

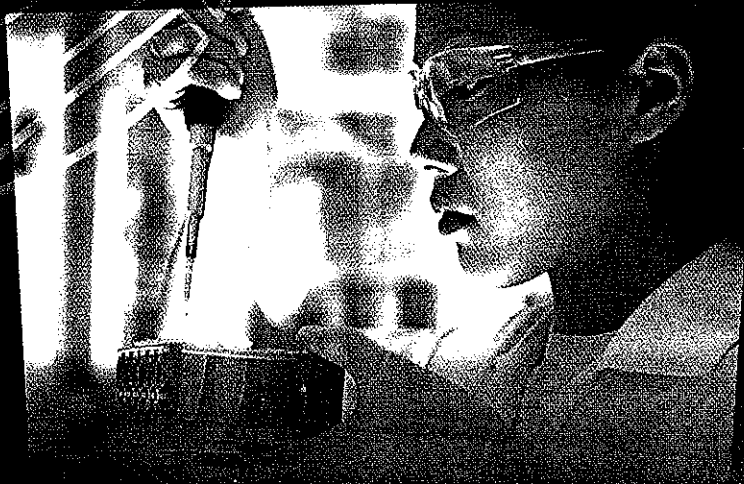
1	RFQ and Addendum 1 BHS11095 REFERENCE LABORATORY SERVICES The West Virginia Department of Health and Human Resources State-Owned Facilities
2	LabCorp Pricing Proposal
3	State of West Virginia Vendor Preference Certificate
4	LabCorp Response
5	CLIA and CAP Certificates of Accreditation
6	LabCorp 2011 Comprehensive Professional Fee Schedule
7	Sample General Liability Certificate.
8	

RECEIVED

2011 MAR -1 A 8:22

PURCHASING DIVISION
STATE OF WV





 **LabCorp**
Laboratory Corporation of America

ORIGINAL



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
BHS11095

PAGE
1

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

RFQ COPY

TYPE NAME/ADDRESS HERE

TO

HEALTH AND HUMAN RESOURCES
BBH/HF
ROOM 350
350 CAPITOL STREET
CHARLESTON, WV
25301-3702 304-558-3672

DATE PRINTED	TERMS OF SALE	SHIP VIA	F.O.B.	FREIGHT TERMS
02/15/2011				

BID OPENING DATE: **03/01/2011** BID OPENING TIME **01:30PM**

LINE	QUANTITY	UOP	CAT. NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
ADDENDUM NO. 1						
<p>1. QUESTIONS AND ANSWERS ARE ATTACHED.</p> <p>2. ADDENDUM ACKNOWLEDGEMENT IS ATTACHED. THIS DOCUMENT SHOULD BE SIGNED AND RETURNED WITH YOUR BID. FAILURE TO SIGN AND RETURN MAY RESULT IN DISQUALIFICATION OF YOUR BID.</p> <p>EXHIBIT 10</p> <p style="text-align: center;">REQUISITION NO.: BHS11095</p> <p>ADDENDUM ACKNOWLEDGEMENT</p> <p>I HEREBY ACKNOWLEDGE RECEIPT OF THE FOLLOWING CHECKED ADDENDUM(S) AND HAVE MADE THE NECESSARY REVISIONS TO MY PROPOSAL, PLANS AND/OR SPECIFICATION, ETC.</p> <p>ADDENDUM NO.'S: NO. 1 ... X ... NO. 2 NO. 3 NO. 4 NO. 5</p> <p>I UNDERSTAND THAT FAILURE TO CONFIRM THE RECEIPT OF THE ADDENDUM(S) MAY BE CAUSE FOR REJECTION OF BIDS.</p> <p>VENDOR MUST CLEARLY UNDERSTAND THAT ANY VERBAL</p>						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE <i>[Signature]</i>	TELEPHONE 614-889-1061	DATE 2/24/11
TITLE Vice President, Controller	FEIN 13-3757370	ADDRESS CHANGES TO BE NOTED ABOVE

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. Prior to any award, the apparent successful vendor must be properly registered with the Purchasing Division and have paid the required \$125 fee.
4. All services performed or goods delivered under State Purchase Order/Contracts are to be continued for the term of the Purchase Order/Contracts, 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.
5. Payment may only be made after the delivery and acceptance of goods or services.
6. Interest may be paid for late payment in accordance with the *West Virginia Code*.
7. Vendor preference will be granted upon written request in accordance with the *West Virginia Code*.
8. The State of West Virginia is exempt from federal and state taxes and will not pay or reimburse such taxes.
9. The Director of Purchasing may cancel any Purchase Order/Contract upon 30 days written notice to the seller.
10. The laws of the State of West Virginia and the *Legislative Rules* of the Purchasing Division shall govern the purchasing process.
11. Any reference to automatic renewal is hereby deleted. The Contract may be renewed only upon mutual written agreement of the parties.
12. **BANKRUPTCY:** In the event the vendor/contractor files for bankruptcy protection, the State may deem this contract null and void, and terminate such contract without further order.
13. **HIPAA BUSINESS ASSOCIATE ADDENDUM:** The West Virginia State Government HIPAA Business Associate Addendum (BAA), approved by the Attorney General, is available online at www.state.wv.us/admin/purchase/vrc/hipaa.htm and is hereby made part of the agreement. Provided that the Agency meets the definition of a Cover Entity (45 CFR §160.103) and will be disclosing Protected Health Information (45 CFR §160.103) to the vendor.
14. **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. Vendor further agrees to comply with the Confidentiality Policies and Information Security Accountability Requirements, set forth in <http://www.state.wv.us/admin/purchase/privacy/noticeConfidentiality.pdf>.
15. **LICENSING:** Vendors must be licensed and in good standing in accordance with any and all state and local laws and requirements by any state or local agency of West Virginia, including, but not limited to, the West Virginia Secretary of State's Office, the West Virginia Tax Department, and the West Virginia Insurance Commission. The vendor must provide all necessary releases to obtain information to enable the director or spending unit to verify that the vendor is licensed and in good standing with the above entities.
16. **ANTITRUST:** In submitting a bid to any agency for the State of West Virginia, the bidder offers and agrees that if the bid is accepted the bidder will convey, sell, assign or transfer to the State of West Virginia all rights, title and interest in and to all causes of action it may now or hereafter acquire under the antitrust laws of the United States and the State of West Virginia for price fixing and/or unreasonable restraints of trade relating to the particular commodities or services purchased or acquired by the State of West Virginia. Such assignment shall be made and become effective at the time the purchasing agency tenders the initial payment to the bidder.

I certify that this bid is made without prior understanding, agreement, or connection with any corporation, firm, limited liability company, partnership, or person or entity submitting a bid for the same material, supplies, equipment or services and is in all respects fair and without collusion or fraud. I further certify that I am authorized to sign the certification on behalf of the bidder or this bid.

INSTRUCTIONS TO BIDDERS

1. Use the quotation forms provided by the Purchasing Division. Complete all sections of the quotation form.
2. 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. Unit prices shall prevail in case of discrepancy. All quotations are considered F.O.B. destination unless alternate shipping terms are clearly identified in the quotation.
4. 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: Department of Administration, Purchasing Division, 2019 Washington Street East, P.O. Box 50130, Charleston, WV 25305-0130
5. Communication during the solicitation, bid, evaluation or award periods, except through the Purchasing Division, is strictly prohibited (W.Va. C.S.R. §148-1-6.6).



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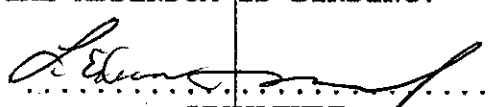
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BUYER

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 25301-3702 304-558-3672

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<p>REPRESENTATION MADE OR ASSUMED TO BE MADE DURING ANY ORAL DISCUSSION HELD BETWEEN VENDOR'S REPRESENTATIVES AND ANY STATE PERSONNEL IS NOT BINDING. ONLY THE INFORMATION ISSUED IN WRITING AND ADDED TO THE SPECIFICATIONS BY AN OFFICIAL ADDENDUM IS BINDING.</p> <p style="text-align: center;">  SIGNATURE Laboratory Corporation of America Holdings (LabCorp) COMPANY 2/24/11..... DATE </p> <p>NOTE: THIS ADDENDUM ACKNOWLEDGEMENT SHOULD BE SUBMITTED WITH THE BID.</p> <p>REV. 09/21/2009</p> <p style="text-align: center;">END OF ADDENDUM NO. 1</p>						
0001	1	YR		193-88		
OPEN END CONTRACT FOR REFERENCE LABORATORY SERVICES						

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TITLE	FEIN	ADDRESS CHANGES TO BE NOTED ABOVE

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LINE	QUANTITY	UOP	CAT NO	ITEM NUMBER	UNIT PRICE	AMOUNT
***** THIS IS THE END OF RFQ BHS11095 ***** TOTAL:						\$732,334.20

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WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES BHS11095
BUREAU FOR BEHAVIORAL HEALTH AND HEALTH FACILITIES
OFFICE OF HEALTH FACILITIES----- Reference Laboratory Services ADDENDUM #1

1. **Question:** Will all services for all facilities be billed back to the State? Nursing homes have been included in this RFQ and typically these are billed directly to Medicare, if designated as a Medicare Part B recipient.
ANSWER: All Reference Laboratory services shall be billed to the facilities in the manner referenced in RFQ paragraph 1.2.21, which requests vendor rates and the formal catalog of services; and RFQ paragraph 3 which refers to the Payment terms.

2. **Question:** How will the billing information be transmitted to the performing lab?
ANSWER: At this time, the OpenVista software does not have the capability to transmit patient Medicare or Medicaid numbers with the outgoing lab orders thus precluding direct Medicare or Medicaid billing.

3. **Question:** Section 1.2.2 states that the vendor must be able to electronically interface with the Electronic Patient Record System within thirty (30) days of the start of the contract. What kind of interface is expected / required?
ANSWER: According to Medsphere, the instrument manager software is the required interface to the Data Innovation server. For further information please contact Loyd Bittle, Director, Technical Solutions at Medsphere Corporation (loyd.bittle@Medsphere.com or 334-730-8375).

4. **Question A.** Please provide more information to clarify the test requested as "ANC" from exhibit A, Line 12.
ANSWER: Exhibit A, Line 12 should read "ANCA"

Question B. What are the components of the test named "RA Panel" from exhibit A, line 110?

ANSWER: Line 110, Exhibit A should be deleted.

5. **Question:** Section 1.2.2: Please clarify "Vendor must be compatible with existing lab devices, hardware, and software...". What is the intent of this requirement? The existing lab devices at the state hospital facilities are operated independent of the vendor laboratory, therefore the question of compatibility is ambiguous and needs to be clarified.

ANSWER: The lab devices, hardware and software mentioned are not referring to the in house laboratory machines in use by the facilities but instead refers to the Data Innovations (DI) server through which the Bi-Directional (outgoing lab orders and incoming lab results) HL7 message traffic will pass. The server in question is a PC running Windows XP and is accessible on the DHHR network via an IP address that will be provided upon award.

6. **Question:** Section 1.2.2: Please provide the interface specifications from Medsphere/Data Innovation for interface of laboratory results from the vendors Laboratory Information System to Open Vista.

ANSWER: The interface specifications can be provided by Medsphere Corporation (please see contact info above) or by Data Innovations. Data Innovations can be contacted at northamerica-sales@datainnovations.com or by phone at 802-658-2850.

7. **Question:** Is it the intent that reference lab will interface to OpenVista LEDI Module via Data Innovations (DI)?

ANSWER: Yes, the reference lab interface will be to OpenVista LEDI Module via DI.

8. **Question:** Data Innovations (DI) requires the software license number in order to provide a quote to LCA for the interface. What is the software license number for the facilities requesting the interface?

ANSWER: The WVDHHR license # on the Data Innovation server is IM-340973.

9. **Question:** Does each facility maintain separate databases or a single database shared among the facilities?

ANSWER: It is a single data base shared by the facilities.

Request for Proposal No. BHS11095

SIGN IN SHEET

PLEASE PRINT

Date: 2-8-11
1:35 pm

Page 1 of 1

* PLEASE BE SURE TO PRINT LEGIBLY - IF POSSIBLE, LEAVE A BUSINESS CARD

FIRM & REPRESENTATIVE NAME

MAILING ADDRESS

TELEPHONE & FAX NUMBERS

Company:	ATLANTIC DIAGNOSTIC LABORATORIES, LLC	3520 Progress Dr	PHONE 867-525-2470
Rep:	SYED Z HAIDER	Suite 2, Benjamin Rd 14020	TOLL FREE 867-525-2488
Email Address:	ihaidery@aol.com		
Company:	LABCORP	120 Hills Plaza	PHONE
Rep:	ROBERT VANHOOSE	Charlottesville VA 22912	TOLL FREE
Email Address:	VanHoose@LabCorp.com		FAX 304-266-0995
Company:	LabCorp	Same	PHONE 644-203-6960
Rep:	ROY FRYE		TOLL FREE
Email Address:	Fryer@labcorp.com		FAX 304-746-0995
Company:	LabCorp	Same	PHONE 502-649-3903
Rep:	Gordon McRue		TOLL FREE
Email Address:	mcraeg@labcorp.com		FAX
Company:	LabCorp	Same	PHONE 412-304-8668
Rep:	Ian Dryburgh		TOLL FREE
Email Address:	dryburri@labcorp.com		FAX

BHHS Staff Present

- Craig Rickards
- Linda Adkins
- Kim Jobe
- Connie Cantrell
- Dave Elyard
- Damon Tarrossi

ADL Atlantic
Diagnostic
Laboratories

3520 Progress Drive, Suite C
Bensalem, Pa 19020

Ph (267) 525-2470
Fax (267) 525-2488
Call (856) 979-4969
lhaider@adllab.net
www.adllab.net

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The Clinician's Choice

Gordon McRae
IS Manager

11751 Interchange Drive
Louisville, KY 40229
Office: 502-456-4700 Ext. 3528
Fax: 502-479-3934
Cell: 502-649-3903
Email: mcraeg@LabCorp.com

LabCorp
Laboratory Corporation of America

www.LabCorp.com



Bob VanHoose

Hospital Key Account Executive

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Charleston, WV 25312
Mobile: 304-308-1330
Fax: 304-746-0945
Email: vanhoob@LabCorp.com

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Laboratory Corporation of America

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Ian Dryburgh
Hospital Development Executive

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Pittsburgh, PA 15239
Mobile: 412-304-8668
Email: dryburn@LabCorp.com

www.LabCorp.com

LabCorp
Laboratory Corporation of America

Ray L. Frye
Associate Vice President
OH, WPA & WV

120 Hills Plaza
Charleston, WV 25312
Office: 304-348-2147
Office: 800-282-7013 Ext. 2147
Cell: 614-203-6960
Fax: 304-342-3404
Email: frye@LabCorp.com
www.LabCorp.com

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Laboratory Corporation of America



State of West Virginia
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 Purchasing Division
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ADDRESS CORRESPONDENCE TO ATTENTION OF
 ROBERTA WAGNER
 304-558-0067

RFQ COPY

Lab Corp
 6370 Wilcox Rd.
 Dublin, OH 43016-1296

SHIP TO
 HEALTH AND HUMAN RESOURCES
 BBH/HF
 ROOM 350
 350 CAPITOL STREET
 CHARLESTON, WV
 25301-3702 304-558-3672

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0001	1	YR	193-88			
<p>***** MAND. PRE-BID MEETING ON 2/8/2011 AT 1:30 PM IN THE DIAMOND BUILDING, 350 CAPITOL ST., CHARLESTON, WV ROOM 354 ***** OPEN-END BLANKET CONTRACT</p>						
<p>OPEN END CONTRACT FOR REFERENCE LABORATORY SERVICES</p> <p>VENDOR TO PROVIDE REFERENCE LABORATORY SERVICES TO THE WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES STATE-OWNED FACILITIES WHICH INCLUDE: WILLIAM R SHARPE, JR. HOSPITAL MILDRED MITCHELL BATEMAN HOSPITAL PINECREST HOSPITAL LAKIN HOSPITAL WELCH COMMUNITY HOSPITAL HOPEMONT HOSPITAL JOHN MANCHIN SR. HEALTH CARE CENTER</p> <p>(SEE ATTACHED SPECIFICATIONS)</p> <p>EXHIBIT 3</p> <p>LIFE OF CONTRACT: THIS CONTRACT BECOMES EFFECTIVE ON AWARD..... AND EXTENDS FOR A PERIOD OF ONE (1</p>						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE *L. Elms* TELEPHONE 614-889-1061 DATE 2/24/11

TITLE Vice President, Controller FAX 13-3757370 ADDRESS CHANGES TO BE NOTED ABOVE

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



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<p>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 REASON UPON GIVING THE DIRECTOR OF PURCHASING 30 DAYS WRITTEN NOTICE.</p> <p>UNLESS SPECIFIC PROVISIONS ARE STIPULATED ELSEWHERE IN THIS CONTRACT DOCUMENT, THE TERMS, CONDITIONS AND PRICING SET HEREIN ARE FIRM FOR THE LIFE OF THE CONTRACT.</p> <p>RENEWAL: THIS CONTRACT MAY BE RENEWED UPON THE MUTUAL WRITTEN CONSENT OF THE SPENDING UNIT AND VENDOR, SUBMITTED TO THE DIRECTOR OF PURCHASING THIRTY (30) DAYS PRIOR TO THE EXPIRATION DATE. SUCH RENEWAL SHALL BE IN ACCORDANCE WITH THE TERMS AND CONDITIONS OF THE ORIGINAL CONTRACT AND SHALL BE LIMITED TO TWO (2) ONE (1) YEAR PERIODS.</p> <p>CANCELLATION: THE DIRECTOR OF PURCHASING RESERVES THE RIGHT TO CANCEL THIS CONTRACT IMMEDIATELY UPON WRITTEN NOTICE TO THE VENDOR IF THE COMMODITIES AND/OR SERVICE SUPPLIED ARE OF AN INFERIOR QUALITY OR DO NOT CONFORM TO THE SPECIFICATIONS OF THE BID AND CONTRACT HEREIN.</p> <p>OPEN MARKET CLAUSE: THE DIRECTOR OF PURCHASING MAY AUTHORIZE A SPENDING UNIT TO PURCHASE ON THE OPEN MARKET, WITHOUT THE FILING OF A REQUISITION OR COST ESTIMATE, ITEMS SPECIFIED ON THIS CONTRACT FOR IMMEDIATE DELIVERY IN EMERGENCIES DUE TO UNFORESEEN CAUSES (INCLUDING BUT NOT LIMITED TO DELAYS IN TRANSPORTATION OR AN UNANTICIPATED INCREASE IN THE VOLUME OF WORK.)</p>						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS.

SIGNATURE Please see page 1 for authorized signature	TELEPHONE	DATE
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<p>QUANTITIES: QUANTITIES LISTED IN THE REQUISITION ARE APPROXIMATIONS ONLY, BASED ON ESTIMATES SUPPLIED BY THE STATE SPENDING UNIT. IT IS UNDERSTOOD AND AGREED THAT THE CONTRACT SHALL COVER THE QUANTITIES ACTUALLY ORDERED FOR DELIVERY DURING THE TERM OF THE CONTRACT, 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, THE STATE MAY DEEM THE CONTRACT NULL AND VOID, AND TERMINATE SUCH CONTRACT 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. 05/26/2009</p> <p>MANDATORY PRE-BID A MANDATORY PRE-BID WILL BE HELD ON 2/8/2011 AT 1:30 PM IN RM. 354 OF THE DIAMOND BLDG. ALL INTERESTED PARTIES ARE REQUIRED TO ATTEND THIS MEETING. FAILURE TO ATTEND THE MANDATORY PRE-BID SHALL RESULT IN DISQUALIFICATION OF THE BID. NO ONE PERSON MAY REPRESENT MORE THAN ONE BIDDER.</p>						

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<p>AN ATTENDANCE SHEET WILL BE MADE AVAILABLE FOR ALL POTENTIAL BIDDERS TO COMPLETE. THIS WILL SERVE AS THE OFFICIAL DOCUMENT VERIFYING ATTENDANCE AT THE MANDATORY PRE-BID. FAILURE TO PROVIDE YOUR COMPANY AND REPRESENTATIVE NAME ON THE ATTENDANCE SHEET WILL RESULT IN DISQUALIFICATION OF THE BID. THE STATE WILL NOT ACCEPT ANY OTHER DOCUMENTATION TO VERIFY ATTENDANCE. THE BIDDER IS RESPONSIBLE FOR ENSURING THEY HAVE COMPLETED THE INFORMATION REQUIRED ON THE ATTENDANCE SHEET. THE PURCHASING DIVISION AND THE STATE AGENCY WILL NOT ASSUME ANY RESPONSIBILITY FOR A BIDDER-S FAILURE TO COMPLETE THE PRE-BID ATTENDANCE SHEET. IN ADDITION, WE REQUEST THAT ALL POTENTIAL BIDDERS INCLUDE THEIR E-MAIL ADDRESS AND FAX NUMBER.</p> <p>ALL POTENTIAL BIDDERS ARE REQUESTED TO ARRIVE PRIOR TO THE STARTING TIME FOR THE PRE-BID. BIDDERS WHO ARRIVE LATE, BUT PRIOR TO THE DISMISSAL OF THE TECHNICAL PORTION OF THE PRE-BID WILL BE PERMITTED TO SIGN IN. BIDDERS WHO ARRIVE AFTER CONCLUSION OF THE TECHNICAL PORTION OF THE PRE-BID, BUT DURING ANY SUBSEQUENT PART OF THE PRE-BID WILL NOT BE PERMITTED TO SIGN THE ATTENDANCE SHEET.</p> <p>EXHIBIT 4</p> <p>LOCAL GOVERNMENT BODIES: UNLESS THE VENDOR INDICATES IN THE BID HIS REFUSAL TO EXTEND THE PRICES, TERMS, AND CONDITIONS OF THE BID TO COUNTY, SCHOOL, MUNICIPAL AND OTHER LOCAL GOVERNMENT BODIES, THE BID SHALL EXTEND TO POLITICAL SUBDIVISIONS OF THE STATE OF WEST VIRGINIA. IF THE VENDOR DOES NOT WISH TO EXTEND THE PRICES, TERMS, AND CONDITIONS OF THE BID TO ALL POLITICAL SUBDIVISIONS OF THE STATE, THE VENDOR MUST CLEARLY INDICATE SUCH REFUSAL IN HIS BID. SUCH REFUSAL SHALL NOT PREJUDICE THE AWARD OF THIS CONTRACT IN ANY</p>						

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 304-558-0067

RFQ COPY
 TYPE NAME/ADDRESS HERE

VENDOR

SHIP TO

HEALTH AND HUMAN RESOURCES
 BBH/HF
 ROOM 350
 350 CAPITOL STREET
 CHARLESTON, WV
 25301-3702 304-558-3672

DATE PRINTED	TERMS OF SALE	SHIP VIA	FOB	FREIGHT TERMS
01/21/2011				

BID OPENING DATE: 03/01/2011 BID OPENING TIME 01:30PM

LINE	QUANTITY	UOP	CAT. NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
<p>MANNER.</p> <p>REV. 3/88</p> <p>INQUIRIES: WRITTEN QUESTIONS SHALL BE ACCEPTED THROUGH CLOSE OF BUSINESS ON 2/10/2011. QUESTIONS MAY BE SENT VIA USPS, FAX, COURIER OR E-MAIL. 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> <p>ROBERTA WAGNER DEPARTMENT OF ADMINISTRATION PURCHASING DIVISION 2019 WASHINGTON STREET, EAST CHARLESTON, WV 25311</p> <p>FAX: 304-558-4115 E-MAIL: ROBERTA.A.WAGNER@WV.GOV</p> <p>PURCHASING CARD ACCEPTANCE: THE STATE OF WEST VIRGINIA CURRENTLY UTILIZES A VISA PURCHASING CARD PROGRAM WHICH IS ISSUED THROUGH A BANK. THE SUCCESSFUL VENDOR MUST ACCEPT THE STATE OF WEST VIRGINIA VISA PURCHASING CARD FOR PAYMENT OF ALL ORDERS PLACED BY ANY STATE AGENCY AS A CONDITION OF AWARD.</p> <p>NOTICE</p>						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE Please see page 1 for authorized 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:
BHS11095

PAGE:
6

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

RFQ COPY
 TYPE NAME/ADDRESS HERE

VENDOR

SHIP TO

HEALTH AND HUMAN RESOURCES
 BBH/HF
 ROOM 350
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 CHARLESTON, WV
 25301-3702 304-558-3672

DATE PRINTED	TERMS OF SALE	SHIP VIA	F.O.B.	FREIGHT TERMS
01/21/2011				

BID OPENING DATE: 03/01/2011 BID OPENING TIME 01:30PM

LINE	QUANTITY	UOP	CAT NO	ITEM NUMBER	UNIT PRICE	AMOUNT
<p>A SIGNED BID MUST BE SUBMITTED TO:</p> <p>DEPARTMENT OF ADMINISTRATION PURCHASING DIVISION BUILDING 15 2019 WASHINGTON STREET, EAST CHARLESTON, WV 25305-0130</p> <p>PLEASE NOTE: A CONVENIENCE COPY WOULD BE APPRECIATED.</p> <p>THE BID SHOULD CONTAIN THIS INFORMATION ON THE FACE OF THE ENVELOPE OR THE BID MAY NOT BE CONSIDERED:</p> <p>SEALED BID</p> <p>BUYER: RW-22</p> <p>RFQ. NO.: BHS11095</p> <p>BID OPENING DATE: 3/1/2011</p> <p>BID OPENING TIME: 1:30PM</p> <p>PLEASE PROVIDE A FAX NUMBER IN CASE IT IS NECESSARY TO CONTACT YOU REGARDING YOUR BID:</p> <p>614-761-0791</p> <p>CONTACT PERSON (PLEASE PRINT CLEARLY):</p> <p>Lisa Thompson, Team Lead, Bids/Proposals Department</p>						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE Please see page 1 for authorized signature	TELEPHONE	DATE
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State of West Virginia
 Department of Administration
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Request for Quotation

RFQ NUMBER
 BHS11095

PAGE
 7

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

RFQ COPY
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 25301-3702 304-558-3672

DATE PRINTED	TERMS OF SALE	SHIP VIA	F.O.B.	FREIGHT TERMS
01/21/2011				

BID OPENING DATE: 03/01/2011 BID OPENING TIME 01:30PM

LINE	QUANTITY	UOP	CAT NO	ITEM NUMBER	UNIT PRICE	AMOUNT
***** THIS IS THE END OF RFQ BHS11095 ***** TOTAL:						\$732,334.20

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE Please see page 1 for authorized signature		TELEPHONE	DATE
TITLE	FEIN	ADDRESS CHANGES TO BE NOTED ABOVE	

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

**Open End Contract for Reference Laboratory Services
BHS11095**

1.1 Purpose:

To provide reference laboratory services to the West Virginia Department of Health and Human Resources (WVDHHR), Bureau for Behavioral Health and Health Facilities (BHFF), State owned facilities which include: William R. Sharpe, Jr. Hospital, Mildred Mitchell Bateman Hospital, Jackie Withrow Hospital, Lakin Hospital, Welch Community Hospital, Hopemont Hospital, and John Manchin Sr. Health Care Center, hereafter referred to as "facilities".

Location of Facilities:

Jackie Withrow Hospital
105 S. Eisenhower Drive
Beckley, WV 25801

Hopemont Hospital
150 Hopemont Drive
Terra Alta, WV 26764

Lakin Hospital
11522 Ohio River Rd
West Columbia, WV 25287

John Manchin Sr. Health Care Center
401 Guffey Street
Fairmont, WV 26554

Welch Community Hospital
454 McDowell Street
Welch, WV 24801

Mildred Mitchell-Bateman Hospital
1530 Norway Ave.
Huntington, WV 25709

William R. Sharpe, Jr. Hospital
936 Sharpe Hospital Road
Weston, WV 26452

1.2 Mandatory Requirements

- 1.2.1 Vendor shall provide reference laboratory services to the above listed State owned facilities.
- 1.2.2 Vendor must be compatible with all existing facility lab devices, hardware, and software and must be able to electronically interface with the Electronic Patient Record System within thirty (30) days of the start of the contract.
- 1.2.3 Vendor shall develop and maintain a process to supply printed laboratory results to a designated printer at each facility in the event of any issues inhibiting the transfer of data through Medsphere Open Vista.
- 1.2.4 Vendor shall ensure that all laboratory policies and procedures comply with the regulations of the Health Insurance Portability and Accountability Act (HIPAA).
- 1.2.5 Vendor shall provide current copies of Clinical Laboratory Improvement Amendments (CLIA) and College of American Pathologists (CAP) certificates. The vendor shall maintain on-going certification by (CLIA) and (CAP) and provide copies of certificates upon any renewals which occur during the contract period.
- 1.2.6 Vendor shall maintain compliance with (CLIA) regulations that address specimen rejection and the categorization of specimens as unsatisfactory.
- 1.2.7 Vendor shall ensure that all information provided in the laboratory reports complies with (CAP) standards.

- 1.2.8 Vendor shall maintain compliance with (CLIA) regulations regarding Quality Control and Quality Assurance, including documentation of the vendor's proficiency testing program. The vendor shall provide all such documentation to BHHF, or its individual facilities, upon request.
- 1.2.9 Vendor shall maintain stored lab results for Quality Assurance monitoring and assessment of laboratory services for the current time periods mandated by regulatory bodies (CAP and CLIA).
- 1.2.10 Vendor shall maintain all specimen and report data in electronic format, including the total number of tests performed on a daily, monthly and annual basis by individual testing category. Vendor shall provide all such comprehensive or individual facility statistical reports to BHHF, or each individual facility, upon request.
- 1.2.11 Vendor shall employ a Board Certified Pathologist who is to be made available seven days each week, during normal working hours, for questions and/or interpretation of test results.
- 1.2.12 Vendor shall provide the facilities, on an on-going basis, with the name, address, and telephone number of their account representatives. Vendor shall also provide the facilities with a telephone referral service (twenty four hours a day/seven days a week) (24/7) for the purpose of responding to facility inquires that require technical or professional support.
- 1.2.13 Vendor shall provide a set fee for phlebotomy services to be provided at the designated facilities. When, and/or if, a phlebotomist is needed, the facility will contact the vendor for the provision of services pursuant to the fee quoted. Please note: all travel expenses, if any, must be included in the fee as an all inclusive rate.
- 1.2.14 Vendor shall provide daily collection (courier) services seven (7) days per week at each facility for pick-up and transport of specimens. Collection times shall take into consideration the facilities' needs for optimal test result turnaround times.
- 1.2.15 Vendor shall assume responsibility and liability for examining, interpreting and reporting results of all specimens.
- 1.2.16 Vendor shall provide the facilities with written instructions regarding patient preparation, proper specimen collection, specimen identification, specimen preservation, and specimen transport. Vendor will supply on-site training of facility staff as needed.
- 1.2.17 Vendor shall provide the facilities with all supplies and materials necessary for collection and transport of specimen for testing. This includes, but is not limited to, vaccutainers, tubes, needles, preservatives, 24 urine containers, cytology and histology containers with preservatives, slides, fixatives, plastic transport bags, centrifuges and a directory for all services offered.
- 1.2.18 Vendor shall provide microbiology culture results in accordance with the applicable standards for the specimen. Routine cultures with positive results shall have preliminary reports prepared within 24 hours, followed by a report within 48 hours, and a final report within 72 hours of collection of the specimen at the facility. Vendor shall telephone positive culture reports to the facility within one hour of receipt of results.

- 1.2.19 Vendor shall provide general routine chemistries results no later than 24 hours after collection of specimens at the facilities. The vendor shall telephone all panic/alert values to the facilities within one hour of receipt of the results.
- 1.2.20 After collection of specimens, vendor shall provide turnaround time for Cytology results within five (5) days and Histology within four days (4) unless further study or staining is required.

Exceptions to prescribed turnaround times are as follows:

Cytology results turnaround time:

Suspicious, abnormal, unusual specimens or those submitted with insufficient information may require a longer turnaround time; however, in the case of such occurrences the facility must be notified.

Surgical pathology turnaround time:

Depending on the complexity of diagnosis and case load, surgical pathology results may require a longer turnaround time; however, in the case of such occurrences the facility must be notified. A preliminary diagnosis shall be made available by the vendor via telephone or computer printer, with a final signed report to follow.

- 1.2.21 A broad list of the type and estimated quantity of tests, as well as, panels, profiles, screens and cultures required by the facilities are attached as Exhibit A and Exhibit B, respectively. These exhibits only represent commonly required and/or requested tests to be utilized for evaluation purposes. Additional tests, including tests not listed within the exhibits, shall be provided by the vendor as necessary and as ordered by the facilities. All such tests shall be billed at the vendor's standard rates as evidenced within a formal catalog of services, to be submitted along with the vendor's bid.
- 1.2.22 This will be an open end contract. Quantities listed are estimates only. Actual amounts and test types will vary depending on the needs of the facilities whether those needs are greater or less than the quantities listed. Unit price per test or procedure shall remain firm for the life of the contract.
- 1.2.23 A mandatory pre-bid conference shall be conducted at 350 Capitol St., Rm. 354, Charleston, WV 25301 at 1:30 pm on 2/8/2011. All interested vendors are required to be present at this meeting. Any vendor failing to attend the mandatory pre-bid conference will not be considered for award. No one person can represent more than one vendor.

2. Method of Evaluation:

The contract will be awarded to a single vendor with the **lowest grand total** cost for providing the services listed in Exhibits A, B & C and that meets all mandatory requirements. All bids should be all inclusive.

3. Payment:

The Vendor shall submit monthly invoices, in arrears, on a monthly basis, to the Facility at the address on the face of the purchase order labeled "Invoice To" pursuant to the terms of the contract. Payment will be made in arrears, upon completion of delivery, installation and in-service training. State law forbids payment of invoices prior to receipt of goods or services.

4. Insurance Requirements:

The vendor, as an independent contractor, is solely liable for the acts and omissions of its employees and agents. The vendor shall maintain and furnish proof of coverage of liability insurance for loss, damage, or injury (including death) of third parties arising from acts and omissions on the part of the vendor, its agents and employees in the following amounts:

- 1) For Bodily Injury (including death): Minimum amount of \$1,000,000 per occurrence.
- 2) For property damage and professional liability: Minimum amount of \$1,000,000 per occurrence.

