\$142.75	86695; 86696
550001	Herpes Simplex Virus (HSV) Types I/II by Immunohistochemistry	*	\$116.00	88342
138651	Herpes Simplex Virus (HSV) Types I/II, DNA, PCR	*	\$262.25	87801
138594	Herpes Simplex Virus (HSV) Types I/II, DNA, PCR, Amniotic Fluid	*	\$198.00	87801
163014	Herpes Simplex Virus (HSV) Types I/II, IgG		\$61.00	86694
164913	Herpes Simplex Virus (HSV) Types I/II, IgG Evaluation With Reflex to Herpes		\$61.00	86694
164806	Herpes Simplex Virus (HSV) Types I/II, IgM, By EIA		\$63.25	86694
117838	Hexagonal Phase Phospholipid Neutralization	*	\$113.50	85732
001925	High Density Lipoprotein Cholesterol (HDLc)		\$36.50	83718
500460	High Molecular Weight Kininogen	*	\$90.75	85293
048462	Hirsutism Profile	*	\$323.00	82157; 82627; 84403
257121	Hirsutism Profile, Comprehensive		\$733.50	82154; 82157; 82627; 84270; 84402; 84403
144600	Histamine Determination, Plasma	*	\$205.25	83088
144618	Histamine Determination, Urine	*	\$205.25	83088
081315	Histamine Determination, Whole Blood	*	\$205.25	83088
488056	Histology With Reflex to Human Papillomavirus (HPV)	*	\$111.00	88305
.....	Histopathology			
488981	Histopathology With DNA Ploidy Reflex - Call Lab for Pricing	*		Contact Oncology
164319	Histoplasma Antibodies, Quantitative, DID		\$86.75	86698
138580	Histoplasma DNA, PCR	*	\$145.00	87798
716860	HIV TheraSure™ Monitoring: Amprenavir (Agenerase®)	*	\$165.00	80299
716852	HIV TheraSure™ Monitoring: Indinavir (Crixivan®)	*	\$165.00	80299
716828	HIV TheraSure™ Monitoring: Lopinavir (Kaletra[R], Ritonavir®)	*	\$165.00	80299
716836	HIV TheraSure™ Monitoring: Nelfinavir (Viracept®)	*	\$165.00	80299
716878	HIV TheraSure™ Monitoring: Ritonavir (Norvir®)	*	\$150.00	80299
716845	HIV TheraSure™ Monitoring: Saquinavir (Fortovase®)	*	\$165.00	80299
167320	HLA A Disease Association	*	\$159.50	83890; 83893(x16); 83898; 83912; 83896(x57)
167593	HLA A,B Disease Association	*	\$319.00	83893(x32); 83890; 83898; 83912(x2); 83896(x99)
167726	HLA A,B Transplant	*	\$319.00	83890; 83893(x32); 83898; 83912(x2); 83896(x99)

Test No	Test Name	Non-discountable	Fee	CPT Code(s)
016139	HLA A,B,C Disease Association	*	\$478.50	83890; 83893; 83898; 83912(x3); 83896(x99)
168054	HLA A,B,C Transplant	*	\$478.50	83890; 83893(x48); 83898; 83912(x3); 83896(x99)
167338	HLA B Disease Association	*	\$159.50	83890; 83893(x16); 83898; 83912; 83896(x65)
168018	HLA C Disease Association	*	\$159.50	83890; 83898; 83896(x35); 83893(x16); 83912
168002	HLA DQA Disease Association	*	\$275.00	83891; 83898(x24); 83894; 83912
168012	HLA DQB Disease Association	*	\$330.00	83891; 83898(x32); 83894; 83912
167312	HLA DR Disease Association	*	\$170.00	83890; 83893(x8); 83898; 83912; 83896(x19)
012542	HLA DRB, DQB Disease Association	*	\$324.50	83890; 83893(x8); 83898; 83912; 83896(x19)
167718	HLA DRB, DQB Transplant	*	\$387.25	83890; 83893(x16); 83898(x2); 83912(x2); 83896(x39)
006924	HLA-B27 Disease Association	*	\$143.00	83890; 83893(x6); 83898; 83912; 83896(x6)
006926	HLA-B5701 Test	*	\$104.50	83890; 83898; 83893(x3); 83896(x3); 83912
009274	Holter Analysis Only	*	\$131.00	93232
019331	Holter Cardiologist Overread	*	\$57.50	93233
019323	Holter Hook-up/Disconnect by LabCorp	*	\$70.75	93231
009324	Holter Recorder and Disposable Supplies, One-time Use and Analysis	*	\$181.00	93232
706994	Homocyst(e)ine, Plasma or Serum	*	\$126.00	83090
086405	Homogentisic Acid		\$34.00	81005
120253	Homovanillic Acid (HVA), 24-Hour Urine		\$70.25	83150
120246	Homovanillic Acid (HVA), Random Urine		\$98.25	82570; 83150
500314	HPA-1a (PLA1 Platelet Antigen) Genotyping (PLA 2 Polymorphism Detection)	*	\$282.25	83892; 83894; 83898; 83912; 83891
500302	HR2 Haplotype (Factor VHR2), A4070G Polymorphism	*	\$200.00	83892; 83894; 83898; 83912; 83891
140657	Human Antimouse Antibody (HAMA)	*	\$199.75	83520
004556	Human Chorionic Gonadotropin (hCG), Beta Subunit, Qualitative, Serum		\$69.75	84703
004416	Human Chorionic Gonadotropin (hCG), Beta Subunit, Quantitative, Serum		\$69.75	84702
480038	Human Chorionic Gonadotropin (hCG), Beta Subunit, Quantitative, Serum (Seria		\$79.75	84702
164763	Human Granulocytic Ehrlichiosis (HGE), IgG, IFA	*	\$100.00	86666
164672	Human Granulocytic Ehrlichiosis (HGE), IgG, IgM, IFA	*	\$200.00	86666(x2)
138479	Human Herpes Virus 6 DNA, PCR	*	\$357.00	87532
161075	Human Herpesvirus 6 (HHV-6), IgG Antibodies, Quantitative	*	\$100.00	86790
232173	Human Immunodeficiency Virus (HIV) Antigen (non-ICD) and HIV Antibodies	*	\$145.75	86701; 87390
551168	Human Immunodeficiency Virus (HIV) ANTIVIROGRAM™ (Phenotype) Analysis - Call Lab for Pricing	*		See Appendix C on Page 37
552000	Human Immunodeficiency Virus (HIV) DNA by PCR With HIV Antibodies by EIA	*	\$266.25	86701; 87535
551697	Human Immunodeficiency Virus (HIV) GenoSure[R] - Call Lab for Pricing	*		See Appendix C on Page 37
551861	Human Immunodeficiency Virus (HIV) GenoSure[R] Fusion - Call Lab for Pricing	*		See Appendix C on Page 37
551655	Human Immunodeficiency Virus (HIV) GenoSure[R] Plus - Call Lab for Pricing	*		See Appendix C on Page 37
551259	Human Immunodeficiency Virus (HIV) GenoSure[R] Plus, Reflex, Quantitative	*	\$315.00	87536
551762	Human Immunodeficiency Virus (HIV) GenoSure[R], Reflex, Quantitative	*	\$315.00	87536
551499	Human Immunodeficiency Virus (HIV) PhenoSense™ HIV (Phenotype) Comprehens	*	\$1,000.00	87903; 87904(x8)
162404	Human Immunodeficiency Virus (HIV) Proviral DNA by PCR Amplification	*	\$266.25	87535
550038	Human Immunodeficiency Virus (HIV) Proviral DNA by PCR Amplification, Miscel	*	\$297.75	87535
162503	Human Immunodeficiency Virus (HIV)/HTLV, DNA by PCR	*	\$589.00	87535; 87798(x2)
083824	Human Immunodeficiency Virus 1 (HIV-1) Antibodies, Preliminary Test With Con	*	\$60.00	86701
005462	Human Immunodeficiency Virus 1 (HIV-1) Antibody Confirmation by Western Blot	*	\$178.75	86689
083850	Human Immunodeficiency Virus 1 (HIV-1) Antibody With Reflex to Nucleic Acid	*	\$60.00	86701