PLEASE SEE TAB 2 FOR LABCORP'S PRICING PROPOSAL

Exhibit A

	BHS11095	Column A		Column B	Column C
	EXHIBIT A – Bid Sheet				
	Item Description (Test)	Estimated Annual Volume of Tests	Turn Around Time	Cost Per Test	Total (A x B)
1	Acetaminophen	1			
2	AFB culture	94			
3	AFP Tetra	120			
4	Albumin	129			
5	Alkaline phos panel	2			
6	ALT (SGPT)	135			
7	Amiodarone	4			
8	Amitriptyline (Elavil) serum	12			
9	Ammonia, Plasma	164			
10	Amylase, serum	63			
11	Anaerobic and aerobic culture	278			
12	ANC	80			
13	Antinuclear antibodies (ANA)	238			
14	AST (SGOT)	175			
15	Beta-Hemolytic Strep A	114			
16	Bilirubin Total	42			
17	Bilirubin, Total/Direct, serum	24			
18	BUN	472			
19	B-Type Natriuretic Peptide	96			
20	CA125	4			
21	C. diff. Toxin A	142			
22	C-Reactive Protein (CRP)	33			
23	Calcium, serum	104			
24	Carbamazepine (Tegretol)	208			
25	CBC w/diff – platelet	5,409			
26	Chlamydia/GC, DNA Probe	570			
27	Chloride	86			
28	Cholesterol, Total	6			
29	Chlorpromazine, (Thorazine)	14			
30	Clomipramine (Anafranil) s.	14			
31	Clozapine (clozaril) serum	76			
32	Cortisol serum/plasma	19			
33	Creatinine Kinase (CK) MB/Total	63			
34	Creatinine Kinase (CK or CPK), serum	121			
35	Creatinine, Serum	475			
36	Cystic Fibrosis Profile	80			
37	Desipramine, serum	8			
38	Digoxin (Lanoxin)	60			
39	Estrogen	4			
40	Ethanol serum/blood	10			
41	Ethosuximide (Zarontin) serum	12			

	BHS11095	Column A		Column B	Column C
	EXHIBIT A – Bid Sheet				
	Item Description (Test)	Estimated Annual Volume of Tests	Turn Around Time	Cost Per Test	Total (A x B)
42	Environmental Culture	96			
43	Ferritin	57			
44	Fluoxetine (Prozac) serum	8			
45	Folates (Folic acid)	45			
46	Free T4	598			
47	FSH	50			
48	Gabapentin (Neurotin) serum	22			
49	Gabrilril serum	1			
50	Glucose, 2hr P.P.	28			
51	Glucose Tolerance 4 hr. (GTT)	6			
52	Gentamycin	2			
53	GGT	3			
54	Glucose serum	127			
55	Glucose plasma	63			
56	Gynecologic Mono-Layer PAP	18			
57	Haloperidol serum	16			
58	H&H	4			
59	Hematocrit	10			
60	Hemoglobin	10			
61	Hemoglobin A1C	1,144			
62	HCG Beta Subunit, Quantitative	301			
63	Helicobacter Pylori, IgG	14			
64	Helper T-Lymph – CD4	23			
65	Hepatitis A AB IgM	28			
66	Hepatitis A AB, Total	118			
67	Hepatitis B Surface AB	520			
68	Hepatitis B Surface Ag	225			
69	HIV-1 Antibodies Prelim. W/Conf.	500			
70	HPV	168			
71	HSV culture	3			
72	Imipramine (Tofranil) serum	24			
73	Insulin, Fasting	96			
74	Iron (Fe)	56			
75	Iron/TIBC	66			
76	Lamotrigine (Lomictal) serum	30			
77	LDH	4			
78	Lead (adult) blood	210			
79	Lead (pediatric) blood	112			
80	LH & FSH	148			
81	Lipase, serum	130			
82	Lithium	784			
83	Lipoprotein Electrophoresis	26			
84	Magnesium, serum	328			

WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES
 BUREAU FOR BEHAVIORAL HEALTH AND HEALTH FACILITIES
 OFFICE OF HEALTH FACILITIES ---- Reference Laboratory Services
 PLEASE SEE TAB 2 FOR LABCORP'S PRICING PROPOSAL

BHS11095

14

Bid Sheet

BHS11095		Column A		Column B	Column C
EXHIBIT A – Bid Sheet					
	Item Description (Test)	Estimated Annual Volume of Tests	Turn Around Time	Cost Per Test	Total (A x B)
85	Microalbumin, 24 hour urine	17			
86	Microalbumin, Random urine	930			
87	Mumps IgG	3			
88	Nortriptyline (Aventyl) serum	8			
89	Occult blood (stool)	30			
90	Osmolality serum	20			
91	Osmolality, urine	88			
92	Ova & Parasite	109			
93	PAP (Thin Prep)	478			
94	Perphenazine (Trilafon)	10			
95	Phenobarbital serum	131			
96	Phenytoin (Dilantin)	503			
97	Phosphorus	135			
98	Potassium, Serum	129			
99	Pregnancy Serum	12			
100	Pregnancy Test (Urine)	105			
101	Primidone (Mysoline)	61			
102	Pro BNP	20			
103	Progesterone	25			
104	Prolactin	191			
105	Prostate Specific Antigen (PSA), serum	273			
106	Protein serum	88			
107	Prothrombin time / INR	2,231			
108	PT/INR & PTT	568			
109	PTH (intact)	119			
110	RA panel	56			
111	Reticulocyte count	34			
112	Rheumatoid Arthritis Factor	60			
113	RNA – PCR - Quant. Hepatitis C virus	27			
114	Rubeola IgG	4			
115	STS	1,202			
116	Sedimentation rate	262			
117	Sodium serum	379			
118	T3 - uptake	64			
119	T4	86			
120	T-Cell (T-Lymphocyte CD3 Cells)	16			
121	Testosterone, serum	37			
122	Theophylline, serum	39			
123	Topiramate (Topamax) serum	16			
124	T-Pallidum Ab (FTA-Ab)	10			
125	T-Pallidum Antibodies (TP-PA)	24			
126	Triglycerides	42			
127	Triiodothyronine, Free (FT3), Serum	88			

WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES
 BUREAU FOR BEHAVIORAL HEALTH AND HEALTH FACILITIES
 OFFICE OF HEALTH FACILITIES ---- Reference Laboratory Services
 PLEASE SEE TAB 2 FOR LABCORP'S PRICING PROPOSAL

BHS11095 15
 Bid Sheet

BHS11095		Column A	Column B	Column C	
EXHIBIT A – Bid Sheet					
	Item Description (Test)	Estimated Annual Volume of Tests	Turn Around Time	Cost Per Test	Total (A x B)
128	TSH	190			
129	TSH 3 rd Generation	1,302			
130	UA – Culture reflex	2,359			
131	Uric Acid	35			
132	Urinalysis, complete	3,952			
133	Valporic acid (Depakote), serum	2,605			
134	Varicella Zoster IgG	28			
135	Vitamin B-12	262			
136	Vitamin B-12 and Folates	736			
137	Vit. D, 1-125 Dihydroxy	98			
138	Vit. D, -25- hydroxyl	2			
139	WBC	508			
<i>Total of Exhibit A – Bid Sheet</i>					

PLEASE SEE TAB 2 FOR LABCORP'S PRICING PROPOSAL

Exhibit B

		Column A		Column B	Column C
	BHS11095				
	EXHIBIT B				
	Most frequently ordered panels, profiles, screens and cultures.	Estimated Annual Volume of Tests	Turn Around Time	Cost Per Test	Total (A x B)
1	Diagnostic Multi-Chem (28 tests) Albumin, Alkaline Phos, ALT(SGPT), AST(SGOT), BUN, BUN/Creatinine, Calcium, Chloride, Total Cholesterol, Creatinine, GGT, Glucose, Total Iron, LDH, Phosphorous, Potassium, Sodium, Total Bilirubin, Total Protein, Triglycerides, Uric Acid, HDL Cholesterol, VLDL Cholesterol (calc.), LDL Cholesterol (calc.), Total Chol./HDL Ratio CHD Risk, Globulinl, A/G Ratio	1502			
2	Comprehensive Metabolic Panel (CMP) includes (14 tests) Albumin, Alkaline Phos, ALT(SGPT), AST(SGOT), BUN, BUN/Creatinine Calcium, Chloride, CO ₂ , Creatinine, Glucose, Potassium, Sodium, Total Bilirubin, Total Protein, A/G Ratio	261			
3	Basic Metabolic Panel (BMP) includes (8 tests) Sodium, Potassium, Chloride, CO ₂ , Glucose, BUN, Creatinine, Calcium	278			
4	Hepatic Function Panel includes (8 tests) Total Protein, Alkaline Phosphatase Albumin, ALT(SGPT), AST (SGOT), GGT Total Bilirubin, Direct Bilirubin,	500			
5	Renal Panel includes (8 tests) Sodium, Potassium, Chloride, CO ₂ , Glucose, BUN, Creatinine, Phosphorous	165			
6	Electrolyte Panel includes (4 tests) Sodium Potassium Chloride CO ₂	316			

WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES
 BUREAU FOR BEHAVIORAL HEALTH AND HEALTH FACILITIES
 OFFICE OF HEALTH FACILITIES ---- Reference Laboratory Services
 PLEASE SEE TAB 2 FOR LABCORP'S PRICING PROPOSAL

BHS11095

17

Bid Sheet

		Column A		Column B	Column C
	BHS11095				
	EXHIBIT B				
	Most frequently ordered panels, profiles, screens and cultures.	Estimated Annual Volume of Tests	Turn Around Time	Cost Per Test	Total (A x B)
7	Lipid Profile Four includes: (3 tests)	5327			
	Total Cholesterol,				
	Triglycerides				
	HDL Cholesterol				
	VLDL Cholesterol (calc.)				
	LDL Cholesterol (calc.),				
	Total Chol./HDL Ratio Estimated				
8	Thyroid Profiles includes (3 tests)	1208			
	TSH (High Sensitivity, T3 Uptake				
	T4 (Thyroxine), Free Thyroxine Index				
9	Drug Abuse Screen, Blood - without confirmation	2087			
	Amphetamine, Cocaine				
	Barbiturates, Opiates				
	Benzodiazepines, Phencycline				
	Cannabinoid				
	Cultures:				
10	Lower Respiratory Culture	107			
11	Upper Respiratory Culture	96			
12	General Bacterial Culture	137			
13	Blood Culture	842			
14	Stool Culture	55			
15	Urine Culture	1306			
16	Sputum Culture	98			
17	Culture reflex @ additional cost	1,188			
18	Heavy Metal Profile (Blood)	21			
	Arsenic				
	Lead				
	Mercury				
19	Hepatitis B Profile (Diagnostic follow-up)	46			
	HBc Ag; anti-HBc;				
	anti-HBS; interpretation				
20	Hepatitis Profile B & C	421			
	HBs Ag; HBc Ag; anti-HBc (total)				
	anti-HBc (IgM); anti-HBs Ag				
	anti-HCV; interpretation				

		Column A		Column B	Column C
	BHS11095				
	EXHIBIT B				
	Most frequently ordered panels, profiles, screens and cultures.	Estimated Annual Volume of Tests	Turn Around Time	Cost Per Test	Total (A x B)
21	Hepatitis Profile A&B anti-HAVI (total); anti-HAV (IgM); HBs Ag; HBc Ag; anti-HBc (total); anti-HBC (IgM); anti-HBs Ag; interpretation	107			
22	Hepatitis A Profile anti-HAV (total); anti-HAV (IgM) interpretation	57			
23	Hepatitis B Profile HBs Ag; HBc Ag; anti-HBc (total) anti-HBc (IgM); anti-HBs; interpretation	52			
24	Hepatitis C Virus Antibody	416			
25	Hepatitis A, B & C Screen (Acute Hep. Panel) Hepatitis A Antibody IgM Hepatitis B Core Antibody, IgM Hepatitis B Surface Antigen Hepatitis C virus Antibody	168			
26	Drug Abuse Screen, Urine with confirmation Cocaine (COC) Phencyclidine (PCP) Propoxyphene (PPX) Cannabinoids (THC) Benzodiazepines (BZO) Amphetamine (AMP) Barbiturates (BAR) Methamphetamine (mAMP) Methadone (MTD) Opiates (OPI) Tricyclic Antidepressants (TCA) With volatiles	2000			
	<i>Total of Exhibit B – Bid Sheet</i>				

PLEASE SEE TAB 2 FOR LABCORP'S PRICING PROPOSAL

EXHIBIT C (Vendor's Attachment of Phlebotomy Services)

		Column A	Column B	Column C
	Facility	Estimated Annual Draws	Rates per Draw for Phlebotomy services (all inclusive)	Total (A x B)
1	Hopemont Hospital	5		
2	Lakin Hospital	520		
3	Pinecrest Hospital	390		
4	John Manchin Sr. HCC	5		
5	M.M. Bateman Hospital	5		
6	W. R. Sharpe Jr. Hospital	5		
7	Welch Community Hospital	5		
	<i>Total of Exhibit C – Bid Sheet</i>			
	<i>Total of Exhibit A – Bid Sheet</i>			
	<i>Total of Exhibit B – Bid Sheet</i>			
	<i>Total of Exhibit C – Bid Sheet</i>			
	Grand Total = Exhibit A + B + C			

RFQ No. BHS 11095

STATE OF WEST VIRGINIA
Purchasing Division

PURCHASING 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 owed 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.

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

WITNESS THE FOLLOWING SIGNATURE

Vendor's Name: Laboratory Corporation of America Holdings (LabCorp)

Authorized Signature: [Signature] Date: 2/24/11

State of Kentucky

County of Jefferson, to-wit:

Taken, subscribed, and sworn to before me this 24 day of February, 2011.

My Commission expires 10-18, 2014.

AFFIX SEAL HERE

NOTARY PUBLIC [Signature]

ATTACHMENT
P.O.# BH511095

LABCORP WILL EXECUTE AGREEMENT UPON AWARD OF BID TO LABCORP.

This agreement constitutes the entire agreement between the parties, and there are no other terms and conditions applicable to the licenses granted hereunder.

Agreed

Signature Date

Title

Company Name

Signature Date

Title

Agency/Division

AGREEMENT ADDENDUM

WV-96
Rev. 10/07

In the event of conflict between this addendum and the agreement, this addendum shall control:

1. **DISPUTES** - Any references in the agreement to arbitration or to the jurisdiction of any court are hereby deleted. Disputes arising out of the agreement shall be presented to the West Virginia Court of Claims.
2. **HOLD HARMLESS** - Any clause requiring the Agency to indemnify or hold harmless any party is hereby deleted in its entirety.
3. **GOVERNING LAW** - The agreement shall be governed by the laws of the State of West Virginia. This provision replaces any references to any other State's governing law.
4. **TAXES** - Provisions in the agreement requiring the Agency to pay taxes are deleted. As a State entity, the Agency is exempt from Federal, State, and local taxes and will not pay taxes for any Vendor including individuals, nor will the Agency file any tax returns or reports on behalf of Vendor or any other party.
5. **PAYMENT** - Any references to prepayment are deleted. Payment will be in arrears.
6. **INTEREST** - Should the agreement include a provision for interest on late payments, the Agency agrees to pay the maximum legal rate under West Virginia law. All other references to interest or late charges are deleted.
7. **RECOUPMENT** - Any language in the agreement waiving the Agency's right to set-off, counterclaim, recoupment, or other defense is hereby deleted.
8. **FISCAL YEAR FUNDING** - Service performed under the agreement may be continued in succeeding fiscal years for the term of the agreement, contingent upon funds being appropriated by the Legislature or otherwise being available for this service. In the event funds are not appropriated or otherwise available for this service, the agreement shall terminate without penalty on June 30. After that date, the agreement becomes of no effect and is null and void. However, the Agency agrees to use its best efforts to have the amounts contemplated under the agreement included in its budget. Non-appropriation or non-funding shall not be considered an event of default.
9. **STATUTE OF LIMITATION** - Any clauses limiting the time in which the Agency may bring suit against the Vendor, lessor, individual, or any other party are deleted.
10. **SIMILAR SERVICES** - Any provisions limiting the Agency's right to obtain similar services or equipment in the event of default or non-funding during the term of the agreement are hereby deleted.
11. **ATTORNEY FEES** - The Agency recognizes an obligation to pay attorney's fees or costs only when assessed by a court of competent jurisdiction. Any other provision is invalid and considered null and void.
12. **ASSIGNMENT** - Notwithstanding any clause to the contrary, the Agency reserves the right to assign the agreement to another State of West Virginia agency, board or commission upon thirty (30) days written notice to the Vendor and Vendor shall obtain the written consent of Agency prior to assigning the agreement.
13. **LIMITATION OF LIABILITY** - The Agency, as a State entity, cannot agree to assume the potential liability of a Vendor. Accordingly, any provision limiting the Vendor's liability for direct damages to a certain dollar amount or to the amount of the agreement is hereby deleted. Limitations on special, incidental or consequential damages are acceptable. In addition, any limitation is null and void to the extent that it precludes any action for injury to persons or for damages to personal property.
14. **RIGHT TO TERMINATE** - Agency shall have the right to terminate the agreement upon thirty (30) days written notice to Vendor. Agency agrees to pay Vendor for services rendered or goods received prior to the effective date of termination.
15. **TERMINATION CHARGES** - Any provision requiring the Agency to pay a fixed amount or liquidated damages upon termination of the agreement is hereby deleted. The Agency may only agree to reimburse a Vendor for actual costs incurred or losses sustained during the current fiscal year due to wrongful termination by the Agency prior to the end of any current agreement term.
16. **RENEWAL** - Any reference to automatic renewal is hereby deleted. The agreement may be renewed only upon mutual written agreement of the parties.
17. **INSURANCE** - Any provision requiring the Agency to insure equipment or property of any kind and name the Vendor as beneficiary or as an additional insured is hereby deleted.
18. **RIGHT TO NOTICE** - Any provision for repossession of equipment without notice is hereby deleted. However, the Agency does recognize a right of repossession with notice.
19. **ACCELERATION** - Any reference to acceleration of payments in the event of default or non-funding is hereby deleted.
20. **CONFIDENTIALITY** - Any provision regarding confidentiality of the terms and conditions of the agreement is hereby deleted. State contracts are public records under the West Virginia Freedom of Information Act.
21. **AMENDMENTS** - All amendments, modifications, alterations or changes to the agreement shall be in writing and signed by both parties. No amendment, modification, alteration or change may be made to this addendum without the express written approval of the Purchasing Division and the Attorney General.

ACCEPTED BY:

STATE OF WEST VIRGINIA

VENDOR

Pending Unit: _____

Company Name: _____

Signed: _____

Signed: _____

Title: _____

Title: _____

Date: _____

Date: _____

LABCORP WILL EXECUTE AGREEMENT UPON AWARD OF BID TO LABCORP.

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. Prior to any award, the apparent successful vendor must be properly registered with the Purchasing Division and have paid the required \$125 fee.
4. All services performed or goods delivered under State Purchase Order/Contracts are to be continued for the term of the Purchase Order/Contracts, 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.
5. Payment may only be made after the delivery and acceptance of goods or services.
6. Interest may be paid for late payment in accordance with the *West Virginia Code*.
7. Vendor preference will be granted upon written request in accordance with the *West Virginia Code*.
8. The State of West Virginia is exempt from federal and state taxes and will not pay or reimburse such taxes.
9. The Director of Purchasing may cancel any Purchase Order/Contract upon 30 days written notice to the seller.
10. The laws of the State of West Virginia and the *Legislative Rules* of the Purchasing Division shall govern the purchasing process.
11. Any reference to automatic renewal is hereby deleted. The Contract may be renewed only upon mutual written agreement of the parties.
12. **BANKRUPTCY:** In the event the vendor/contractor files for bankruptcy protection, the State may deem this contract null and void, and terminate such contract without further order.
13. **HIPAA BUSINESS ASSOCIATE ADDENDUM:** The West Virginia State Government HIPAA Business Associate Addendum (BAA), approved by the Attorney General, is available online at www.state.wv.us/admin/purchase/vrc/hipaa.htm and is hereby made part of the agreement. Provided that the Agency meets the definition of a Cover Entity (45 CFR §160.103) and will be disclosing Protected Health Information (45 CFR §160.103) to the vendor.
14. **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. Vendor further agrees to comply with the Confidentiality Policies and Information Security Accountability Requirements, set forth in <http://www.state.wv.us/admin/purchase/privacy/noticeConfidentiality.pdf>.
15. **LICENSING:** Vendors must be licensed and in good standing in accordance with any and all state and local laws and requirements by any state or local agency of West Virginia, including, but not limited to, the West Virginia Secretary of State's Office, the West Virginia Tax Department, and the West Virginia Insurance Commission. The vendor must provide all necessary releases to obtain information to enable the director or spending unit to verify that the vendor is licensed and in good standing with the above entities.
16. **ANTITRUST:** In submitting a bid to any agency for the State of West Virginia, the bidder offers and agrees that if the bid is accepted the bidder will convey, sell, assign or transfer to the State of West Virginia all rights, title and interest in and to all causes of action it may now or hereafter acquire under the antitrust laws of the United States and the State of West Virginia for price fixing and/or unreasonable restraints of trade relating to the particular commodities or services purchased or acquired by the State of West Virginia. Such assignment shall be made and become effective at the time the purchasing agency tenders the initial payment to the bidder.

I certify that this bid is made without prior understanding, agreement, or connection with any corporation, firm, limited liability company, partnership, or person or entity submitting a bid for the same material, supplies, equipment or services and is in all respects fair and without collusion or fraud. I further certify that I am authorized to sign the certification on behalf of the bidder or this bid.

INSTRUCTIONS TO BIDDERS

1. Use the quotation forms provided by the Purchasing Division. Complete all sections of the quotation form.
2. 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. Unit prices shall prevail in case of discrepancy. All quotations are considered F.O.B. destination unless alternate shipping terms are clearly identified in the quotation.
4. 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: Department of Administration, Purchasing Division, 2019 Washington Street East, P.O. Box 50130, Charleston, WV 25305-0130
5. Communication during the solicitation, bid, evaluation or award periods, except through the Purchasing Division, is strictly prohibited (W.Va. C.S.R. §148-1-6.6).

West Virginia Department of Health and Human Resources
 Bureau for Behavioral Health and Health Facilities
 Office of Health Facilities --- Reference Laboratory Services

BHS11095

EXHIBIT A

BHS10038			COLUMN A	COLUMN B	COLUMN C	
EXHIBIT - A- Bid Sheet						
Item Description (Test)	Test #	LabCorp Description	Estimated Annual Volume of Tests	Turn Around Time	Cost Per Test	Total (A x B)
1	Acetaminophen	007740 Acetaminophen (Tylenol), Serum	1	2 Days	\$20.00	\$20.00
2	AFB culture	182402 AFB Culture and Smear, Broth	94	42-56 Days	\$35.00	\$3,290.00
3	AFP Tetra	017319 AFP Tetra	120	3 days	\$50.00	\$6,000.00
4	Albumin	001081 Albumin, Serum	129	1 Day	\$2.75	\$354.75
5	Alkaline phos panel	001107 Alkaline Phosphatase, Serum	2	1 Day	\$2.75	\$5.50
6	ALT (SGPT)	001545 ALT (SGPT)	135	1 Day	\$2.75	\$371.25
7	Amiodarone	706705 AMIODARONE (CORDARONE), SERUM	4	1 Day	\$23.00	\$92.00
8	Amitriptyline (Elavil) serum	007476 Amitriptyline (Elavil), Serum	12	1 Day	\$63.63	\$763.56
9	Ammonia, Plasma	007054 Ammonia, Plasma	164	1 Day	\$10.00	\$1,640.00
10	Amylase, serum	001396 Amylase, Serum	63	1 Day	\$3.75	\$236.25
11	Anaerobic and aerobic culture	008003 Anaerobic and Aerobic Culture	278	4 Days	\$29.00	\$8,062.00
12	ANC	162388 Antineutrophil Cytoplasmic Ab	80	1-2 Days	\$16.00	\$1,280.00
13	Antinuclear antibodies (ANA)	164855 ANA Qualitative	238	1 Day	\$6.00	\$1,428.00
14	AST (SGOT)	001123 AST (SGOT)	175	1 Day	\$2.75	\$481.25
15	Beta-Hemolytic Strep A	008169 Beta Strep GP A Culture	114	1-2 Days	\$5.50	\$627.00
16	Bilirubin Total	001099 Bilirubin, Total	42	1 Day	\$2.75	\$115.50
17	Bilirubin, Total /Direct, serum	001214 Bilirubin, Total/Direct, Serum	24	1 Day	\$2.85	\$68.40
18	BUN	001040 BUN	472	1 Day	\$2.75	\$1,298.00
19	B-Type Natriuretic Peptide	140889 B-Type Natriuretic Peptide	96	5 Days	\$35.00	\$3,360.00
20	CA125	002303 Cancer Antigen (CA) 125	4	5 Days	\$10.00	\$40.00
21	C. diff. Toxin A	086207 C difficile Toxins A+B, EIA	142	1 Day	\$11.00	\$1,562.00
22	C-Reactive Protein	006627 C-Reactive Protein, Quant	33	1 Day	\$5.50	\$181.50
23	Calcium, serum	001016 Calcium, Serum	104	1 Day	\$2.75	\$286.00
24	Carbamazepine (Tegretol)	007419 Carbamazepine(Tegretol), Serum	208	1 Day	\$10.00	\$2,080.00
25	CBC w/diff - platelet	005009 CBC With Differential/Platelet	5,409	1 Day	\$3.00	\$16,227.00
26	Chlamydia/GC, DNA Probe	096479 Chlamydia/Gonococcus DNA Probe	570	2 Days	\$14.00	\$7,980.00
27	Chloride	001206 Chloride, Serum	86	1 Day	\$2.75	\$236.50
28	Cholesterol, Total	001065 Cholesterol, Total	6	1 Day	\$2.75	\$16.50
29	Chlorpromazine, (Thorazine)	072132 Chlorpromazine, Serum	14	1 Day	\$20.00	\$280.00
30	Clomipramine (Anafranil) s.	706465 CLOMIPRAMINE, SERUM	14	1 Day	\$58.38	\$817.32
31	Clozapine (clozaril) serum	706440 CLOZAPINE (CLOZARIL), SERUM	76	1 Day	\$35.00	\$2,660.00
32	Cortisol serum/plasma	004051 Cortisol	19	1 Day	\$8.00	\$152.00
33	Creatinine Kinase (CK) MB/Total	002311 Creatine Kinase (CK), MB/Total	63	1 Day	\$25.00	\$1,575.00
34	Creatinine Kinase (CK or CPK), serum	001362 Creatine Kinase, Total, Serum	121	1 Day	\$2.75	\$332.75
35	Creatinine, serum	001370 Creatinine, Serum	475	1 Day	\$2.75	\$1,306.25
36	Cystic Fibrosis Profile	480533 Cystic Fibrosis Profile	80	7 Days	\$125.00	\$10,000.00
37	Desipramine, serum	007765 Desipramine, Serum	8	1 Day	\$65.00	\$520.00
38	Digoxin (Lanoxin)	007385 Digoxin (Lanoxin), Serum	60	1 Day	\$6.00	\$360.00
39	Estrogen	004549 Estrogens, Total	4	1 Day	\$20.00	\$80.00
40	Ethanol serum / blood	017996 Ethanol, Blood	10	1 Day	\$23.00	\$230.00
41	Ethosuximide (Zarontin) serum	007443 Ethosuximide (Zarontin), Serum	12	1 Day	\$12.00	\$144.00
42	Environmental Culture	008557 Environmental Culture	96	2 Days	\$8.50	\$816.00

West Virginia Department of Health and Human Resources
 Bureau for Behavioral Health and Health Facilities
 Office of Health Facilities --- Reference Laboratory Services

BHS11095

EXHIBIT A

BHS10038			COLUMN A		COLUMN B	COLUMN C
EXHIBIT - A- Bid Sheet						
Item Description (Test)	Test #	LabCorp Description	Estimated Annual Volume of Tests	Turn Around Time	Cost Per Test	Total (A x B)
43	Ferritin	004598 Ferritin, Serum	57	1 Day	\$5.00	\$285.00
44	Fluoxetin (Prozac) serum	706838 FLUOXETINE (PROZAC), SERUM	8	1 Day	\$20.00	\$160.00
45	Folates (Folic acid)	002014 Folates (Folic Acid), Serum	45	1 Day	\$5.50	\$247.50
46	Free T4	001974 Thyroxine (T4) Free, Direct, S	598	1 Day	\$5.00	\$2,990.00
47	FSH	004309 FSH, Serum	50	1 Day	\$9.00	\$450.00
48	Gabapentin (neurontin) serum	716811 GABAPENTIN (NEURONTIN), SERUM	22	1 Day	\$35.00	\$770.00
49	Gabrilril serum	829764 Tiagabine, Serum/Plasma	1	SEND-OUT TEST	\$50.00	\$50.00
50	Glucose, 2 hr P.P.	002022 Glucose, Two-Hour Postprandial	28	1 Day	\$2.75	\$77.00
51	Glucose Tolerance 4 hr. (GTT)	090365 Glucose Tolerance (4 Sp Blood)	6	1 Day	\$13.00	\$78.00
52	Gentamycin	007161 Gentamicin Random, Serum	2	1 Day	\$15.00	\$30.00
53	GGT	001958 GGT	3	1 Day	\$2.75	\$8.25
54	Glucose serum	001032 Glucose, Serum	127	1 Day	\$2.75	\$349.25
55	Glucose plasma	001818 Glucose, Plasma	63	1 Day	\$2.75	\$173.25
56	Gynecologic Mono-Layer PAP	192005 Gynecologic Mono-layer Pap	18	5 Days	\$24.00	\$432.00
57	Haloperidol serum	070482 Haloperidol (Haldol), Serum	16	1 Day	\$16.00	\$256.00
58	H&H	031088 HGB+HCT	4	1 Day	\$12.38	\$49.52
59	Hematocrit	005058 Hematocrit	10	1 Day	\$2.85	\$28.50
60	Hemoglobin	005041 Hemoglobin	10	1 Day	\$2.85	\$28.50
61	Hemoglobin A1C	001453 Hemoglobin A1c	1,144	1 Day	\$5.00	\$5,720.00
62	HCG Beta Subunit, Quantitative	004416 hCG, Beta Subunit, Qnt, Serum	301	2 Days	\$9.00	\$2,709.00
63	Helicobacter Pylori, IgG	162289 H. Pylori IgG, ABS	14	1 Day	\$16.00	\$224.00
64	Helper T-Lymph - CD4	505008 Helper T-Lymph-CD4	23	2 Days	\$30.00	\$690.00
65	Hepatitis A AB Igm	006734 Hep A Ab, IgM	28	1 Day	\$8.50	\$238.00
66	Hepatitis A AB, Total	006726 Hep A Ab, Total	118	1 Day	\$6.00	\$708.00
67	Hepatitis B Surface AB	006395 Hep B Surface Ab	520	1 Day	\$7.00	\$3,640.00
68	Hepatitis B Surface Ag	006510 Hep B Surface Ag	225	1 Day	\$5.00	\$1,125.00
69	HIV-1 Antibodies Prelim w/Conf	083824 HIV Ab, Prelim Test/Confirm	500	1 Day	\$14.00	\$7,000.00
70	HPV	507301 HPV Hybrid Capture High Risk	168	2 Days	\$42.00	\$7,056.00
71	HSV culture	186072 HSV Culture Without Typing	3	3 days	\$20.00	\$60.00
72	Imipramine (Tofranil) serum	007468 Imipramine (Tofranil), Serum	24	1 Day	\$18.00	\$432.00
73	Insulin, Fasting	004333 Insulin, Fasting	96	1 Day	\$6.00	\$576.00
74	Iron	001339 Iron, Serum	56	1 Day	\$2.75	\$154.00
75	Iron / TIBC	001321 Iron and TIBC	66	1 Day	\$6.00	\$396.00
76	Lamotrigine (Lomictal) serum	716944 LAMOTRIGINE (LAMICTAL), SERUM	30	1 Day	\$35.00	\$1,050.00
77	LDH	001115 LDH	4	1 Day	\$2.75	\$11.00
78	Lead (adult) blood	007625 Lead, Blood (Adult)	210	1 Day	\$8.00	\$1,680.00
79	Lead (pediatric) blood	717009 Lead, Blood (Pediatric)	112	1 Day	\$8.00	\$896.00
80	LH & FSH	028480 FSH and LH	148	1 Day	\$18.00	\$2,664.00
81	Lipase serum	001404 Lipase, Serum	130	1 Day	\$3.75	\$487.50
82	Lithium	007708 Lithium (Eskalith), Serum	784	1 Day	\$5.00	\$3,920.00

West Virginia Department of Health and Human Resources
 Bureau for Behavioral Health and Health Facilities
 Office of Health Facilities ---- Reference Laboratory Services

BHS11095

EXHIBIT A

	BHS10038			COLUMN A		COLUMN B	COLUMN C
	EXHIBIT - A- Bid Sheet						
	Item Description (Test)	Test #	LabCorp Description	Estimated Annual Volume of Tests	Turn Around Time	Cost Per Test	Total (A x B)
83	Lipoprotein Electrophoresis	235036	LP+LipoEI	26	4 Days	\$12.00	\$312.00
84	Magnesium, serum	001537	Magnesium, Serum	328	1 Day	\$4.50	\$1,476.00
85	Microalbumin, 24 hour urine	140050	Microalbumin, 24 hr Urine	17	1 Day	\$4.25	\$72.25
86	Microalbumin, Random urine	149997	Microalbumin, Random Urine	930	1 Day	\$4.25	\$3,952.50
87	Mumps IgG	096552	Mumps Antibodies, IgG	3	2-3 Days	\$15.00	\$45.00
88	Nortriptyline (Aventyl) serum	007393	Nortriptyline (Aventyl), Serum	8	1 Day	\$17.00	\$136.00
89	Occult blood (stool)	182949	Occult Blood, Stool	30	1 Day	\$20.00	\$600.00
90	Osmolality serum	002071	Osmolality, Serum	20	1 Day	\$5.00	\$100.00
91	Osmolality, urine	003442	Osmolality, Urine	88	1 Day	\$5.00	\$440.00
92	Ova & Parasite	008623	Ova + Parasite Exam	109	2 Days	\$10.00	\$1,090.00
93	PAP (Thin Prep)	192005	Gynecologic Mono-layer Pap	478	5 Days	\$24.00	\$11,472.00
94	Perphenazine (Trilafon)	829753	Perphenazine, Serum/Plasma	10	SEND-OUT TEST	\$65.00	\$650.00
95	Phenobarbital serum	007823	Phenobarbital, Serum	131	1 Day	\$12.00	\$1,572.00
96	Phenytoin (Dilantin)	007401	Phenytoin (Dilantin), Serum	503	1 Day	\$10.00	\$5,030.00
97	Phosphorus	001024	Phosphorus, Serum	135	1 Day	\$2.75	\$371.25
98	Potassium, Serum	001180	Potassium, Serum	129	1 Day	\$2.75	\$354.75
99	Pregnancy Serum	004416	hCG, Beta Subunit, Qnt, Serum	12	1 Day	\$9.00	\$108.00
100	Pregnancy Test (Urine)	004036	Pregnancy Test, Urine	105	1 Day	\$7.00	\$735.00
101	Primidone (Mysoline)	007856	Primidone (Mysoline), Serum	61	1 Day	\$20.00	\$1,220.00
102	Pro BNP	140889	B-Type Natriuretic Peptide	20	5 Days	\$35.00	\$700.00
103	Progesterone	004317	Progesterone	25	1 Day	\$9.00	\$225.00
104	Prolactin	004465	Prolactin	191	1 Day	\$9.00	\$1,719.00
105	Prostate Specific Antigen (PSA), serum	010322	Prostate-Specific Ag, Serum	273	1 Day	\$7.00	\$1,911.00
106	Protein serum	001073	Protein, Total, Serum	88	1 Day	\$2.75	\$242.00
107	Prothrombin time/INR	005199	Prothrombin Time (PT)	2,231	1 Day	\$3.00	\$6,693.00
108	PT/INR & PTT	020321	PT AND PTT	568	1 Day	\$6.00	\$3,408.00
109	PTH (intact)	015610	PTH, Intact	119	1 Day	\$10.00	\$1,190.00
110	RA panel		DELETE PER ADDENDUM 1	56		\$0.00	\$0.00
111	Reticulocyte count	005280	Reticulocyte Count	34	1 Day	\$4.00	\$136.00
112	Rheumatoid Arthritis Factor	006502	Rheumatoid Arthritis Factor	60	1 Day	\$4.50	\$270.00
113	RNA - PCR - Quant. Hepatitis C Virus	550080	HCV RT-PCR, Quant (Non-Graph)	27	5-6 Days	\$129.00	\$3,483.00
114	Rubeola IgG	096560	Rubeola Antibodies, IgG	4	1 Day	\$15.00	\$60.00
115	STS	006460	Rapid Plasma Reagin, Quant	1,202	1 Day	\$4.50	\$5,409.00
116	Sedimentation Rate	005215	Sedimentation Rate-Westergren	262	1 Day	\$3.50	\$917.00
117	Sodium serum	001198	Sodium, Serum	379	1 Day	\$2.75	\$1,042.25
118	T3 - uptake	001156	T3 Uptake	64	1 Day	\$3.25	\$208.00
119	T4	001149	Thyroxine (T4)	86	1 Day	\$3.25	\$279.50
120	T-Cell (T-Lymphocyte CD3 Cells)	096834	T-Lymphocyte CD3 Cells	16	1 Day	\$50.00	\$800.00
121	Testosterone serum	004226	Testosterone, Serum	37	1 Day	\$9.00	\$333.00
122	Theophylline serum	007336	Theophylline, Serum	39	1 Day	\$10.00	\$390.00

West Virginia Department of Health and Human Resources
 Bureau for Behavioral Health and Health Facilities
 Office of Health Facilities ---- Reference Laboratory Services

BHS11095

EXHIBIT A

BHS10038			COLUMN A	COLUMN B	COLUMN C	
EXHIBIT - A- Bid Sheet						
Item Description (Test)	Test #	LabCorp Description	Estimated Annual Volume of Tests	Turn Around Time	Cost Per Test	Total (A x B)
123	Topiramate (Topamax) serum	716285 TOPIRAMATE (TOPAMAX), SERUM	16	1 Day	\$48.00	\$768.00
124	T-Pallidum Ab (FTA-Ab)	006379 T pallidum Ab (FTA-Ab)	10	1/2 IF REPEATED	\$9.00	\$90.00
125	T-Pallidum Antibodies (TP-PA)	082370 T pallidum Antibodies (TP-PA)	24	1-2 Days	\$10.00	\$240.00
126	Triglycerides	001172 Triglycerides	42	1 Day	\$2.75	\$115.50
127	Triiodothyronine, Free (FT3), Serum	010389 Triiodothyronine, Free, Serum	88	1 Day	\$16.00	\$1,408.00
128	TSH	004259 TSH	190	1 Day	\$5.00	\$950.00
129	TSH 3rd Generation	004259 TSH	1,302	1 Day	\$5.00	\$6,510.00
130	UA - Culture reflex	377036 UA/M with Culture Reflex	2,359	1 Day	\$4.00	\$9,436.00
131	Uric Acid	001057 Uric Acid, Serum	35	1 Day	\$2.75	\$96.25
132	Urinalysis, complete	003772 Urinalysis, Complete	3,952	1 Day	\$3.00	\$11,856.00
133	Valporic acid (Depakote), serum	007260 Valproic Acid (Depakote),S	2,605	1 Day	\$9.00	\$23,445.00
134	Varicella-Zoster IgG	096206 Varicella-Zoster V Ab, IgG	28	1 Day	\$12.00	\$336.00
135	Vitamin B-12	001503 Vitamin B12	262	1 Day	\$6.50	\$1,703.00
136	Vitamin B-12 and Folates	000810 Vitamin B12 and Folate	736	1 Day	\$12.00	\$8,832.00
137	Vit. D, 1-125 Dihydroxy	081091 Vitamin D, 1,25 Dihydroxy	98	2 Days	\$28.00	\$2,744.00
138	Vit. D, -25-hydroxyl	081950 Vitamin D, 25-Hydroxy	2	1 Day	\$18.00	\$36.00
139	WBC	005025 White Blood Cell (WBC) Count	508	1 Day	\$2.85	\$1,447.80

Total of Exhibit A - Bid Sheet \$254,441.60

LabCorp has attempted to match a test code to each test or profile identified in this bid based on the written test descriptions provided. If the specific test code is used in ordering the test, the price quoted will be in effect. If LabCorp has assigned an inaccurate test code due to its misunderstanding of your test description, or if the test configurations do not meet your needs for any reason, please contact your LabCorp sales representative or account manager immediately. We will review the test requirements and, if necessary, assign a more appropriate test code at a mutually agreeable price.

For the performance of tests not set forth above, 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.

Turn around times (TAT) provided above are estimated from time of specimen receipt at performing laboratory and are subject to change.

****CONFIDENTIAL****

EXHIBIT - B							
Most frequently ordered panels, profiles, screens and cultures.							
	Item Description (Test)	Test #	LabCorp Description	Estimated Annual Volume of Tests	Turn Around Time	Cost Per Test	Total (A + B)
1	Diagnostic Multi Chem (28 Tests)	306265	CMP12+LP+6AC	1,502	1 Day	\$8.45	\$12,691.90
	Albumin, Alkaline Phos, ALT (SGPT)						
	AST (SGOT),BUN, BUN/Creatine, Calcium, Chloride, Total Cholesterol, Creatinine, GTT, Glucose, Total Iron, LDH, Phosphorous						
	Potassium, Sodium, Total Bilirubin, Total Protein, Triglycerides, Uric Acid, HDL Cholesterol, VLDL Cholesterol (calc.), LDL Cholesterol (calc.), Total Chol./HDL Ratio						
	CHD Risk, Globulini, A/G Ratio						
2	Comprehensive Metabolic Panel (CMP) includes (14 tests)	322000	Comp. Metabolic Panel (14)	261	1 Day	\$4.05	\$1,057.05
	Albumin, Alkaline Phos, ALT (SGPT)						
	AST (SGOT),BUN, BUN/Creatine, Calcium, Calcium, Chloride, CO ₂ , Creatinine, Glucose, Potassium, Sodium, Total Bilirubin, Total Protein, A/G Ratio						
3	Basic Metabolic Panel (BMP) includes (8 tests)	322758	Basic Metabolic Panel (8)	278	1 Day	\$3.45	\$959.10
	Sodium, Potassium, Chloride, CO ₂ , Glucose, BUN, Creatinine, Calcium						
4	Hepatic Function Panel includes (8 tests)	211728	HFP7+1AC	500	1 Day	\$3.45	\$1,725.00
	Total Protein, Alkaline Phosphatase						
	Albumin, ALT (SGPT), AST (SGOT), GGT						
	Total Bilirubin, Direct Bilirubin,						
5	Renal Panel (8 tests)	329634	BMP7+1AC	165	1 Day	\$3.45	\$569.25
	Sodium, Potassium, Chloride, CO ₂ , Glucose, BUN, Creatinine, Phosphorous						
6	Electrolyte Panel includes (4 tests)	303754	Electrolyte Panel	316	1 Day	\$3.05	\$963.80
	Sodium						
	Potassium						
	Chloride						
	CO ₂						
7	Lipid Profile Four includes: (3 test)	221010	Lipid Panel w/ Chol/HDL Ratio	5,327	1 Day	\$3.50	\$18,644.50
	Cholesterol, Total						
	Triglycerides						
	HDL Cholesterol						
	VLDL Cholesterol (calc)						
	LDL Cholesterol (calc)						
	Total Chol./HDL Ratio Estimated						
8	Thyroid Profile includes (3 tests)	000620	Thyroid Panel With TSH	1,208	1 Day	\$11.50	\$13,892.00
	TSH (High Sensitivity, T3 Uptake)						
	T4 Thyroxine, Free Thyroxine Index						

****CONFIDENTIAL****

EXHIBIT - B							
Most frequently ordred panels, profiles, screens and cultures.							
	Item Description (Test)	Test #	LabCorp Description	Estimated Annual Volume of Tests	Turn Around Time	Cost Per Test	Total (A + B)
9	Drug Abuse Screen, Blood, without confirmation	767558	767558 7 Blood-Scr (Only)	2,087	24-48 Hours	\$125.00	\$260,875.00
	Amphetamine, Cocaine						
	Barbiturates, Opiates						
	Benzodiazepines, Phencyclidine						
	Cannabinoid						
	Cultures:						
10	Lower Respiratory Culture	180810	Lower Respiratory Culture	107	2 Days	\$10.00	\$1,070.00
11	Upper Respiratory Culture	008342	Upper Respiratory Culture	96	1-2 Days	\$8.00	\$768.00
12	General Bacterial Culture	008649	Aerobic Bacterial Culture	137	2-3 Days	\$10.00	\$1,370.00
13	Blood Culture	008300	Blood Culture, Routine	842	5 Days	\$8.00	\$6,736.00
14	Stool Culture	008144	Stool Culture	55	3 Days	\$30.00	\$1,650.00
15	Urine Culture	008847	Urine Culture, Routine	1,306	1-2 Days	\$7.00	\$9,142.00
16	Sputum Culture	180810	Lower Respiratory Culture	98	2 Days	\$10.00	\$980.00
17	Culture reflex @ additional cost	008848	Urine Culture, Routine **non-ord-- REFLEX TEST**	1,188	3 days	\$7.00	\$8,316.00
18	Heavy Metal Profile (Blood)	042580	Heavy Metals Profile I, Blood	21	1 Day	\$53.00	\$1,113.00
	Arsenic						
	Lead						
	Mercury						
19	Hepatitis B Profile (Diagnostic follow-up)	046938	Hepatitis Follow-Up (Prof II)	46	4 Days	\$20.00	\$920.00
	HbC Ag; anti-HbC;						
	anti-HBS; Interpretation						
20	Hepatitis Profile B & C	336408	HbCAb+HbCIGM+HBeAb+HBeAg+HB...	421	4 Days	\$46.00	\$19,366.00
	HBs Ag; HbC AG; Anti-HbC, total						
	Anti-HbC; Igm; anti-HBs Ag						
	anti-HCV; interpretation						
21	Hepatitis Profile A&B	058552	HAV/HBV (Profile VII)	107	1 Day	\$53.50	\$5,724.50
	Anti-HAV; total; anti HAV, Igm; HBs Ag;						
	HbC Ag; anti-HbC, total; anti-HbC, Igm;						
	anti-HBs Ag; interpretation						
22	Hepatitis A Profile	028928	Hepatitis A (Prof V)	57	1-2 Days	\$14.50	\$826.50
	Anti-HAV, total; anti-Hav, Igm						
	Interpretation						
23	Hepatitis B Profile	058545	Hepatitis B Virus (Profile VI)	52	1 Day	\$39.00	\$2,028.00
	HBs Ag; HbC Ag; anti-Hbc, total						
	anti-HbC, Igm						
	anti-HBs, Interpretation						
24	Hepatitis C Virus Antibody	140659	Hep C Virus Ab	416	1 Day	\$7.00	\$2,912.00
25	Hepatitis A, B & C Screen (Acute Hep. Panel)	322744	Hepatitis Panel (4)	168	1 Day	\$28.50	\$4,788.00

****CONFIDENTIAL****

West Virginia Department of Health and Human Resources
Bureau for Behavioral Health and Health Facilities
Office of Health Facilities ---- Reference Laboratory Services

BHS11095

EXHIBIT C (Vendor's Attachment of Phlebotomy Services)

		Column A	Column B	Column C
	Facility	Estimated Annual Draws	Rates per Draw for Phlebotomy services	Total (A x B)
1	Hopemont Hospital	5	\$3.00	\$15.00
2	Lakin Hospital	520	\$3.00	\$1,560.00
3	Pinecrest Hospital	390	\$3.00	\$1,170.00
4	John Manchin Sr. HCC	5	\$3.00	\$15.00
5	M.M. Bateman Hospital	5	\$3.00	\$15.00
6	W.R. Shapre Jr. Hospital	5	\$3.00	\$15.00
7	Welch Community Hospital	5	\$3.00	\$15.00
LabCorp Test Code 998085 Venipuncture			<i>Total of Exhibit C - Bid Sheet</i>	\$2,805.00

<i>Total of Exhibit A - Bid Sheet</i>	\$254,441.60
<i>Total of Exhibit B - Bid Sheet</i>	\$475,087.60
<i>Total of Exhibit C - Bid Sheet</i>	\$2,805.00
Grand Total = Exhibit A + B + C	\$732,334.20

Rev. 09/08

State of West Virginia

VENDOR PREFERENCE CERTIFICATE

Certification and application* is hereby made for Preference in accordance with *West Virginia Code*, §5A-3-37. (Does not apply to construction contracts). *West Virginia Code*, §5A-3-37, provides an opportunity for qualifying vendors to request (at the time of bid) preference for their residency status. Such preference is an evaluation method only and will be applied only to the cost bid in accordance with the *West Virginia Code*. This certificate for application is to be used to request such preference. The Purchasing Division will make the determination of the Resident Vendor Preference, if applicable.

1. **Application is made for 2.5% resident vendor preference for the reason checked:**
 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,
 Bidder is a partnership, association or corporation resident vendor and 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 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,
 Bidder is a 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; or,
2. **Application is made for 2.5% resident vendor preference for the reason checked:**
 Bidder is a resident vendor who certifies that, during the life of the contract, on average at least 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,
3. **Application is made for 2.5% resident vendor preference for the reason checked:**
 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 Bidder's 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; or,
4. **Application is made for 5% resident vendor preference for the reason checked:**
 Bidder meets either the requirement of both subdivisions (1) and (2) or subdivision (1) and (3) as stated above; or,
5. **Application is made for 3.5% resident vendor preference who is a veteran for the reason checked:**
 Bidder is an individual resident vendor who is a veteran of the United States armed forces, the reserves or the National Guard and has resided in West Virginia continuously for the four years immediately preceding the date on which the bid is submitted; or,
6. **Application is made for 3.5% resident vendor preference who is a veteran for the reason checked:**
 Bidder is a resident vendor who is a veteran of the United States armed forces, the reserves or the National Guard, if, for purposes of producing or distributing the commodities or completing the project which is the subject of the vendor's bid and continuously over the entire term of the project, on average at least seventy-five percent of the vendor's employees are residents of West Virginia who have resided in the state continuously for the two immediately preceding years.

Bidder understands if the Secretary of 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) reject the bid; 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.

By submission of this certificate, Bidder agrees to disclose any reasonably requested information to the Purchasing Division and authorizes the Department of 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 Commissioner to be confidential.

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.

Bidder: LabCorpSigned: Date: 2/24/11Title: Vice President, Controller

*Check any combination of preference consideration(s) indicated above, which you are entitled to receive.



EARL RAY TOMBLIN
GOVERNOR

STATE OF WEST VIRGINIA
DEPARTMENT OF ADMINISTRATION
PURCHASING DIVISION
2019 WASHINGTON STREET, EAST
P.O. BOX 50130
CHARLESTON, WEST VIRGINIA 25305-0130

ROBERT W. FERGUSON, JR.
CABINET SECRETARY
DAVID TINCHER
DIRECTOR

January 5, 2011

Ray Frye
Associate Vice President
LabCorp
501 Locust Avenue
Fairmont, West Virginia 26554

RE: Resident Vendor Preference Predetermination

Dear Mr. Frye,

The Purchasing Division appreciates LabCorp's efforts to determine its resident vendor preference status in advance of potential bidding opportunities. Such efforts, if undertaken by more bidders, would greatly reduce the time required to award contracts and respond to protests of resident vendor preference status.

I have reviewed the information LabCorp provided in its letter dated December 13, 2010, and examined the applicable Resident Vendor Preference laws and regulations. After conducting that review, I have determined that LabCorp could be eligible for the non-resident vendor preference identified as #3 on the Vendor Preference Certificate. That particular preference has two main components that must be met. The first component of the preference requires that LabCorp, employ 100 people or more in the State of West Virginia. Your letter indicates that LabCorp employs 314 individuals in West Virginia. The second component requires that, on average, 75% of the individuals performing work under the bid proposal and resulting contract be residents of West Virginia for the two years immediately preceding the bid submission. Assuming that LabCorp's bid related to a project that would be completed by its 314 employees in West Virginia, the second component of the preference would be met. Without knowing the nature of the goods or services being provided under a bid submission and the actual employees that would perform under the bid, however, it is not possible for the Purchasing Division to say with certainty that LabCorp would qualify for the #3 preference.

It is less likely that LabCorp would qualify for the preference marked as #1 on the Vendor Preference Certificate, but it may still be possible. LabCorp itself is not considered a resident vendor and therefore could not obtain the preference marked as #1 without a subsidiary. Under the rules governing the preference, a firm must maintain its corporate headquarters and principal place of business in West Virginia. As indicated in your letter, LabCorp's corporate headquarters is not located in West Virginia. LabCorp may, however, qualify for the resident vendor preference marked as #1 through a subsidiary, if LabCorp had a subsidiary that qualified as a resident (headquarters and principal place of business in West Virginia), that subsidiary employed a minimum of 100 West Virginia residents, and 75% of the employees performing on the contract for which the preference is sought are residents and have been continuously for two years immediately preceding the bid submission. If the aforementioned requirements were met, LabCorp could qualify for the preference marked as #1 even though it is not considered a resident vendor.

Ray Frye
January 5, 2011
Page 2

LabCorp would not qualify for the preference marked as #2 on the Vendor Preference Certificate since that particular preference requires the vendor to be a resident, and does not contain an exception to that requirement. As explained above, LabCorp does not maintain its headquarters in West Virginia and would not be a resident vendor.

It is important to note that a vendor preference must be requested in writing with the bid submission and that additional documentation may be required after receiving the bid to verify any preference claim.

If you have any further questions regarding this matter, please feel free to contact me at (304) 558-8806.

Sincerely,



James Meadows, Attorney
Purchasing Division

**The West Virginia Department of Health and Human Resources
State-Owned Facilities**

*William R. Sharpe, Jr. Hospital
Mildred Mitchell Bateman Hospital
Jackie Withrow Hospital
Lakin Hospital
Welch Community Hospital
Hopemont Hospital
John Manchin Sr. Health Care Center*

**Reference Laboratory Services
BHS11095**

Laboratory Corporation of America Holdings (LabCorp) Response

Page 4

LOCAL GOVERNMENT BODIES: UNLESS THE VENDOR INDICATES IN THE BID HIS REFUSAL TO EXTEND THE PRICES, TERMS AND CONDITIONS OF THE BID TO COUNTY, SCHOOL, MUNICIPAL AND OTHER LOCAL GOVERNMENT BODIES, THE BID SHALL EXTEND TO POLITICAL SUBDIVISIONS OF THE STATE OF WEST VIRGINIA. IF THE VENDOR DOES NOT WISH TO EXTEND THE PRICES, TERMS, AND CONDITIONS OF THE BID TO ALL POLITICAL SUBDIVISIONS OF THE STATE, THE VENDOR MUST CLEARLY INDICATE SUCH REFUSAL IN HIS BID. SUCH REFUSAL SHALL NOT PREJUDICE THE AWARD OF THIS CONTRACT IN ANY MANNER.

LabCorp Response

LabCorp has many agreements with customers, including various federal, state and local governmental agencies and departments, managed care plans, health systems, hospitals and physicians. Each of these arrangements provide for different terms of service, including fees that are based, in part, on the service requirements, test utilization projections, local market factors and other services that may be incorporated into the fee schedule. Therefore, LabCorp cannot agree to provide any specific customer with fees that are not higher than fees provided to any other customer. LabCorp can provide that the fee schedule proposed for The West Virginia Department of Health and Human Resources State Owned Facilities will be, in the aggregate, comparable to the fees charged to similarly situated customers whose service requirements and test utilization are comparable to those required by The West Virginia Department of Health and Human Resources State Owned Facilities

1.1 Purpose:

To provide reference laboratory services to the West Virginia Department of Health and Human Resources (WVDHHR), State owned facilities which include: William R. Sharpe, Jr. Hospital, Mildred Mitchell Bateman Hospital, Jackie Withrow Hospital, Lakin Hospital, Welch Community Hospital, Hopemont Hospital, and John Manchin Sr. Health Care Center, hereafter referred to as "hospitals".

Locations of Hospitals:

Jackie Withrow Hospital
105 S. Eisenhower Drive
Beckley, WV 25801

Hopemont Hospital
Rt. 3, Box 330
Terra Alta, WV 26764

Lakin Hospital
1 Bateman Circle
Lakin, WV 25287

John Manchin Sr. Health Care Center
401 Guffey Street
Fairmont, WV 26554

Welch Community Hospital
454 McDowell Street
Welch, WV 24801

Mildred Mitchell-Bateman Hospital
1530 Norway Avenue
Huntington, WV 25709

William R. Sharpe, Jr. Hospital
936 Sharpe Hospital Road
Weston, WV 26452

1.2 Mandatory Requirements:

1.2.1 The vendor shall provide reference laboratory services to the above listed hospitals.

LabCorp Response

LabCorp can comply.

1.2.2 The vendor must be compatible with all existing facility lab devices, hardware, and software and must be able to electronically interface with the Electronic Patient Record System within thirty (30) days of the start of the contract.

LabCorp Response

Upon further clarification from the State of West Virginia on the specific interface needs for the individual facilities, LabCorp will work with the client to establish an electronic interface. The implementation of the interface is a resource intensive effort requiring participation from multiple parties (software vendor, facility, and LabCorp). A well developed plan, good coordination and efficient communication are needed to develop a quality interface in the agreed upon timeline. Due to the coordination of multiple parties, thirty days cannot be guaranteed; however, we will work as efficiently as possible to complete a quality interface as quickly as possible.

1.2.3 Vendor shall develop and maintain a process to supply printed laboratory results to a designated printer at each facility in the event of any issues inhibiting the transfer of data through Medsphere Open Vista.

LabCorp Response

LabCorp can comply.

1.2.4 Vendor shall ensure that all laboratory policies and procedures comply with the regulations of the Health Insurance Portability and Accountability Act (HIPAA).

LabCorp Response

LabCorp is committed to conducting business in compliance with all applicable federal, state, and local laws and regulations in accordance with the requirements of any agencies through which LabCorp has obtained certification to operate as a clinical laboratory, including the provisions outlined in HIPAA.

1.2.5 Vendor shall provide current copies of Clinical Laboratory Improvement Amendments (CLIA) and College of American Pathologists (CAP) certificates. The vendor shall maintain on-

going certification by (CLIA) and (CAP) and provide copies of certificates upon any renewals which occur during the contract period.

LabCorp Response

LabCorp maintains, as required by individual state licensure programs, CLIA licensure, Medicare approval and CAP certification in all laboratory facilities. LabCorp's facilities are inspected annually by Medicare and bi-annually by CAP with alternate year CAP self-inspections. All aspects of laboratory quality and documentation are reviewed during these inspections including personnel qualifications, facilities, safety, quality control (QC), instrument maintenance, and record keeping. Continued licensure and/or certification is dependent on correction of any deficiencies found, using a written plan of action. The CLIA and CAP certificates of accreditation have been included in TAB 5.

1.2.6 Vendor shall maintain compliance with (CLIA) regulations that address specimen rejection and the categorization of specimens as unsatisfactory.

LabCorp Response

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.

1.2.7 Vendor shall ensure that all information provided in the laboratory reports complies with (CAP) standards.

LabCorp Response

LabCorp can comply.

1.2.8 Vendor shall maintain compliance with (CLIA) regulations regarding Quality Control and Quality Assurance, including documentation of the vendor's proficiency testing program. The vendor shall provide all such documentation to BHHF, or its individual facilities, upon request.

LabCorp Response

LabCorp can comply.

1.2.9 Vendor shall maintain stored lab results for Quality Assurance monitoring and assessment of laboratory services for the current time periods mandated by regulatory bodies (CAP and CLIA).

LabCorp Response

LabCorp can comply.

1.2.10 Vendor shall maintain all specimen and report data in electronic format, including the total number of tests performed on a daily, monthly and annual basis by individual testing category. Vendor shall provide all such comprehensive or individual facility statistical reports to BHHF, or each individual facility, upon request.

LabCorp Response

LabCorp will provide BHHF with monthly utilization to include LabCorp account number, test number, test quantity, and net revenues by billable party in an electronic format of its choice. As you may be aware, LabCorp maintains an array of utilization options, which may benefit BHHF.

LabCorp maintains flexibility with respect to reporting options and can provide certain customized reports. Available fields for report customization includes, test number, test name, client price, current month and year-to-date test quantity, and current month and year-to-date net revenues.

LabCorp recognizes that various levels of summary reporting may be required for aggregate reviews of test usage. To that end, grouping and summarizing of individual account totals are also available through the utilization packages offered at LabCorp. In addition to the individual account totals, groups of accounts may be established for facility, and/or association totals. These reporting options may be provided in hard-copy or electronic format.

1.2.11 Vendor shall employ a Board Certified pathologist who is to be made available seven days each week, during normal working hours, for questions and/or interpretation of test results.

1.2.12 Vendor provide the facilities, on an on-going basis, with the name, address, and telephone number of their account representatives. Vendor shall also provide the facilities with a telephone referral service (twenty-four hours a day/seven days a week) (24/7) for the purpose of responding to facility inquires that require technical or professional support.

LabCorp Response

LabCorp is proud of its unrivalled commitment to customer support. Your local LabCorp representatives will be:

*Ian M. Dryburgh
Hospital Development Executive
Phone: 412-304-8668
e-mail: dryburi@labcorp.com*

*Bob VanHoose
Hospital Key Account Executive
Phone: 304-308-1330
e-mail: vanhoob@labcorp.com*

LabCorp provides support through its various customer service departments. These departments are staffed with dedicated, trained and responsive personnel who can assist with questions or requests regarding:

- *specimen collection, preparation, and submission requirements*
- *specimen handling and transport issues*
- *patient results and status*
- *generation of duplicate reports*
- *provision of duplicate reports to another physician*
- *test turnaround times*
- *scheduling information for the Center for Molecular Biology and Pathology (CMBP) service*

Your client inquiry calls are answered 24/7 by a specialized group of individuals specializing in Hospital Service. The Hospital Service line is staffed with experienced, knowledgeable personnel available to assist you with esoteric and technical procedural information and add-on testing assistance.

Those technical questions that cannot be answered immediately by our Customer Service staff will be directed to the appropriate technical department discipline director. Each LabCorp technical discipline has at least one qualified doctorate-level director with numerous years of experience, not only in the clinical laboratory field, but also at LabCorp. One of the responsibilities of these on-site directors is to maintain adherence to all laboratory regulations set forth by the accrediting agencies. The pathology, doctorate and staff specialists are available for consultations with clients concerning the significance of test results, unusual cases and technical matters.

1.2.13 Vendor shall provide a set fee for phlebotomy services to be provided at the designated facilities. When, and/or if, a phlebotomist is needed, the facility will contact the vendor for the provision of services pursuant to the fee quoted. Please note: all travel expenses, if any, must be included in the fee as an all inclusive rate.

LabCorp Response

LabCorp can comply. Please see Exhibit C in TAB 2 for the fee.

1.2.14 Vendor shall provide daily collection (courier) services seven (7) days per week at each facility for pick-up and transport of specimens. Collection times shall take into consideration the facilities needs for optimal test result turnaround times.

LabCorp Response

LabCorp's courier service is critical as the first point of contact in the turn-around time process. Our couriers provide direct specimen receipt, a controlled environment for specimen transport and delivery of necessary supplies. The courier personnel are generally employees of LabCorp, trained in the proper handling and transportation of various specimen types, such as frozen and room temperature samples. 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. Our trained professional service staff would help ensure that specimens are expeditiously transported to the laboratory.

1.2.15 Vendor shall assume responsibility and liability for examining, interpreting and reporting results of all specimens.

LabCorp Response

LabCorp can comply.

1.2.16 Vendor shall provide the facilities with written instructions regarding patient preparation, proper specimen collection, specimen identification, specimen preservation, and specimen transport. Vendor will supply on-site training of facility staff as needed.

LabCorp Response

The LabCorp Directory of Services and Interpretive Guide (DOS) is a comprehensive manual providing information on LabCorp tests including patient preparation, proper specimen collection, specimen identification, specimen preservation, and specimen transport. A copy has been provided with this bid response and is also available on the internet at www.LabCorp.com.

1.2.17 Vendor shall provide the facilities with all supplies and materials necessary for collection and transport of specimen for testing. This includes, but is not limited to, vacutainers, tubes,

needles, preservatives, 24 urine containers, cytology and histology containers with preservatives, slides, fixatives, plastic transport bags, centrifuges and a directory for all services offered.

LabCorp Response

As permitted by applicable law, LabCorp provides its clients with routine specimen collection and transport materials that are used solely for specimens that are analyzed within our laboratory network. Centrifuges can be supplied upon completion of an Equipment Loan Acknowledgement form.

1.2.18 Vendor shall provide microbiology culture results in accordance with the applicable standards for the specimen. Routine cultures with positive results shall have preliminary reports prepared within 24 hours, followed by a report within 48 hours, and a final report within 72 hours of collection of the specimen at the facility. Vendor shall telephone positive culture reports to the facility within one hour of receipt of results.

LabCorp Response

LabCorp reports routine culture results at 24 hours. A final report may be available at 48 hours or 72 hours. LabCorp is not able to report positive results by telephone.

1.2.19 Vendor shall provide general routine chemistries results no later than 24 hours after collection of specimens at the facilities. The vendor shall telephone all panic/alert values to the facilities within one hour of receipt of the results.

LabCorp Response

Routine tests are typically reported within 24 hours of receipt of the specimen by the testing facility. Significant anomalies may require more time. Esoteric tests that cannot be processed at a regional laboratory will be transported to one of our esoteric laboratories.

LabCorp categorizes significantly abnormal results into two categories: life-threatening ("panic") results and significantly abnormal, but not life-threatening ("alert") results.

LabCorp notifies physicians 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

1.2.20 After collection of specimens, vendor shall provide turnaround time Cytology results within (5) days and Histology within four days (4) unless further study or staining is required.

Exceptions to prescribed turnaround times are as follow:

Cytology results turnaround time:

Suspicious, abnormal, unusual specimens or those submitted with insufficient information may require a longer turnaround time; however, in the case of such occurrences the facility must be notified.

Surgical pathology turnaround time:

Depending on the complexity of diagnosis and case load, surgical pathology results may require longer turnaround time; however, in the case of such occurrences the facility must be notified. A preliminary diagnosis shall be made available by the vendor via telephone or computer printer, with a final signed report to follow.

LabCorp Response

The average turnaround time for Cytology specimens is 3-5 Days and turnaround time for Histology specimens is 2-4 days. Abnormal results notification can be customized by submitting the Alert Result Call Designation Form.

1.2.21 A broad list of the type and estimated quantity of tests, as well as, panels, profiles, screens and cultures required by the facilities are attached as Exhibit A and Exhibit B, respectively. These exhibits only represent commonly required and/or requested tests to be utilized for evaluation purposes. Additional tests, including tests not listed with the exhibits, shall be provided by the vendor as necessary and as ordered by the facilities. All such tests shall be billed at the vendor's standard rates as evidenced within a formal catalog of services to be submitted along with the vendor's bid.

LabCorp Response

Please see TAB 6 for LabCorp Comprehensive Professional Fee Schedule. For the performance of tests not set forth in the Pricing Proposal section of this response, 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 reserves 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.

1.2.22 This will be an open end contract. Quantities listed are estimates only. Actual amounts and test types will vary depending on the needs of the facilities whether those needs are greater or less than the quantities listed. Unit price per test or procedure shall remain firm for the life of the contract.

LabCorp Response

LabCorp can comply.

1.2.23 A mandatory pre-bid conference shall be conducted at 350 Capitol St., Rm 354, Charleston, WV 25301 at 1:30 pm on 2/8/2011. All interested vendors are required to be present at this meeting. Any vendor failing to attend the mandatory pre-bid conference will not be considered for award. No one person can represent more than one vendor.

LabCorp Response

Representatives for LabCorp were in attendance at the pre-bid conference as recorded in Addendum 1 for BHS 11095.

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

LABORATORY NAME AND ADDRESS
LABORATORY CORPORATION OF AMERICA
120 HILLS PLAZA
CHARLESTON, WV 25312

CLIA ID NUMBER
51D0234254

EFFECTIVE DATE
08/25/2009

LABORATORY DIRECTOR
A BETTS CARPENTER MD PHD

EXPIRATION DATE
08/24/2011

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. Yost

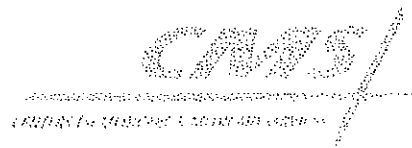
Judith A. Yost, Director
Division of Laboratory Services
Survey and Certification Group
Center for Medicaid and State Operations

02 cert52_080109

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>
BACTERIOLOGY (110)	02/19/2007
VIROLOGY (140)	02/19/2007
CYTOLOGY (630)	06/13/2003

LAB CERTIFICATION (CODE) EFFECTIVE DATE



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.



Advancing Excellence

**Accredited
Laboratory**



The College of American Pathologists

certifies that the laboratory named below

**Laboratory Corporation of America
Laboratory**

**Charleston, West Virginia
Betts Carpenter, MD, PhD**

LAP Number: 3783901

AU-ID: 1190094

CLIA Number: 51D0234254

*has met all applicable standards for accreditation and
is hereby fully accredited by the College of American Pathologists'
Laboratory Accreditation Program. Reinspection should occur prior
to June 13, 2011 to maintain accreditation.*

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

Robert Wilmore, MD

Chair, Commission on Laboratory Accreditation

James R. Schwartz, MD PhD FCAP

President, College of American Pathologists

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

LABORATORY NAME AND ADDRESS:

LABORATORY CORP OF AMERICA HOLDINGS
501 LOCUST AVENUE
FAIRMONT, WV 26554

LABORATORY DIRECTOR:

DAVID J MOFFA

CLIA ID NUMBER:

51D0661853

EFFECTIVE DATE:

02/28/2011

EXPIRATION DATE:

02/27/2013

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. Yost

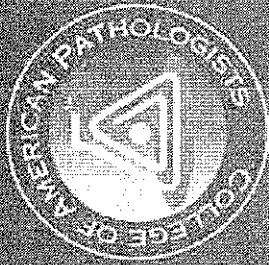
Judith A. Yost, Director
Division of Laboratory Services
Survey and Certification Group
Center for Medicaid and State Operations

409 cmts2_012911A

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)	05/12/2000		
PARASITOLOGY (130)	05/12/2000		
SYPHILIS SEROLOGY (210)	03/03/2008		
GENERAL IMMUNOLOGY (220)	05/12/2000		
ROUTINE CHEMISTRY (310)	05/12/2000		
URINALYSIS (320)	05/12/2000		
ENDOCRINOLOGY (330)	05/12/2000		
TOXICOLOGY (340)	05/12/2000		
HEMATOLOGY (400)	05/12/2000		

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.



Advancing Excellence

**Accredited
Laboratory**



The College of American Pathologists

certifies that the laboratory named below

Laboratory Corporation of America

Main Laboratory

Fairmont, West Virginia

David J. Moffa, PhD

LAP Number: 1394301

AU-ID: 1179658

CLIA Number: 51D0661853

has met all applicable standards for accreditation and is hereby fully accredited by the College of American Pathologists' Laboratory Accreditation Program. Reinspection should occur prior to August 27, 2012 to maintain accreditation.