Test No	Test Name	Non-discountable	Fee	CPT Code(s)
005140	Human Immunodeficiency Virus 1 (HIV-1) p24 Antigen Concentration (Non-ICD)	*	\$94.50	87390
162164	Human Immunodeficiency Virus 1 (HIV-1) RNA (bDNA)	*	\$336.25	87536
551887	Human Immunodeficiency Virus 1 (HIV-1) RNA (bDNA), Nongraphable	*	\$326.25	87536
162545	Human Immunodeficiency Virus 1 (HIV-1) RNA by PCR, Quantitative	*	\$315.00	87536
550285	Human Immunodeficiency Virus 1 (HIV-1) RNA by PCR, Quantitative (Nongraphabl	*	\$305.00	87536
551275	Human Immunodeficiency Virus 1 (HIV-1) Ultrasensitive RNA With Reflex to HIV	*	\$351.00	87536
550483	Human Immunodeficiency Virus 1 (HIV-1) Ultrasensitive RNA, Quantitative	*	\$312.00	87536
551754	Human Immunodeficiency Virus 1 (HIV-1) Ultrasensitive RNA, Quantitative With	*	\$297.50	87536
551317	Human Immunodeficiency Virus 1 (HIV-1) Ultrasensitive RNA, Quantitative With	*	\$258.75	87536
163550	Human Immunodeficiency Virus 2 (HIV-2) Antibodies by EIA	*	\$99.75	86702
138453	Human Immunodeficiency Virus 2 (HIV-2), Qualitative, PCR	*	\$354.75	87538
164680	Human Monocytic Ehrlichiosis (HME), IgG, IgM, IFA	*	\$200.00	86666(x2)
550020	Human Papillomavirus (HPV) by PCR	*	\$289.25	87621
500199	Human Papillomavirus (HPV), Biopsy	*	\$198.00	88365(x2)
500306	Human Papillomavirus (HPV), Hybrid Capture II	*	\$177.00	87621(x2)
507301	Human Papillomavirus (HPV), Hybrid Capture, High-risk	*	\$165.50	87621
164277	Human T-Cell Lymphotropic Virus I, II (HTLV-I/HTLV-II) Antibodies, Prelimina	*	\$72.75	86790
164129	Human T-Cell Lymphotropic Virus I, II (HTLV-I/HTLV-II) Differentiation Immun	*	\$198.00	86687; 86688
162420	Human T-Cell Lymphotropic Virus I, II (HTLV-I/HTLV-II), DNA by PCR	*	\$322.75	87798(x2)
163246	Human T-Cell Lymphotropic Virus I, II (HTLV-I/HTLV-II), Qualitative	*	\$72.75	86790
082214	Hydrochloric Acid, Free and Total Titratable Acidity		\$42.75	82926
029884	Hydroxyproline, Free and Total, Quantitative, Urine		\$292.75	83500; 83505
004911	Hydroxyproline, Free, Quantitative, 24-Hour Urine		\$129.50	83500
004796	Hydroxyproline, Total, Quantitative, Urine		\$163.25	83505
660670	Hypersensitivity Pneumonitis Profile	*	\$205.50	86602(x3); 86606; 86331; 86671
I				
141531	IA2 Autoantibodies	*	\$179.25	86341
480724	IgL Gene Rearrangement, PCR	*	\$247.00	83891; 83912; 83909; 83900; 83901(x11)
007468	Imipramine (Tofranil®), Serum		\$95.25	80174
054494	Immune Complexes Profile		\$216.00	86332(x2)
096933	Immune Complexes, C1q Binding		\$105.25	86332
096156	Immune Complexes, Raji Cell, Quantitative		\$124.50	86332
152074	Immune Deficiency Profile IX	*	\$238.25	82232; 86701; 87390
150177	Immune Deficiency Profile VII	*	\$321.75	86359; 86360; 86701
150201	Immune Deficiency Profile VIII	*	\$461.00	82232; 86332; 86359; 86360
488148	ImmunoCyt/Urine Cytology Profile	*	\$382.25	88112; 88346(x2)
003467	Immunofixation (IFE) and Protein Electrophoresis, 24-Hour Urine		\$245.50	86335; 84166
001438	Immunofixation (IFE) and Protein Electrophoresis, Cerebrospinal Fluid		\$245.50	86335; 84166
122390	Immunofixation (IFE) and Protein Electrophoresis, Random Urine		\$245.50	86335; 84166
001495	Immunofixation (IFE) and Protein Electrophoresis, Serum		\$192.00	82784(x3); 86334; 84165
100115	Immunoglobulin A (IgA), Quantitative, Cerebrospinal Fluid		\$38.25	82784
001784	Immunoglobulin A (IgA), Quantitative, Serum		\$38.25	82784
002162	Immunoglobulin D (IgD), Quantitative, Serum		\$55.00	82784
002170	Immunoglobulin E (IgE), Total		\$66.00	82785
002238	Immunoglobulin G (IgG) Index		\$149.50	82784(x2); 82042; 82040
203836	Immunoglobulin G (IgG) Index and Synthesis Rate		\$149.50	82784(x2); 82042; 82040
085928	Immunoglobulin G (IgG) Synthesis Rate, Cerebrospinal Fluid (CSF)		\$149.50	82784(x2); 82042; 82040
012211	Immunoglobulin G (IgG), Quantitative, Cerebrospinal Fluid		\$45.75	82784
001776	Immunoglobulin G (IgG), Quantitative, Serum		\$38.25	82784
160507	Immunoglobulin G (IgG), Subclass 1		\$77.50	82787
160515	Immunoglobulin G (IgG), Subclass 2		\$77.50	82787

Test No	Test Name	Non-discountable	Fee	CPT Code(s)
160523	Immunoglobulin G (IgG), Subclass 3		\$77.50	82787
160531	Immunoglobulin G (IgG), Subclass 4		\$77.50	82787
209601	Immunoglobulin G (IgG), Subclasses (1-4)		\$348.25	82784; 82787(x4)
100123	Immunoglobulin M (IgM), Quantitative, Cerebrospinal Fluid		\$38.25	82784
001792	Immunoglobulin M (IgM), Quantitative, Serum		\$38.25	82784
001768	Immunoglobulins (Quantitative IgA, IgG, IgM), Serum		\$114.75	82784(x3)
002295	Immunoglobulins (Quantitative, IgA, IgE, IgG, IgM), Serum		\$180.75	82784(x3); 82785
484006	Immunohistochemical (Diagnostic) Staining Program - Call Lab for Pricing	*		Contact Oncology
.....	Immunoperoxidase Procedures			
008672	India Ink Preparation	*	\$38.00	87210
512053	Infertility--Male, Y Deletion, DNA Analysis	*	\$240.50	83894(x2); 83912; 83901(x4); 83891; 83900
164830	Inflammatory Bowel Disease (IBD) Profile	*	\$290.00	86671(x2)
096487	Influenza A and B Antibodies, Quantitative		\$120.00	86710(x2)
186064	Influenza A and B By Direct Immunoassay		\$93.50	87804(x2)
182295	Influenza A Only by Direct EIA	*	\$90.50	87804
146803	Inhibin A, Ultrasensitive	*	\$199.75	86336
146795	Inhibin B	*	\$199.75	83520
004333	Insulin		\$47.75	83525
213660	Insulin and C-Peptide, Serum		\$124.75	83525; 84681
141598	Insulin Autoantibodies (IAA)		\$122.00	86337
140350	Insulin, Free and Total, Serum		\$101.00	83527; 83525
010363	Insulin-like Growth Factor I (IGF-I)	*	\$156.00	84305
141770	Insulin-like Growth Factor II (IGF-II)	*	\$148.25	83520
140822	Insulin-like Growth Factor-binding Protein 1 (IGFBP-1)	*	\$97.50	84305
500133	Insulin-like Growth Factor-binding Protein 2 (IGFBP-2)	*	\$62.00	83519
140152	Insulin-like Growth Factor-binding Protein 3 (IGFBP-3)	*	\$70.25	83520
142455	Interleukin-2 Soluble Receptor Alpha (IL-2SRa)	*	\$234.25	83520
140681	Interleukin-6 (IL-6)	*	\$199.75	83520
010413	Intrinsic Factor Blocking Antibodies, Serum	*	\$89.00	86340
001321	Iron and Total Iron-binding Capacity (TIBC)		\$39.50	83550; 83540
001339	Iron, Serum		\$19.75	83540
630988	Isocyanates Profile	*	\$47.25	86003(x3)
096164	Isohemagglutinin Titer		\$45.75	86940
J				
512020	Jewish Heritage Profile	*	\$721.00	83900; 83909; 83891(x2); 83892; 83901(x25); 83912(x3); 83914(x36)
512111	Jewish Heritage Profile II	*	\$1,359.00	83892; 83901(x39); 83912(x6); 83891(x2); 83909; 83900; 83914(x50)
K				
500128	Kaolin Clotting Time (KCT)	*	\$120.00	85347
004887	Ketone Bodies, Serum		\$34.75	82009
723114	Ketone Solvents Exposure Profile, Blood	*	\$138.00	84600
242347	Kidney Stone Retest, Limited	*	\$726.25	81003; 82030; 82340; 82507; 82570(x2); 83735; 83945; 84105; 84300; 84392; 84560
306266	Kidney Stone Urine Test Combination With Saturation Calculations	*	\$637.00	81003; 82131; 82140; 82340; 82436; 82507; 82570; 83735; 83935; 83945; 84105; 84133; 84300; 84392; 84560
L				