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

Frank R Rudy

Chair, Commission on Laboratory Accreditation

Walter A. Ben 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
6370 WILCOX ROAD
DUBLIN, OH 43016**

CLIA ID NUMBER

36D0327333

EFFECTIVE DATE

06/14/2009

LABORATORY DIRECTOR

MODINA THRASHER MD

EXPIRATION DATE

06/13/2011

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. Yost

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

160 cert82_951609

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:

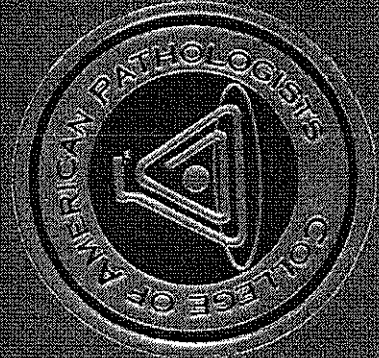
<u>LAB CERTIFICATION (CODE)</u>	<u>EFFECTIVE DATE</u>	<u>LAB CERTIFICATION (CODE)</u>	<u>EFFECTIVE DATE</u>
BACTERIOLOGY (110)	06/14/1995	ANTIBODY TRANSFUSION (520)	06/14/1995
MYCOBACTERIOLOGY (115)	06/14/1995	ANTIBODY NON-TRANSFUSION (530)	06/14/1995
MYCOLOGY (120)	06/14/1995	ANTIBODY IDENTIFICATION (540)	06/14/1995
PARASITOLOGY (130)	06/14/1995		
VIROLOGY (140)	06/14/1995		
SYPHILIS SEROLOGY (210)	06/14/1995		
GENERAL IMMUNOLOGY (220)	06/14/1995		
ROUTINE CHEMISTRY (310)	06/14/1995		
URINALYSIS (320)	06/14/1995		
ENDOCRINOLOGY (330)	06/14/1995		
TOXICOLOGY (340)	06/14/1995		
HEMATOLOGY (400)	06/14/1995		
ABO & RH GROUP (510)	06/14/1995		

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.



Advancing Excellence

**Accredited
Laboratory**



The College of American Pathologists

certifies that the laboratory named below

**Laboratory Corporation of America
Dublin, Ohio
Modina R. Thrasher, MD**

LAP Number: 1635001

AU-ID: 1182090

CLIA Number: 36D0327333

has met all applicable standards for accreditation and is hereby fully accredited by the College of American Pathologists' Laboratory Accreditation Program. Reinspection should occur prior to September 20, 2011 to maintain accreditation.

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

Paul Wilcox, MD

Chair, Commission on Laboratory Accreditation

David R. Schwartz MD PhD FCAP

President, College of American Pathologists

2011

Fee Schedule

Comprehensive Professional





Professional Fee Schedule—2011

This fee schedule shall be effective as of 2011 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 here for your convenience; however, correct coding often varies from one carrier to another. Consequently, the AMA CPT* manual 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 *Current Procedural Terminology* CPT 2011 Standard Edition, published by the Publishing and Information Technology Groups of the American Medical Association. Copyright 2010 by the American Medical Association.

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.

LabCorp®

531 South Spring Street
Burlington, NC 27215

Test No	Test Name	Non-discountable	Fee	CPT Code(s)
	#			
500550	11-Desoxycortisol	*	\$170.00	82634
500560	11-Desoxycortisol, Two Specimens	*	\$336.50	82634(x2)
020966	17-Hydroxycorticosteroids and 17-Ketosteroids		\$206.75	83491; 83586
120998	17-Hydroxycorticosteroids and Creatinine Ratio, 24-Hour Urine		\$137.00	82570; 83491
004242	17-Hydroxycorticosteroids, Urine	*	\$101.00	83491
140715	17-Hydroxypregnenolone, Mass Spectrometry	*	\$140.00	84143
004002	17-Ketogenic Steroids and 17-Ketosteroids, 24-Hour Urine	*	\$225.75	83582; 83586
004010	17-Ketogenic Steroids, 24-Hour Urine	*	\$120.00	83582
004028	17-Ketosteroids, Total, 24-Hour Urine	*	\$105.75	83586
500770	17-OH Pregnenolone, ACTH Stimulation	*	\$280.00	84143(x2)
140776	17-OH Progesterone, ACTH Stimulation	*	\$224.75	83498(x2)
004713	17- α -Hydroxyprogesterone	*	\$121.75	83498
015789	17- α -Hydroxyprogesterone, Eight Specimens	*	\$974.00	83498(x8)
015790	17- α -Hydroxyprogesterone, Five Specimens	*	\$608.75	83498(x5)
049742	17- α -Hydroxyprogesterone, Four Specimens	*	\$487.00	83498(x4)
015793	17- α -Hydroxyprogesterone, Seven Specimens	*	\$852.25	83498(x7)
015791	17- α -Hydroxyprogesterone, Six Specimens	*	\$730.50	83498(x6)
047522	17- α -Hydroxyprogesterone, Three Specimens	*	\$365.25	83498(x3)
057232	17- α -Hydroxyprogesterone, Two Specimens	*	\$243.50	83498(x2)
500778	18-Hydroxycorticosterone, Serum	*	\$134.00	82542
510434	IP,19Q Oncology Fluorescence in situ Hybridization (FISH)	*	\$597.00	88271(x2); 88275; 88291 (client bill only)
001701	5' Nucleotidase	*	\$95.75	83915
004069	5-Hydroxyindoleacetic Acid (HIAA), Quantitative, 24-Hour Urine	*	\$71.50	83497
316205	5-Hydroxyindoleacetic Acid (HIAA), Quantitative, Random Urine (Pediatric)	*	\$107.00	83497; 82570
140442	5 α -Androstane-3 α , 17 β -Diol Glucuronide, Serum	*	\$257.75	82154
716159	6-Acetylmorphine, Urine	*	\$137.50	80102
	A			
009050	Abdominal Fluid Cytology	*	\$133.00	88112
116004	Abnormal Bleeding Profile	*	\$135.25	85049; 85610; 85670; 85730
006056	ABO Grouping		\$30.25	86900
006049	ABO Grouping and Rho(D) Typing		\$60.25	86900; 86901
007740	Acetaminophen, Serum	*	\$98.25	82003
086007	Acetylcholine Receptor (AChR) Antibodies, Complete Profile	*	\$700.50	83519(x3)
085902	Acetylcholine Receptor (AChR)-binding Antibodies, Serum	*	\$259.75	83519
086003	Acetylcholine Receptor (AChR)-binding Antibody With Reflex to AChR-modulating Antibody	*	\$259.75	83519
085926	Acetylcholine Receptor (AChR)-blocking Antibodies, Serum	*	\$259.75	83519
085933	Acetylcholine Receptor (AChR)-modulating Antibodies	*	\$224.75	83519
510354	Acetylcholinesterase (AChE), Amniotic Fluid With Reflex to Fetal Hemoglobin (Hb F)	*	\$159.50	82013
500120	Acid Labile Subunit (ALS)	*	\$78.00	83519
088161	Acid-fast (Mycobacteria) Antibiotic Susceptibilities	*	\$323.50	87190(x4)
182402	Acid-fast (Mycobacteria) Broth-based Culture and Smear	*	\$163.25	87116; 87206; 87015
182675	Acid-fast (Mycobacteria) Broth-based Culture and Smear and Susceptibility	*	\$163.25	87116; 87015; 87206
006643	Actin (Smooth Muscle) Antibody (ASMA)	*	\$98.50	83516
117762	Activated Protein C Resistance (APCR)	*	\$135.00	85307
510762	Acute Lymphocytic Leukemia (ALL) Profile, Fluorescence in situ Hybridization (FISH)	*	\$997.50	88275; 88291; 88271(x13)
510744	Acute Myelocytic Leukemia (AML) Profile, Fluorescence in situ Hybridization (FISH)	*	\$840.00	88275; 88291; 88271(x10)
185041	Adenovirus (Type 40/41), Direct Detection EIA	*	\$102.00	87301
187013	Adenovirus (Type 40/41)/Rotavirus, Direct Detection EIA	*	\$218.75	87301; 87425
138164	Adenovirus Detection, PCR	*	\$357.00	87798
096065	Adenovirus Group Antibodies, Quantitative	*	\$115.50	86603
004650	Adiponectin	*	\$212.00	83520
500092	Adrenal 21-Hydroxylase Autoantibodies	*	\$100.00	83519

Test No	Test Name	Non-discountable	Fee	CPT Code(s)
004440	Adrenocorticotrophic Hormone (ACTH), Plasma	*	\$171.75	82024
267708	Adrenocorticotrophic Hormone (ACTH), Plasma, Eight Specimens		\$1,374.00	82024(x8)
038919	Adrenocorticotrophic Hormone (ACTH), Plasma, Five Specimens		\$1,030.50	82024(x5)
225268	Adrenocorticotrophic Hormone (ACTH), Plasma, Four Specimens		\$687.00	82024(x4)
038901	Adrenocorticotrophic Hormone (ACTH), Plasma, Seven Specimens		\$1,202.25	82024(x7)
225276	Adrenocorticotrophic Hormone (ACTH), Plasma, Six Specimens		\$1,030.50	82024(x6)
038927	Adrenocorticotrophic Hormone (ACTH), Plasma, Three Specimens		\$515.25	82024(x3)
225250	Adrenocorticotrophic Hormone (ACTH), Plasma, Two Specimens		\$343.50	82024(x2)
788890	Adulteration (Dilution), Urine	*	\$8.00	N/A
008649	Aerobic Bacterial Culture, General	*	\$65.25	87070
182261	Aerobic Identification and Susceptibility	*	\$82.75	87077
001545	Alanine Aminotransferase (ALT/SGPT)		\$27.00	84460
012229	Albumin, Cerebrospinal Fluid	*	\$56.25	82042
001081	Albumin, Serum		\$27.00	82040
002030	Aldolase	*	\$59.25	82085
004374	Aldosterone	*	\$141.00	82088
004291	Aldosterone, 24-Hour Urine	*	\$193.75	82088
010848	Aldosterone, Eight Specimens		\$1,128.00	82088(x8)
271190	Aldosterone, Five Specimens		\$705.00	82088(x5)
361626	Aldosterone, Four Specimens		\$564.00	82088(x4)
015796	Aldosterone, Seven Specimens		\$987.00	82088(x7)
015795	Aldosterone, Six Specimens		\$846.00	82088(x6)
053272	Aldosterone, Three Specimens		\$423.00	82088(x3)
237537	Aldosterone, Two Specimens		\$282.00	82088(x2)
004354	Aldosterone:Renin Ratio	*	\$255.75	82088; 84244
001612	Alkaline Phosphatase Isoenzymes	*	\$89.75	84080; 84075
001107	Alkaline Phosphatase, Serum		\$27.00	84075
480004	Alkaline Phosphatase, Serum (Serial Monitor)		\$50.00	84075
071548	Aluminum, Plasma or Serum	*	\$120.25	82108
071555	Aluminum, Urine	*	\$86.25	82108; 82570
006874	Amebiasis Antibodies	*	\$116.75	86753
031138	Amenorrhea Profile		\$284.50	83001; 83002; 84146
007204	Amikacin, Serum, Peak		\$97.00	80150
717330	Amikacin, Serum, Peak and Trough		\$194.00	80150(x2)
007205	Amikacin, Serum, Trough		\$97.00	80150
095646	Amino Acid Profile, Quantitative, 24-Hour Urine	*	\$716.75	82139
912139	Amino Acid Profile, Quantitative, Cerebrospinal Fluid	*	\$698.75	82139
095638	Amino Acid Profile, Quantitative, Plasma	*	\$698.75	82139
912147	Amino Acid Profile, Quantitative, Random Urine	*	\$716.75	82139; 82570
096354	Aminolevulinic Acid, Delta, 24-Hour Urine	*	\$198.25	82135
007351	Aminolevulinic Acid, Delta, Random Urine	*	\$198.25	82135
706705	Amiodarone, Serum	*	\$141.00	82542
007476	Amitriptyline, Serum	*	\$127.25	80152
007054	Ammonia, Plasma		\$98.25	82140
071282	Amphetamine Confirmation, Urine	*	\$119.50	82145
766551	Amphetamine Screen and Confirmation, Blood	*	\$82.25	80101
074401	Amphetamine Screen and Confirmation, Urine	*	\$24.00	80101
767551	Amphetamine Screen Only, Blood	*	\$82.25	80101
767608	Amphetamines, GC/MS, Blood	*	\$314.50	82145
123110	Amylase Isoenzymes, Serum	*	\$75.00	82150(x2)
088062	Amylase, Body Fluid		\$37.25	82150
001396	Amylase, Serum		\$37.25	82150
003293	Amylase, Urine		\$37.25	82150
008003	Anaerobic and Aerobic Culture	*	\$198.50	87070; 87075
183111	Anaerobic and Aerobic Culture and Gram Stain	*	\$235.75	87070; 87075; 87205

Test No	Test Name	Non-discountable	Fee	CPT Code(s)
008904	Anaerobic Culture	*	\$133.25	87075
009160	Anal (Rectal) Cytology, Liquid-based Preparation	*	\$133.00	88112
138172	Anaplasma phagocytophilum, DNA PCR	*	\$160.00	87798
004705	Androstenedione	*	\$162.00	82157
140758	Androstenedione, ACTH Stimulation	*	\$323.75	82157(x2)
030577	Anemia Profile A	*	\$107.50	83550; 85025; 85045; 83540
042077	Anemia Profile B	*	\$328.00	82607; 82728; 82746; 83550; 85025; 85045; 83540
706960	Anemia Profile, Megaloblastic, Serum	*	\$277.25	82136; 83918
716340	Anemia Profile, Megaloblastic, Urine	*	\$221.00	82136; 83918
511210	Angelman and Prader-Willi Syndromes, DNA Analysis	*	\$397.00	83891; 83900; 83894; 83912
002180	Angiotensin II	*	\$93.00	82163
010116	Angiotensin-converting Enzyme (ACE)	*	\$81.25	82164
502294	Angiotensin-converting Enzyme (ACE) Insertion/Deletion Mutation	*	\$230.00	83891; 83894; 83898; 83912
165750	Anti-68 kD (hsp-70) Antibodies, Western Blot	*	\$180.75	84181
082024	Antiadrenal Antibodies, Quantitative	*	\$101.00	86255
006213	Antibody Identification	*	\$87.00	86870
006015	Antibody Screen	*	\$30.50	86850
161836	Anticardiolipin Antibodies (ACA), Quantitative, IgA	*	\$91.00	86147
161950	Anticardiolipin Antibodies (ACA), Quantitative, IgA, IgG, IgM	*	\$273.00	86147(x3)
161810	Anticardiolipin Antibodies (ACA), Quantitative, IgG	*	\$91.00	86147
161802	Anticardiolipin Antibodies (ACA), Quantitative, IgG, IgM	*	\$182.00	86147(x2)
161828	Anticardiolipin Antibodies (ACA), Quantitative, IgM	*	\$91.00	86147
164814	Anticentromere B Antibodies	*	\$103.25	86235
012580	Antichromatin Antibodies	*	\$103.25	86235
046557	Antidiuretic Hormone (ADH) Profile	*	\$288.00	83930; 84588
161422	Anti-DNA (Single-stranded) Antibodies, Quantitative, IgG	*	\$110.75	86226
096289	Anti-DNase B (Streptococcal) Antibodies	*	\$114.25	86215
096339	Anti-dsDNA (Double-stranded) Antibodies	*	\$103.25	86225
006338	Antiextractable Nuclear Antigens	*	\$206.50	86235(x2)
182329	Antifungal Susceptibility Testing, Amphotericin	*	\$159.50	87186
180968	Antifungal Susceptibility Testing, Amphotericin B and Ketoconazole	*	\$318.75	87186
181362	Antifungal Susceptibility Testing, Amphotericin B and Voriconazole	*	\$318.75	87186
180976	Antifungal Susceptibility Testing, Amphotericin B, Ketoconazole, Voriconazole, and Caspofungin	*	\$637.50	87186
183483	Antifungal Susceptibility Testing, Anidulafungin	*	\$159.50	87186
183491	Antifungal Susceptibility Testing, Caspofungin	*	\$159.50	87186
182220	Antifungal Susceptibility Testing, Fluconazole	*	\$159.50	87186
181768	Antifungal Susceptibility Testing, Fluconazole, Flucytosine, and Itraconazole	*	\$478.25	87186
182428	Antifungal Susceptibility Testing, Flucytosine	*	\$159.50	87186
182436	Antifungal Susceptibility Testing, Itraconazole	*	\$159.50	87186
182758	Antifungal Susceptibility Testing, Ketoconazole	*	\$159.50	87186
183509	Antifungal Susceptibility Testing, Micafungin	*	\$159.50	87186
183517	Antifungal Susceptibility Testing, Posaconazole	*	\$159.50	87186
183525	Antifungal Susceptibility Testing, Voriconazole	*	\$159.50	87186
006262	Antigen Typing, Red Blood Cell	*	\$81.00	86905
082719	Antiglomerular Basement Membrane Antibodies	*	\$160.25	83516
012518	Antihistone Antibodies	*	\$103.25	86235
161455	Anti-Jo-1	*	\$103.25	86235
071605	Antimony, Urine	*	\$146.50	83018
500183	Antimullerian Hormone (AMH), Serum	*	\$102.00	83516
163840	Antimyeloperoxidase (MPO) Antibodies	*	\$138.00	83520
985910	Antimyocardial Antibodies, Quantitative	*	\$91.75	86256(x2)
162388	Antineutrophil Cytoplasmic Antibodies (ANCA)	*	\$201.25	86256(x3)
163873	Antineutrophil Cytoplasmic Antibody (ANCA) Profile	*	\$477.25	86256(x3); 83520 (x2)
164947	Antinuclear Antibodies (ANA)	*	\$83.00	86038

Test No	Test Name	Non-discountable	Fee	CPT Code(s)
164920	Antinuclear Antibodies (ANA) Comprehensive Plus Profile	*	\$1,136.25	86225; 83516; 86235(x9)
165092	Antinuclear Antibodies (ANA) Comprehensive Profile	*	\$896.25	86225; 86235(x8)
164855	Antinuclear Antibodies (ANA) Direct		\$69.25	86038
164880	Antinuclear Antibodies (ANA) Reflex Cascade		\$69.25	86038
164962	Antinuclear Antibodies (ANA) With Reflex		\$69.25	86038
164863	Antinuclear Antibodies (ANA) With Reflex to Multiple Confirmatory Tests		\$69.25	86038
160721	Antipancreatic Islet Cells	*	\$141.00	86341
006486	Antiparietal Cell Antibody	*	\$98.50	83516
117994	Antiphosphatidylserine, IgA, IgG, IgM	*	\$300.00	86148(x3)
501056	Antiphospholipid Syndrome, Comprehensive (Esoterix)	*	\$1,578.00	0030T(x2); 85597; 85613 (x2); 85730; 85598; 86146 (x3); 86147 (x3); 86148 (x2); 85732 (x2)
163857	Antiproteinase 3 (PR3) Antibodies	*	\$138.00	83520
012700	Antiribosomal P Antibodies	*	\$103.25	83516
018705	Antiscleroderma - 70 Antibodies	*	\$103.25	86235
082545	Antiskin Autoantibodies, Quantitative	*	\$132.00	86255
006031	Antistreptolysin O (ASO) Antibodies		\$41.50	86060
015040	Antithrombin Activity	*	\$170.00	85300
015057	Antithrombin Antigen (Immunologic)	*	\$200.00	85301
015594	Antithrombin Deficiency Profile	*	\$330.00	85300; 85301
081410	Apo E Genotyping: Cardiovascular Risk	*	\$325.00	83891; 83898; 83892; 83894; 83912
016873	Apolipoprotein A-1		\$59.25	82172
216010	Apolipoprotein Assessment		\$118.50	82172(x2)
167015	Apolipoprotein B		\$59.25	82172
117199	aPTT Mixing Studies	*	\$221.00	85730; 85732(x3)
162008	Arboviral Encephalitis Antibodies Profile, IgG	*	\$378.00	86651; 86652; 86653; 86654
162305	Arboviral Encephalitis Antibodies Profile, IgM	*	\$378.00	86651; 86652; 86653; 86654
723379	Aromatic Solvent Metabolites, Urine	*	\$171.75	82570; 84600; 83918
723049	Aromatic Solvents Exposure, Blood	*	\$148.50	84600
252380	Arrhythmogenic Right Ventricular Dysplasia/Cardiomyopathy (ARVD/C): DSC2	*	\$1,190.00	83891; 83898(x51); 83909 (x34); 83912
252630	Arrhythmogenic Right Ventricular Dysplasia/Cardiomyopathy (ARVD/C): DSC2 (Known Mutation)	*	\$250.00	83891; 83898(x3); 83909 (x2); 83912
252383	Arrhythmogenic Right Ventricular Dysplasia/Cardiomyopathy (ARVD/C): DSG2	*	\$1,190.00	83891; 83898(x51); 83909 (x34); 83912
252633	Arrhythmogenic Right Ventricular Dysplasia/Cardiomyopathy (ARVD/C): DSG2 (Known Mutation)	*	\$250.00	83891; 83898(x3); 83909 (x2); 83912
252376	Arrhythmogenic Right Ventricular Dysplasia/Cardiomyopathy (ARVD/C): DSP	*	\$2,660.00	83891; 83898(x99); 83909 (x76); 83912
252626	Arrhythmogenic Right Ventricular Dysplasia/Cardiomyopathy (ARVD/C): DSP (Known Mutation)	*	\$250.00	83891; 83898(x3); 83909 (x2); 83912
252370	Arrhythmogenic Right Ventricular Dysplasia/Cardiomyopathy (ARVD/C): Five-gene Profile (PKP2, DSP, DSC2, DSG2, TMEM43)	*	\$4,455.00	83891; 83898(x99); 83909 (x99); 83912
252373	Arrhythmogenic Right Ventricular Dysplasia/Cardiomyopathy (ARVD/C): PKP2	*	\$1,050.00	83891; 83898(x45); 83909 (x30); 83912
252623	Arrhythmogenic Right Ventricular Dysplasia/Cardiomyopathy (ARVD/C): PKP2 (Known Mutation)	*	\$250.00	83891; 83898(x3); 83909 (x2); 83912
252386	Arrhythmogenic Right Ventricular Dysplasia/Cardiomyopathy (ARVD/C): TMEM43	*	\$696.00	83891; 83898(x36); 83909 (x24); 83912
252637	Arrhythmogenic Right Ventricular Dysplasia/Cardiomyopathy (ARVD/C): TMEM43 (Known Mutation)	*	\$250.00	83891; 83898(x3); 83909 (x2); 83912
007039	Arsenic Exposure Profile, Urine	*	\$126.50	82175; 82570
007245	Arsenic, Blood	*	\$126.50	82175
402396	Arylsulfatase A Deficiency, Leukocytes	*	\$307.75	82657
550180	ASH FibroSURE	*	\$391.50	83883; 83010; 82172; 82977; 84478; 82247; 84460; 84450; 82465; 82947

Test No	Test Name	Non-discountable	Fee	CPT Code(s)
333561	Ashkenazi Jewish Carrier Profile	*	\$1,161.25	83900; 83901(x20); 83080; 83891 (x2); 83892; 83909; 83912 (x3); 83914 (x38)
332859	Ashkenazi Jewish Carrier Profile Plus	*	\$2,434.00	83900; 83901(x37); 83080; 83891 (x2); 83892; 83909; 83912 (x8); 83914 (x55)
001123	Aspartate Aminotransferase (AST/SGOT)		\$27.00	84450
164285	Aspergillus Antibodies, Quantitative, DID	*	\$216.25	86606(x3)
501620	Aspirinworks™ (11-Dehydro Thromboxane B2)	*	\$180.00	84431; 82570
252405	Atrial Septal Defect (ASD) With Atrioventricular Block (AVB): NKX2.5	*	\$495.00	83891; 83898(x12); 83909 (x8); 83912
252651	Atrial Septal Defect (ASD) With Atrioventricular Block (AVB): NKX2.5 (Known Mutation)	*	\$250.00	83891; 83898(x3); 83909 (x2); 83912
252532	Autoimmune Polyglandular Syndrome Type 1 (APS1/APECED): AIRE	*	\$1,000.00	83891; 83898(x42); 83909 (x28); 83912
252737	Autoimmune Polyglandular Syndrome Type 1 (APS1/APECED): AIRE (Known Mutation)	*	\$250.00	83891; 83898(x3); 83909 (x2); 83912
006981	Autoimmune Profile		\$206.00	86038; 86160; 86225
511881	α1-Antitrypsin Deficiency, DNA Analysis	*	\$280.00	83900; 83901(x2); 83891; 83894; 83912
095653	α1-Antitrypsin Phenotyping	*	\$175.00	82103; 82104
001982	α1-Antitrypsin, Serum		\$72.50	82103
117739	α2-Antiplasmin	*	\$148.00	85410
122135	α2-Macroglobulin, Quantitative	*	\$88.50	83883
017319	α-Fetoprotein (AFP) Tetra Profile	*	\$348.75	82105; 82677; 84702; 86336
141300	α-Fetoprotein (AFP) With AFP-L3%, Serum	*	\$257.25	82107
480300	α-Fetoprotein (AFP) With AFP-L3%, Serum (Serial Monitor)	*	\$280.25	82107
017335	α-Fetoprotein (AFP) X-tra Profile	*	\$272.75	82105; 82677; 84702
510305	α-Fetoprotein (AFP), AChE, Amniotic Fluid With Reflex to Fetal Hemoglobin (Hb F)	*	\$256.75	82013; 82106
002428	α-Fetoprotein (AFP), Amniotic Fluid	*	\$97.25	82106
010801	α-Fetoprotein (AFP), Maternal Serum for Open Spina Bifida	*	\$81.75	82105
002253	α-Fetoprotein (AFP), Serum, Tumor Marker		\$76.25	82105
480012	α-Fetoprotein (AFP), Serum, Tumor Marker (Serial Monitor)		\$99.25	82105
402388	α-Galactosidase A Deficiency, Leukocytes	*	\$307.75	82657
140269	α-Subunit, Free	*	\$130.00	83520
511172	α-Thalassemia	*	\$450.00	83900; 83901(x7); 83891; 83894; 83912
B				
138315	Babesia microti Antibodies, IgG and IgM	*	\$206.25	86753(x2)
138318	Babesia microti, Real-time DNA PCR	*	\$392.00	87798
006890	Bacterial Antigens, Serum, Urine, Cerebrospinal Fluid	*	\$602.00	87802; 87899(x3)
182709	Bacterial Vaginosis (Sialidase) and Vaginal Yeast Culture	*	\$175.00	87905; 87102
182725	Bacterial Vaginosis (Sialidase), Chlamydia trachomatis, Neisseria gonorrhoeae, Trichomonas vaginalis, NAA, Vaginal Yeast Culture	*	\$484.75	87905; 87102; 87491; 87591; 87798
182717	Bacterial Vaginosis (Sialidase), Trichomonas vaginalis, NAA, Vaginal Yeast Culture	*	\$261.25	87905; 87102; 87798
180034	Bacterial Vaginosis, Sialidase Activity	*	\$132.75	87905
767616	Barbiturate Confirmation, Blood	*	\$314.50	82205
071290	Barbiturate Confirmation, Urine	*	\$119.50	82205
074419	Barbiturate Screen and Confirmation, Urine	*	\$24.00	80101
007088	Barbiturates, Serum	*	\$88.50	82205
252549	Bardet-Biedl Syndrome (BBS): BBS1	*	\$1,195.00	83891; 83898(x45); 83909 (x30); 83912
252753	Bardet-Biedl Syndrome (BBS): BBS1 (Known Mutation)	*	\$250.00	83891; 83898(x3); 83909 (x2); 83912
252553	Bardet-Biedl Syndrome (BBS): BBS2	*	\$1,195.00	83891; 83898(x48); 83909 (x32); 83912

Test No	Test Name	Non-discountable	Fee	CPT Code(s)
252756	Bardet-Biedl Syndrome (BBS): BBS2 (Known Mutation)	*	\$250.00	83891; 83898(x3); 83909 (x2); 83912
252556	Bardet-Biedl Syndrome (BBS): Two-gene Profile (BBS1, BBS2)	*	\$2,195.00	83891; 83898(x93); 83909 (x62); 83912
163162	Bartonella Antibody Profile	*	\$216.00	86611(x4)
138350	Bartonella, DNA PCR	*	\$309.00	87471
480716	B-Cell Gene Rearrangement, PCR	*	\$303.00	83891; 83900; 83901(x7); 83909; 83912
480715	B-Cell Gene Rearrangement, Southern Blot	*	\$344.50	83891; 83892(x3); 83894 (x3); 83896; 83897 (x3); 83912
480566	BCL2-IGH Gene Rearrangement	*	\$367.50	83900; 83901(x2); 83891; 83894; 83912
480510	BCR-ABL1 Kinase Domain Mutation Analysis	*	\$704.50	83891; 83892; 83894; 83898(x6); 83902; 83909 (x4); 83912
480473	BCR-ABL1 Transcript Detection for Chronic Myelogenous Leukemia and Acute Lymphocytic Leukemia, Qualitative	*	\$564.00	83891; 83896(x4); 83898 (x4); 83902; 83912
480481	BCR-ABL1 Transcript Detection for Chronic Myelogenous Leukemia and Acute Lymphocytic Leukemia, Quantitative	*	\$564.00	83891; 83896(x4); 83898 (x4); 83902; 83912
723064	Benzene Exposure Profile	*	\$159.50	82570; 84600(x2)
007732	Benzene Metabolite Profile, Urine	*	\$98.25	82570; 84600
324095	Benzene Standard Profile	*	\$131.00	84600
723056	Benzene, Blood	*	\$108.25	84600
767624	Benzodiazepine Confirmation, Blood	*	\$314.50	80154
071308	Benzodiazepine Confirmation, Urine	*	\$119.50	80154
074427	Benzodiazepine Screen and Confirmation, Urine	*	\$24.00	80101
010330	Bile Acids	*	\$67.75	82239
003228	Bile, Qualitative, Urine	*	\$37.25	81005
205500	Bilirubin Fraction, Neonatal	*	\$27.50	82247; 82248
002196	Bilirubin, Amniotic Fluid Scan	*	\$89.25	82143
001222	Bilirubin, Direct	*	\$27.00	82248
001099	Bilirubin, Total	*	\$27.00	82247
001214	Bilirubin, Total and Direct, Serum	*	\$27.50	82247; 82248
015602	Bilirubin, Total, Neonatal	*	\$27.00	82247
181560	Biological Indicators (Sterile)	*	\$25.50	Non human specimen
706515	Bismuth, Blood	*	\$146.50	83018
706507	Bismuth, Urine	*	\$146.50	83018
138962	BK Virus Quantitation, Real-time DNA PCR	*	\$412.00	87799
138880	BK Virus Quantitation, Urine, Real-time PCR	*	\$412.00	87799
130080	Bladder Cancer FISH, Pathologist Review	*	\$0.00	N/A
130090	Bladder Cancer FISH, PhD Read	*	\$0.00	N/A
164293	Blastomyces Antibodies, Quantitative, DID	*	\$115.50	86612
138002	Blastomyces dermatitidis Antibodies	*	\$206.25	86612(x2)
501177	Bleeding Diathesis With Normal APTT/PT Profile (Esoterix)	*	\$1,289.75	85240; 85245; 85246; 85250; 85270; 85415; 85410; 85360; 85290; 85384
008300	Blood Culture, Routine	*	\$63.50	87040
019372	Blood Pressure Monitoring	*	\$159.00	93788
019380	Blood Pressure Unit, One-time Use and Analysis	*	\$242.25	93788
512145	Bloom Syndrome, DNA Analysis	*	\$245.25	83891; 83892; 83898; 83912; 83914
180802	Body Fluid Culture, Sterile, Routine	*	\$89.75	87070
489900	Bone Marrow Aspiration and Biopsy	*	\$0.00	Tracking test number-cpt code(s) and test number assigned once testing completed
513002	Bone-specific Alkaline Phosphatase	*	\$101.25	84080
138677	Bordetella pertussis and Bordetella parapertussis, Real-time DNA PCR	*	\$334.75	87798(x2)
164384	Bordetella pertussis Antibodies, IgA	*	\$132.75	86615
164541	Bordetella pertussis Antibodies, IgA, IgG, IgM	*	\$398.25	86615(x3)

Test No	Test Name	Non-discountable	Fee	CPT Code(s)
161745	Bordetella pertussis Antibodies, IgG	*	\$132.75	86615
163030	Bordetella pertussis Antibodies, IgG, IgM		\$265.50	86615(x2)
161752	Bordetella pertussis Antibodies, IgM	*	\$132.75	86615
086173	Bordetella pertussis Smear, DFA	*	\$98.25	87265
180224	Bordetella pertussis, Nasopharyngeal Culture	*	\$99.25	87070
480340	BRAF Gene Mutation Detection	*	\$445.00	83907; 83891; 83898(x2); 83912; 83896 (x2)
483350	Breast Cancer Gene Expression Profile (BreastOncPx™)	*	\$1,312.50	83907; 83891; 83902(x17); 83898 (x18); 83912
485003	Breast Cancer Monitor Profile II		\$330.25	82378; 84275; 86300
480335	Breast Cancer Prognosis Profile I, Paraffin Block	*	\$419.50	88358; 88360(x2)
495036	Breast Cancer Prognosis Profile II, Paraffin Block	*	\$1,016.00	88368; 88360(x2)
485409	Breast Cancer Prognosis Profile III, Paraffin Block	*	\$1,085.50	88358; 88360(x4)
009134	Breast Discharge Cytology	*	\$113.50	88161
009332	Bronchial Brushings	*	\$148.00	88104
009035	Bronchial Washings Cytology	*	\$133.00	88112
164608	Brucella Antibody, IgG, EIA	*	\$80.00	86622
164624	Brucella Antibody, IgM, EIA	*	\$80.00	86622
140889	B-Type Natriuretic Peptide	*	\$183.75	83880
763400	Buprenorphine Screen and Confirmation, Urine	*	\$58.00	80101
163900	β2-Glycoprotein 1 Antibodies, IgA	*	\$85.00	86146
163915	β2-Glycoprotein 1 Antibodies, IgA, IgG, IgM	*	\$255.00	86146(x3)
163882	β2-Glycoprotein 1 Antibodies, IgG	*	\$85.00	86146
163002	β2-Glycoprotein 1 Antibodies, IgG, IgM	*	\$170.00	86146(x2)
163908	β2-Glycoprotein 1 Antibodies, IgM	*	\$85.00	86146
010181	β2-Microglobulin, Serum	*	\$104.50	82232
480020	β2-Microglobulin, Serum (Serial Monitor)	*	\$127.50	82232
010173	β2-Microglobulin, Urine	*	\$125.25	82232
402370	β-Galactosidase Deficiency, Leukocytes	*	\$279.50	82657
008169	β-Hemolytic Streptococcus Culture, Group A Only	*	\$37.25	87081
018804	β-Strep (Group B) Antigen	*	\$152.00	87802
252823	β-Thalassemia: HBB	*	\$735.00	83891; 83898(x9); 83909 (x6); 83912
252827	β-Thalassemia: HBB (Known Mutation)	*	\$250.00	83891; 83898(x3); 83909 (x2); 83912
C				
500452	C4-binding Protein	*	\$175.00	83520
724344	Cadmium Standard Profile	*	\$337.25	82232; 82300(x2); 82570
085340	Cadmium, Blood	*	\$136.00	82300
072249	Cadmium, Urine	*	\$119.25	82300; 82570
071258	Caffeine, Serum	*	\$116.75	82491
004895	Calcitonin (Thyrocalcitonin), Serum	*	\$175.50	82308
480103	Calcitonin (Thyrocalcitonin), Serum (Serial Monitor)	*	\$198.50	82308
019845	Calcitonin (Thyrocalcitonin), Serum, Eight Specimens		\$1,404.00	82308(x8)
026807	Calcitonin (Thyrocalcitonin), Serum, Five Specimens		\$877.50	82308(x5)
026799	Calcitonin (Thyrocalcitonin), Serum, Four Specimens		\$702.00	82308(x4)
015797	Calcitonin (Thyrocalcitonin), Serum, Seven Specimens		\$1,228.50	82308(x7)
026815	Calcitonin (Thyrocalcitonin), Serum, Six Specimens		\$1,053.00	82308(x6)
026781	Calcitonin (Thyrocalcitonin), Serum, Three Specimens		\$526.50	82308(x3)
048249	Calcitonin (Thyrocalcitonin), Serum, Two Specimens		\$351.00	82308(x2)
081091	Calcitriol (1,25 di-OH Vitamin D)	*	\$245.25	82652
004804	Calcium, Ionized, Serum		\$75.25	82330
001016	Calcium, Serum		\$27.00	82310
003269	Calcium, Urine		\$28.50	82340
134908	Calcium:Creatinine Ratio		\$64.50	82340; 82570

Test No	Test Name	Non-discountable	Fee	CPT Code(s)
120790	Calculi, Urinary	*	\$70.25	82360
120691	Calculi, Urinary With Photograph	*	\$81.25	82360
162016	California Encephalitis Virus Antibodies, IgG	*	\$94.50	86651
162313	California Encephalitis Virus Antibodies, IgM	*	\$94.50	86651
123255	Calprotectin, Fecal	*	\$200.00	83993
511147	Canavan Disease, DNA Analysis	*	\$350.00	83900; 83901(x2); 83891; 83892; 83912; 83914 (x4)
144733	Cancer Antigen (CA) 125 in the Presence of Human Antimouse Antibodies (HAMA)	*	\$153.25	86304
002303	Cancer Antigen (CA) 125, Serum		\$122.75	86304
480061	Cancer Antigen (CA) 125, Serum (Serial Monitor)		\$145.75	86304
143404	Cancer Antigen (CA) 15-3	*	\$110.75	86300
483404	Cancer Antigen (CA) 15-3 (Serial Monitor)		\$133.75	86300
140293	Cancer Antigen (CA) 27.29	*	\$122.75	86300
480293	Cancer Antigen (CA) 27.29 (Serial Monitor)		\$145.75	86300
163020	Candida Antibodies, IgA, ELISA	*	\$50.00	86628
163005	Candida Antibodies, IgG, ELISA	*	\$55.00	86628
163135	Candida Antibodies, IgG, IgA, IgM, ELISA	*	\$155.00	86628(x3)
163010	Candida Antibodies, IgM, ELISA	*	\$50.00	86628
096719	Candida Antibodies, Qualitative	*	\$122.75	86628
183541	Candida Antigen	*	\$135.00	87899
163178	Candida Antigen and Antibody Profile	*	\$290.00	87899; 86628(x3)
767665	Cannabinoid (Marijuana) Confirmation, Blood	*	\$314.50	82542
071316	Cannabinoid (Marijuana) Confirmation, Urine	*	\$119.50	82542
074435	Cannabinoid (Marijuana) Screen and Confirmation, Urine	*	\$24.00	80101
767554	Cannabinoid (Marijuana) Screen, Blood	*	\$82.25	80101
766554	Cannabinoid (THC) Screen and Confirmation, Blood	*	\$82.25	80101
070409	Cannabinoid:Creatinine Ratio, Urine	*	\$69.25	80101; 82570
007484	Cannabis sativa	*	\$196.50	Non human specimen
007419	Carbamazepine, Serum		\$98.25	80156
716803	Carbamazepine-10,11 Epoxide	*	\$98.25	82542
002261	Carbohydrate Antigen (CA) 19-9	*	\$119.50	86301
480053	Carbohydrate Antigen (CA) 19-9 (Serial Monitor)	*	\$142.50	86301
001578	Carbon Dioxide, Total		\$27.00	82374
007187	Carbon Monoxide, Blood	*	\$88.50	82375
002139	Carcinoembryonic Antigen (CEA)		\$86.00	82378
480095	Carcinoembryonic Antigen (CEA) (Serial Monitor)		\$109.00	82378
716274	Carisoprodol, Serum	*	\$141.00	82491
706500	Carnitine, Total and Free	*	\$131.50	82379
001529	Carotene, β	*	\$87.75	82380
084152	Catecholamines, Fractionated, Plasma		\$181.50	82384
286161	Catecholamines, Fractionated, Urinary Free and Vanillylmandelic Acid (VMA), 24-Hour Urine	*	\$227.25	82384; 84585
004176	Catecholamines, Fractionated, Urinary Free, 24-Hour Urine	*	\$152.00	82384
316203	Catecholamines, Fractionated, Urinary Free, Random Urine	*	\$152.00	82384; 82570
505271	CD4:CD8 Ratio Profile	*	\$202.50	86360
489170	CEBPA Mutation Analysis	*	\$390.00	83891; 83894(x2); 83898 (x10); 83909 (x8); 83912
334971	Celiac Disease Antibody Screen	*	\$196.75	82784; 83516(x2)
165118	Celiac Disease Antibody Screen With Reflex Profile	*	\$244.25	82784; 83516(x2)
341142	Celiac Disease Complete Panel	*	\$441.25	82784; 83516(x4)
165126	Celiac Disease Comprehensive Antibody Profile	*	\$542.25	82784; 83516(x4); 86255
167082	Celiac Disease HLA DQ Association	*	\$490.75	83891; 83894(x2); 83896 (x44); 83898 (x2); 83912
164700	Celiac Disease Pediatric Screen With Reflex	*	\$98.50	83516
165142	Celiac Disease Profile	*	\$246.75	86255; 83516; 82784
165134	Celiac Disease Profile II	*	\$345.25	82784; 83516(x2); 86255

Test No	Test Name	Non-discountable	Fee	CPT Code(s)
005260	Cell Count, Amniotic Fluid	*	\$122.25	89051
005256	Cell Count, Cerebrospinal Fluid	*	\$55.50	89051
032714	Cell Count, Crystals and Mucin Clot, Synovial Fluid		\$127.00	83872; 89051; 89060
005240	Cell Count, Serous Fluid	*	\$122.25	89051
005231	Cell Count, Synovial Fluid With Crystals	*	\$122.25	89051; 89060
215996	Cell Count, Synovial Fluid Without Crystals	*	\$55.50	89051
001560	Ceruloplasmin		\$56.50	82390
070466	Chain-of-Custody Protocol, Specimen	*	\$4.25	99199
138338	Chlamydia (Chlamydomphila) pneumoniae, IgG and IgM	*	\$200.75	86632; 86631
138263	Chlamydia (Chlamydomphila) pneumoniae, PCR	*	\$240.25	87486
096180	Chlamydia Antibodies, IgG	*	\$110.75	86631
139317	Chlamydia pneumoniae, IgG, IgM, IgA	*	\$310.00	86631(x2); 86632
138022	Chlamydia psittaci Antibody, IgG	*	\$98.50	86631
138006	Chlamydia psittaci Antibody, IgM	*	\$102.25	86632
008532	Chlamydia psittaci Culture	*	\$118.75	87299; 87110
096149	Chlamydia trachomatis Antibodies, IgM	*	\$104.50	86632
008565	Chlamydia trachomatis Culture	*	\$118.25	87110; 87140
009340	Chlamydia trachomatis, DFA	*	\$80.00	87270
098012	Chlamydia trachomatis, DNA Probe	*	\$62.75	87490
164202	Chlamydia trachomatis, DNA Probe With Confirmation	*	\$62.75	87490
188078	Chlamydia trachomatis, NAA	*	\$108.25	87491
183160	Chlamydia trachomatis, Neisseria gonorrhoeae, and Trichomonas vaginalis, NAA	*	\$335.25	87491; 87591; 87798
188714	Chlamydia trachomatis, Pharyngeal Swab, NAA	*	\$108.25	87491
188706	Chlamydia trachomatis, Rectal Swab, NAA	*	\$108.25	87491
186200	Chlamydia/Gonococcus – Client Provided Cytyc® Aliquot	*	\$222.25	87491; 87591
096479	Chlamydia/Gonococcus, DNA Probe	*	\$126.75	87800
164160	Chlamydia/Gonococcus, DNA Probe With Confirmation	*	\$126.75	87800
183194	Chlamydia/Gonococcus, NAA	*	\$227.50	87491; 87591
183616	Chlamydia/Gonococcus, NAA With Confirmation	*	\$227.50	87491; 87591
188698	Chlamydia/Gonococcus, Pharyngeal Swab, NAA	*	\$227.50	87491; 87591
188672	Chlamydia/Gonococcus, Rectal Swab, NAA	*	\$227.50	87491; 87591
007682	Chlordiazepoxide, Serum	*	\$110.75	80154
003160	Chloride, 24-Hour Urine		\$27.00	82436
002063	Chloride, Cerebrospinal Fluid		\$27.00	82438
001206	Chloride, Serum		\$27.00	82435
085621	Chlorinated Pesticides, Serum	*	\$252.75	82441
723007	Chlorinated Solvents Exposure Profile, Blood	*	\$122.75	84600
072132	Chlorpromazine, Serum	*	\$133.75	84022
001065	Cholesterol, Total		\$27.00	82465
160200	Cholinesterase, Plasma	*	\$76.75	82480
214007	Cholinesterase, Plasma and RBC	*	\$153.50	82480; 82482
007286	Cholinesterase, RBC	*	\$76.75	82482
007211	Cholinesterase, Serum	*	\$76.75	82480
028290	Cholinesterase, Serum and RBC	*	\$153.50	82480; 82482
510524	CHOP Oncology Fluorescence in situ Hybridization (FISH)	*	\$597.00	88271(x2); 88275; 88291 (client bill only)
071522	Chromium, Plasma	*	\$110.75	82495
071530	Chromium, Urine	*	\$110.75	82495; 82570
140848	Chromogranin A	*	\$198.00	86316
480847	Chromogranin A (Serial Monitor)	*	\$221.00	86316
480459	Chromosome 18q Allelic Loss, Frozen Tissue	*	\$469.50	83900(x2); 83901 (x8); 83891 (x2); 83909 (x2); 83912
481101	Chromosome 18q Allelic Loss, Paraffin Block	*	\$502.50	83900(x2); 83901 (x8); 83891 (x2); 83909 (x2); 83912
510032	Chromosome Analysis and AFP, Amniotic Fluid	*	\$874.00	82106; 88235; 88269; 88280; 88285; 88291

Test No	Test Name	Non-discountable	Fee	CPT Code(s)
510255	Chromosome Analysis, AFP, AChE, Amniotic Fluid With Reflex to Fetal Hemoglobin (Hb F)	*	\$1,114.25	82013; 82106; 88235; 88269; 88280; 88285; 88291
052050	Chromosome Analysis, Amniotic Fluid	*	\$857.50	88235; 88269; 88280; 88285; 88291
052200	Chromosome Analysis, Amniotic Fluid, With Reflex to CGH Chip Array	*	\$857.50	88235; 88269; 88280; 88285; 88291
052019	Chromosome Analysis, Blood (Constitutional)	*	\$674.00	88230; 88262; 88291
052021	Chromosome Analysis, Blood (Constitutional) With Reflex for Y Deletion Analysis	*	\$674.00	88230; 88262; 88291
510040	Chromosome Analysis, Chorionic Villi Biopsy	*	\$894.50	88235; 88267; 88280; 88285; 88291
052027	Chromosome Analysis, High Resolution	*	\$888.25	88230; 88262; 88289; 88291
510115	Chromosome Analysis, High Resolution and Fragile X Syndrome	*	\$999.50	88230; 88262; 83891; 83912; 88289; 88291; 83909; 83900
510230	Chromosome Analysis, Instability Syndrome	*	\$904.75	88230; 88248; 88249; 88291
052001	Chromosome Analysis, Leukemia/Lymphoma	*	\$827.00	88237; 88264; 88280(x2); 88291
510313	Chromosome Analysis, Prenatal Cordocentesis and Fetal Hemoglobin	*	\$715.50	88230; 88262; 83020; 88291
490060	Chromosome Analysis, Solid Tumor	*	\$950.00	88239; 88264; 88280(x2); 88291
052068	Chromosome Analysis, Tissue Biopsies (Products of Conception, Skin)	*	\$1,010.75	88233; 88262; 88291
052300	Chromosome Reflex to Microarray	*	\$888.25	88230; 88262; 88289; 88291
252529	Chronic Granulomatous Disease (CGD): CYBB	*	\$1,400.00	83891; 83898(x39); 83909 (x26); 83912
252733	Chronic Granulomatous Disease (CGD): CYBB (Known Mutation)	*	\$250.00	83891; 83898(x3); 83909 (x2); 83912
510594	Chronic Lymphocytic Leukemia (CLL) Profile, Fluorescence in situ Hybridization (FISH)	*	\$731.75	88271(x6); 88275; 88291
150410	Chronic Myelogenous Leukemia (CML) Profile: Chromosome Analysis and BCR-ABL, Fluorescence in situ Hybridization (FISH)	*	\$1,409.00	88237; 88264; 88271(x2); 88273; 88275; 88280 (x2); 88291 (x2)
501507	Circulating Tumor Cells, Breast	*	\$700.98	88361(x2); 88313
501742	Circulating Tumor Cells, Colon	*	\$700.98	88313; 88361(x2)
502088	Circulating Tumor Cells, Prostate	*	\$700.98	88313; 88361(x2)
016865	Citric Acid (Citrate), 24-Hour Urine	*	\$167.75	82507
706465	Clomipramine, Serum	*	\$116.75	82542
071712	Clonazepam, Serum	*	\$116.75	80154
123158	Clonidine Suppression Test (Four-hour)	*	\$597.25	82384(x4)
123224	Clonidine Suppression Test (One- to Three-hour)	*	\$597.25	82384(x4)
123133	Clonidine Suppression Test (Three-hour)	*	\$448.00	82384(x3)
511390	Clopidogrel CYP2C19 Genotyping	*	\$375.00	83891; 83900; 83901(x4); 83892; 83912; 83914 (x8)
007930	Clorazepate, Serum	*	\$110.75	80154
008045	Clostridium difficile Culture	*	\$67.75	87075
180448	Clostridium difficile Toxin B Cytotoxin Assay	*	\$120.00	87230
086207	Clostridium difficile Toxins A and B, EIA	*	\$107.00	87324
706440	Clozapine, Serum	*	\$116.75	80154
150330	CML FISH Reflex to JAK2 V617F Mutation Detection	*	\$582.00	88271(x2); 88275; 88291
150340	CML FISH Reflex to JAK2V617F Reflex to JAK2 Exon 12 Mutation Analysis	*	\$582.00	88237; 88271(x2); 88273; 88275; 88291
071506	Cobalt, Plasma	*	\$146.50	83018
071514	Cobalt, Urine	*	\$146.50	83018; 82570
767632	Cocaine and Benzoylcegonine Confirmation, Blood	*	\$314.50	82520
071324	Cocaine Metabolite Confirmation, Urine	*	\$119.50	82520
766555	Cocaine Metabolite Screen and Confirmation, Blood	*	\$82.25	80101
074443	Cocaine Metabolite Screen and Confirmation, Urine	*	\$24.00	80101
164301	Coccidioides Antibodies, Quantitative, DID	*	\$104.50	86635
139172	Coccidioides Antibody, CF	*	\$48.75	86635
139171	Coccidioides Antibody, ID	*	\$48.75	86635
138396	Coccidioides immitis Antibodies	*	\$97.50	86635(x2)
120251	Coenzyme Q10, Total	*	\$131.25	82491
006353	Cold Agglutinin Titer, Quantitative	*	\$74.00	86157
500360	Collagen-binding Activity (CBA) Profile	*	\$250.00	85246; 83520

Test No	Test Name	Non-discountable	Fee	CPT Code(s)
485011	Colorectal Cancer Monitor Profile	*	\$327.00	82378; 84275; 86301
480430	ColoSure™ Colorectal Cancer Detection	*	\$0.00	83907; 83891; 83894(x2); 83898(x2); 83912
734004	Common Alloy Elements Profile	*	\$765.25	82175; 82300; 82495; 82525; 83655; 83825; 83885; 83018; 82570
252456	Common Variable Immunodeficiency Syndrome (CVID): TNFRSF13B (TACI)	*	\$1,300.00	83891; 83898(x15); 83909 (x10); 83912
252687	Common Variable Immunodeficiency Syndrome (CVID): TNFRSF13B (TACI) (Known Mutation)	*	\$250.00	83891; 83898(x3); 83909 (x2); 83912
120220	Complement C1 Esterase Inhibitor, Functional	*	\$189.00	86161
004648	Complement C1 Esterase Inhibitor, Serum	*	\$85.00	86160
016824	Complement C1q, Quantitative	*	\$85.00	86160
161414	Complement C2	*	\$88.50	86160
100149	Complement C3, Body Fluid	*	\$66.50	86160
006452	Complement C3, Serum	*	\$66.50	86160
100339	Complement C4, Body Fluid	*	\$66.50	86160
001834	Complement C4, Serum	*	\$66.50	86160
001941	Complement, Total (CH50)	*	\$102.75	86162
005009	Complete Blood Count (CBC) With Differential	*	\$25.75	85025
115907	Complete Blood Count (CBC) With Differential and Without Platelet	*	\$25.50	85014; 85018; 85041; 85048; 85004
028142	Complete Blood Count (CBC) Without Differential	*	\$25.50	85027
005017	Complete Blood Count (CBC) Without Differential and Platelet Count	*	\$25.25	85014; 85018; 85041; 85048
500540	Comprehensive Thyroglobulin (With Anti-Tg Screen and Reflex to RIA)	*	\$57.00	84432; 86800
500768	Congenital Adrenal Hyperplasia (CAH) 21-Hydroxylase (CYP21) Mutation	*	\$420.00	83891; 83892; 83894(x2); 83898(x3); 83909 (x4); 83912; 83914(x26)
252766	Congenital Bilateral Absence of the Vas Deferens (CBAVD) (Full Gene Sequencing)	*	\$1,785.00	83891; 83898(x90); 83909 (x60); 83912
252770	Congenital Bilateral Absence of the Vas Deferens (CBAVD) (Known Mutation)	*	\$250.00	83891; 83898(x3); 83909 (x2); 83912
511920	Connexin 26 Hearing Loss, Direct Sequencing	*	\$629.75	83891; 83898(x7); 83892; 83909(x6); 83912
500436	Contact Factor Evaluation Profile (Esoterix)	*	\$522.00	85270; 85280; 85293; 85292
006270	Coombs', Direct	*	\$35.25	86880
001586	Copper, Serum or Plasma	*	\$81.25	82525
003343	Copper, Urine	*	\$81.25	82525; 82570
500130	Corticosteroid-binding Globulin (CBG)	*	\$75.00	84449
500135	Corticosterone, Serum	*	\$90.00	82528
004051	Cortisol	*	\$80.00	82533
140761	Cortisol, ACTH Stimulation	*	\$159.50	82533(x2)
104018	Cortisol, AM	*	\$80.00	82533
104000	Cortisol, AM & PM	*	\$160.00	82533(x2)
210823	Cortisol, Eight Specimens	*	\$640.00	82533(x8)
039222	Cortisol, Five Specimens	*	\$400.00	82533(x5)
026948	Cortisol, Four Specimens	*	\$320.00	82533(x4)
104026	Cortisol, PM	*	\$80.00	82533
039214	Cortisol, Seven Specimens	*	\$560.00	82533(x7)
024091	Cortisol, Six Specimens	*	\$480.00	82533(x6)
028498	Cortisol, Three Specimens	*	\$240.00	82533(x3)
024265	Cortisol, Two Specimens	*	\$160.00	82533(x2)
004432	Cortisol, Urinary Free	*	\$146.75	82530
163275	Coxsackie A Virus Antibody Profile, IgG	*	\$123.00	86658(x4)
163295	Coxsackie A Virus Antibody Profile, IgG, IgM	*	\$253.00	86658(x8)
163290	Coxsackie A Virus Antibody Profile, IgM	*	\$130.00	86658(x4)
003236	C-Peptide, 24-Hour Urine	*	\$99.25	84681
010108	C-Peptide, Serum	*	\$94.50	84681
480108	C-Peptide, Serum (Serial Monitor)	*	\$117.50	84681

Test No	Test Name	Non-discountable	Fee	CPT Code(s)
015804	C-Peptide, Serum, Eight Specimens		\$756.00	84681(x8)
015798	C-Peptide, Serum, Five Specimens		\$472.50	84681(x5)
143324	C-Peptide, Serum, Four Specimens		\$378.00	84681(x4)
015801	C-Peptide, Serum, Seven Specimens		\$661.50	84681(x7)
319609	C-Peptide, Serum, Six Specimens		\$567.00	84681(x6)
143333	C-Peptide, Serum, Three Specimens		\$283.50	84681(x3)
143302	C-Peptide, Serum, Two Specimens		\$189.00	84681(x2)
120766	C-Reactive Protein (CRP), High Sensitivity (Cardiac Risk Assessment)		\$57.25	86141
006627	C-Reactive Protein (CRP), Quantitative		\$52.25	86140
003855	Creatine and Creatinine, 24-Hour Urine	*	\$76.25	82540; 82570
120816	Creatine Kinase (CK), MB	*	\$137.50	82553
002311	Creatine Kinase (CK), MB and Total	*	\$164.50	82550; 82553
002154	Creatine Kinase (CK), Total Plus Isoenzymes, Serum	*	\$73.50	82550; 82552
001362	Creatine Kinase (CK), Total, Serum		\$27.00	82550
003475	Creatine, 24-Hour Urine	*	\$40.25	82540
002402	Creatine, Serum	*	\$40.25	82540
003004	Creatinine Clearance		\$63.00	82575
276024	Creatinine Clearance With Body Surface Area Normalization		\$63.00	82575
003012	Creatinine, 24-Hour Urine		\$36.00	82570
013672	Creatinine, Random Urine		\$36.00	82570
001370	Creatinine, Serum		\$27.00	82565
162020	Crohn's Disease Prognostic Profile	*	\$175.75	86671; 83516(x3)
080317	Cryofibrinogen, Qualitative	*	\$29.75	82585
001594	Cryoglobulin, Qualitative, Serum With Quantitative Reflex	*	\$29.75	82595
082891	Cryptococcus Antibodies, Quantitative	*	\$115.50	86641
160747	Cryptococcus Antigen, Cerebrospinal Fluid	*	\$90.75	87899
006551	Cryptococcus Antigen, Serum	*	\$90.75	87899
182378	Cryptosporidium and Isospora Smear, Stool	*	\$75.75	87206; 87015
138388	Cryptosporidium Direct Detection	*	\$122.75	87328
115063	Crystals, Bile (Cholesterol)	*	\$61.75	89060
005355	Crystals, Synovial/Joint Fluid	*	\$66.75	89060
500089	C-Telopeptide, Serum	*	\$126.00	82523
180315	Culture of Dialysate	*	\$34.00	Non human specimen
180307	Culture of Dialysis Water	*	\$34.00	Non human specimen
004984	Cyclic AMP, Plasma	*	\$113.50	82030
004903	Cyclic AMP, Urine	*	\$221.00	82030; 82570
164914	Cyclic Citrullinated Peptide (CCP) Antibodies, IgG/IgA, ELISA	*	\$83.50	86200
183145	Cyclospora Smear, Stool	*	\$81.25	87015; 87206
706556	Cyclosporine, Blood	*	\$141.00	80158
121251	Cystatin C	*	\$153.50	82610
252763	Cystic Fibrosis (CF): CFTR (Full Gene Sequencing)	*	\$1,785.00	83891; 83898(x90); 83909 (x60); 83912
252760	Cystic Fibrosis (CF): CFTR (Known Mutation)	*	\$250.00	83891; 83898(x3); 83909 (x2); 83912
480760	Cystic Fibrosis Expanded Fetal Profile	*	\$447.50	83900; 83901(x19); 83891; 83892 (x2); 83912; 83914 (x70)
480700	Cystic Fibrosis Expanded Profile	*	\$447.50	83900; 83901(x19); 83891; 83892 (x2); 83912; 83914 (x70)
188656	Cystic Fibrosis Lower Respiratory Culture	*	\$80.00	87070
480533	Cystic Fibrosis Profile, DNA Analysis	*	\$306.50	83900; 83901(x14); 83891; 83909; 83912; 83914 (x32)
480555	Cystic Fibrosis Profile, DNA Analysis and 5T Allele Genotyping	*	\$643.75	83900; 83901(x14); 83891; 83909; 83912; 83914 (x35)
480970	Cystic Fibrosis, 5T Allele Genotyping	*	\$337.25	83891; 83898; 83909; 83912; 83914(x3)

Test No	Test Name	Non-discountable	Fee	CPT Code(s)
480541	Cystic Fibrosis, Fetal Analysis	*	\$423.00	83900; 83901(x14); 83891; 83909; 83912; 83914 (x32)
138347	Cysticercosis (Taenia solium)	*	\$189.00	86682
003350	Cystine, Quantitative, Urine	*	\$65.25	82131
511316	Cytochrome AmpliChip P450 2D6/2C19 Genotyping and Phenotyping Assay	*	\$1,225.00	83900; 83891; 83892; 83894; 83896(x29); 83903; 83912
511320	Cytochrome P450 2C19 Genotyping	*	\$380.00	83900; 83901(x4); 83891; 83892; 83912; 83914 (x8)
511270	Cytochrome P450 2C9 Genotyping	*	\$420.00	83891; 83894(x2); 83898 (x3); 83912
511230	Cytochrome P450 2D6 Genotyping	*	\$490.25	83891; 83900; 83901(x2); 83914 (x19); 83892; 83912
130170	Cytology/DNA Ploidy Reflex Profile	*	\$0.00	N/A
006494	Cytomegalovirus (CMV) Antibodies, IgG		\$92.00	86644
096727	Cytomegalovirus (CMV) Antibodies, Quantitative, IgM		\$92.00	86645
008201	Cytomegalovirus (CMV) Culture	*	\$168.00	87252; 87254
138701	Cytomegalovirus (CMV), Amniotic Fluid, PCR	*	\$317.75	87496
138693	Cytomegalovirus (CMV), Qualitative, PCR	*	\$291.50	87496
139149	Cytomegalovirus (CMV), Quantitative, Plasma, PCR	*	\$367.50	87497
139144	Cytomegalovirus (CMV), Quantitative, Urine, PCR	*	\$367.50	87497
D				
714766	d/l Methamphetamine, Urine	*	\$136.50	82145
115188	D-Dimer	*	\$165.00	85379
723445	DDT Exposure Profile	*	\$252.75	82441
004101	Dehydroepiandrosterone (DHEA)	*	\$181.75	82626
004697	Dehydroepiandrosterone (DHEA) Sulfate		\$110.25	82627
144711	Dehydroepiandrosterone (DHEA) Sulfate, Eight Specimens		\$882.00	82627(x8)
144707	Dehydroepiandrosterone (DHEA) Sulfate, Five Specimens		\$551.25	82627(x5)
146316	Dehydroepiandrosterone (DHEA) Sulfate, Four Specimens		\$441.00	82627(x4)
144710	Dehydroepiandrosterone (DHEA) Sulfate, Seven Specimens		\$771.75	82627(x7)
144708	Dehydroepiandrosterone (DHEA) Sulfate, Six Specimens		\$661.50	82627(x6)
144706	Dehydroepiandrosterone (DHEA) Sulfate, Three Specimens		\$330.75	82627(x3)
144691	Dehydroepiandrosterone (DHEA) Sulfate, Two Specimens		\$220.50	82627(x2)
140768	Dehydroepiandrosterone (DHEA), ACTH Stimulation	*	\$335.75	82626(x2)
015810	Dehydroepiandrosterone (DHEA), Eight Specimens		\$1,454.00	82626(x8)
226829	Dehydroepiandrosterone (DHEA), Five Specimens		\$908.75	82626(x5)
226811	Dehydroepiandrosterone (DHEA), Four Specimens		\$727.00	82626(x4)
015809	Dehydroepiandrosterone (DHEA), Seven Specimens		\$1,272.25	82626(x7)
226837	Dehydroepiandrosterone (DHEA), Six Specimens		\$1,090.50	82626(x6)
226803	Dehydroepiandrosterone (DHEA), Three Specimens		\$545.25	82626(x3)
273813	Dehydroepiandrosterone (DHEA), Two Specimens		\$363.50	82626(x2)
500138	Deoxycorticosterone (DOC), Serum	*	\$150.00	82633
511105	Deoxypyridinoline (Dpd) Crosslinks (Serial Monitor)	*	\$87.25	82523; 82570
182337	Dermatophyte Culture	*	\$77.00	87101
007765	Desipramine, Serum	*	\$130.00	80160
141325	Des-γ-carboxy Prothrombin (DCP)	*	\$172.00	83951
500118	Dexamethasone, Serum	*	\$99.00	82542
007989	Diazepam, Serum	*	\$116.75	80154
081513	Dibucaine Number	*	\$29.75	82638
081455	Dibucaine Number With Plasma and RBC Cholinesterase	*	\$183.25	82480; 82482; 82638
121152	Dibucaine Number With Serum and RBC Cholinesterase	*	\$183.25	82638; 82480; 82482
015173	Differential and Total WBC Count		\$24.75	85048; 85004
007566	Digoxin, Random		\$77.50	80162
007385	Digoxin, Serum		\$77.50	80162
500142	Dihydrotestosterone (DHT)	*	\$150.00	82651

Test No	Test Name	Non-discountable	Fee	CPT Code(s)
252364	Dilated Cardiomyopathy (DCM): ACTC	*	\$510.00	83891; 83898(x18); 83909 (x12); 83912
252615	Dilated Cardiomyopathy (DCM): ACTC (Known Mutation)	*	\$250.00	83891; 83898(x3); 83909 (x2); 83912
252367	Dilated Cardiomyopathy (DCM): LMNA	*	\$600.00	83891; 83898(x36); 83909 (x24); 83912
252620	Dilated Cardiomyopathy (DCM): LMNA (Known Mutation)	*	\$250.00	83891; 83898(x3); 83909 (x2); 83912
252357	Dilated Cardiomyopathy (DCM): MYBPC3	*	\$1,950.00	83891; 83898(x90); 83909 (x60); 83912
252609	Dilated Cardiomyopathy (DCM): MYBPC3 (Known Mutation)	*	\$250.00	83891; 83898(x3); 83909 (x2); 83912
252360	Dilated Cardiomyopathy (DCM): MYH7	*	\$2,520.00	83891; 83898(x99); 83909 (x72); 83912
252612	Dilated Cardiomyopathy (DCM): MYH7 (Known Mutation)	*	\$250.00	83891; 83898(x3); 83909 (x2); 83912
252343	Dilated Cardiomyopathy (DCM): Six-gene Profile (TNNT2, TPM1, MYH7, MYBPC3, ACTC, LMNA)	*	\$4,320.00	83891; 83898(x99); 83909 (x99); 83912
252350	Dilated Cardiomyopathy (DCM): TNNI3	*	\$560.00	83891; 83898(x21); 83909 (x14); 83912
252603	Dilated Cardiomyopathy (DCM): TNNI3 (Known Mutation)	*	\$250.00	83891; 83898(x3); 83909 (x2); 83912
252347	Dilated Cardiomyopathy (DCM): TNNT2	*	\$980.00	83891; 83898(x42); 83909 (x28); 83912
252599	Dilated Cardiomyopathy (DCM): TNNT2 (Known Mutation)	*	\$250.00	83891; 83898(x3); 83909 (x2); 83912
252354	Dilated Cardiomyopathy (DCM): TPM1	*	\$750.00	83891; 83898(x30); 83909 (x20); 83912
252606	Dilated Cardiomyopathy (DCM): TPM1 (Known Mutation)	*	\$250.00	83891; 83898(x3); 83909 (x2); 83912
005200	Dilute Prothrombin Time	*	\$129.00	85705
117887	Dilute Russell Viper Venom Time	*	\$90.75	85613
723395	Dimethylacetamide Exposure Profile	*	\$98.25	84600; 82570
163709	Diphtheria Antitoxoid Antibodies	*	\$93.50	86317
007864	Disopyramide, Serum	*	\$116.75	80299
116012	Disseminated Intravascular Coagulation (DIC) Profile	*	\$358.00	85362; 85379; 85384; 85049; 85610; 85730
117853	Disseminated Intravascular Coagulation (DIC) Profile, Comprehensive Plus	*	\$1,175.00	85300; 85410; 85384; 85049; 85610; 85730; 85379; 85220; 85240; 85420
480327	DNA Ploidy Analysis, Paraffin Block	*	\$302.50	88358
007609	Doxepin, Serum	*	\$120.25	80166
511176	DPD 5-Fluorouracil Toxicity	*	\$367.50	83891; 83892; 83894; 83898; 83912
794388	Drug Abuse Profile (Routine), Urine (Seven Drugs) (GC/MS Confirmation Included)	*	\$73.00	80101(x7)
725788	Drug Abuse Profile (Routine), Urine (Seven Drugs) (GC/MS Confirmation With Added Charge)	*	\$63.00	80101(x7)
726778	Drug Abuse Profile, Urine (Seven Drugs + Alcohol)	*	\$69.50	80101(x8)
007575	Drug Analysis, Unknown, Qualitative	*	\$141.00	Non human specimen
757526	Drug Analysis, Unknown, Qualitative and Quantitative	*	\$245.25	Non human specimen
757518	Drug Analysis, Unknown, Quantitative	*	\$141.00	Non human specimen
041780	Drug Coma/Overdose Profile I, Blood	*	\$417.00	80101(x3); 80154; 80185; 80196; 82003; 82205; 82980; 84600
072207	Drug Coma/Overdose Profile II, Blood and Urine or Gastric Contents	*	\$203.25	80100; 80101(x3); 80154; 80185; 80196; 82003; 82205; 82980; 84600
700617	Drug Coma/Overdose Profile II, Blood and Urine With Cannabinoids	*	\$250.25	80100; 80101(x4); 80154; 80185; 80196; 82003; 82205; 82980; 84600
766550	Drug Profile, Blood (Five Drugs)	*	\$227.50	80101(x5)
766477	Drug Profile, Blood (Seven Drugs)	*	\$289.50	80101(x7)
770701	Drug Profile, Treatment Center, Urine	*	\$80.00	80101(x9)