Test No	Test Name	Non-discountable	Fee	CPT Code(s)
001115	Lactic Acid Dehydrogenase (LD)		\$19.75	83615
001842	Lactic Acid Dehydrogenase (LD) Isoenzymes, Serum		\$60.75	83625; 83615
100156	Lactic Acid Dehydrogenase (LD), Body Fluid		\$19.75	83615
004770	Lactic Acid, Blood		\$58.25	83605
046300	Lactose Tolerance Test		\$81.00	82951; 82952(x3)
716944	Lamotrigine (Lamictal®), Serum	*	\$98.50	80299
717033	Lead and Protoporphyrin (FEP/ZPP), Blood (Pediatric)		\$105.25	83655; 84202
038158	Lead Standard Profile, Blood		\$105.25	83655; 84202
007625	Lead, Blood (Adult)		\$45.00	83655
717009	Lead, Blood (Pediatric)		\$45.00	83655
007633	Lead, Urine		\$70.00	82570; 83655
120527	Lecithin/Sphingomyelin Ratio and Phosphatidyl Glycerol, Amniotic Fluid		\$336.75	83661; 84081
092742	Lecithin/Sphingomyelin, Phosphatidyl Glycerol, and Creatinine, Amniotic Fluid		\$364.75	83661; 84081; 82570
188227	Legionella Culture and Legionella pneumophila by DFA		\$245.75	87070; 87278
164616	Legionella pneumophila Antibody		\$100.00	86713
085506	Legionella pneumophila by DFA	*	\$145.50	87278
182246	Legionella pneumophila Urine Antigen	*	\$78.75	87449
086868	Legionella Species Culture		\$100.25	87070
164970	Leptospira IgM Antibodies		\$60.00	86720
162206	Leptospiral Antibodies		\$60.00	86720
485029	Leukemia/Lymphoma Monitor Profile		\$174.00	82232; 84275
001966	Leukocyte Alkaline Phosphatase (LAP) Score		\$48.75	85540
716936	Levetiracetam (Keppra®), Serum	*	\$108.50	80299
007013	Lidocaine (Xylocaine®), Serum		\$75.75	80176
001404	Lipase, Serum		\$28.50	83690
303756	Lipid Panel		\$56.75	80061
235010	Lipid Panel With LDL/HDL Ratio		\$56.75	80061
221010	Lipid Panel With Total Cholesterol/HDL Ratio		\$56.75	80061
100313	Lipid-associated Sialic Acid (LASA)		\$74.25	84275
480129	Lipid-associated Sialic Acid (LASA) (Serial Monitor)		\$84.25	84275
001743	Lipids, Total, Serum		\$42.00	84311
059964	Lipids, Total, Serum and Phospholipids, Serum		\$83.25	84311(x2)
120188	Lipoprotein (a)		\$62.00	83695
235036	Lipoprotein Phenotyping Profile		\$75.50	80061; 83700
804500	Lipoprotein Subfractionation Profile	*	\$173.00	84478; 83701
141275	Lipoprotein-associated Phospholipase A2	*	\$180.00	83520
007708	Lithium (Eskalith®), Serum		\$40.00	80178
485060	Liver Cancer Monitor Profile		\$233.50	82105; 84275; 86301
163980	Liver-Kidney Microsomal (LKM) Antibodies		\$65.00	86376
120295	Low-density Lipoprotein Cholesterol (Direct)		\$61.00	83721
180810	Lower Respiratory Culture		\$53.00	87070
071159	LSD Screen, Urine		\$57.50	80101
485078	Lung, Adenocarcinoma Monitor Profile		\$144.00	82378; 84275
485177	Lung, Small Cell Cancer Monitor Profile		\$271.00	82378; 86316; 84275
117986	Lupus Anticoagulant Comprehensive Profile	*	\$388.25	85610; 85732(x3); 85730; 85613; 85670
117069	Lupus Anticoagulant Reflex	*	\$138.75	85732; 85613
004283	Luteinizing Hormone (LH), Serum		\$69.50	83002
026971	Luteinizing Hormone (LH), Serum (2 Specimens)		\$139.00	83002(x2)
039230	Luteinizing Hormone (LH), Serum (3 Specimens)		\$208.50	83002(x3)
026955	Luteinizing Hormone (LH), Serum (4 Specimens)		\$278.00	83002(x4)
039248	Luteinizing Hormone (LH), Serum (5 Specimens)		\$347.50	83002(x5)

Test No	Test Name	Non-discountable	Fee	CPT Code(s)
211227	Luteinizing Hormone (LH), Serum (6 Specimens)		\$417.00	83002(x6)
095448	Luteinizing Hormone (LH), Serum (7 Specimens)		\$486.50	83002(x7)
211276	Luteinizing Hormone (LH), Serum (8 Specimens)		\$556.00	83002(x8)
500407	Luteinizing Hormone (LH), Urine	*	\$48.00	83002; 82570
550012	Lyme Disease (Borrelia burgdorferi) by PCR	*	\$324.50	87476
138685	Lyme Disease (Borrelia burgdorferi), Real-time PCR	*	\$429.50	87476
258004	Lyme Disease Antibodies, Including Reflex to Western Blot on Positives		\$179.50	86618(x2)
161992	Lyme Disease Antibodies, Quantitative, IgM		\$89.75	86618
223586	Lyme Disease Antibodies, Total and IgM Responses		\$179.50	86618(x2)
015271	Lyme Disease Antibodies, Total Immunoglobulins		\$89.75	86618
160457	Lyme Disease by Western Blot, Cerebrospinal Fluid	*	\$155.00	86617(x2)
163600	Lyme Disease by Western Blot, Serum	*	\$128.00	86617(x2)
162263	Lyme Disease by Western Blot, Synovial Fluid	*	\$155.00	86617(x2)
160333	Lyme Disease, IgM, Early Test With Reflex		\$89.75	86618
160325	Lyme Disease, Total Antibody Test With Reflex		\$89.75	86618
161653	Lyme Disease/Syphilis Antibodies Differential Profile		\$110.75	86618; 86592
510612	Lymphoma Profile, Fluorescence in situ Hybridization (FISH)	*	\$670.00	88271(x8); 88275; 88291
080713	Lysozyme, Serum		\$77.00	85549
081885	Lysozyme, Urine		\$77.00	85549
M				
500324	Macroprolactin	*	\$89.00	84146(x2)
080283	Magnesium, RBC	*	\$75.00	83735
001537	Magnesium, Serum		\$28.25	83735
003400	Magnesium, Urine		\$25.50	83735
724195	Manganese, Blood	*	\$108.25	83785
071589	Manganese, Plasma	*	\$108.25	83785
071597	Manganese, Urine	*	\$80.00	83785; 82570
511337	Maternal Cell Contamination - No Charge	*		83891(x2); 83901(x8); 83894(x2); 83912; 83900(x2)
500124	Matrix Metalloproteinase 9 (MMP-9)	*	\$80.00	83520
071306	MDMA Confirmation, Urine	*	\$92.00	80102
722118	MDMA Screen and Confirmation, Urine (Additional Charge)	*	\$38.00	80101
722117	MDMA Screen and Confirmation, Urine (No Additional Charge)	*	\$48.00	80101
058495	Measles, Mumps, Rubella (MMR) Immunity Profile		\$164.00	86735; 86762; 86765
764888	Medical Professional Profile (11 Drugs), Screen and Confirmation, Urine	*	\$149.00	80100
764875	Medical Professional Profile (12 Drugs), Screen and Confirmation, Urine	*	\$175.00	80100
764480	Medical Professional Profile (8 Drugs), Screen and Confirmation, Urine	*	\$115.00	80100
764456	Medical Professional Profile (9 Drugs), Screen and Confirmation, Urine	*	\$125.00	80100
010421	Melanocyte-stimulating Hormone (MSH), Plasma	*	\$129.25	83519
485037	Melanoma Monitor Profile		\$193.25	86316; 84275
007534	Meperidine (Demerol®), Serum		\$88.00	83925
070755	Mephobarbital (Mebaral®), Serum		\$70.00	80184; 82205
085324	Mercury, Blood	*	\$92.50	83825
007773	Mercury, Urine	*	\$77.00	82570; 83825
072058	Mesoridazine (Serentil®), Serum		\$88.00	84022
322000	Metabolic Panel (14), Comprehensive		\$26.50	80053
322758	Metabolic Panel (8), Basic		\$23.25	80048
121806	Metanephrines, Fractionated, Plasma Free	*	\$211.75	83835
004234	Metanephrines, Fractionated, Quantitative, 24-Hour Urine		\$149.75	83835
004044	Metanephrines, Pheochromocytoma Evaluation		\$101.00	82570; 83835
007781	Methadone (Dolophine®), Serum		\$88.00	83840
700070	Methadone Confirmation, Urine	*	\$92.00	80102

Test No	Test Name	Non-discountable	Fee	CPT Code(s)
074468	Methadone Screen, Urine	*	\$38.00	80101
714766	Methamphetamines D and L, Urine	*	\$111.25	80102
017699	Methanol, Serum or Blood		\$70.00	84600
071332	Methaqualone Confirmation, Urine	*	\$105.00	82491
798272	Methaqualone Screen and Confirmation, Urine	*	\$48.00	80101
138646	Methicillin-Resistant Staph (MRSA) DNA	*	\$235.00	87149
182253	Methicillin-resistant Staphylococcus aureus (MRSA) Culture and Susceptibilit		\$30.00	87081
183129	Methicillin-resistant Staphylococcus aureus (MRSA) Culture Only		\$28.75	87081
007658	Methotrexate (MTX), Serum		\$87.75	80299
723155	Methyl Ethyl Ketone, Blood	*	\$88.00	84600
723205	Methyl Ethyl Ketone, Urine	*	\$88.00	84600
723163	Methyl Isobutyl Ketone, Blood	*	\$88.00	84600
723171	Methyl n-Butyl Ketone, Blood	*	\$88.00	84600
511238	Methylenetetrahydrofolate Reductase (MTHFR) Thermolabile Variant, DNA Analys	*	\$181.50	83892(x2); 83894; 83898(x2); 83912; 83891
706961	Methylmalonic Acid, Serum	*	\$158.25	83921
716365	Methylmalonic Acid, Urine	*	\$158.25	83921
715300	Methylphenidate (Ritalin®), Serum	*	\$126.50	80299
716076	Mexiletine (Mexitil®), Serum		\$92.00	80299
140050	Microalbumin, 24-Hour Urine		\$52.50	82043
140285	Microalbumin/Creatinine Ratio, Random Urine		\$80.50	82043; 82570
008870	Minimum Inhibitory Concentration (MIC)/Minimum Bactericidal Concentration (M		\$122.50	87186; 87187
009159	Miscellaneous Fluid Cytology	*	\$117.00	88112
009126	Miscellaneous Smear Cytology	*	\$99.75	88161
006650	Mitochondrial (M2) Antibody		\$76.75	83516
006189	Mononucleosis Test, Qualitative		\$40.00	86308
006536	Mononucleosis Test, Qualitative With Reflex to Titer on Positives		\$40.00	86308
006841	Mucin Clot Test		\$16.25	83872
511386	Mucopolidosis Type IV Mutation Detection	*	\$200.00	83891; 83892; 83912; 83900; 83914(x2)
510586	Multiple Myeloma Profile, Fluorescence in situ Hybridization (FISH)	*	\$507.00	88271(x5); 88275; 88291
092080	Multiple Sclerosis (MS) Profile		\$382.75	82784(x2); 83916; 82042; 83873; 82040
096552	Mumps Antibodies, IgG		\$58.25	86735
160499	Mumps Antibodies, IgM		\$58.25	86735
016188	Murine Typhus Antibodies, IgG	*	\$132.25	86757
234419	Myasthenia Gravis Evaluation Profile		\$252.75	86255; 83519
086120	Myasthenia Gravis Profile I	*	\$352.00	83519(x2)
086121	Myasthenia Gravis Profile II	*	\$252.75	86255; 83519
086122	Myasthenia Gravis Profile III	*	\$428.75	86255; 83519(x2)
550087	Mycobacterium tuberculosis (MTB) Detection by Nucleic Acid Amplification	*	\$233.00	87556
188540	Mycobacterium tuberculosis (MTB) Detection by Nucleic Acid Amplification Wit	*	\$344.75	87116; 87206; 87015; 87556
138420	Mycoplasma pneumoniae DNA, PCR	*	\$322.50	87581
086876	Mycoplasma pneumoniae Respiratory Culture	*	\$141.75	87109
163758	Mycoplasma pneumoniae, IgG and IgM Antibodies		\$160.00	86738(x2)
163741	Mycoplasma pneumoniae, IgG Antibodies		\$80.00	86738
163212	Mycoplasma pneumoniae, IgM Antibodies		\$80.00	86738
138778	Mycoplasma/Ureaplasma Real-time PCR	*	\$262.25	87801
019208	Myelin Basic Protein (MBP), Cerebrospinal Fluid		\$113.50	83873
510599	Myelodysplastic Syndrome (MDS), Fluorescence in situ Hybridization (FISH)	*	\$670.00	88271(x4); 88275; 88291
010405	Myoglobin, Quantitative, Serum	*	\$89.00	83874
003079	Myoglobin, Quantitative, Urine	*	\$89.00	83874