Test No	Test Name	Non-discountable	Fee	CPT Code(s)
794370	Drug Profile, Urine (Nine Drugs), Immunoassay With GC/MS Confirmation	*	\$86.00	80101(x9)
071985	Drug Profile, Urine With Cannabinoids	*	\$107.50	84600; 80100; 80101
072033	Drug Profile, Urine, Comprehensive With Volatiles	*	\$103.25	80100; 84600
701250	Drug Profile, Urine, Comprehensive Without Volatiles	*	\$90.00	80100
009876	Ductal Lavage Cytology	*	\$133.00	88112
E				
252392	Early-onset Coronary Heart Disease: APOB	*	\$495.00	83891; 83898(x3); 83909 (x2); 83912
252644	Early-onset Coronary Heart Disease: APOB (Known Mutation)	*	\$250.00	83891; 83898(x3); 83909 (x2); 83912
252388	Early-onset Coronary Heart Disease: LDLR	*	\$1,440.00	83891; 83898(x54); 83909 (x36); 83912
252640	Early-onset Coronary Heart Disease: LDLR (Known Mutation)	*	\$250.00	83891; 83898(x3); 83909 (x2); 83912
252396	Early-onset Coronary Heart Disease: Two-gene Profile (LDLR, APOB)	*	\$1,600.00	83891; 83898(x57); 83909 (x38); 83912
162024	Eastern Equine Encephalitis Virus Antibodies, IgG	*	\$94.50	86652
162321	Eastern Equine Encephalitis Virus Antibodies, IgM	*	\$94.50	86652
500190	Ecarin Clotting Time (ECT)	*	\$150.00	85635
990333	ECG Cardiologist Overread Only, Adult	*	\$44.75	93010
990655	ECG Cardiologist Overread Only, Pediatric	*	\$74.50	93010
119180	ECG Computer Analysis Only	*	\$36.50	93010
999706	ECG Tracing and Computer Analysis	*	\$111.25	93005
138768	Echinococcus Antibody	*	\$226.75	86682
510514	EGFR Oncology Fluorescence in situ Hybridization (FISH)	*	\$597.00	88271(x2); 88275; 88291
138168	Ehrlichia chaffeensis, DNA PCR	*	\$181.75	87798
138412	Ehrlichia Profile, DNA PCR	*	\$366.00	87798(x2)
164722	Ehrlichiosis (Granulocytic and Monocytic) Profile	*	\$539.50	86666(x4)
303754	Electrolyte Panel		\$28.50	80051
164996	Endomysial Antibody, IgA	*	\$101.00	86255
168120	Engraftment Monitoring, Post	*	\$272.25	83900; 83901(x8); 83891; 83909; 83912
168138	Engraftment Monitoring, Pre	*	\$484.00	83900(x2); 83901 (x16); 83891 (x2); 83909 (x2); 83912
180935	Enterohemorrhagic E coli (EHEC) Shiga Toxin, EIA	*	\$80.00	87427
138636	Enterovirus, Real-time PCR	*	\$314.00	87498
008557	Environmental Culture	*	\$45.75	Non human specimen
402362	Enzyme Biotinidase Deficiency, Serum	*	\$137.00	82261
005298	Eosinophil Count		\$24.50	85048
008581	Eosinophil Count, Nasal		\$54.50	89190
115055	Eosinophil, Urine		\$47.00	87205
489240	Epidermal Growth Factor Receptor (EGFR) Mutation Analysis for Non-small-Cell Lung Cancer, Fresh Frozen Tissue	*	\$992.25	83891; 83892(x4); 83894; 83898 (x12); 83907; 83909 (x8); 83912
489220	Epidermal Growth Factor Receptor (EGFR) Mutation Analysis for Non-small-Cell Lung Cancer, Paraffin-embedded Tissue	*	\$992.25	83891; 83892(x4); 83894; 83898 (x12); 83907; 83909 (x8); 83912
480370	Epidermal Growth Factor Receptor (EGFR) pharmDx™ (HER-1) Oncoprotein, Paraffin-embedded Colorectal Tissue	*	\$275.00	88342
480368	Epidermal Growth Factor Receptor (EGFR), Breast Cancer	*	\$221.00	88360
096255	Epstein-Barr Virus (EBV) (Viral Capsid Antigen [VCA] and Early Antigen [EA]), IgG Antibody Profile		\$174.50	86663; 86665
216655	Epstein-Barr Virus (EBV) Acute Infection Antibodies Profile		\$349.00	86663; 86664; 86665(x2)
160739	Epstein-Barr Virus (EBV) Antibodies to Early Antigen Profile, Quantitative		\$174.50	86663(x2)
096248	Epstein-Barr Virus (EBV) Antibodies to Early Antigen, IgG	*	\$87.25	86663
096230	Epstein-Barr Virus (EBV) Antibodies to Viral Capsid Antigen (VCA), IgG	*	\$87.25	86665
096735	Epstein-Barr Virus (EBV) Antibodies to Viral Capsid Antigen (VCA), IgM	*	\$87.25	86665
010272	Epstein-Barr Virus (EBV) Nuclear Antigen Antibodies, IgG	*	\$87.25	86664

Test No	Test Name	Non-discountable	Fee	CPT Code(s)
010280	Epstein-Barr Virus (EBV) Profile, Chronic, Active Infection		\$261.75	86663; 86664; 86665
550913	Epstein-Barr Virus (EBV), DNA Probe	*	\$213.75	88365
138289	Epstein-Barr Virus (EBV), Qualitative, PCR	*	\$425.25	87798
138230	Epstein-Barr Virus (EBV), Quantitative, PCR	*	\$435.25	87799
483310	ER/PR Gene Expression Assay	*	\$367.50	83891; 83907; 83896(x4); 83898; 83900; 83901 (x2); 83912
140277	Erythropoietin (EPO), Serum	*	\$111.75	82668
004515	Estradiol		\$144.25	82670
140244	Estradiol, Sensitive	*	\$181.75	82670
004614	Estriol, Serum	*	\$105.00	82677
480277	Estrogen Receptor/Progesterone Receptor (ER/PR), Immunohistochemical, Paraffin Block	*	\$285.00	88360(x2)
004549	Estrogens, Total	*	\$122.75	82672
004564	Estrone, Serum	*	\$163.25	82679
017996	Ethanol, Blood	*	\$88.50	82055
007237	Ethanol, Urine	*	\$67.75	82055
007443	Ethiosuximide, Serum	*	\$98.25	80168
723361	Ethyl Benzene Exposure Profile	*	\$152.00	82570; 84600; 83921
723486	Ethyl Benzene Metabolite Profile, Urine	*	\$76.25	83921; 82570
723148	Ethyl Benzene, Blood	*	\$108.25	84600
071654	Ethylene Glycol, Serum	*	\$122.50	82693
500055	Euglobulin Lysis Time	*	\$90.00	85360
510282	EWSR1 Oncology Fluorescence in situ Hybridization (FISH)	*	\$597.00	88271(x2); 88275; 88291 (client bill only)
500041	Extrinsic Pathway Coagulation Factor Profile	*	\$869.00	85210; 85220; 85260; 85230
500710	Extrinsic Pathway Coagulation Factor Profile (Esoterix)	*	\$440.00	85210; 85220; 85230; 85260
F				
511162	Factor II (Prothrombin), DNA Analysis	*	\$300.00	83892; 83894; 83898; 83912; 83891
086231	Factor II Activity	*	\$175.00	85210
500500	Factor II Inhibitor Profile, Comprehensive	*	\$400.00	85210; 85335; 85610; 85611(x2); 85730
086298	Factor IX Activity	*	\$217.25	85250
500014	Factor IX Antigen	*	\$200.00	85250
500443	Factor IX Inhibitor	*	\$300.00	85250; 85335
500390	Factor IX Inhibitor Profile, Comprehensive	*	\$400.00	85250; 85335; 85730; 85732(x3)
086249	Factor V Activity	*	\$175.00	85220
500380	Factor V Inhibitor Profile, Comprehensive	*	\$400.00	85220; 85335; 85610; 85611(x2); 85730
800599	Factor VII Activity	*	\$175.00	85230
500025	Factor VII Antigen	*	\$210.00	85230
500371	Factor VII Inhibitor Profile, Comprehensive	*	\$400.00	85230; 85335; 85610; 85611(x2); 85730
086264	Factor VIII Activity	*	\$175.00	85240
500196	Factor VIII Antigen	*	\$200.00	83520
117157	Factor VIII Inhibitor Profile, Comprehensive	*	\$350.00	85240; 85730; 85732(x3)
511154	Factor VLeiden Mutation Analysis	*	\$275.00	83891; 83894; 83898(x2); 83912
086306	Factor X Activity – Clot Based	*	\$175.00	85260
500438	Factor X Antigen	*	\$210.00	85260
500060	Factor X Inhibitor Profile, Comprehensive	*	\$400.00	85260; 85335; 85610; 85611(x2); 85730
117904	Factor X, Chromogenic	*	\$185.00	85260
086314	Factor XI Activity	*	\$175.00	85270
500396	Factor XI Inhibitor Profile, Comprehensive	*	\$400.00	85270; 85335; 85730; 85732(x3)
086322	Factor XII Activity	*	\$175.00	85280
500370	Factor XII Inhibitor Profile, Comprehensive	*	\$400.00	85280; 85335; 85730; 85732(x3)
086330	Factor XIII	*	\$175.00	85291

Test No	Test Name	Non-discountable	Fee	CPT Code(s)
500185	Factor XIII Activity	*	\$175.00	85290
502290	Factor XIII Val34 Leu Mutation	*	\$325.00	83891; 83892; 83894; 83898; 83912
511352	Familial Dysautonomia, DNA Analysis	*	\$245.25	83900; 83891; 83892; 83912; 83914(x2)
252797	Familial Mediterranean Fever: MEFV	*	\$1,000.00	83891; 83898(x33); 83909 (x22); 83912
252800	Familial Mediterranean Fever: MEFV (Known Mutation)	*	\$250.00	83891; 83898(x3); 83909 (x2); 83912
511212	Fanconi Anemia (Type C), DNA Analysis	*	\$210.00	83900; 83891; 83892; 83912; 83914(x2)
081893	Fatty Acids, Free (Nonester)	*	\$91.00	82725
138552	Febrile Agglutinin Profile	*	\$196.50	86000(x8)
049684	Fecal Fat and Muscle Fibers, Qualitative	*	\$111.00	82705; 89160
001677	Fecal Fat, Qualitative	*	\$81.00	82705
001354	Fecal Fat, Quantitative	*	\$125.25	82710
016766	Fecal Reducing Substances	*	\$55.00	84377
716530	Felbamate, Serum	*	\$104.50	82491
764340	Fentanyl Screen and Confirmation, Urine	*	\$60.00	80101
004598	Ferritin, Serum	*	\$62.75	82728
480111	Ferritin, Serum (Serial Monitor)	*	\$85.75	82728
125617	Fetal Lung Maturity (FLM-TDx)	*	\$208.50	83663
120626	Fetal Lung Maturity (FLM-TDx) and Phosphatidylglycerol and Creatinine, Amniotic Fluid	*	\$510.25	83663; 84081; 82570
120683	Fetal Lung Maturity (FLM-TDx) and Phosphatidylglycerol, Amniotic Fluid	*	\$477.25	83663; 84081
500150	Fibrin Monomer	*	\$95.00	85362
001610	Fibrinogen Activity	*	\$75.00	85384
117052	Fibrinogen Antigen	*	\$158.75	85385
115402	Fibrinogen Degradation Products (FDP), Plasma	*	\$83.25	85362
336624	Fibrinogen Evaluation Profile	*	\$419.25	85384; 85385; 85670; 85635
500700	Fibrinogen Evaluation Profile III (Esoterix)	*	\$425.00	85384; 85385; 85635; 85670(x3)
332797	Fibrinolysis Profile	*	\$909.50	85362; 85379; 85410; 85415(x2); 85420
502360	Fibrinolysis Profile II (Esoterix)	*	\$990.25	85360; 85379; 85410; 85420; 85362; 85415(x2)
009001	Fine Needle Aspiration Cytology	*	\$184.00	88173
009365	Fine Needle Aspiration Cytology With Immediate Assessment	*	\$382.25	88172; 88173
017500	First Trimester Screen With Nuchal Translucency	*	\$257.00	84702; 86336; 84163
510424	FKHR Oncology Fluorescence in situ Hybridization (FISH)	*	\$597.00	88271(x2); 88275; 88291 (client bill only)
085662	Flecainide, Serum	*	\$116.75	82491
510388	Fluorescence in situ Hybridization (FISH), Microdeletion Syndromes	*	\$0.00	See additional spreadsheet
510578	Fluorescence in situ Hybridization (FISH), Multiprobe, Paint-specific	*	\$752.50	88271(x24); 88273 (x2); 88291
510362	Fluorescence in situ Hybridization (FISH), Oncology	*	\$0.00	See additional spreadsheet
510545	Fluorescence in situ Hybridization (FISH), Paraffin Block, Oncology	*	\$505.00	88271; 88274; 88291
510460	Fluorescence in situ Hybridization (FISH), POC Aneuploid Evaluation	*	\$1,048.00	88275; 88291; 88271(x7)
510396	Fluorescence in situ Hybridization (FISH), Prenatal Aneuploid Evaluation, Amniotic Fluid	*	\$410.75	88271(x5); 88275; 88291
510370	Fluorescence in situ Hybridization (FISH), Prenatal Aneuploid Evaluation, Chorionic Villus Sampling	*	\$520.00	88271(x5); 88275; 88291
510552	Fluorescence in situ Hybridization (FISH), Telo-Scan, Multiprobe, Subtelomere-specific	*	\$1,058.25	88271(x41); 88273 (x3); 88291
070060	Fluoride, Serum	*	\$108.25	82735
070052	Fluoride, Urine	*	\$108.25	82570; 82735
706838	Fluoxetine, Serum	*	\$141.00	82491
706887	Fluphenazine, Serum	*	\$133.75	84022
002014	Folate (Folic Acid)	*	\$70.75	82746
266015	Folate, RBC	*	\$137.50	82747; 85014

Test No	Test Name	Non-discountable	Fee	CPT Code(s)
285700	Folate, RBC and Serum		\$208.25	82746; 82747; 85014
028480	Follicle-stimulating Hormone (FSH) and Luteinizing Hormone (LH)		\$173.75	83001; 83002
502280	Follicle-stimulating Hormone (FSH), Pediatric	*	\$88.00	83001
004309	Follicle-stimulating Hormone (FSH), Serum		\$88.00	83001
208819	Follicle-stimulating Hormone (FSH), Serum, Eight Specimens		\$880.00	83001(x8)
038943	Follicle-stimulating Hormone (FSH), Serum, Five Specimens		\$440.00	83001(x5)
211292	Follicle-stimulating Hormone (FSH), Serum, Four Specimens		\$352.00	83001(x4)
208801	Follicle-stimulating Hormone (FSH), Serum, Seven Specimens		\$616.00	83001(x7)
211284	Follicle-stimulating Hormone (FSH), Serum, Six Specimens		\$528.00	83001(x6)
038935	Follicle-stimulating Hormone (FSH), Serum, Three Specimens		\$264.00	83001(x3)
208785	Follicle-stimulating Hormone (FSH), Serum, Two Specimens		\$176.00	83001(x2)
500465	Fondaparinux Anti-Xa	*	\$175.00	85520
138362	Foscarnet Resistance HSV (Phenotype)	*	\$330.25	87253; 87252
510099	Fragile X Syndrome Profile, Prenatal	*	\$1,366.00	83900; 82106; 83891; 83909; 83912; 88235; 88269; 88280; 88285; 88291
510073	Fragile X Syndrome, DNA Analysis, Prenatal Amniotic Fluid	*	\$411.25	83900; 83891; 83909; 83912; 88235
510508	Fragile X Syndrome, DNA/Cytogenetics With Reflex to Microarray	*	\$1,245.75	88230; 88262; 88289; 88291; 83891; 83912; 83909; 83900
510065	Fragile X Syndrome, PCR Reflex to Southern Blot	*	\$357.50	83891; 83912; 83909; 83900
146688	Free Androgen Index (FAI), Serum	*	\$222.00	84403; 84270
070748	Free Carbamazepine, Serum	*	\$134.50	80157
070763	Free Phenytoin, Serum	*	\$125.50	80186
070789	Free Valproic Acid, Serum	*	\$118.75	80164
121137	Free κ and λ Light Chains Plus Ratio, Quantitative, Serum	*	\$245.25	83883(x2)
121155	Free κ and λ Light Chains Plus Ratio, Quantitative, Serum (Serial Monitor)	*	\$268.50	83883(x2)
121228	Free κ and λ Light Chains Plus Ratio, Quantitative, Urine	*	\$245.25	83883(x2)
121243	Free κ and λ Light Chains Plus Ratio, Quantitative, Urine (Serial Monitor)	*	\$255.25	83883(x2)
100800	Fructosamine		\$40.75	82985
001875	Fructose, Semen Analysis		\$107.00	82757
091454	Fungal Antibodies, Quantitative		\$545.50	86606(x3); 86612; 86635; 86698
182493	Fungal Culture, Yeast Culture for Vaginitis	*	\$69.00	87102
008482	Fungus (Mycology) Culture	*	\$83.75	87101
188573	Fungus Culture With Reflex to Rapid Identification	*	\$73.75	87101
188243	Fungus Culture With Stain	*	\$138.75	87101; 87206
008136	Fungus Stain	*	\$55.00	87206
G				
716811	Gabapentin, Serum	*	\$133.25	82491
252816	Galactosemia: GALT	*	\$680.00	83891; 83898(x24); 83909 (x16); 83912
252820	Galactosemia: GALT (Known Mutation)	*	\$250.00	83891; 83898(x3); 83909 (x2); 83912
004390	Gastrin, Serum	*	\$78.50	82941
211268	Gastrin, Serum, Eight Specimens	*	\$628.00	82941(x8)
038752	Gastrin, Serum, Five Specimens	*	\$392.50	82941(x5)
039438	Gastrin, Serum, Four Specimens	*	\$314.00	82941(x4)
034934	Gastrin, Serum, Seven Specimens	*	\$549.50	82941(x7)
204644	Gastrin, Serum, Six Specimens	*	\$471.00	82941(x6)
038745	Gastrin, Serum, Three Specimens	*	\$235.50	82941(x3)
208827	Gastrin, Serum, Two Specimens	*	\$157.00	82941(x2)
511048	Gaucher Disease, DNA Analysis	*	\$377.50	83900; 83901(x6); 83891; 83892; 83912; 83914 (x8)
008128	GC (Neisseria gonorrhoeae) Culture Only	*	\$37.25	87081
008334	Genital Culture, Routine	*	\$65.25	87070
007162	Gentamicin, Serum, Peak		\$90.00	80170
717348	Gentamicin, Serum, Peak and Trough		\$180.00	80170(x2)

Test No	Test Name	Non-discountable	Fee	CPT Code(s)
007163	Gentamicin, Serum, Trough		\$90.00	80170
102277	Gestational Diabetes One-hour Screen		\$27.00	82950
102004	Gestational Glucose Tolerance (Diagnostic)		\$108.00	82951; 82952
182204	Giardia lamblia, Direct Detection EIA	*	\$90.00	87329
188110	Giardia lamblia, EIA and Ova and Parasites Examination	*	\$210.00	87329; 87177; 87209
163402	Gliadin Antibody Profile, IgA, IgG, EIA		\$197.00	83516(x2)
100768	Glomerular Filtration Rate, Estimated (eGFR)		\$27.00	82565
004622	Glucagon, Plasma	*	\$158.50	82943
001917	Glucose 6-Phosphate Dehydrogenase (G6PD), Quantitative, Blood and Red Blood Cell Count (RBC)	*	\$86.50	82955; 85041
090373	Glucose Tolerance Test (GTT), Blood, Five Specimens		\$135.00	82951; 82952(x2)
203224	Glucose Tolerance Test (GTT), Blood/Urine, Five Specimens		\$242.50	81005(x5); 82951; 82952 (x2)
239822	Glucose Tolerance, Serum, Two Specimens		\$54.00	82947; 82950
019497	Glucose, Body Fluid		\$27.00	82945
002048	Glucose, Cerebrospinal Fluid		\$49.25	82945
001818	Glucose, Plasma		\$27.00	82947
003376	Glucose, Quantitative, Urine		\$27.00	82945
001032	Glucose, Serum		\$27.00	82947
002022	Glucose, Two-hour Postprandial		\$27.00	82950
054130	Glucose/Insulin Response Profile (Five Specimens)		\$430.00	82951; 82952(x2); 83525 (x5)
143008	Glutamic Acid Decarboxylase (GAD) Autoantibody	*	\$178.50	83519
489320	Glutathione-S-Transferase (GST-P1) and Adenomatous Polyposis Coli (APC) Gene Promoter Methylation Assay	*	\$210.00	83907; 83891; 83900; 83896; 83898; 83912; 83896(x3); 83898
511290	Glycogen Storage Disease 1a	*	\$323.50	83891; 83892; 83900; 83914(x2); 83912
001693	Glycohemoglobin (GHb), Total	*	\$50.75	83036
500115	GlycoMark®	*	\$75.00	84378
502226	GlycoMark® and Hb A1c	*	\$94.50	83036; 84378
502421	Gonadotropin-releasing Hormone	*	\$241.00	83727
008540	Gram Stain	*	\$37.25	87205
182352	Gram Stain Evaluation With Sputum Culture Reflex	*	\$37.25	87205
180786	Group A Streptococcus Direct, DNA Probe	*	\$65.00	87650
188128	Group B Streptococcus Colonization Detection by Selective Broth Culture and DNA Probe	*	\$66.50	87081; 87149
180794	Group B Streptococcus Colonization Detection by Selective Broth Culture and DNA Probe, With Reflex to Susceptibilities	*	\$66.50	87081; 87149
500144	Growth Hormone Antibodies	*	\$84.50	86277
004275	Growth Hormone, Serum		\$84.50	83003
208835	Growth Hormone, Serum, Eight Specimens		\$676.00	83003(x8)
038836	Growth Hormone, Serum, Five Specimens		\$422.50	83003(x5)
045997	Growth Hormone, Serum, Four Specimens		\$338.00	83003(x4)
038869	Growth Hormone, Serum, Seven Specimens		\$591.50	83003(x7)
004267	Growth Hormone, Serum, Six Specimens		\$507.00	83003(x6)
038844	Growth Hormone, Serum, Three Specimens		\$253.50	83003(x3)
026898	Growth Hormone, Serum, Two Specimens		\$169.00	83003(x2)
500330	Growth Hormone, Urine	*	\$93.00	83003; 82570
500177	Growth Hormone-binding Protein	*	\$95.00	83519
009100	Gynecologic Pap Smear, One Slide	*	\$40.00	88164
009209	Gynecologic Pap Smear, One Slide and Maturation Index	*	\$45.00	88164; 88155
009191	Gynecologic Pap Smear, Two Slides	*	\$80.00	88164
190074	Gynecologic Pap Smear, Two Slides and Maturation Index	*	\$90.00	88164; 88155
193000	Gynecologic Pap Test (Image-guided), Liquid-based Preparation	*	\$88.00	88175
197676	Gynecologic Pap Test (Image-guided), Liquid-based Preparation and Chlamydia trachomatis, NAA	*	\$196.25	88175; 87491

Test No	Test Name	Non-discountable	Fee	CPT Code(s)
195677	Gynecologic Pap Test (Image-guided), Liquid-based Preparation and Chlamydia trachomatis, NAA With Reflex to Human Papillomavirus (HPV), High-risk DNA Detection When ASC-U	*	\$196.25	88175; 87491
198888	Gynecologic Pap Test (Image-guided), Liquid-based Preparation and Chlamydia trachomatis, NAA With Reflex to Human Papillomavirus (HPV), High-risk DNA Detection When ASC-U, ASC-H, LSIL, HSIL, AGUS	*	\$196.25	88175; 87491
196402	Gynecologic Pap Test (Image-guided), Liquid-based Preparation and Chlamydia/Gonococcus, NAA	*	\$315.50	88175; 87491; 87591
192153	Gynecologic Pap Test (Image-guided), Liquid-based Preparation and Chlamydia/Gonococcus, NAA and Human Papillomavirus (HPV), High-risk DNA Detection	*	\$503.25	88175; 87491; 87591; 87621
197124	Gynecologic Pap Test (Image-guided), Liquid-based Preparation and Chlamydia/Gonococcus, NAA and Human Papillomavirus (HPV), High-risk DNA Detection With Reflex to HPV Genotypes 16 and 18	*	\$492.25	88175; 87491; 87591; 87621
194027	Gynecologic Pap Test (Image-guided), Liquid-based Preparation and Chlamydia/Gonococcus, NAA With Reflex to Human Papillomavirus (HPV), High-risk DNA Detection When ASC-U	*	\$315.50	88175; 87491; 87591
197117	Gynecologic Pap Test (Image-guided), Liquid-based Preparation and Chlamydia/Gonococcus, NAA With Reflex to Human Papillomavirus (HPV), High-risk DNA Detection When ASC-U With Reflex to HPV Genotypes 16 and 18	*	\$315.50	88175; 87491; 87591
196565	Gynecologic Pap Test (Image-guided), Liquid-based Preparation and Chlamydia/Gonococcus, NAA With Reflex to Human Papillomavirus (HPV), High-risk DNA Detection When ASC-U, ASC-H, LSIL, HSIL, AGUS	*	\$315.50	88175; 87491; 87591
197102	Gynecologic Pap Test (Image-guided), Liquid-based Preparation and Chlamydia/Gonococcus, NAA With Reflex to Human Papillomavirus (HPV), High-risk DNA Detection When ASC-U, ASC-H, LSIL, HSIL, AGUS With Reflex to HPV Genotypes 16 and 18	*	\$315.50	88175; 87491; 87591
196502	Gynecologic Pap Test (Image-guided), Liquid-based Preparation and Chlamydia/Gonococcus/Trichomonas, NAA	*	\$412.25	88175; 87491; 87591; 87798
196599	Gynecologic Pap Test (Image-guided), Liquid-based Preparation and Chlamydia/Gonococcus/Trichomonas, NAA and Human Papillomavirus (HPV) High-risk DNA Detection With Reflex to HPV Genotypes 16 and 18	*	\$600.00	88175; 87491; 87591; 87798; 87621
196553	Gynecologic Pap Test (Image-guided), Liquid-based Preparation and Chlamydia/Gonococcus/Trichomonas, NAA and Human Papillomavirus (HPV), High-risk DNA Detection	*	\$600.00	88175; 87491; 87591; 87621; 87798
196527	Gynecologic Pap Test (Image-guided), Liquid-based Preparation and Chlamydia/Gonococcus/Trichomonas, NAA With Reflex to Human Papillomavirus (HPV), High-risk DNA Detection When ASC-U	*	\$412.25	88175; 87491; 87591; 87798
196595	Gynecologic Pap Test (Image-guided), Liquid-based Preparation and Chlamydia/Gonococcus/Trichomonas, NAA With Reflex to Human Papillomavirus (HPV), High-risk DNA Detection When ASC-U, ASC-H, LSIL, HSIL, AGUS	*	\$412.25	88175; 87491; 87591; 87798
198190	Gynecologic Pap Test (Image-guided), Liquid-based Preparation and Human Papillomavirus (HPV), High- and Low-risk DNA Detection	*	\$289.00	87621(x2); 88175
199123	Gynecologic Pap Test (Image-guided), Liquid-based Preparation and Human Papillomavirus (HPV), High-risk DNA Detection	*	\$275.75	87621; 88175
197146	Gynecologic Pap Test (Image-guided), Liquid-based Preparation and Human Papillomavirus (HPV), High-risk DNA Detection With Reflex to HPV Genotypes 16 and 18	*	\$275.75	88175; 87621
193069	Gynecologic Pap Test (Image-guided), Liquid-based Preparation With Maturation Index	*	\$95.00	88175; 88155
194074	Gynecologic Pap Test (Image-guided), Liquid-based Preparation With Reflex to Human Papillomavirus (HPV), High-risk DNA Detection When ASC-U	*	\$88.00	88175
197132	Gynecologic Pap Test (Image-guided), Liquid-based Preparation With Reflex to Human Papillomavirus (HPV), High-risk DNA Detection When ASC-U With Reflex to HPV Genotypes 16 and 18	*	\$88.00	88175
196250	Gynecologic Pap Test (Image-guided), Liquid-based Preparation With Reflex to Human Papillomavirus (HPV), High-risk DNA Detection When ASC-U, ASC-H, LSIL, HSIL, AGUS	*	\$88.00	88175
197116	Gynecologic Pap Test (Image-guided), Liquid-based Preparation With Reflex to Human Papillomavirus (HPV), High-risk DNA Detection When ASC-U, ASC-H, LSIL, HSIL, AGUS With Reflex to HPV Genotypes 16 and 18	*	\$88.00	88175

Test No	Test Name	Non-discountable	Fee	CPT Code(s)
192005	Gynecologic Pap Test, Liquid-based Preparation	*	\$74.00	88142
192138	Gynecologic Pap Test, Liquid-based Preparation and Chlamydia trachomatis, NAA	*	\$182.25	88142; 87491
193130	Gynecologic Pap Test, Liquid-based Preparation and Chlamydia trachomatis, NAA With Reflex to Human Papillomavirus (HPV) High-risk DNA Detection When ASC-U	*	\$182.25	88142; 87491
193148	Gynecologic Pap Test, Liquid-based Preparation and Chlamydia trachomatis, NAA With Reflex to Human Papillomavirus (HPV) High-risk DNA Detection When ASC-U, ASC-H, LSIL, HSIL, AGUS	*	\$182.25	88142; 87491
192120	Gynecologic Pap Test, Liquid-based Preparation and Chlamydia/Gonococcus, NAA	*	\$301.50	88142; 87491; 87591
192146	Gynecologic Pap Test, Liquid-based Preparation and Chlamydia/Gonococcus, NAA and Human Papillomavirus (HPV) High-risk DNA Detection	*	\$489.25	88142; 87591; 87491; 87621
197017	Gynecologic Pap Test, Liquid-based Preparation and Chlamydia/Gonococcus, NAA and Human Papillomavirus (HPV) High-risk DNA Detection With Reflex to HPV Genotypes 16 and 18	*	\$488.75	88142; 87491; 87591; 87621
192112	Gynecologic Pap Test, Liquid-based Preparation and Chlamydia/Gonococcus, NAA With Reflex to Human Papillomavirus (HPV), High-risk DNA Detection When ASC-U	*	\$301.50	88142; 87491; 87591
197012	Gynecologic Pap Test, Liquid-based Preparation and Chlamydia/Gonococcus, NAA With Reflex to Human Papillomavirus (HPV), High-risk DNA Detection When ASC-U With Reflex to HPV Genotypes 16 and 18	*	\$301.50	88142; 87491; 87591
192104	Gynecologic Pap Test, Liquid-based Preparation and Chlamydia/Gonococcus, NAA With Reflex to Human Papillomavirus (HPV), High-risk DNA Detection When ASC-U, ASC-H, LSIL, HSIL, AGUS	*	\$301.50	88142; 87491; 87591
197014	Gynecologic Pap Test, Liquid-based Preparation and Chlamydia/Gonococcus, NAA With Reflex to Human Papillomavirus (HPV), High-risk DNA Detection When ASC-U, ASC-H, LSIL, HSIL, AGUS With Reflex to HPV Genotypes 16 and 18	*	\$301.50	88175; 87491; 87591
192520	Gynecologic Pap Test, Liquid-based Preparation and Chlamydia/Gonococcus/Trichomonas, NAA	*	\$398.25	88142; 87491; 87591; 87798
192560	Gynecologic Pap Test, Liquid-based Preparation and Chlamydia/Gonococcus/Trichomonas, NAA and Human Papillomavirus (HPV) High-risk DNA Detection With Reflex to HPV Genotypes 16 and 18	*	\$586.00	88142; 87491; 87591; 87798; 87621
192546	Gynecologic Pap Test, Liquid-based Preparation and Chlamydia/Gonococcus/Trichomonas, NAA and Human Papillomavirus (HPV), High-risk DNA Detection	*	\$586.00	88142; 87491; 87591; 87621; 87798
192512	Gynecologic Pap Test, Liquid-based Preparation and Chlamydia/Gonococcus/Trichomonas, NAA With Reflex to Human Papillomavirus (HPV), High-risk DNA Detection When ASC-U	*	\$398.25	88142; 87491; 87591; 87798
192504	Gynecologic Pap Test, Liquid-based Preparation and Chlamydia/Gonococcus/Trichomonas, NAA With Reflex to Human Papillomavirus (HPV), High-risk DNA Detection When ASC-U, ASC-H, LSIL, HSIL, AGUS	*	\$398.25	88142; 87491; 87591; 87798
197070	Gynecologic Pap Test, Liquid-based Preparation and Human Papillomavirus (HPV) High- and Low-risk DNA Detection	*	\$275.00	87621(x2); 88142
195050	Gynecologic Pap Test, Liquid-based Preparation and Human Papillomavirus (HPV) High-risk DNA Detection	*	\$261.75	88142; 87621
192197	Gynecologic Pap Test, Liquid-based Preparation and Human Papillomavirus (HPV) High-risk DNA Detection With Reflex to HPV Genotypes 16 and 18	*	\$261.75	88142; 87621
192096	Gynecologic Pap Test, Liquid-based Preparation With Maturation Index	*	\$80.75	88142; 88155
192047	Gynecologic Pap Test, Liquid-based Preparation With Reflex to Human Papillomavirus (HPV) High-risk DNA Detection When ASC-U	*	\$74.00	88142
192630	Gynecologic Pap Test, Liquid-based Preparation With Reflex to Human Papillomavirus (HPV), High-risk DNA Detection When ASC-U, ASC-H, LSIL, HSIL, AGUS	*	\$74.00	88142
H				
018762	Haemophilus influenzae B Antigen	*	\$150.00	87899
138271	Haemophilus influenzae B, IgG	*	\$170.25	86684
070482	Haloperidol, Serum	*	\$147.50	80173
001628	Haptoglobin	*	\$83.00	83010
500140	Heart Disease and Stroke Risk Profile	*	\$379.50	83695; 86141; 85384; 85246
042580	Heavy Metals Profile I, Blood	*	\$304.25	82175; 83655; 83825
007492	Heavy Metals Profile I, Urine	*	\$311.00	82175; 82570; 83655; 83825
706200	Heavy Metals Profile II, Blood	*	\$440.25	82175; 82300; 83655; 83825