Test No	Test Name	Non-discountable	Fee	CPT Code(s)
N				
169102	Narcolepsy Evaluation, HLA Disease Association	*	\$209.00	83890; 83893(x16); 83898(x2); 83912(x2); 83896(x39)
505016	Natural Killer Cell Surface Antigen (CD3-, CD16+, CD56+ Marker Analysis)	*	\$158.50	86357
009365	Needle Aspiration Cytology With Radiologic Guidance	*	\$337.00	88172; 88173
098004	Neisseria gonorrhoeae by DNA Probe		\$50.00	87590
164210	Neisseria gonorrhoeae by DNA Probe With Confirmation	*	\$50.00	87590
140335	Neopterin, Serum	*	\$106.75	83519
140343	Neopterin, Urine	*	\$106.75	83519
485052	Neuroblastoma Monitor Profile		\$244.25	82728; 86316; 84275
140624	Neuron-specific Enolase (NSE), Serum	*	\$120.00	86316
480137	Neuron-specific Enolase (NSE), Serum (Serial Monitor)	*	\$130.00	86316
071571	Nickel, Plasma	*	\$108.25	83885
071563	Nickel, Urine	*	\$80.00	82570; 83885
716555	Nicotine Metabolite, Urine		\$43.00	80101
511329	Niemann-Pick Disease, DNA Analysis	*	\$192.50	83891; 83901(x2); 83892; 83912; 83900; 83914(x4)
788930	Nitrite, Urine	*	\$49.50	84311
884247	NMR LipoProfile	*	\$116.00	82465; 83704
138307	Norovirus Detection, RT-PCR	*	\$242.00	87798
007393	Nortriptyline (Aventyl®), Serum		\$102.50	80182
140830	N-Telopeptide Cross-links (NTx), Serum	*	\$185.50	82523
511097	N-Telopeptide Cross-links (NTx), Urine (Serial Monitor)	*	\$71.00	82523; 82570
488411	Nuclear Matrix Protein (NMP) 22	*	\$131.50	86316
O				
008607	Occult Blood, Stool		\$27.50	82270
716571	Olanzapine (Zyprexa®)	*	\$120.00	80154
019216	Oligoclonal Banding		\$119.75	83916
071456	Opiate Confirmation, Urine	*	\$92.00	80102
766556	Opiate Screen and Confirmation, Blood	*	\$50.00	80101
767556	Opiate Screen Only, Blood	*	\$60.50	80101
074476	Opiate Screen, Urine	*	\$38.00	80101
713644	Opiates (4) Confirmation, Urine	*	\$105.00	83925
722401	Opiates (4) Screen, Urine	*	\$38.00	80101
767640	Opiates, Blood	*	\$213.50	80101
182345	Organism Identification, Anaerobic Bacteria	*	\$100.75	87076
008664	Organism Identification, Bacteria		\$61.00	87077
008474	Organism Identification, Mold		\$85.50	87107
008466	Organism Identification, Mycobacteria	*	\$152.25	87118
182212	Organism Identification, Yeast	*	\$71.00	87106
120063	Osmolality, Body Fluid		\$31.50	84999
120071	Osmolality, Fecal		\$31.50	84999
002071	Osmolality, Serum		\$40.00	83930
003442	Osmolality, Urine		\$40.00	83935
010249	Osteocalcin, Serum	*	\$114.00	83937
008623	Ova and Parasites Examination, Routine		\$61.00	87177; 87209
485110	Ovarian Cancer Monitor Profile III		\$244.00	82378; 84275; 86304
244004	Ovarian Function Profile II		\$460.50	82670; 83001; 83002; 84146; 84436; 84443; 84479
003970	Oxalate, Quantitative, 24-Hour Urine		\$57.50	83945
712349	Oxycodone (Percocet®, Oxycontin®) Confirmation, Urine	*	\$92.00	83925

Test No	Test Name	Non-discountable	Fee	CPT Code(s)
715318	Oxycodone (Percocet®, Oxycontin®) Screen and Confirmation, Urine	*	\$47.00	80101
	P			
481044	p53 Tumor Suppressor Gene Protein, Immunohistochemical, Paraffin Block	*	\$148.25	88360
485086	Pancreatic Cancer Monitor Profile		\$241.25	82378; 84275; 86301
008185	Parasite Examination, Blood		\$71.50	87207
008219	Parasite Identification		\$35.00	87169
015610	Parathyroid Hormone (PTH), Intact		\$111.25	83970
140194	Parathyroid Hormone-related Peptide (PTH-rP)	*	\$123.25	83519
117002	Partial Thromboplastin Time (PTT), Lupus Anticoagulant	*	\$72.75	85732
005207	Partial Thromboplastin Time, Activated (aPTT)		\$23.25	85730
138644	Parvovirus B19 (Human), DNA PCR	*	\$387.75	87798
138719	Parvovirus B19 (Human), DNA, Amniotic Fluid	*	\$354.75	87798
163303	Parvovirus B19 (Human), IgG, IgM	*	\$147.00	86747(x2)
176529	Paternity Studies	*	\$210.00	N/A
119461	Patient-activated Event Monitoring (PAEM), After-Hours Coverage Only	*	\$93.50	client bill only
119511	Patient-activated Event Monitoring (PAEM), Hook-up/Disconnect by LabCorp	*	\$70.00	93270
119446	Patient-activated Event Monitoring (PAEM), Postsymptom Cardiologist Overread	*	\$84.00	client bill only
119438	Patient-activated Event Monitoring (PAEM), Postsymptom Transmission	*	\$400.00	93012
119503	Patient-activated Event Monitoring (PAEM), Presymptom Cardiology Overread	*	\$92.00	93272
119420	Patient-activated Event Monitoring (PAEM), Receipt of Transmissions	*	\$400.00	93271
084624	PCB/Chlorinated Pesticide Exposure Profile	*	\$333.00	82441
017194	Pentobarbital (Nembutal®), Serum		\$85.00	82205
723023	Perchloroethylene (Tetrachloroethylene) Exposure Profile	*	\$100.00	82570; 83921; 84600
723213	Perchloroethylene (Tetrachloroethylene), Blood	*	\$88.00	84600
082305	Periodic Acid Schiff (PAS) Stain	*	\$51.00	88313
011254	pH, Body Fluid		\$40.00	83986
010991	pH, Stool		\$40.00	83986
013037	pH, Urine		\$40.00	83986
071464	Phencyclidine (PCP) Confirmation, Urine	*	\$92.00	80102
766557	Phencyclidine (PCP) Screen and Confirmation, Blood	*	\$50.00	80101
767657	Phencyclidine (PCP), Blood	*	\$155.00	80101
074484	Phencyclidine (PCP), Urine	*	\$38.00	80101
007823	Phenobarbital (Luminal®), Serum		\$66.50	80184
723502	Phenol Exposure Profile, Urine	*	\$80.00	84600; 82570
003491	Phenylketonuria (PKU) Test, Blood	*	\$57.75	84030
070706	Phenytoin (Dilantin®), Free and Total, Serum		\$150.00	80185; 80186
070763	Phenytoin (Dilantin®), Free, Serum	*	\$90.00	80186
007401	Phenytoin (Dilantin®), Serum		\$60.00	80185
011999	Phosphatidyl Glycerol (PG) and Creatinine, Amniotic Fluid		\$255.75	82570; 84081
012799	Phosphatidyl Glycerol (PG), Amniotic Fluid		\$227.75	84081
001727	Phospholipids, Serum		\$45.25	84311
001024	Phosphorus, Serum		\$19.75	84100
003251	Phosphorus, Urine		\$22.50	84105
008631	Pinworm Preparation		\$29.25	87172
500309	Plasminogen Activator Inhibitor (PAI-1) 4G/5G Polymorphism	*	\$350.00	83892; 83894; 83898; 83912; 83891
146787	Plasminogen Activator Inhibitor 1 (PAI-1)	*	\$110.00	85415
500057	Plasminogen Activator Inhibitor Antigen	*	\$175.00	85415
117713	Plasminogen Activity		\$103.00	85420
500209	Plasminogen Antigen	*	\$160.00	85421
014068	Platelet Antibodies, Qualitative	*	\$123.75	86022
500054	Platelet Antibody, Direct	*	\$235.00	86022

Test No	Test Name	Non-discountable	Fee	CPT Code(s)
005249	Platelet Count		\$18.50	85049
500126	Platelet Factor 4	*	\$220.00	83520
117120	Platelet Neutralization Procedure (PNP)	*		85597
500050	Platelet Neutralization Procedure (PNP)	*	\$120.00	85597
009043	Pleural Fluid Cytology	*	\$117.00	88112
480491	PML/RARA Translocation Detection for Acute Promyelocytic Leukemia	*	\$330.00	83891; 83902; 83898(x3); 83896(x3); 83912
190256	Pneumocystis carinii Pneumonia (PCP), Special Stain	*	\$113.00	88312
180232	Pneumocystis Smear	*	\$103.00	87281
722009	Polychlorinated Biphenyls (PCB), Arochlors 1242/1248	*	\$127.00	82441
084616	Polychlorinated Biphenyls (PCB), Arochlors 1254/1260	*	\$127.00	82441
138293	Polyomavirus, PCR	*	\$354.75	87801
003103	Porphobilinogen (PBG), Quantitative, 24-Hour Urine		\$68.00	84110
003053	Porphobilinogen (PBG), Quantitative, Random Urine		\$68.00	84110
120980	Porphyrins, Quantitative, Random Urine		\$80.00	84120
003194	Porphyrins, Quantitative, Urine		\$80.00	84120
101675	Postpartum 75-Gram Glucose Tolerance		\$72.00	82951; 82952(x2)
001180	Potassium, Serum		\$19.75	84132
003186	Potassium, Urine		\$22.50	84133
072157	Prazepam (Centrax®), Serum		\$85.00	80154
016931	Prealbumin		\$65.50	84134
512094	PreGen-Plus™, Colorectal Cancer Detection	*	\$445.00	83890; 83904(x33); 83912; 83896(x13); 83898(x22); 83909(x2); 83907
004036	Pregnancy Test, Urine		\$40.00	81025
500340	Pregnanetriol, Urine	*	\$90.00	84138; 82570
140707	Pregnenolone	*	\$143.00	84140
500194	Prekallikrein (Fletcher Factor)	*	\$165.00	85292
038109	Prenatal Infectious Disease Antibodies, IgG, Quantitative		\$239.50	86644; 86762; 86777; 86694
211581	Prenatal Infectious Disease Antibodies, IgM, Quantitative		\$306.00	86645; 86694; 86762; 86778
202945	Prenatal Profile I (With Hepatitis B Surface Antigen)		\$204.00	85025; 87340; 86592; 86762; 86850; 86900; 86901
030387	Prenatal Profile I (Without Hepatitis B Surface Antigen)		\$156.75	85025; 86592; 86762; 86850; 86900; 86901
007856	Primidone (Mysoline®), Serum		\$123.00	80184; 80188
007252	Procainamide (Pronestyl®), Serum		\$76.50	80192
510288	Products of Conception Profile	*	\$776.00	88233; 88262; 88291
004317	Progesterone		\$90.00	84144
140533	Proinsulin	*	\$181.50	84206
004465	Prolactin, Serum		\$90.00	84146
026872	Prolactin, Serum (2 Specimens)		\$180.00	84146(x2)
028472	Prolactin, Serum (3 Specimens)		\$270.00	84146(x3)
026880	Prolactin, Serum (4 Specimens)		\$360.00	84146(x4)
039453	Prolactin, Serum (5 Specimens)		\$450.00	84146(x5)
024109	Prolactin, Serum (6 Specimens)		\$540.00	84146(x6)
039446	Prolactin, Serum (7 Specimens)		\$630.00	84146(x7)
210781	Prolactin, Serum (8 Specimens)		\$720.00	84146(x8)
481051	Proliferation Marker MIB-1 (Ki-67), Paraffin Block	*	\$497.50	88360
117796	Prolonged Activated Partial Thromboplastin Time (APTT)	*	\$762.75	85240; 85250; 85270; 85280; 85613; 85732
117010	Prolonged Activated Partial Thromboplastin Time (APTT) Mixing Study	*	\$90.00	85730; 85732
117788	Prolonged Prothrombin Time Profile	*	\$721.00	85384; 85210; 85220; 85230; 85260
074567	Propoxyphene (Darvon®) Confirmation, Urine	*	\$92.00	80102

Test No	Test Name	Non-discountable	Fee	CPT Code(s)
074492	Propoxyphene (Darvon®) Screen, Urine	*	\$43.00	80101
084756	Propoxyphene (Darvon®), Serum		\$88.00	83925
485235	Prostate Cancer Profile II (Serial Monitor)		\$121.25	84066; 84153
488162	Prostate Multisite Biopsy	*	\$0.00	Contact Oncology
488170	Prostate Multisite Biopsy With Reflex to DNA Ploidy Analysis	*	\$0.00	Contact Oncology
140674	Prostate-specific Antigen (PSA), Complexed	*	\$86.50	84152
480780	Prostate-specific Antigen (PSA), Free/Total Ratio (Serial Monitor)	*	\$102.50	84153; 84154
480947	Prostate-specific Antigen (PSA), Free/Total Ratio (Without Serial Monitor)	*	\$102.50	84153; 84154
480640	Prostate-specific Antigen (PSA), Free/Total Ratio Reflex (Serial Monitor)	*	\$81.25	84153
480772	Prostate-specific Antigen (PSA), Free/Total Ratio Reflex (Without Serial Mon	*	\$71.25	84153
010322	Prostate-specific Antigen (PSA), Serum		\$71.25	84153
480145	Prostate-specific Antigen (PSA), Serum (Serial Monitor)		\$81.25	84153
140723	Prostate-specific Antigen (PSA), Ultrasensitive (Serial Monitor)	*	\$111.75	84153
140731	Prostate-specific Antigen (PSA), Ultrasensitive (Without Serial Monitor)	*	\$101.75	84153
004747	Prostatic Acid Phosphatase (PAP), Serum by EIA		\$50.00	84066
480152	Prostatic Acid Phosphatase (PAP), Serum by EIA (Serial Monitor)		\$60.00	84066
500463	Protein C Activity (Chromogenic)	*	\$80.00	85303
080465	Protein C Antigen	*	\$120.75	85302
500534	Protein C Antigen/Factor VII Antigen	*	\$207.00	85302; 85230
283655	Protein C Deficiency Profile	*	\$236.00	85302; 85303
117705	Protein C, Functional	*	\$115.25	85303
261511	Protein Electrophoresis Interpretation, 24-Hour Urine		\$113.00	84166
123018	Protein Electrophoresis Interpretation, 24-Hour Urine and Reflex to IFE, 24-		\$113.00	84166
261503	Protein Electrophoresis Interpretation, Cerebrospinal Fluid		\$138.00	84166
122366	Protein Electrophoresis with Interpretation and Reflex to IFE, CSF		\$138.00	84166
225920	Protein Electrophoresis With Interpretation, Serum		\$58.25	84165
123026	Protein Electrophoresis With Interpretation, Serum With Reflex to Immunofixa		\$58.25	84165
003368	Protein Electrophoresis, 24-Hour Urine		\$108.00	84166
096404	Protein Electrophoresis, Body Fluid		\$53.25	84166
002246	Protein Electrophoresis, Cerebrospinal Fluid		\$133.00	84166
354928	Protein Electrophoresis, Random Urine		\$108.00	84166
003715	Protein Electrophoresis, Random Urine With Reflex to IFE, Random Urine		\$108.00	84166
001487	Protein Electrophoresis, Serum		\$53.25	84165
500122	Protein Induced by Vitamin K Absence (PIVKA)/Antagonists-Factor II	*	\$230.00	83520
164517	Protein S Antigen, Total and Free	*	\$228.25	85305; 85306
117754	Protein S Deficiency Profile	*	\$341.50	85305; 85306(x2)
164525	Protein S, Functional	*	\$113.25	85306
500530	Protein S/Factor VII Antigen Ratio	*	\$221.50	85305; 85230
019588	Protein, Total, Body Fluid		\$19.75	84157
002055	Protein, Total, Cerebrospinal Fluid		\$29.50	84157
003277	Protein, Total, Quantitative, 24-Hour Urine		\$22.75	84156
001073	Protein, Total, Serum		\$19.75	84155
117017	Prothrombin Antibodies, IgG and IgM	*	\$142.00	83516(x2)
500016	Prothrombin Fraction 1+2	*	\$160.00	83520
005199	Prothrombin Time (PT)		\$18.00	85610
020321	Prothrombin Time (PT) and Partial Thromboplastin Time (PTT)		\$41.25	85610; 85730
117028	Prothrombin Time (PT) Mixing Study	*	\$70.00	85610; 85611
010165	Protoporphyrin, Free Erythrocyte and Zinc Protoporphyrin		\$60.25	84202
481077	pS2 Protein, Paraffin Block	*	\$97.00	88342
500086	Pyridinium Cross-links, HPLC	*	\$100.00	82523; 82570
004788	Pyruvic Acid, Blood		\$56.00	84210