Test No	Test Name	Non-discountable	Fee	CPT Code(s)
070813	Heavy Metals Profile II, Urine	*	\$339.50	82175; 82300; 82570; 83655; 83825
163170	Helicobacter pylori Antibodies, IgA		\$97.25	86677
163683	Helicobacter pylori Antibodies, IgA, IgG, IgM		\$291.75	86677(x3)
162289	Helicobacter pylori Antibodies, IgG		\$97.25	86677
163204	Helicobacter pylori Antibodies, IgM		\$97.25	86677
180885	Helicobacter pylori Culture	*	\$74.00	87081; 87205
180764	Helicobacter pylori Stool Antigen	*	\$183.75	87338
180836	Helicobacter pylori Urea Breath Test	*	\$270.00	83013
505008	Helper T-Lymphocyte Marker CD4	*	\$113.00	86361
259317	Helper/Suppressor and Natural Killer Profile	*	\$459.50	86359; 86360; 86357
005058	Hematocrit		\$24.50	85014
005300	Hematopathology Consultation, Peripheral Smear	*	\$70.25	85060
005041	Hemoglobin (Hb)		\$24.50	85018
001453	Hemoglobin (Hb) A1c		\$50.75	83036
102525	Hemoglobin (Hb) A1c With eAG		\$50.75	83036
121020	Hemoglobin (Hb) A2, Quantitative	*	\$98.25	83021
121442	Hemoglobin (Hb) Fractionation, Spot Blood (Pediatric)	*	\$98.25	83021
005223	Hemoglobin (Hb) Solubility	*	\$67.75	85660
005330	Hemoglobin (Hb) Solubility With Reflex to Hemoglobin Fractionation, Blood		\$67.75	85660
120900	Hemoglobin (Hb), Fetal, Quantitative	*	\$98.25	83021
005595	Hemoglobin (Hb), Free, Plasma	*	\$75.25	83051
080176	Hemoglobin (Hb), Free, Qualitative, Urine	*	\$26.00	81003
480530	Hemoglobin S and C, Fetal DNA	*	\$368.75	83891; 83893; 83896(x2); 83898; 83912
121679	Hemoglobinopathy Fractionation Profile	*	\$166.00	83021; 85660
122101	Hemoglobinopathy Fractionation Profile Without Solubility	*	\$98.25	83021
117846	Hemophilia A Monitoring Profile	*	\$517.75	85335; 85240
117101	Heparin Anti-Xa	*	\$175.00	85520
500187	Heparin Cofactor II	*	\$185.00	85130
500004	Heparin Solution Quantitative Assay	*	\$200.00	N/A
150075	Heparin-induced Platelet Antibody	*	\$210.00	86022
322755	Hepatic Function Panel (7)		\$30.00	80076
006734	Hepatitis A Antibody, IgM		\$77.25	86709
006726	Hepatitis A Antibody, Total		\$73.50	86708
098418	Hepatitis B Core Antibody, IgG, IgM, Differentiation		\$157.50	86704; 86705
016881	Hepatitis B Core Antibody, IgM		\$80.00	86705
006718	Hepatitis B Core Antibody, Total		\$77.50	86704
006395	Hepatitis B Surface Antibody		\$70.25	86706
006510	Hepatitis B Surface Antigen		\$59.50	87340
551561	Hepatitis B Virus (HBV) Complete	*	\$450.00	83891; 83894(x2); 83898 (x9); 83909 (x6); 83912 (x2); 87900
551590	Hepatitis B Virus (HBV) Drug Resistance	*	\$300.00	83891; 83894; 83898(x6); 83909 (x4); 83912; 87900
551650	Hepatitis B Virus (HBV) Drug Resistance Plus HBV Genotype	*	\$425.00	83891; 83894; 83898(x6); 83909 (x4); 83912; 87900
551522	Hepatitis B Virus (HBV) Genotype	*	\$150.00	83891; 83894; 83898(x6); 83909 (x4); 83912
551533	Hepatitis B Virus (HBV) PreCore Mutations	*	\$100.00	83891; 83894; 83898(x3); 83909 (x2); 83912
140622	Hepatitis B Virus (HBV), Qualitative, PCR, NGI UltraQual™	*	\$448.25	87516
551620	Hepatitis B Virus (HBV), Quantitative, DNA Real-time PCR, COBAS® TaqMan® (Graphical)	*	\$543.50	87517
551610	Hepatitis B Virus (HBV), Quantitative, DNA Real-time PCR, COBAS® TaqMan® (Nongraphical)	*	\$520.75	87517
551630	Hepatitis B Virus (HBV), Quantitative, DNA Real-time PCR, COBAS® TaqMan® (Nongraphical) With Reflex to HBV Drug Resistance	*	\$520.75	87517
140810	Hepatitis B Virus (HBV), Quantitative, PCR, NGI SuperQuant™	*	\$520.75	87517

Test No	Test Name	Non-discountable	Fee	CPT Code(s)
006635	Hepatitis Be Antibody	*	\$62.75	86707
006619	Hepatitis Be Antigen	*	\$62.75	87350
140659	Hepatitis C Virus (HCV) Antibody		\$88.00	86803
143991	Hepatitis C Virus (HCV) Antibody With Reflex to RIBA		\$88.00	86803
550123	Hepatitis C Virus (HCV) FibroSURE	*	\$263.75	83883; 83010; 82172; 82977; 82247; 84460
550475	Hepatitis C Virus (HCV) Genotyping, Nonreflex	*	\$561.25	87902
140612	Hepatitis C Virus (HCV), NGI SuperQuant™	*	\$449.00	87522
140609	Hepatitis C Virus (HCV), NGI UltraQual™	*	\$449.00	87521
550400	Hepatitis C Virus (HCV), Qualitative, RNA PCR	*	\$347.25	87521
551242	Hepatitis C Virus (HCV), Qualitative, RNA PCR With Reflex to Genotyping	*	\$347.25	87521
550146	Hepatitis C Virus (HCV), Qualitative, RNA PCR With Reflex to Quantitative	*	\$347.25	87521
140639	Hepatitis C Virus (HCV), Quantitative, PCR, NGI QuantaSure™	*	\$647.75	87522
550080	Hepatitis C Virus (HCV), Quantitative, Real-time PCR	*	\$425.00	87522
550070	Hepatitis C Virus (HCV), Quantitative, Real-time PCR (Graph)	*	\$448.00	87522
550100	Hepatitis C Virus (HCV), Quantitative, RNA PCR (Graph) With Reflex to Genotyping	*	\$448.00	87522
550090	Hepatitis C Virus (HCV), Quantitative, RNA PCR With Reflex to Genotyping (Nongraphical)	*	\$386.00	87522
322744	Hepatitis Panel, Acute		\$304.75	80074
058560	Hepatitis Profile I (Diagnostic)		\$216.75	87340; 86705; 86709
046938	Hepatitis Profile II (Diagnostic Follow-up)		\$194.00	86706; 87350; 86707
045849	Hepatitis Profile III (Patient Management)		\$183.25	87340; 87350; 86707
058537	Hepatitis Profile IV (Hepatitis A and B Immune Status)		\$298.50	86704; 86706; 86708; 86709
028928	Hepatitis Profile V (Hepatitis A Profile)		\$150.75	86709; 86708
058545	Hepatitis Profile VI (Hepatitis B Profile)		\$411.00	87340; 86704; 86706; 87350; 86707; 86705
058552	Hepatitis Profile VII (Hepatitis A and B Profile)		\$561.75	87340; 86704; 86705; 86706; 87350; 86707; 86708; 86709
255505	Hepatitis Profile VIII (Hepatitis B and C Profile)	*	\$499.00	87340; 86704; 86706; 87350; 86707; 86803; 86705
235473	Hepatitis Profile X (HBV Prevacination Profile)		\$287.25	87340; 86704; 86705; 86706
265389	Hepatitis Profile XI (HBV Vaccine Follow-up Profile)		\$70.25	86706
091108	Hepatitis Profile XII (HBV Follow-up Profile)		\$253.50	87340; 86706; 87350; 86707
265397	Hepatitis Profile XIII (HBV Prenatal Profile)	*	\$192.50	87340; 86706; 87350
140002	Hepatocellular Carcinoma Risk Profile	*	\$358.00	82107; 83951
483320	HER-2 Immunohistochemistry (IHC) With Reflex to Fluorescence in situ Hybridization (FISH) if 0, 1+, or 2+ by IHC	*	\$183.75	88360
483289	HER-2 Immunohistochemistry (IHC) With Reflex to Fluorescence in situ Hybridization (FISH) if 2+ by IHC	*	\$277.00	88360
483248	HER-2/CEP17, Fluorescence in situ Hybridization (FISH)	*	\$731.00	88368
480376	HER-2/neu Oncoprotein, Paraffin Block	*	\$277.00	88360
480136	HER-2/neu, Quantitative, ELISA	*	\$309.25	83950
123020	Hereditary Angioedema (HAE)	*	\$144.00	86160(x2)
511345	Hereditary Hemochromatosis, DNA Analysis	*	\$400.00	83891; 83892(x3); 83894 (x3); 83898 (x2); 83912
252830	Hereditary Nonpolyposis Colorectal Cancer (HNPCC): MLH1	*	\$1,170.00	83891; 83898(x54); 83909 (x36); 83912
252834	Hereditary Nonpolyposis Colorectal Cancer (HNPCC): MLH1 (Known Mutation)	*	\$250.00	83891; 83898(x3); 83909 (x2); 83912
252844	Hereditary Nonpolyposis Colorectal Cancer (HNPCC): MLH1/MSH2 Two-gene Profile	*	\$2,000.00	83891; 83898(x99); 83909 (x68); 83912
252837	Hereditary Nonpolyposis Colorectal Cancer (HNPCC): MSH2	*	\$1,170.00	83891; 83898(x48); 83909 (x32); 83912
252840	Hereditary Nonpolyposis Colorectal Cancer (HNPCC): MSH2 (Known Mutation)	*	\$250.00	83891; 83898(x3); 83909 (x2); 83912
252853	Hereditary Nonpolyposis Colorectal Cancer (HNPCC): MSH6	*	\$1,170.00	83891; 83898(x54); 83909 (x36); 83912

Test No	Test Name	Non-discountable	Fee	CPT Code(s)
252856	Hereditary Nonpolyposis Colorectal Cancer (HNPCC): MSH6 (Known Mutation)	*	\$250.00	83891; 83898(x3); 83909 (x2); 83912
252860	Hereditary Nonpolyposis Colorectal Cancer (HNPCC): Three-gene Profile (MLH1, MSH2, MSH6)	*	\$2,860.00	83891; 83898(x99); 83909 (x99); 83912
008250	Herpes Simplex Virus (HSV) Culture and Typing	*	\$127.25	87255
186072	Herpes Simplex Virus (HSV) Culture Without Typing	*	\$112.50	87255
164897	Herpes Simplex Virus (HSV) Type 1-Specific Antibodies, IgG	*	\$74.00	86695
163147	Herpes Simplex Virus (HSV) Type 2-Specific Antibodies, IgG	*	\$107.00	86696
165180	Herpes Simplex Virus (HSV) Types 1 and 2, IgM Antibodies, Indirect	*	\$96.50	86695; 86696
138370	Herpes Simplex Virus (HSV) Types 1/2 Phenotyping for Acyclovir Drug Resistance	*	\$330.25	87253; 87252
138594	Herpes Simplex Virus (HSV) Types 1/2, Amniotic Fluid, DNA PCR	*	\$297.50	87529(x2)
138651	Herpes Simplex Virus (HSV) Types 1/2, DNA PCR	*	\$310.00	87529
163014	Herpes Simplex Virus (HSV) Types 1/2, IgG	*	\$80.00	86694
164913	Herpes Simplex Virus (HSV) Types 1/2, IgG Evaluation With Reflex to Herpes Type 1-/2-Specific, IgG	*	\$80.00	86694
164806	Herpes Simplex Virus (HSV) Types 1/2, IgM, EIA	*	\$80.00	86694
550001	Herpes Simplex Virus (HSV) Types 1/2, Immunohistochemistry	*	\$245.50	88342(x2)
164905	Herpes Simplex Virus (HSV) Types 1-/2-Specific Antibodies, IgG	*	\$181.00	86695; 86696
138487	Herpes Simplex Virus (HSV) Type-specific Immunoblot	*	\$243.50	84181
117838	Hexagonal Phase Phospholipid	*	\$140.00	85598
500460	High Molecular Weight Kininogen (HMWK)	*	\$165.00	85293
001925	High-density Lipoprotein Cholesterol (HDLc)	*	\$49.50	83718
048462	Hirsutism Profile	*	\$400.75	82157; 82627; 84403
257121	Hirsutism Profile, Comprehensive	*	\$913.00	82154; 82157; 82627; 84270; 84402; 84403
144600	Histamine Determination, Plasma	*	\$251.50	83088
144618	Histamine Determination, Urine	*	\$251.50	83088
081315	Histamine Determination, Whole Blood	*	\$251.50	83088
164319	Histoplasma Antibodies, Quantitative, DID	*	\$109.25	86698
138635	Histoplasma capsulatum Antibodies	*	\$295.50	86698(x3)
167320	HLA A Disease Association	*	\$193.25	83890; 83893(x16); 83896 (x57); 83898; 83912
167593	HLA A, B Disease Association	*	\$405.75	83890; 83893(x32); 83896 (x99); 83898; 83912 (x2)
167726	HLA A, B Transplant	*	\$405.75	83890; 83893(x32); 83896 (x99); 83898; 83912 (x2)
016139	HLA A, B, C Disease Association	*	\$552.75	83890; 83893(x48); 83896 (x99); 83898; 83912 (x3)
168054	HLA A, B, C Transplant	*	\$579.00	83890; 83893(x48); 83896 (x99); 83898; 83912 (x3)
167338	HLA B Disease Association	*	\$193.25	83890; 83893(x16); 83896 (x65); 83898; 83912
167359	HLA B*1502 Carbamazepine Sensitivity	*	\$203.00	83890; 83893(x16); 83896 (x65); 83898; 83912
168018	HLA C Disease Association	*	\$193.25	83890; 83893(x16); 83896 (x36); 83898; 83912
167222	HLA DPB1 (SSP)	*	\$432.75	83891; 83894; 83912; 83898(x48)
168002	HLA DQA Disease Association	*	\$349.75	83891; 83894; 83898(x24); 83912
168012	HLA DQB Disease Association	*	\$399.50	83891; 83894; 83898(x32); 83912
167312	HLA DR Disease Association	*	\$216.25	83890; 83893(x8); 83896 (x19); 83898; 83912
167100	HLA DR15 (DR2) Immunosuppressive Response Association in Myelodysplastic Syndrome (MDS)	*	\$233.50	83890; 83893(x8); 83896 (x16); 83898; 83912
012542	HLA DRB, DQB Disease Association	*	\$446.00	83890; 83893(x8); 83896 (x19); 83898; 83912
167718	HLA DRB, DQB Transplant	*	\$492.25	83890; 83893(x16); 83896 (x39); 83898 (x2); 83912 (x2)

Test No	Test Name	Non-discountable	Fee	CPT Code(s)
006924	HLA-B27 Disease Association	*	\$170.00	83890; 83893(x6); 83896 (x6); 83898; 83912
006926	HLA-B5701, Abacavir Hypersensitivity	*	\$143.75	83890; 83893(x3); 83896 (x3); 83898; 83912
009274	Holter Analysis Only	*	\$168.75	93226
019331	Holter Cardiologist Overread	*	\$74.50	93226
019323	Holter Hook-up/Disconnect by LabCorp	*	\$91.25	93225
009324	Holter Recorder and Disposable Supplies, One-time Use and Analysis	*	\$233.00	93226
706994	Homocyst(e)ine, Plasma	*	\$143.25	83090
120253	Homovanillic Acid (HVA), 24-Hour Urine	*	\$88.50	83150
120246	Homovanillic Acid (HVA), Random Urine	*	\$124.00	82570; 83150
500314	HPA-1a (PLA1 Platelet Antigen) Genotyping (PLA2 Polymorphism Detection)	*	\$282.25	83891; 83894(x2); 83898 (x2); 83912
140657	Human Antimouse Antibodies	*	\$245.00	83520
004556	Human Chorionic Gonadotropin (hCG), β -Subunit, Qualitative, Serum		\$91.50	84703
004416	Human Chorionic Gonadotropin (hCG), β -Subunit, Quantitative, Serum		\$100.00	84702
480038	Human Chorionic Gonadotropin (hCG), β -Subunit, Quantitative, Serum (Serial Monitor)		\$128.00	84702
081700	Human Epididymis Protein 4	*	\$227.50	86305
481700	Human Epididymis Protein 4 (Serial Monitor)	*	\$250.50	86305
164763	Human Granulocytic Ehrlichiosis (HGE), IgG, IFA	*	\$135.25	86666
164672	Human Granulocytic Ehrlichiosis (HGE), IgG, IgM, IFA	*	\$270.00	86666(x2)
161075	Human Herpesvirus 6 (HHV-6) Antibodies, IgG	*	\$122.75	86790
138479	Human Herpesvirus 6 (HHV-6), DNA PCR	*	\$300.00	87532
138529	Human Herpesvirus 6 (HHV-6), IgM	*	\$166.50	86790
139310	Human Herpesvirus 6 (HHV-6), Quantitation DNA PCR	*	\$355.00	87533
005462	Human Immunodeficiency Virus 1 (HIV-1) Antibody, Confirmation Western Blot	*	\$225.50	86689
551861	Human Immunodeficiency Virus 1 (HIV-1) GenoSure™ Fusion	*	\$0.00	See additional spreadsheet
551697	Human Immunodeficiency Virus 1 (HIV-1) GenoSure™ Genotyping	*	\$0.00	See additional spreadsheet
551871	Human Immunodeficiency Virus 1 (HIV-1) GenoSure™ Integrase	*	\$0.00	See additional spreadsheet
551655	Human Immunodeficiency Virus 1 (HIV-1) GenoSure™ Plus Genotyping With Virtual Phenotype	*	\$0.00	See additional spreadsheet
550240	Human Immunodeficiency Virus 1 (HIV-1) PhenoSense Entry™ (Monogram® Fuzeon Resistance)	*	\$725.00	87903
551690	Human Immunodeficiency Virus 1 (HIV-1) PhenoSense GI™ (Monogram® Phenotype/Genotype)	*	\$1,762.00	87900; 87901; 87903; 87904(x10)
550230	Human Immunodeficiency Virus 1 (HIV-1) PhenoSense Integrase™ (Monogram® Integrase Inhibitor Resistance)	*	\$725.00	87903
551499	Human Immunodeficiency Virus 1 (HIV-1) PhenoSense™ (Monogram® Phenotype)	*	\$1,195.00	87903; 87904(x10)
829574	Human Immunodeficiency Virus 1 (HIV-1) Trofile® (Monogram® Coreceptor Tropism)	*	\$0.00	N/A
829670	Human Immunodeficiency Virus 1 (HIV-1) Trofile® DNA (Monogram® Coreceptor Tropism), Whole Blood	*	\$0.00	N/A
138014	Human Immunodeficiency Virus 1 (HIV-1) TruGene™ Genotyping	*	\$964.00	87901
138989	Human Immunodeficiency Virus 1 (HIV-1) TruGene™ Genotyping Plus Virtual Phenotype	*	\$1,030.00	87900; 87901
162100	Human Immunodeficiency Virus 1 (HIV-1), DNA RT-PCR With HIV Antibodies, ICMA	*	\$451.25	87535
550420	Human Immunodeficiency Virus 1 (HIV-1), Quantitative, Real-time PCR (Graphical)	*	\$409.00	87536
550422	Human Immunodeficiency Virus 1 (HIV-1), Quantitative, Real-time PCR (Graphical) With Reflex to HIV-1 GenoSure™	*	\$409.00	87536
550423	Human Immunodeficiency Virus 1 (HIV-1), Quantitative, Real-time PCR (Graphical) With Reflex to HIV-1 GenoSure™ Plus	*	\$409.00	87536
139106	Human Immunodeficiency Virus 1 (HIV-1), Quantitative, Real-time PCR (Graphical) With Reflex to HIV-1 TruGene™ Genotyping	*	\$409.00	87536
139108	Human Immunodeficiency Virus 1 (HIV-1), Quantitative, Real-time PCR (Graphical) With Reflex to HIV-1 TruGene™ Genotyping Plus Virtual Phenotype	*	\$409.00	87536
550330	Human Immunodeficiency Virus 1 (HIV-1), Quantitative, Real-time PCR (Graphical) With Reflex to PhenoSense Entry™	*	\$409.00	87536

Test No	Test Name	Non-discountable	Fee	CPT Code(s)
550250	Human Immunodeficiency Virus 1 (HIV-1), Quantitative, Real-time PCR (Graphical) With Reflex to PhenoSense Integrase™	*	\$409.00	87536
550510	Human Immunodeficiency Virus 1 (HIV-1), Quantitative, Real-time PCR (Graphical) With Reflex to PhenoSenseGT™	*	\$409.00	87536
550520	Human Immunodeficiency Virus 1 (HIV-1), Quantitative, Real-time PCR (Graphical) With Reflex to PhenoSense™ Comprehensive	*	\$409.00	87536
550390	Human Immunodeficiency Virus 1 (HIV-1), Quantitative, Real-time PCR (Graphical) With Reflex to Trofile®	*	\$409.00	87536
550430	Human Immunodeficiency Virus 1 (HIV-1), Quantitative, Real-time PCR (Nongraphical)	*	\$386.00	87536
550432	Human Immunodeficiency Virus 1 (HIV-1), Quantitative, Real-time PCR (Nongraphical) With Reflex to HIV-1 GenoSure™	*	\$386.00	87536
550433	Human Immunodeficiency Virus 1 (HIV-1), Quantitative, Real-time PCR (Nongraphical) With Reflex to HIV-1 GenoSure™ Plus	*	\$386.00	87536
139107	Human Immunodeficiency Virus 1 (HIV-1), Quantitative, Real-time PCR (Nongraphical) With Reflex to HIV-1 TruGene™ Genotyping	*	\$386.00	87536
139109	Human Immunodeficiency Virus 1 (HIV-1), Quantitative, Real-time PCR (Nongraphical) With Reflex to HIV-1 TruGene™ Genotyping Plus Virtual Phenotype	*	\$386.00	87536
550360	Human Immunodeficiency Virus 1 (HIV-1), Quantitative, Real-time PCR (Nongraphical) With Reflex to PhenoSense Entry™	*	\$386.00	87536
550280	Human Immunodeficiency Virus 1 (HIV-1), Quantitative, Real-time PCR (Nongraphical) With Reflex to PhenoSense Integrase™	*	\$386.00	87536
550450	Human Immunodeficiency Virus 1 (HIV-1), Quantitative, Real-time PCR (Nongraphical) With Reflex to PhenoSenseGT™	*	\$386.00	87536
550470	Human Immunodeficiency Virus 1 (HIV-1), Quantitative, Real-time PCR (Nongraphical) With Reflex to PhenoSense™ Comprehensive	*	\$409.00	87536
550310	Human Immunodeficiency Virus 1 (HIV-1), Quantitative, Real-time PCR (Nongraphical) With Reflex to Trofile®	*	\$386.00	87536
162164	Human Immunodeficiency Virus 1 (HIV-1), RNA (bDNA)	*	\$439.50	87536
551887	Human Immunodeficiency Virus 1 (HIV-1), RNA (bDNA), Nongraphable	*	\$416.75	87536
162130	Human Immunodeficiency Virus 1 (HIV-1)/HTLV, DNA RT-PCR With Antibodies, ICMA	*	\$764.50	87535; 87798(x2)
083824	Human Immunodeficiency Virus 1/O/2 (HIV-1/O/2) Antibodies, Preliminary Test With Confirmation	*	\$115.50	86703
083850	Human Immunodeficiency Virus 1/O/2 (HIV-1/O/2) Antibody With Reflex to Nucleic Acid Testing (NAT)	*	\$115.50	86703
163550	Human Immunodeficiency Virus 2 (HIV-2) Antibodies, EIA	*	\$157.50	86702
138453	Human Immunodeficiency Virus 2 (HIV-2), Qualitative, PCR	*	\$402.50	87538
164680	Human Monocytic Ehrlichiosis (HME), IgG, IgM, IFA	*	\$270.00	86666(x2)
550020	Human Papillomavirus (HPV) Genotyping, PCR	*	\$408.00	83891; 83896(x10); 83898; 83894; 83893; 83912
500199	Human Papillomavirus (HPV), Biopsy in situ Hybridization	*	\$350.00	88365(x2)
500306	Human Papillomavirus (HPV), High- and Low-risk DNA Detection	*	\$201.00	87621(x2)
507301	Human Papillomavirus (HPV), High-risk DNA Detection	*	\$187.75	87621
507315	Human Papillomavirus (HPV), High-risk DNA Detection With Reflex to HPV Genotypes 16 and 18	*	\$187.75	87621
164277	Human T-Cell Lymphotropic Virus 1, 2 (HTLV-1/HTLV-2) Antibodies, Preliminary Test With Confirmation	*	\$93.50	86790
164129	Human T-Cell Lymphotropic Virus 1, 2 (HTLV-1/HTLV-2) Differentiation	*	\$243.00	86687; 86688
162420	Human T-Cell Lymphotropic Virus 1, 2 (HTLV-1/HTLV-2), DNA PCR	*	\$428.75	87798(x2)
163246	Human T-Cell Lymphotropic Virus 1, 2 (HTLV-1/HTLV-2), Qualitative	*	\$93.50	86790
139120	Humoral Immunity Panel	*	\$541.75	86317(x16); 86684
029884	Hydroxyproline, Free and Total, Quantitative, 24-Hour Urine	*	\$368.75	83500; 83505
004911	Hydroxyproline, Free, Quantitative, 24-Hour Urine	*	\$162.50	83500
004796	Hydroxyproline, Total, Quantitative, 24-Hour Urine	*	\$206.25	83505
252449	Hyper IgE Syndrome (HIES): STAT3	*	\$1,260.00	83891; 83898(x63); 83909 (x42); 83912
252680	Hyper IgE Syndrome (HIES): STAT3 (Known Mutation)	*	\$250.00	83891; 83898(x3); 83909 (x2); 83912

Test No	Test Name	Non-discountable	Fee	CPT Code(s)
252425	Hyper IgM Syndrome (HIGM): (AICDA for HIGM2)	*	\$2,000.00	83891; 83898(x15); 83909 (x10); 83912
252663	Hyper IgM Syndrome (HIGM): (AICDA for HIGM2) (Known Mutation)	*	\$250.00	83891; 83898(x3); 83909 (x2); 83912
252432	Hyper IgM Syndrome (HIGM): (CD40 [TNFRSF5] for HIGM3)	*	\$1,000.00	83891; 83898(x27); 83909 (x18); 83912
252670	Hyper IgM Syndrome (HIGM): (CD40 [TNFRSF5] for HIGM3) (Known Mutation)	*	\$250.00	83891; 83898(x3); 83909 (x2); 83912
252435	Hyper IgM Syndrome (HIGM): (CD40LG [TNFRSF5] for HIGM1)	*	\$1,000.00	83891; 83898(x18); 83909 (x12); 83912
252673	Hyper IgM Syndrome (HIGM): (CD40LG [TNFRSF5] for HIGM1) (Known Mutation)	*	\$250.00	83891; 83898(x3); 83909 (x2); 83912
252428	Hyper IgM Syndrome (HIGM): (UNG for HIGM5)	*	\$1,000.00	83891; 83898(x21); 83909 (x14); 83912
252666	Hyper IgM Syndrome (HIGM): (UNG for HIGM5) (Known Mutation)	*	\$250.00	83891; 83898(x3); 83909 (x2); 83912
252446	Hyper IgM Syndrome (HIGM): Four-gene Profile (AICDA, UNG, CD40, CD40LG)	*	\$3,750.00	83891; 83898(x81); 83909 (x54); 83912
252442	Hyper IgM Syndrome (HIGM): Three-gene Profile (AICDA, UNG, CD40)	*	\$3,250.00	83891; 83898(x63); 83909 (x42); 83912
252439	Hyper IgM Syndrome (HIGM): Two-gene Profile (AICDA, UNG)	*	\$2,500.00	83891; 83898(x36); 83909 (x24); 83912
252332	Hypertrophic Cardiomyopathy (HCM): ACTC	*	\$510.00	83891; 83898(x18); 83909 (x12); 83912
252589	Hypertrophic Cardiomyopathy (HCM): ACTC (Known Mutation)	*	\$250.00	83891; 83898(x3); 83909 (x2); 83912
252300	Hypertrophic Cardiomyopathy (HCM): Eight-gene Profile (TNNT2, TNNI3, TPM1, MYBPC3, MYH7, MYL2, MYL3, ACTC)	*	\$4,745.00	83891; 83898(x99); 83909 (x99); 83912
252297	Hypertrophic Cardiomyopathy (HCM): Five-gene Minor Profile (TNNI3, TPM1, MYL2, MYL3, ACTC)	*	\$1,980.00	83891; 83898(x99); 83909 (x66); 83912
252340	Hypertrophic Cardiomyopathy (HCM): LAMP2	*	\$720.00	83891; 83898(x27); 83909 (x18); 83912
252596	Hypertrophic Cardiomyopathy (HCM): LAMP2 (Known Mutation)	*	\$250.00	83891; 83898(x3); 83909 (x2); 83912
252303	Hypertrophic Cardiomyopathy (HCM): Metabolic HCM Profile (PRKAG2, LAMP2)	*	\$1,875.00	83891; 83898(x75); 83909 (x50); 83912
252321	Hypertrophic Cardiomyopathy (HCM): MYBPC3	*	\$1,950.00	83891; 83898(x90); 83909 (x60); 83912
252575	Hypertrophic Cardiomyopathy (HCM): MYBPC3 (Known Mutation)	*	\$250.00	83891; 83898(x3); 83909 (x2); 83912
252324	Hypertrophic Cardiomyopathy (HCM): MYH7	*	\$2,520.00	83891; 83898(x99); 83909 (x72); 83912
252579	Hypertrophic Cardiomyopathy (HCM): MYH7 (Known Mutation)	*	\$250.00	83891; 83898(x3); 83909 (x2); 83912
252327	Hypertrophic Cardiomyopathy (HCM): MYL2	*	\$510.00	83891; 83898(x18); 83909 (x12); 83912
252582	Hypertrophic Cardiomyopathy (HCM): MYL2 (Known Mutation)	*	\$250.00	83891; 83898(x3); 83909 (x2); 83912
252329	Hypertrophic Cardiomyopathy (HCM): MYL3	*	\$360.00	83891; 83898(x12); 83909 (x8); 83912
252586	Hypertrophic Cardiomyopathy (HCM): MYL3 (Known Mutation)	*	\$250.00	83891; 83898(x3); 83909 (x2); 83912
252335	Hypertrophic Cardiomyopathy (HCM): PRKAG2	*	\$1,440.00	83891; 83898(x48); 83909 (x32); 83912
252592	Hypertrophic Cardiomyopathy (HCM): PRKAG2 (Known Mutation)	*	\$250.00	83891; 83898(x3); 83909 (x2); 83912
252307	Hypertrophic Cardiomyopathy (HCM): Reflex Profile (TNNT2, MYH7, MYBPC3 → TPM1, TNNI3, MYL2, MYL3, ACTC)	*	\$5,580.00	83891; 83898(x99); 83909 (x99); 83912
252293	Hypertrophic Cardiomyopathy (HCM): Three-gene Major Profile (TNNT2, MYH7, MYBPC3)	*	\$3,600.00	83891; 83898(x99); 83909 (x99); 83912

Test No	Test Name	Non-discountable	Fee	CPT Code(s)
252314	Hypertrophic Cardiomyopathy (HCM): TNNT3	*	\$560.00	83891; 83898(x21); 83909 (x14); 83912
252568	Hypertrophic Cardiomyopathy (HCM): TNNT3 (Known Mutation)	*	\$250.00	83891; 83898(x3); 83909 (x2); 83912
252310	Hypertrophic Cardiomyopathy (HCM): TNNT2	*	\$980.00	83891; 83898(x42); 83909 (x28); 83912
252565	Hypertrophic Cardiomyopathy (HCM): TNNT2 (Known Mutation)	*	\$250.00	83891; 83898(x3); 83909 (x2); 83912
252317	Hypertrophic Cardiomyopathy (HCM): TPM1	*	\$750.00	83891; 83898(x30); 83909 (x20); 83912
252572	Hypertrophic Cardiomyopathy (HCM): TPM1 (Known Mutation)	*	\$250.00	83891; 83898(x3); 83909 (x2); 83912
252539	Hypohidrotic Ectodermal Dysplasia With Immune Deficiency (HED-ID): IKBKG (NEMO)	*	\$1,500.00	83891; 83898(x24); 83909 (x16); 83912
252744	Hypohidrotic Ectodermal Dysplasia With Immune Deficiency (HED-ID): IKBKG (NEMO) (Known Mutation)	*	\$250.00	83891; 83898(x3); 83909 (x2); 83912
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141531	IA2 Autoantibodies	*	\$140.00	86341
500133	IGFBP-2	*	\$62.00	83519
480812	IgK Gene Rearrangement, PCR	*	\$303.00	83891; 83900; 83901(x17); 83909 (x2); 83912
111000	IgVH Somatic Hypermutation	*	\$726.00	83891; 83900; 83909(x3); 83894; 83898 (x3); 83912; 83901 (x5)
007468	Imipramine, Serum	*	\$120.25	80174
054494	Immune Complexes Profile		\$306.00	86332(x2)
096933	Immune Complexes, C1q Binding	*	\$153.00	86332
096156	Immune Complexes, Raji Cell, Quantitative	*	\$153.00	86332
150177	Immune Deficiency Profile VII	*	\$448.25	86359; 86360; 86703
150201	Immune Deficiency Profile VIII	*	\$590.25	82232; 86332; 86359; 86360
141408	Immunoblot Assay (RIBA), HCV Antibody	*	\$386.00	86804
003467	Immunofixation (IFE) and Protein Electrophoresis, 24-Hour Urine	*	\$301.00	86335; 84166; 84156
001438	Immunofixation (IFE) and Protein Electrophoresis, Cerebrospinal Fluid		\$301.00	86335; 84166; 84157
122390	Immunofixation (IFE) and Protein Electrophoresis, Random Urine	*	\$301.00	86335; 84166; 84156
001685	Immunofixation (IFE), Serum	*	\$212.50	82784(x3); 86334
001495	Immunofixation (IFE), Serum and Protein Electrophoresis, Serum	*	\$244.50	82784(x3); 84165; 86334; 84155
120256	Immunofixation (IFE), Serum, Protein Electrophoresis (PE), Serum, and Quantitative Free κ and λ Light Chains (FLC) Plus Ratio, Serum		\$524.25	82784(x3); 84165; 86334; 83883 (x2); 84155
123034	Immunofixation (IFE), Urine	*	\$168.75	86335
100115	Immunoglobulin A, Quantitative, Cerebrospinal Fluid	*	\$47.25	82784
001784	Immunoglobulin A, Quantitative, Serum		\$47.25	82784
123050	Immunoglobulin A, Subclass 1	*	\$41.75	83883
123051	Immunoglobulin A, Subclass 2	*	\$41.75	83883
123049	Immunoglobulin A, Subclasses (1-2)	*	\$130.75	82784; 83883(x2)
002162	Immunoglobulin D, Quantitative, Serum	*	\$67.75	82784
002170	Immunoglobulin E, Total		\$81.25	82785
002238	Immunoglobulin G Index	*	\$183.25	82042; 82784(x2); 82040
085928	Immunoglobulin G Synthesis Rate, Cerebrospinal Fluid	*	\$186.75	82042; 82784(x2); 82040
012211	Immunoglobulin G, Quantitative, Cerebrospinal Fluid	*	\$56.25	82784
001776	Immunoglobulin G, Quantitative, Serum		\$47.25	82784
160507	Immunoglobulin G, Subclass 1	*	\$104.75	82787
160515	Immunoglobulin G, Subclass 2	*	\$104.75	82787
160523	Immunoglobulin G, Subclass 3	*	\$104.75	82787
160531	Immunoglobulin G, Subclass 4	*	\$104.75	82787
209601	Immunoglobulin G, Subclasses (1-4)	*	\$466.25	82784; 82787(x4)
100123	Immunoglobulin M, Quantitative, Cerebrospinal Fluid	*	\$56.25	82784
001792	Immunoglobulin M, Quantitative, Serum		\$47.25	82784