Test No	Test Name	Non-discountable	Fee	CPT Code(s)
Q				
016774	Q Fever Antibodies, IgG		\$86.00	86638
007831	Quinidine, Serum		\$66.50	80194
R				
012005	Rapid Plasma Reagin (RPR) Test With Reflex to Quantitative RPR and Confirmat		\$21.00	86592
006072	Rapid Plasma Reagin (RPR), Qualitative Test		\$21.00	86592
006460	Rapid Plasma Reagin (RPR), Quantitation		\$21.00	86593
057844	Rash Profile A		\$196.50	86603; 86762; 86765
057851	Rash Profile B		\$118.50	86694; 86787
005033	Red Blood Cell (RBC) Count		\$18.50	85041
333070	Reducing Substance, Total, Urine		\$30.00	81005
008458	Reference Bacterial Culture Identification	*	\$109.00	87077
322777	Renal Function Panel		\$24.00	80069
000703	Renin Activity and Aldosterone	*	\$205.25	82088; 84244
142026	Renin, Direct	*	\$108.00	84244
002006	Renin, Plasma	*	\$93.50	84244
053686	Renin, Plasma (2 Specimens)		\$187.00	84244(x2)
038695	Renin, Plasma (3 Specimens)		\$280.50	84244(x3)
049510	Renin, Plasma (4 Specimens)		\$374.00	84244(x4)
038703	Renin, Plasma (5 Specimens)		\$467.50	84244(x5)
049528	Renin, Plasma (6 Specimens)		\$561.00	84244(x6)
091173	Renin, Plasma (7 Specimens)		\$654.50	84244(x7)
500448	Reptilase Time	*	\$130.00	85635
058503	Respiratory Infection Profile A (Atypical Pneumonia)		\$437.50	86603; 86631; 86713; 86738(x2)
057877	Respiratory Infection Profile B (Pneumonia)		\$440.50	86603; 86710(x3); 86738(x2)
058669	Respiratory Infection Profile D (Croup)		\$126.25	86710(x3); 86756
014548	Respiratory Syncytial Virus (RSV) by Immunoassay	*	\$80.75	87807
163188	Reticulin Antibodies IgA/IgG	*	\$161.50	86255(x2)
005280	Reticulocyte Count		\$23.00	85045
511180	Rett Syndrome, DNA Analysis	*	\$400.00	83891; 83892(x12); 83896(x12); 83903(x2); 83912; 83908(x12)
002212	Reverse T3	*	\$155.50	84482
006064	Rh Typing		\$24.25	86901
204529	Rheumatic Fever Profile		\$260.50	85651; 86060; 86140; 86256(x2); 86332
006502	Rheumatoid Arthritis (RA) Factor		\$26.00	86431
161463	Rheumatoid Arthritis (RA), Quantitative for Fluid by Hemagglutination		\$40.00	86431
058008	Rh-hr Genotype With ABO Grouping		\$41.00	86900; 86906
716563	Risperidone (Risperdal®), Serum	*	\$132.00	80299
016592	Rocky Mountain Spotted Fever (RMSF), IgG		\$94.50	86757
016667	Rocky Mountain Spotted Fever (RMSF), IgM	*	\$94.50	86757
006866	Rotavirus, Direct Detection by Immunoassay		\$92.75	87425
006197	Rubella Antibodies, IgG		\$44.00	86762
096537	Rubella Antibodies, IgM		\$80.00	86762
096560	Rubeola Antibodies, IgG		\$61.75	86765
160218	Rubeola Antibodies, IgM		\$61.75	86765
S				
660019	Saccharomonospora viridis Antibodies	*	\$51.00	86602
164657	Saccharomyces cerevisiae Profile	*	\$177.00	86671(x2)
007849	Salicylate, Serum	*	\$60.00	80196

Test No	Test Name	Non-discountable	Fee	CPT Code(s)
500179	Salivary Cortisol	*	\$46.00	82533
052373	Scleroderma Diagnostic Profile		\$132.50	86038; 86235
005215	Sedimentation Rate, Westergren		\$19.00	85651
081034	Selenium, Blood	*	\$101.00	84255
716910	Selenium, Serum	*	\$101.00	84255
071613	Selenium, Urine	*	\$101.00	84255
519306	Semen Analysis, Basic	*	\$116.00	89320
009233	Semen Analysis, Postvasectomy		\$28.00	89321
519395	Semen Motility Profile	*	\$48.00	89321
120196	Serotonin, Platelet		\$198.50	84260; 85049
120204	Serotonin, Serum		\$180.00	84260
120089	Serotonin, Whole Blood		\$180.00	84260
510222	Sex Determination (SRY), DNA Analysis	*	\$220.00	83894; 83912; 83891; 83898(x2)
082016	Sex Hormone-binding Globulin, Serum	*	\$74.00	84270
500110	SHOX Mutation Detection By DHPLC	*	\$400.00	83890; 83898(x12); 83903(x12); 83912; 83904
071621	Silver, Plasma	*	\$108.25	83018
071639	Silver, Urine	*	\$80.00	82570; 83018
716712	Sirolimus (Rapamune®), Blood	*	\$120.00	80195
012708	Sjögren Antibodies (Anti-SS-A/Anti-SS-B)	*	\$136.00	86235(x2)
.....	Skin Biopsy			
001198	Sodium, Serum		\$19.75	84295
003178	Sodium, Urine		\$19.75	84300
143305	Soluble Transferrin Receptor	*	\$125.00	83520
009076	Sputum Cytology Series	*	\$100.00	88108
162032	St Louis Encephalitis Virus Antibodies, IgG	*	\$75.00	86653
162339	St Louis Encephalitis Virus Antibodies, IgM	*	\$75.00	86653
008144	Stool Culture, Comprehensive		\$111.00	87045; 87046; 87427
182311	Stool Culture, Vibrio Only	*	\$39.75	87046
182410	Stool Culture, Yersinia Only	*	\$38.00	87046
018788	Streptococcus pneumoniae Antigen		\$122.00	87899
138210	Streptococcus pneumoniae, IgG Antibodies (14 Serotypes)	*	\$448.00	86609(x14)
138704	Streptococcus pneumoniae, IgG Antibodies (Four Serotypes)	*	\$128.00	86609(x4)
138177	Streptococcus pneumoniae, IgG Antibodies (Seven Serotypes)	*	\$224.00	86609(x7)
138800	Streptococcus pneumoniae, IgG Antibodies (Six Serotypes)	*	\$192.00	86609(x6)
160184	Striational Antibodies		\$80.75	86255
117093	Stypven Time	*	\$121.00	85612
723353	Styrene Exposure Profile	*	\$100.00	82570; 83921; 84600
723320	Styrene Metabolite Profile, Urine	*	\$62.00	82570; 83921
723130	Styrene, Blood	*	\$88.00	84600
123307	Sulfate, Quantitative, 24-Hour Urine		\$50.50	84392
.....	Surgical Pathology Consultation, Outside Slides			
056499	Systemic Lupus Erythematosus (SLE) Profile A		\$429.75	86235(x5); 86225; 86431
203752	Systemic Lupus Erythematosus (SLE) Profile B		\$303.00	86038; 86160(x2); 86225; 83516
252908	Systemic Lupus Erythematosus (SLE) Profile C		\$327.50	86235(x4); 86225
T				
480860	T and B Gene Rearrangement	*	\$494.00	83891; 83912; 83909; 83900; 83901(x10)
480388	T and B Gene Rearrangement, Southern Blot	*	\$562.00	83891; 83892(x6); 83894(x2); 83897(x2); 83896(x2); 83912
505370	T- and B-Lymphocyte and Natural Killer Cell Profile	*	\$428.25	86359; 86360; 86355; 86357
096917	T- and B-Lymphocyte Differential Profile	*	\$340.50	86359; 86360; 86355

Test No	Test Name	Non-discountable	Fee	CPT Code(s)
001156	T3 Uptake		\$25.00	84479
034264	T4 Neonatal and Phenylketonuria (PKU)	*	\$61.75	84030; 84437
706242	Tacrolimus	*	\$133.50	80197
511246	Tay-Sachs Disease, Biochemical, Leukocytes	*	\$249.00	83080
510412	Tay-Sachs Disease, Biochemical, Serum	*	\$115.00	83080
510404	Tay-Sachs Disease, DNA Analysis	*	\$240.00	83892; 83912; 83901(x5); 83891; 83900; 83914(x7)
505750	T-Cell Activation Profile, CD8 Subsets	*	\$516.00	86359; 86360; 86586(x2); 86367
480708	T-Cell Gene Rearrangement, PCR	*	\$247.00	83891; 83912; 83909; 83900; 83901
086702	Teichoic Acid Antibodies	*	\$72.25	86329
485151	Testicular Cancer Monitor Profile		\$139.75	82105; 84702
035741	Testicular Function Profile I		\$335.75	83001; 83002; 84146; 84403
035113	Testicular Function Profile II		\$377.00	83001; 83002; 84402; 84403
058925	Testicular Function Profile III		\$447.50	83001; 83002; 84146; 84403; 84436; 84443; 84479
081786	Testosterone (Free), Serum (by Equilibrium Ultrafiltration) With Total Testo	*	\$235.75	84402; 84403
500650	Testosterone, Bioavailable With Sex Hormone-binding Globulin (SHBG)	*	\$139.00	84403; 84402; 84270
144980	Testosterone, Free (Direct), Serum	*	\$131.25	84402
140103	Testosterone, Free (Direct), Serum (With Total Testosterone)	*	\$235.75	84402; 84403
143255	Testosterone, Free and Weakly Bound	*	\$235.75	84403; 84402
004226	Testosterone, Total, Serum		\$104.50	84403
163253	Tetanus Antibody Profile		\$148.00	86317(x2)
163691	Tetanus Antitoxoid Antibodies		\$74.00	86317
706580	Thallium, Urine		\$80.00	83018; 82570
007336	Theophylline, Serum		\$66.50	80198
660035	Thermoactinomyces candidus Antibodies	*	\$51.00	86602
072017	Thioridazine (Mellaril®), Serum		\$88.00	84022
007922	Thiothixene (Navane®), Serum		\$80.00	80299
015230	Thrombin Time	*	\$42.50	85670
500229	Thrombin Time Mixing Study	*	\$141.00	85670(x3)
500012	Thrombin-Antithrombin Complex	*	\$170.00	83520
117861	Thrombosis Profile, Comprehensive	*	\$706.00	85307; 85303; 85306; 85300; 86147(x2); 85732; 85613
117895	Thrombosis Profile, Comprehensive Plus	*	\$832.00	85307; 85303; 85306; 85300; 86147(x2); 85732; 85613; 83090
116038	Thrombotic Risk Evaluation	*	\$476.75	85300; 85303; 85306; 85732; 85613
116046	Thrombotic Risk Profile I	*	\$1,023.00	85300; 85301; 85302; 85303; 85305; 85306(x2); 85307; 85732; 85613
117812	Thrombotic Risk Profile, Congenital	*	\$540.25	85307; 85303; 85306; 85300; 85420
512103	Thrombotic Risk Profile, DNA Analysis	*	\$567.50	83892(x3); 83894(x3); 83898(x5); 83912(x3); 83891
042846	Thyroglobulin, Quantitative	*	\$124.00	86800; 84432
006692	Thyroid Antithyroglobulin Antibody		\$68.75	86800
330015	Thyroid Cascade Profile		\$62.00	84443
000455	Thyroid Panel		\$49.75	84436; 84479
000620	Thyroid Panel With TSH		\$111.75	84436; 84443; 84479
006676	Thyroid Peroxidase (TPO) Antibodies		\$53.50	86376
027011	Thyroid Profile II (Comprehensive)		\$187.50	84480; 84436; 84443; 84479
004259	Thyroid-stimulating Hormone (TSH)		\$62.00	84443
140749	Thyroid-stimulating Immunoglobulin (TSI)	*	\$183.50	84445
010314	Thyrotropin Receptor Antibody, Serum	*	\$105.00	83520
001149	Thyroxine (T4)		\$24.75	84436
024026	Thyroxine (T4) and Thyroid-stimulating Hormone (TSH), High Sensitivity		\$86.75	84436; 84443

Test No	Test Name	Non-discountable	Fee	CPT Code(s)
141002	Thyroxine (T4), Free by Equilibrium Dialysis, Serum	*	\$93.50	84439
001974	Thyroxine (T4), Free, Direct, Serum		\$67.00	84439
001446	Thyroxine (T4), Neonatal	*	\$173.50	84437
004457	Thyroxine (T4), Thyroxine-binding Globulin (TBG) and T4-TBG Index		\$105.00	84436; 84442
001735	Thyroxine-binding Globulin (TBG), Serum		\$80.25	84442
117000	Tissue Plasminogen Activator Activity	*	\$121.00	85415
500029	Tissue Plasminogen Activator Antigen	*	\$165.00	85415
500146	Tissue Thromboplastin Inhibition Test (TTT)	*	\$105.00	85705
164640	Tissue Transglutaminase (tTG), IgA	*	\$76.75	83516
164988	Tissue Transglutaminase (tTG), IgG	*	\$72.75	83516
096925	T-Lymphocyte Helper/Suppressor Profile	*	\$252.75	86359; 86360
007154	Tobramycin (Nebcin®), Serum, Peak		\$70.00	80200
717322	Tobramycin (Nebcin®), Serum, Peak and Trough		\$140.00	80200(x2)
007155	Tobramycin (Nebcin®), Serum, Trough		\$70.00	80200
723080	Toluene Exposure Profile	*	\$124.00	82570; 84600(x2)
723221	Toluene Metabolite Profile, Urine	*	\$62.00	82570; 84600
723072	Toluene, Blood	*	\$88.00	84600
716285	Topiramate (Topamax®), Serum	*	\$104.50	80201
006478	Toxoplasma gondii Antibodies, IgG, Quantitative		\$59.50	86777
096651	Toxoplasma gondii Antibodies, IgM, Quantitative		\$87.75	86778
138586	Toxoplasma gondii, Amniotic Fluid, PCR	*	\$354.75	87798
138602	Toxoplasma gondii, PCR	*	\$426.75	87798
764365	Tramadol (Ultram®), Urine	*	\$45.00	80299
004937	Transferrin		\$54.75	84466
071688	Trazodone (Desyrel®), Serum		\$95.00	80299
006379	Treponema pallidum Antibodies (FTA-Ab)		\$64.75	86781
082339	Treponema pallidum Antibodies (TP-PA)		\$64.75	86781
723254	Trichloroacetic Acid, Urine	*	\$80.00	82570; 83921
723262	Trichloroethane Exposure Profile	*	\$100.00	82570; 83921; 84600(x2)
723247	Trichloroethane Metabolite, Urine	*	\$88.00	84600
723189	Trichloroethane, Blood	*	\$88.00	84600
723197	Trichloroethanol, Blood	*	\$88.00	84600
723015	Trichloroethylene Exposure Profile	*	\$100.00	82570; 83921; 84600
723122	Trichloroethylene, Blood	*	\$88.00	84600
007690	Tricyclic Antidepressants, Serum		\$90.00	80101
001172	Triglycerides		\$19.75	84478
002188	Triiodothyronine (T3)		\$75.75	84480
010389	Triiodothyronine (T3), Free, Serum		\$128.25	84481
120832	Troponin I	*	\$98.00	84484
010355	Trypsin	*	\$125.50	83519
006742	Tularemia Agglutinins	*	\$51.50	86000
140673	Tumor Necrosis Factor Alpha (TNF)	*	\$181.50	83520
176548	Twin Zygosity Study	*	\$100.00	83890(x2); 83912; 83909(x2); 83900(x2)
U				
470054	Uniparental Disomy (UPD), DNA Analysis	*	\$200.00	83894; 83912; 83891; 83900
008342	Upper Respiratory Culture, Routine		\$53.00	87070
317222	Urea Nitrogen and Creatinine, 24-Hour Urine		\$52.25	82570; 84540
002329	Urea Nitrogen Clearance		\$44.00	84545
003541	Urea Nitrogen, 24-Hour Urine		\$24.25	84540
001040	Urea Nitrogen, Serum		\$19.75	84520
086884	Ureaplasma/Mycoplasma hominis Culture	*	\$96.25	87109

Test No	Test Name	Non-discountable	Fee	CPT Code(s)
019505	Uric Acid, Body Fluid		\$22.50	84560
001057	Uric Acid, Serum		\$19.75	84550
003418	Uric Acid, Urine		\$22.50	84560
003772	Urinalysis, Complete (With Microscopic Examination)		\$19.00	81001
003038	Urinalysis, Routine (With Microscopic Examination on Positives)		\$15.50	81003
008086	Urine Culture, Comprehensive		\$65.00	87086
008847	Urine Culture, Routine		\$40.00	87086
009068	Urine Cytology	*	\$117.00	88112
485136	Uterine Cancer Monitor Profile		\$174.25	84275; 86304
V				
007260	Valproic Acid (Depakote®), Serum		\$75.75	80164
138664	VanA and VanB Real-time PCR	*	\$235.00	87149
070327	Vancomycin (Vancocin®), Serum, Peak		\$70.00	80202
717314	Vancomycin (Vancocin®), Serum, Peak and Trough		\$140.00	80202(x2)
070328	Vancomycin (Vancocin®), Serum, Trough		\$70.00	80202
182360	Vancomycin-resistant Enterococcus (VRE) Culture Only		\$34.25	87081
004143	Vanillylmandelic Acid (VMA), 24-Hour Urine		\$61.00	84585
123208	Vanillylmandelic Acid (VMA), Random Urine		\$89.00	82570; 84585
096206	Varicella-Zoster Virus (VZV) Antibodies, IgG		\$57.50	86787
096776	Varicella-Zoster Virus (VZV) Antibodies, IgM, Quantitative	*	\$76.00	86787
138313	Varicella-Zoster Virus (VZV), DNA, PCR	*	\$354.75	87798
117006	Vascular Endothelial Growth Factor (VEGF), Plasma	*	\$225.00	83520
010397	Vasoactive Intestinal Polypeptide (VIP), Plasma	*	\$222.00	84586
006445	VDRL, Cerebrospinal Fluid		\$43.25	86592
186049	Viral Culture, Rapid, Cytomegalovirus (CMV)	*	\$96.25	87254
186023	Viral Culture, Rapid, Influenza A and B	*	\$105.00	87254(x2)
186056	Viral Culture, Rapid, Lesion (Herpes Simplex Virus and Varicella-zoster Viru	*	\$207.75	87254; 87255
186015	Viral Culture, Rapid, Respiratory	*	\$145.00	87254(x7)
186031	Viral Culture, Rapid, Varicella-Zoster (VZV)	*	\$120.25	87254
008573	Viral Culture, Source-specific, General		\$194.75	87252
185033	Virus, Direct Detection by DFA (Adenovirus)	*	\$73.25	87260
185025	Virus, Direct Detection by DFA (Cytomegalovirus [CMV])	*	\$66.50	87271
008508	Virus, Direct Detection by DFA (Herpes Simplex Virus [HSV])	*	\$73.00	87300
185017	Virus, Direct Detection by DFA (Respiratory Syncytial Virus [RSV])	*	\$68.50	87280
185009	Virus, Direct Detection by DFA (Varicella-Zoster Virus [VZV])	*	\$71.50	87290
004861	Viscosity, Serum		\$57.75	85810
001750	Vitamin A and Carotene		\$146.00	82380; 84590
144006	Vitamin A and E		\$142.00	84446; 84590
144014	Vitamin A, E, and Beta Carotene		\$213.50	82380; 84446; 84590
017509	Vitamin A, Serum		\$74.50	84590
121178	Vitamin B1 (Thiamine), Plasma	*	\$77.00	84425
121186	Vitamin B1 (Thiamine), Whole Blood	*	\$77.00	84425
001503	Vitamin B12		\$70.75	82607
000810	Vitamin B12 and Folate		\$128.25	82607; 82746
081869	Vitamin B12 Unsaturated Binding Capacity	*	\$78.75	82608
004655	Vitamin B6, Plasma		\$129.00	84207
001479	Vitamin C, Serum		\$60.00	82180
081091	Vitamin D, 1,25-Dihydroxy	*	\$196.50	82652
081950	Vitamin D, 25-Hydroxy	*	\$154.25	82306
081000	Vitamin E, Serum		\$67.50	84446
007062	Volatiles, Blood		\$70.00	84600

Test No	Test Name	Non-discountable	Fee	CPT Code(s)
716001	Volatiles, Urine		\$70.00	84600
140640	Voltage-gated Calcium Channel Antibody	*	\$243.75	83519
086280	von Willebrand Factor (vWF) Antigen	*	\$155.00	85246
164509	von Willebrand Factor Activity	*	\$117.75	85245
500148	von Willebrand Factor Multimers	*	\$220.00	85247
084715	von Willebrand Profile	*	\$444.50	85240; 85245; 85246
W				
071423	Warfarin (Coumadin®), Serum		\$85.00	80299
138966	West Nile Virus Antibody, CSF	*	\$127.00	86790(x2)
138842	West Nile Virus Antibody, Serum	*	\$127.00	86790(x2)
138834	West Nile Virus, RT-PCR	*	\$199.75	87798
162040	Western Equine Encephalitis Virus Antibodies, IgG	*	\$75.00	86654
162347	Western Equine Encephalitis Virus Antibodies, IgM	*	\$75.00	86654
180901	Wet Prep		\$28.50	87210
180919	Wet Prep With Reflex to Trichomonas Culture		\$28.50	87210
005025	White Blood Cell (WBC) Count		\$18.50	85048
008656	White Blood Cells (WBC), Stool		\$35.75	89055
X				
723239	Xylene Metabolite Profile, Urine	*	\$62.00	82570; 83921
723098	Xylenes Exposure Profile	*	\$100.00	82570; 83921; 84600
723106	Xylenes, Blood	*	\$88.00	84600
293829	Xylose Tolerance Test (Fasting + 1-Hour Blood) Without 5-Hour Urine, Pediatr		\$52.50	84620
293811	Xylose Tolerance Test (Fasting + 1-Hour Blood), 5-Hour Urine, Pediatric		\$70.00	84620
232306	Xylose Tolerance Test (Fasting + 2-Hour Blood) Without 5-Hour Urine, Adult		\$52.50	84620
293837	Xylose Tolerance Test (Fasting + 2-Hour Blood), 5-Hour Urine, Adult		\$70.00	84620
293845	Xylose Tolerance Test (Fasting 1-, 2-, 3-, 4-, and 5-Hour Blood) Without 5-H		\$122.50	84620
023374	Xylose Tolerance Test (Fasting 1-, 2-, 3-, 4-, and 5-Hour Blood), 5-Hour Uri		\$140.00	84620
Z				
489000	ZAP-70 in B-CLL	*	\$500.00	88184; 88185(x2); 88187
001800	Zinc, Serum		\$60.00	84630
003434	Zinc, Urine		\$72.00	84630; 82570

Appendix A

Due to the variable number of markers needed to appropriately analyze some leukemia patients the following result codes and corresponding CPT codes have been listed for your convenience. Should you have difficulty determining which test has been resulted, please contact LabCorp's Center for Molecular Biology and Pathology customer service department at 800-533-0567 opt. (9)(3). It will be necessary to have your patient specimen number available to identify that patient's results and CPT codes. The CPT codes listed are in accordance with the 2005 edition of *Current Procedural Terminology*, a publication of the American Medical Association. CPT codes are provided here for the convenience of our clients; however, correct coding often varies from one carrier to another. Consequently, the codes presented here are intended as general guidelines and should not be used without confirming with the applicable payor that their use is appropriate in each case.

Order #	Result/ Billcode #	Description	2006 CPTs
489088		Chronic Leukemia	
489055		Acute Leukemia	
	result options		
	489179	20 markers	88184, 88185 X19, 88189
	489161	16 markers	88184, 88185 X15, 88189
	489153	15 markers	88185 x 15
	489146	10 markers	88185 x 10
	489138	5 markers	88185 x 5
	489120	4 markers	88185 x 4
	489112	3 markers	88185 x 3
	489104	2 markers	88185 x 2
	489096	1 marker	88185
	489111	First marker	88184
	489228	2-8 Interps	88187
	489215	9-15 Interps	88188
	489316	> 16 Interps	88189

Appendix B

Order #	Result/Bill code #	Test Description	2000-06 CPT
510388	result options		
510362			
	510438	FISH, additional probe	88271*
	510440	FISH, 4 additional probes	88271x4*
	510441	FISH, 2 additional probes	88271x2*
	510442	FISH, 4 additional probes	88271x4
	510443	FISH, 2 additional probes	88271x2
	510444	FISH, 3-5 Metaphases	88271*, 88291*, 88272*
	510445	FISH, 10-30 Metaphases	88271*, 88291*, 88273*
	510446	FISH, > 50 Metaphases	88271*, 88291*, 88273*
	510447	FISH, 25-99 Interphases	88271*, 88291*, 88274*
	510448	FISH, 100-300 Interphases	88271*, 88291*, 88275*
	510449	FISH, 10-30 Metaphases	88271, 88291, 88273
	510450	FISH, > 50 Metaphases	88271, 88291, 88273
	510451	FISH, 25-99 Interphases	88271, 88291, 88274
	510452	FISH, 100-300 Interphases	88271, 88291, 88275
	510454	FISH, additional probe	88271
	510480	Culture, non-neoplastic	88230
	510481	Culture, neoplastic	88237

The procedures that will be performed when test #510388 or #510362 is ordered will vary based on the chromosomal make up of each patients specimen. Therefore to appropriately bill for these services the CPT coding must be determined after testing is complete and one of the above listed possible test result/CPT coding options must be selected.

*It is recommended that the above procedures identified with an asterisk (*) be regarded as non-covered service to Medicare and Medicaid carriers until specific approval from that carrier has been verified.

Should you have difficulty determining which test has been resulted, please contact LabCorp's Center of Molecular Biology and Pathology customer service department at 800-533-0567 opt. (9)(2). It will be necessary to have your patient specimen number available to identify that patient's results and CPT codes.

The CPT codes listed are in accordance with the current edition of *Current Procedural Terminology*, a publication of the American Medical Association. CPT codes are provided for the convenience of our clients; however, correct coding often varies from one carrier to another. Consequently, the codes presented here are intended as general guidelines and should not be used without confirming with the applicable payor that their use is appropriate in each case.

Appendix C

Order #	Result/ Billcode #	Description	2006 CPT
551697	result options		
GenoSure	551663	HIV Genotype + Mutational Cluster Analysis	87901, 87900
	551366	HIV Viral Load	87536
551655	result options		
GenoSure Plus	551689	HIV Genotype + Virtual Phenotype	87901, 87900
	551366	HIV Viral Load	87536
551861	result options		
GenoSure Fusion*	551665	HIV Genotype + Mutational Cluster Analysis	83891 x2, 83902, 83898 x2, 83894, 83909, 83904 x2, 83912
	551366	HIV Viral Load	87536
551168	result options		
Phenotype (Antivirogram)	551138	Antivirogram Analysis (16 drugs)	87903, 87904 x6
	551366	HIV Viral Load	87536

The primary Genotype or Phenotype procedures may not be successful when the HIV viral load is less than 1000 copies per milliliter of plasma. If there is insufficient virus to produce results, HIV-1 RNA quantitation (551366) will be performed to confirm viral load. To appropriately bill for these services the CPT coding must be determined after testing is complete and one of the above listed possible test result/CPT options must be selected. Should you have difficulty determining which test has been resulted, please contact LabCorp's Center for Molecular Biology and Pathology customer service at 800-533-0567 opt. (9)(3). It will be necessary to have your patient specimen number available to identify that patient's results and CPT codes.

The CPT codes listed are in accordance with the current edition of *Current Procedural Terminology*, a publication of the American Medical Association. CPT codes are provided for the convenience of our clients; however, correct coding often varies from one carrier to another. Consequently, the codes presented here are intended as general guidelines and should not be used without confirming with the applicable payor that their use is appropriate in each case.

*It is recommended that the above procedures identified with asterisk (*) be regarded as non-covered services to Medicare and Medicaid carriers until specific approval from that carrier has been verified.