Test No	Test Name	Non-discountable	Fee	CPT Code(s)
002295	Immunoglobulins, Quantitative, IgA, IgE, IgG, IgM, Serum		\$223.00	82785; 82784(x3)
001768	Immunoglobulins, Quantitative, IgA, IgG, IgM, Serum		\$141.75	82784(x3)
484006	Immunohistochemical (Diagnostic) Staining Program	*	\$0.00	N/A
008672	India Ink Preparation	*	\$47.00	87210
512053	Infertility – Male, Y Deletion Analysis	*	\$295.00	83900; 83901(x4); 83891; 83894 (x2); 83912
162045	Inflammatory Bowel Disease (IBD) Expanded Profile	*	\$243.00	86671; 83516(x3); 86255
164830	Inflammatory Bowel Disease (IBD) Profile	*	\$418.00	86671(x2); 86256
096487	Influenza A and B Antibodies, Quantitative	*	\$152.50	86710(x2)
186064	Influenza A and B, Direct Immunoassay	*	\$226.50	87804(x2)
186221	Influenza A and B, Real-time RT-PCR	*	\$286.00	87502
186270	Influenza A and B, Real-time RT-PCR With Reflex to Influenza A, H1N1 (Novel)	*	\$286.00	87502
182295	Influenza A Only, Direct EIA	*	\$122.50	87804
186205	Influenza A, H1N1 (Novel), Real-time RT-PCR	*	\$286.00	87501; 87501
146803	Inhibin A, Ultrasensitive	*	\$252.75	86336
146795	Inhibin B	*	\$245.00	83520
004333	Insulin		\$59.00	83525
213660	Insulin and C-Peptide, Serum		\$153.25	83525; 84681
141598	Insulin Autoantibodies (IAA)		\$148.00	86337
014319	Insulin, Eight Specimens		\$472.00	83525(x8)
147165	Insulin, Five Specimens		\$295.00	83525(x5)
147074	Insulin, Four Specimens		\$236.00	83525(x4)
140350	Insulin, Free and Total, Serum		\$124.00	83527; 83525
147397	Insulin, Seven Specimens		\$413.00	83525(x7)
147256	Insulin, Six Specimens		\$354.00	83525(x6)
146993	Insulin, Three Specimens		\$177.00	83525(x3)
146902	Insulin, Two Specimens		\$118.00	83525(x2)
910363	Insulin-like Growth Factor 1 (IGF-1)	*	\$196.50	84305
141770	Insulin-like Growth Factor 2 (IGF-2)	*	\$85.00	83519
140822	Insulin-like Growth Factor-binding Protein 1 (IGFBP-1)	*	\$95.00	83519
140152	Insulin-like Growth Factor-binding Protein 3 (IGFBP-3)	*	\$86.50	83520
140850	Intact N-Terminal Propeptide of Type 1 Procollagen	*	\$210.75	82523
017100	Integrated 1	*	\$107.75	84163
017170	Integrated 2	*	\$348.75	82105; 82677; 84702; 86336
252519	Interferon-γ Receptor Deficiency: IFNGR1	*	\$1,000.00	83891; 83898(x24); 83909 (x16); 83912
252727	Interferon-γ Receptor Deficiency: IFNGR1 (Known Mutation)	*	\$250.00	83891; 83898(x3); 83909 (x2); 83912
252522	Interferon-γ Receptor Deficiency: IFNGR2	*	\$1,000.00	83891; 83898(x21); 83909 (x14); 83912
252730	Interferon-γ Receptor Deficiency: IFNGR2 (Known Mutation)	*	\$250.00	83891; 83898(x3); 83909 (x2); 83912
252525	Interferon-γ Receptor Deficiency: Two-gene Profile (IFNGR1, IFNGR2)	*	\$1,500.00	83891; 83898(x45); 83909 (x30); 83912
480630	Interleukin 28B (IL28B) Polymorphism (rs12979860)	*	\$300.00	83891; 83898; 83896(x2); 83912
142455	Interleukin-2 Soluble Receptor Alpha	*	\$316.25	83520
140681	Interleukin-6 (IL-6)	*	\$245.00	83520
010413	Intrinsic Factor Blocking Antibodies, Serum	*	\$114.25	86340
500033	Intrinsic Pathway Coagulation Factor Profile	*	\$869.00	85240; 85250; 85270; 85280
500705	Intrinsic Pathway Coagulation Factor Profile (Esoterix)	*	\$450.00	85240; 85250; 85270; 85280
070222	Iodine, 24-Hour Urine	*	\$61.50	83789
070163	Iodine, Random Urine	*	\$61.50	83789
070034	Iodine, Serum or Plasma	*	\$61.50	83789
070172	Iodine, Urine With Creatinine Ratio	*	\$96.00	83789; 82570
001321	Iron and Total Iron-binding Capacity (TIBC)		\$27.50	83550; 83540
001339	Iron, Serum		\$27.00	83540

Test No	Test Name	Non-discountable	Fee	CPT Code(s)
500757	Islet Cell Dysfunction Group 1	*	\$108.00	84206; 83525
096164	Isohemagglutinin Titer	*	\$125.00	86940
J				
489212	JAK2 Exon 12 Mutation Analysis	*	\$450.00	83891; 83898(x6); 83909 (x6); 83912
489200	JAK2V617F Mutation Analysis	*	\$400.00	83891; 83900; 83909; 83912
489230	JAK2V617F Mutation Detection With Reflex to JAK2 Exon 12 Mutation Detection	*	\$350.00	83891; 83900; 83909; 83912
139210	JC Virus DNA, PCR	*	\$343.00	87798
511295	Jewish Ancestry Reproductive Profile	*	\$915.75	83900; 83901(x18); 83080; 83891 (x2); 83892; 83909; 83912 (x2); 83914 (x36)
K				
500128	Kaolin Clotting Time (KCT)	*	\$150.00	85347
004887	Ketone Bodies, Serum	*	\$44.50	82009
723114	Ketone Solvents Exposure Profile, Blood	*	\$169.50	84600
242347	Kidney Stone Retest, Limited	*	\$890.00	81003; 82030; 82340; 82507; 82570; 83945; 83986; 84105; 84300; 84392; 84560; 83735
306266	Kidney Stone Urine Test Combination With Saturation Calculations	*	\$780.50	81003; 82131; 82140; 82340; 82436; 82507; 82570; 83735; 83935; 83945; 84105; 84133; 84300; 84392; 84560
480090	K-ras Gene Mutation Detection	*	\$550.00	83907; 83891; 83896(x8); 83898 (x8); 83912
480360	K-ras Gene Mutation Detection With Reflex to BRAF Gene Mutation Detection	*	\$550.00	83891; 83896(x8); 83898 (x8); 83907; 83912
480250	K-ras Pyrosequencing	*	\$552.00	83907; 83891; 83900; 83898; 83904(x3); 83912
L				
001842	Lactate Dehydrogenase (LD) Isoenzymes	*	\$80.00	83625; 83615
001115	Lactic Acid Dehydrogenase (LD)		\$27.00	83615
100156	Lactic Acid Dehydrogenase (LD), Body Fluid		\$27.00	83615
004770	Lactic Acid, Plasma		\$74.00	83605
046300	Lactose Tolerance Test		\$162.00	82951; 82952(x3)
716944	Lamotrigine, Serum	*	\$133.25	82542
717033	Lead and Protoporphyrin (FEP/ZPP), Blood (Pediatric)	*	\$137.25	83655; 84202
038158	Lead Standard Profile, Blood	*	\$137.25	83655; 84202
007625	Lead, Blood (Adult)	*	\$61.00	83655
717009	Lead, Blood (Pediatric)	*	\$61.00	83655
007633	Lead, Urine	*	\$86.25	82570; 83655
120527	Lecithin:Sphingomyelin Ratio and Phosphatidylglycerol, Amniotic Fluid	*	\$475.50	83661; 84081
092742	Lecithin:Sphingomyelin Ratio, Phosphatidylglycerol and Creatinine, Amniotic Fluid	*	\$511.50	83661; 84081; 82570
070021	Leflunomide, Serum	*	\$184.25	82542
188227	Legionella Culture and Legionella pneumophila, DFA	*	\$313.50	87070; 87278
164616	Legionella pneumophila Antibody	*	\$122.75	86713
182246	Legionella pneumophila Urinary Antigen	*	\$99.25	87449
085506	Legionella pneumophila, DFA	*	\$190.25	87278
086868	Legionella Species Culture	*	\$123.25	87070
146712	Leptin, Serum	*	\$98.50	83520
480100	Leukemia/Lymphoma Immunophenotyping Profile	*	\$0.00	See additional spreadsheet
485029	Leukemia/Lymphoma Monitor Profile		\$226.00	82232; 84275
001966	Leukocyte Alkaline Phosphatase (LAP) Score	*	\$61.50	85540
716936	Levetiracetam, Serum	*	\$133.25	82542
007013	Lidocaine, Serum	*	\$95.75	80176
001404	Lipase, Serum		\$37.25	83690
361946	Lipid Cascade		\$77.00	80061

Test No	Test Name	Non-discountable	Fee	CPT Code(s)
303756	Lipid Panel		\$77.00	80061
235010	Lipid Panel With LDL:HDL Ratio		\$77.00	80061
343925	Lipid Panel With Non-HDL Cholesterol		\$77.00	80061
221010	Lipid Panel With Total Cholesterol:HDL Ratio		\$77.00	80061
100313	Lipid-associated Sialic Acid (LASA)	*	\$98.50	84275
480129	Lipid-associated Sialic Acid (LASA) (Serial Monitor)	*	\$121.50	84275
120188	Lipoprotein (a)	*	\$100.00	83695
235036	Lipoprotein Phenotyping Profile		\$93.00	80061; 83700
804500	Lipoprotein Subfractionation Profile	*	\$204.50	84478; 83701
123240	Lipoprotein-associated Phospholipase A2	*	\$86.75	83698
007708	Lithium, Serum		\$51.75	80178
485060	Liver Cancer Monitor Profile		\$317.25	82105; 84275; 86301
163980	Liver-Kidney Microsomal (LKM) Antibodies	*	\$80.00	86376
252413	Loeys-Dietz Syndrome (LDS): TGFBR1	*	\$585.00	83891; 83898(x27); 83909 (x18); 83912
252657	Loeys-Dietz Syndrome (LDS): TGFBR1 (Known Mutation)	*	\$250.00	83891; 83898(x3); 83909 (x2); 83912
252416	Loeys-Dietz Syndrome (LDS): TGFBR2	*	\$585.00	83891; 83898(x27); 83909 (x18); 83912
252660	Loeys-Dietz Syndrome (LDS): TGFBR2 (Known Mutation)	*	\$250.00	83891; 83898(x3); 83909 (x2); 83912
252419	Loeys-Dietz Syndrome (LDS): Two-gene Profile (TGFBR1, TGFBR2)	*	\$1,170.00	83891; 83898(x54); 83909 (x36); 83912
120295	Low-density Lipoprotein Cholesterol (Direct)		\$75.25	83721
180810	Lower Respiratory Culture	*	\$65.25	87070
071159	LSD Screen, Urine	*	\$77.75	80101
485078	Lung, Adenocarcinoma Monitor Profile		\$207.50	82378; 84275
485177	Lung, Small-cell Cancer Monitor Profile		\$369.00	82378; 84275; 86316
117054	Lupus Anticoagulant Comprehensive	*	\$379.25	85705; 85670; 85732; 85613
500070	Lupus Anticoagulant Profile (Esoterix)	*	\$1,291.00	85597; 85610; 85613(x2); 85670; 85730; 85598; 86147 (x2); 85732 (x2); 86146 (x3)
117892	Lupus Anticoagulant With Reflex	*	\$193.00	85732; 85613
500711	Lupus Anticoagulant/Cardiolipin Antibody (Esoterix)	*	\$1,031.00	85598; 85610; 85613(x2); 85670; 85730; 85732 (x2); 86147 (x2); 86146 (x3)
004283	Luteinizing Hormone (LH), Serum		\$85.75	83002
211276	Luteinizing Hormone (LH), Serum, Eight Specimens		\$686.00	83002(x8)
039248	Luteinizing Hormone (LH), Serum, Five Specimens		\$428.75	83002(x5)
026955	Luteinizing Hormone (LH), Serum, Four Specimens		\$343.00	83002(x4)
095448	Luteinizing Hormone (LH), Serum, Seven Specimens		\$652.00	83002(x7)
211227	Luteinizing Hormone (LH), Serum, Six Specimens		\$514.50	83002(x6)
039230	Luteinizing Hormone (LH), Serum, Three Specimens		\$257.25	83002(x3)
026971	Luteinizing Hormone (LH), Serum, Two Specimens		\$171.50	83002(x2)
502286	Luteinizing Hormone, Pediatric	*	\$26.00	83002
550012	Lyme Disease (Borrelia burgdorferi), PCR	*	\$410.75	87476
138685	Lyme Disease (Borrelia burgdorferi), Real-time PCR	*	\$487.25	87476
161992	Lyme Disease Antibodies, IgM	*	\$113.00	86618
258004	Lyme Disease Antibodies, Including Reflex to Western Blot on Positives	*	\$226.00	86618(x2)
223586	Lyme Disease Antibodies, Total and IgM Responses		\$226.00	86618(x2)
015271	Lyme Disease Antibodies, Total Immunoglobulins	*	\$113.00	86618
160457	Lyme Disease, Cerebrospinal Fluid, Western Blot	*	\$298.75	86617(x2)
160333	Lyme Disease, IgM, Early Test With Reflex	*	\$113.00	86618
163600	Lyme Disease, Serum, Western Blot	*	\$298.75	86617(x2)
162263	Lyme Disease, Synovial Fluid, Western Blot	*	\$313.75	86617(x2)
160325	Lyme Disease, Total Antibody Test With Reflex	*	\$113.00	86618
161653	Lyme Disease/Syphilis Antibodies Differential Profile		\$140.50	86618; 86592

Test No	Test Name	Non-discountable	Fee	CPT Code(s)
080713	Lysozyme, Serum	*	\$98.25	85549
081885	Lysozyme, Urine	*	\$98.25	85549
M				
500324	Macroprolactin	*	\$89.00	84146(x2)
080283	Magnesium, RBC	*	\$92.00	83735
001537	Magnesium, Serum		\$36.25	83735
003400	Magnesium, Urine	*	\$31.50	83735
724195	Manganese, Blood	*	\$146.50	83785
071589	Manganese, Plasma	*	\$146.50	83785
071597	Manganese, Urine	*	\$146.50	83785; 82570
511310	Maple Syrup Urine Disease Carrier Test, DNA	*	\$347.00	83891; 83892; 83900; 83901(x2); 83914(x4); 83912
252406	Marfan Syndrome (MFS): FBN1	*	\$2,945.00	83891; 83898(x99); 83909 (x99); 83912
252654	Marfan Syndrome (MFS): FBN1 (Known Mutation)	*	\$250.00	83891; 83898(x3); 83909 (x2); 83912
252409	Marfan Syndrome to Loeys-Dietz Syndrome Reflex Profile (MFS → LDS): FBN1 → TGFBFR1, TGFBFR2	*	\$4,115.00	83891; 83898(x99); 83909 (x99); 83912
500604	Markers of Coagulation Activation (Esoterix)	*	\$446.00	83520(x2); 85379
511337	Maternal Cell Contamination	*	\$306.50	83900(x2); 83901 (x8); 83891 (x2); 83894 (x2); 83912
071306	MDMA Confirmation, Urine	*	\$119.50	82145
722118	MDMA Screen and Confirmation, Urine (GC/MS Confirmation for Added Charge)	*	\$24.00	80101
722117	MDMA Screen and Confirmation, Urine (GC/MS Confirmation Included)	*	\$34.00	80101
058495	Measles, Mumps, Rubella (MMR) Immunity Profile		\$202.25	86735; 86762; 86765
764888	Medical Professional Profile (11 Drugs), Screen and Confirmation, Urine	*	\$190.00	80101(x12)
764875	Medical Professional Profile (12 Drugs), Screen and Confirmation, Urine	*	\$208.50	80101(x13)
764480	Medical Professional Profile (8 Drugs), Screen and Confirmation, Urine	*	\$193.00	80100
010421	Melanocyte-stimulating Hormone (MSH)	*	\$158.75	83519
485037	Melanoma Monitor Profile		\$283.00	84275; 86316
336572	Menorrhagia Profile	*	\$850.00	85240; 85245; 85246; 85270; 85730; 85610
501486	Menorrhagia Profile (Esoterix)	*	\$632.00	85730; 85610; 85240; 85245; 85246; 85270; 85670
007534	Meperidine, Serum	*	\$116.75	83925
070755	Mephobarbital, Serum	*	\$86.25	80184; 82205
085324	Mercury, Blood	*	\$116.75	83825
007773	Mercury, Urine	*	\$116.75	82570; 83825
322000	Metabolic Panel (14), Comprehensive		\$33.50	80053
322758	Metabolic Panel (8), Basic		\$30.50	80048
335884	Metabolic Syndrome Profile		\$77.00	84478; 83718; 82947
121806	Metanephrines, Fractionated, Plasma Free	*	\$285.75	83835
004234	Metanephrines, Fractionated, Quantitative, 24-Hour Urine	*	\$183.50	83835
004044	Metanephrines, Pheochromocytoma Evaluation	*	\$183.50	82570; 83835
700070	Methadone Confirmation, Urine	*	\$119.50	83840
074468	Methadone Screen and Confirmation, Urine	*	\$24.00	80101
007781	Methadone, Serum	*	\$116.75	83840
017699	Methanol, Blood	*	\$86.25	84600
798272	Methaqualone Screen and Confirmation, Urine	*	\$35.00	80101
183467	Methicillin-resistant Staphylococcus aureus (MRSA) Colonization Screening Culture	*	\$76.75	87081
182956	Methicillin-resistant Staphylococcus aureus (MRSA), NAA	*	\$94.50	87641
007658	Methotrexate (MTX), Serum	*	\$124.75	80299
723155	Methyl Ethyl Ketone, Blood	*	\$108.25	84600
723205	Methyl Ethyl Ketone, Urine	*	\$108.25	84600
723163	Methyl Isobutyl Ketone, Blood	*	\$108.25	84600
723171	Methyl n-Butyl Ketone, Blood	*	\$108.25	84600

Test No	Test Name	Non-discountable	Fee	CPT Code(s)
511238	Methylenetetrahydrofolate Reductase (MTHFR) Thermolabile Variant, DNA Analysis	*	\$325.00	83891; 83892(x2); 83894; 83898 (x2); 83912
706961	Methylmalonic Acid, Serum	*	\$201.25	83921
716365	Methylmalonic Acid, Urine	*	\$201.25	83921
715300	Methylphenidate, Serum	*	\$160.75	82542
716076	Mexiletine, Serum	*	\$133.25	82491
489280	MGMT (O6-Methylguanine-DNA Methyltransferase) Gene Methylation Assay	*	\$450.00	83891; 83896(x2); 83898 (x2); 83912; 83907
140050	Microalbumin, 24-Hour Urine		\$66.50	82043
140285	Microalbumin:Creatinine Ratio, Random Urine		\$102.50	82043; 82570
511311	Microsatellite Instability	*	\$485.00	83900(x2); 83901 (x8); 83891 (x2); 83909 (x2); 83912
088021	Minimum Inhibitory Concentration (MIC), More Than Three Drugs	*	\$232.00	87186
096388	Minimum Inhibitory Concentration (MIC), One Drug	*	\$140.00	87186
088013	Minimum Inhibitory Concentration (MIC), Three Drugs	*	\$201.25	87186
088005	Minimum Inhibitory Concentration (MIC), Two Drugs	*	\$170.75	87186
009159	Miscellaneous Fluid Cytology	*	\$133.00	88112
009126	Miscellaneous Smear Cytology	*	\$113.50	88161
006650	Mitochondrial (M2) Antibody	*	\$98.50	83516
500124	MMP-9 (Matrix Metalloproteinase-9)	*	\$150.00	83520
006189	Mononucleosis Test, Qualitative		\$50.75	86308
006536	Mononucleosis Test, Qualitative With Reflex to Titer on Positives		\$50.75	86308
006841	Mucin Clot	*	\$22.75	83872
511386	Mucopolipidosis Type IV Mutation Detection	*	\$245.25	83900; 83891; 83892; 83912; 83914(x2)
510586	Multiple Myeloma Profile, Fluorescence in situ Hybridization (FISH)	*	\$621.50	88271(x5); 88275; 88291
123075	Multiple Sclerosis (MS) Profile		\$333.75	82042; 82784(x2); 83916; 82040
096552	Mumps Antibodies, IgG	*	\$71.75	86735
160499	Mumps Antibodies, IgM	*	\$71.75	86735
016188	Murine Typhus Antibodies, IgG	*	\$169.50	86757
086005	Myasthenia Gravis Complete Antibody Profile	*	\$801.50	83519(x3); 86255
234419	Myasthenia Gravis Evaluation Profile		\$317.00	86255; 83519
086120	Myasthenia Gravis Profile I	*	\$475.75	83519(x2)
086121	Myasthenia Gravis Profile II	*	\$317.00	86255; 83519
086122	Myasthenia Gravis Profile III	*	\$576.75	83519(x2); 86255
086001	Myasthenia Gravis Profile With Reflex	*	\$317.00	83519; 86255
510292	MYCN Oncology Fluorescence in situ Hybridization (FISH)	*	\$597.00	88271; 88275; 88291 (client bill only)
182832	Mycobacterium avium Complex Susceptibility -- Broth Dilution	*	\$173.25	87186
182840	Mycobacterium marinum Susceptibility (AST) -- Broth Dilution	*	\$173.25	87186
550087	Mycobacterium tuberculosis Detection, NAA	*	\$294.00	87556
188540	Mycobacterium tuberculosis Detection, NAA With AFB Culture	*	\$422.75	87116; 87206; 87015; 87556
716795	Mycophenolic Acid and Metabolite	*	\$133.25	82542
086876	Mycoplasma pneumoniae (Respiratory) Culture	*	\$174.25	87109
163741	Mycoplasma pneumoniae Antibodies, IgG	*	\$98.25	86738
163758	Mycoplasma pneumoniae Antibodies, IgG, IgM		\$196.50	86738(x2)
163212	Mycoplasma pneumoniae Antibodies, IgM	*	\$98.25	86738
138420	Mycoplasma pneumoniae, DNA PCR	*	\$366.00	87581
138778	Mycoplasma/Ureaplasma, Real-time PCR	*	\$297.50	87801
510599	Myelodysplastic Syndrome, Fluorescence in situ Hybridization (FISH)	*	\$821.00	88271(x4); 88275; 88291
010405	Myoglobin, Serum	*	\$109.25	83874
003079	Myoglobin, Urine	*	\$109.25	83874
N				
169102	Narcolepsy Evaluation, HLA Disease Association	*	\$273.50	83890; 83893(x16); 83896 (x39); 83898 (x2); 83912 (x2)

Test No	Test Name	Non-discountable	Fee	CPT Code(s)
550140	NASH FibroSURE	*	\$391.50	83883; 83010; 82172; 82977; 84478; 82247; 84460; 84450; 82465; 82947
502500	Natural Killer Cell and Activated T-Cell Profile/IL-2r	*	\$323.00	86357; 86359; 86356
505016	Natural Killer Cell Surface Antigen (CD3-CD56+ Marker Analysis)	*	\$194.25	86357
098004	Neisseria gonorrhoeae, DNA Probe	*	\$64.00	87590
164210	Neisseria gonorrhoeae, DNA Probe With Confirmation	*	\$64.00	87590
188086	Neisseria gonorrhoeae, NAA	*	\$119.25	87591
188748	Neisseria gonorrhoeae, Pharyngeal Swab, NAA	*	\$119.25	87591
188730	Neisseria gonorrhoeae, Rectal Swab, NAA	*	\$119.25	87591
140335	Neopterin, Serum	*	\$144.25	83520
140343	Neopterin, Urine	*	\$131.00	83520
485052	Neuroblastoma Monitor Profile	*	\$345.75	84275; 86316; 82728
140624	Neuron-specific Enolase (NSE), Serum	*	\$161.50	86316
480137	Neuron-specific Enolase (NSE), Serum (Serial Monitor)	*	\$184.50	86316
071571	Nickel, Plasma	*	\$136.25	83885
071563	Nickel, Urine	*	\$136.25	82570; 83885
071255	Nicotine and Metabolite, Quantitative, Plasma, Whole Blood, or Serum	*	\$80.00	83887
070045	Nicotine and Metabolite, Quantitative, Urine	*	\$80.00	83887
716555	Nicotine Metabolite Screen, Urine	*	\$53.00	80101
511329	Niemann-Pick Disease, DNA Analysis	*	\$236.00	83900; 83901(x2); 83891; 83892; 83912; 83914 (x4)
788930	Nitrite, Urine	*	\$61.00	Non orderable
884247	NMR LipoProfile®	*	\$138.25	83704; 80061
182857	Nocardia, Aerobic Actinomycetes Susceptibility (AST) – Broth Dilution	*	\$189.00	87186
344265	Non-HDL Cholesterol Profile	*	\$72.25	83718; 82465
510612	Non-Hodgkin Lymphoma Profile, Fluorescence in situ Hybridization (FISH)	*	\$821.00	88271(x10); 88275; 88291
182923	Nontuberculous Slowly-growing Mycobacterium Susceptibility – Broth Dilution	*	\$173.25	87186
138307	Norovirus Detection, Real-time PCR	*	\$254.25	87798
074567	Norpropoxyphene Confirmation, Urine	*	\$119.50	83925
007393	Nortriptyline, Serum	*	\$129.00	80182
489140	NPM1 Mutation Analysis	*	\$374.00	83891; 83898; 83909; 83912
140830	N-Telopeptide Cross-links (NTx), Serum	*	\$234.50	82523
141093	N-Telopeptide Cross-links (NTx), Urine	*	\$77.50	82523; 82570
511097	N-Telopeptide Cross-links (NTx), Urine (Serial Monitor)	*	\$100.50	82523; 82570
488411	Nuclear Matrix Protein (NMP) 22	*	\$185.75	86316
0				
182949	Occult Blood, Fecal, Immunoassay	*	\$79.00	82274
019216	Oligoclonal Banding	*	\$147.00	83916
713644	Opiate (Four Drugs) Confirmation, Urine	*	\$119.50	83925
722401	Opiate (Four Drugs) Screen and Confirmation, Urine	*	\$24.00	80101
767640	Opiate Confirmation, Blood	*	\$314.50	83925
071456	Opiate Confirmation, Urine	*	\$119.50	83925
766556	Opiate Screen and Confirmation, Blood	*	\$82.25	80101
074476	Opiate Screen and Confirmation, Urine	*	\$24.00	80101
767556	Opiate Screen Only, Blood	*	\$82.25	80101
511380	Opioid CYP2D6 Genotyping	*	\$490.25	83891; 83900; 83901(x2); 83892; 83914 (x19); 83912
336574	Oral Contraceptive/Hormone Replacement Therapy Thrombotic Risk Profile I	*	\$897.50	83891; 83892; 83894(x2); 83898 (x3); 83912 (x2); 85300; 85303; 85306
502343	Oral Contraceptive/Hormone Replacement Therapy Thrombotic Risk Profile II (Esoterix)	*	\$853.25	85300; 85303; 85306; 80500; 83891; 83892; 83894(x2); 83898 (x3); 83912 (x2)
716720	Organic Acid Analysis, Urine	*	\$208.00	83919
182345	Organism Identification, Anaerobic Bacteria	*	\$135.25	87076

Test No	Test Name	Non-discountable	Fee	CPT Code(s)
008664	Organism Identification, Bacteria	*	\$82.75	87077
008474	Organism Identification, Mold	*	\$120.00	87107
908466	Organism Identification, Mycobacteria	*	\$192.75	87118
182212	Organism Identification, Yeast	*	\$96.50	87106
007010	Orotic Acid, Urine	*	\$184.00	83921; 82570
002071	Osmolality		\$55.00	83930
120063	Osmolality, Body Fluid		\$55.00	84999
120071	Osmolality, Fecal		\$55.00	84999
003442	Osmolality, Urine		\$55.00	83935
010249	Osteocalcin, Serum	*	\$143.75	83937
008623	Ova and Parasites Examination	*	\$75.25	87177; 87209
081610	Ovarian Cancer Monitor	*	\$350.25	86304; 86305
485110	Ovarian Cancer Monitor Profile III		\$330.25	82378; 84275; 86304
244004	Ovarian Function Profile II		\$566.25	82670; 83001; 83002; 84146; 84436; 84443; 84479
003970	Oxalate, Quantitative, 24-Hour Urine	*	\$74.00	83945
716928	Oxcarbazepine, Serum	*	\$122.75	82542
737648	Oxycodone/Oxymorphone Screen and Confirmation, Urine 100/100	*	\$58.00	80101
737660	Oxycodone/Oxymorphone Screen and Confirmation, Urine 200/200	*	\$58.00	80101
737630	Oxycodone/Oxymorphone Screen and Confirmation, Urine 300/150	*	\$58.00	80101
737638	Oxycodone/Oxymorphone Screen, Urine 100	*	\$58.00	80101
701825	Oxycodone/Oxymorphone Screen, Urine 300	*	\$58.00	80101
P				
510252	P53 Oncology Fluorescence in situ Hybridization (FISH)	*	\$400.50	88271; 88275; 88291 (client bill only)
481044	p53 Tumor Suppressor Gene Protein, Immunohistochemical, Paraffin Block	*	\$167.50	88360
737588	Pain Management Profile (10 Drugs), Urine (PMP-10)	*	\$149.75	80101(x10)
763824	Pain Management Profile (13 Drugs), Urine (PMP-13)	*	\$198.00	80101(x13)
733692	Pain Management Screening Profile (10 Drugs), Urine (PMP-10S)	*	\$140.00	80101(x10)
733727	Pain Management Screening Profile (11 Drugs), Urine (PMP-11S)	*	\$140.00	80101(x11)
733690	Pain Management Screening Profile (13 Drugs), Urine (PMP-13S)	*	\$188.25	80101(x13)
733726	Pain Management Screening Profile (14 Drugs), Urine (PMP-14S)	*	\$205.00	80101(x14)
123111	Pancreatic Amylase, Serum	*	\$37.75	82150
485086	Pancreatic Cancer Monitor Profile	*	\$327.00	82378; 84275; 86301
123234	Pancreatic Elastase, Fecal	*	\$245.00	82656
146704	Pancreatic Polypeptide	*	\$214.25	83519
480704	Pancreatic Polypeptide (Serial Monitor)	*	\$237.25	83519
252787	Pancreatitis: CFTR	*	\$1,785.00	83891; 83898(x90); 83909 (x60); 83912
252790	Pancreatitis: CFTR (Known Mutation)	*	\$250.00	83891; 83898(x3); 83909 (x2); 83912
252773	Pancreatitis: PRSS1	*	\$650.00	83891; 83898(x15); 83909 (x10); 83912
252777	Pancreatitis: PRSS1 (Known Mutation)	*	\$250.00	83891; 83898(x3); 83909 (x2); 83912
252780	Pancreatitis: SPINK1	*	\$600.00	83891; 83898(x12); 83909 (x8); 83912
252784	Pancreatitis: SPINK1 (Known Mutation)	*	\$250.00	83891; 83898(x3); 83909 (x2); 83912
252794	Pancreatitis: Three-gene Profile (PRSS1, SPINK1, CFTR)	*	\$2,925.00	83891; 83898(x99); 83909 (x76); 83912
138452	Paracoccidioides brasiliensis Total Antibody, IgG and IgM	*	\$93.75	86635
008185	Parasite Examination, Blood	*	\$98.25	87207
188664	Parasite Identification, Arthropod	*	\$47.75	87168
008219	Parasite Identification, Worm	*	\$47.75	87169
054601	Parathyroid Hormone (PTH) Plus Calcium		\$163.50	83970; 82310

Test No	Test Name	Non-discountable	Fee	CPT Code(s)
015610	Parathyroid Hormone (PTH), Intact		\$136.50	83970
502251	Paroxysmal Nocturnal Hemoglobinuria (PNH)	*	\$0.00	See additional spreadsheet
005207	Partial Thromboplastin Time (PTT), Activated		\$36.00	85730
117002	Partial Thromboplastin Time (PTT), Lupus Anticoagulant	*	\$89.75	85732
163303	Parvovirus B19 (Human), IgG, IgM	*	\$187.00	86747(x2)
138644	Parvovirus B19, DNA PCR	*	\$440.00	87798
138719	Parvovirus B19, DNA, Amniotic Fluid	*	\$402.50	87798
176529	Paternity Studies	*	\$210.00	N/A
119461	Patient-activated Event Monitoring (PAEM), After-hours Coverage Only	*	\$143.75	Client bill only-no cpt code(s)
119412	Patient-activated Event Monitoring (PAEM), Global	*	\$866.00	Client bill only-no cpt code(s)
119511	Patient-activated Event Monitoring (PAEM), Hook-up/Disconnect by LabCorp	*	\$90.50	93270
119446	Patient-activated Event Monitoring (PAEM), Postsymptom Cardiologist Overread	*	\$108.50	Client bill only-no cpt code(s)
119438	Patient-activated Event Monitoring (PAEM), Postsymptom Transmission	*	\$515.00	Client bill only-no cpt code(s)
119503	Patient-activated Event Monitoring (PAEM), Presymptom Cardiology Overread	*	\$118.75	93272
119420	Patient-activated Event Monitoring (PAEM), Receipt of Transmissions	*	\$515.00	93271
017194	Pentobarbital, Serum	*	\$110.75	82205
723023	Perchloroethylene (Tetrachloroethylene) Exposure Profile	*	\$122.75	82570; 83921; 84600
723213	Perchloroethylene (Tetrachloroethylene), Blood	*	\$108.25	84600
011254	pH, Body Fluid	*	\$49.25	83986
010991	pH, Stool	*	\$49.25	83986
013037	pH, Urine	*	\$49.25	83986
071464	Phencyclidine (PCP) Confirmation, Urine	*	\$119.50	83992
766557	Phencyclidine (PCP) Screen and Confirmation, Blood	*	\$82.25	80101
074484	Phencyclidine (PCP) Screen and Confirmation, Urine	*	\$24.00	80101
767657	Phencyclidine (PCP), Blood	*	\$314.50	83992
007823	Phenobarbital, Serum		\$86.25	80184
723502	Phenol Exposure Profile, Urine	*	\$98.25	84600; 82570
070706	Phenytoin, Free and Total, Serum	*	\$201.75	80185; 80186
007401	Phenytoin, Serum		\$76.25	80185
011999	Phosphatidylglycerol (PG) and Creatinine, Amniotic Fluid	*	\$343.50	82570; 84081
012799	Phosphatidylglycerol (PG), Amniotic Fluid	*	\$307.50	84081
001727	Phospholipids, Serum	*	\$58.25	84311
003251	Phosphorus, 24-Hour Urine		\$29.25	84105
001024	Phosphorus, Serum		\$27.00	84100
480880	PIK3CA Oncogene Mutation Detection	*	\$437.00	83907; 83891; 83896(x5); 83898 (x5); 83912
008631	Pinworm Preparation	*	\$40.00	87172
500309	Plasminogen Activator Inhibitor 1 (PAI-1) 4G/5G Polymorphism	*	\$350.00	83891; 83892; 83894; 83898; 83912
146787	Plasminogen Activator Inhibitor 1 (PAI-1) Activity	*	\$175.00	85415
500057	Plasminogen Activator Inhibitor 1 (PAI-1) Antigen	*	\$175.00	85415
117713	Plasminogen Activity	*	\$150.00	85420
500209	Plasminogen Antigen	*	\$160.00	85421
138852	Plasmodium Species, Real-time DNA PCR	*	\$141.75	87798
501488	Platelet Antibody Profile (Esoterix)	*	\$455.00	86022(x2)
014086	Platelet Antibody Profile, Serum	*	\$606.75	86022(x4)
500054	Platelet Antibody, Direct	*	\$235.00	86022
014102	Platelet Autoantibody Panel, Whole Blood	*	\$266.75	86022(x3)
005249	Platelet Count		\$24.50	85049
115345	Platelet Count, Citrated		\$24.50	85049
500126	Platelet Factor 4	*	\$220.00	83520
117120	Platelet Neutralization (PNP)	*	\$120.00	85597
009043	Pleural Fluid Cytology	*	\$133.00	88112
480491	PML-RARA Transcript Detection for Acute Promyelocytic Leukemia, Qualitative	*	\$428.75	83891; 83896(x3); 83898 (x3); 83902; 83912
139090	Pneumococcal Immunity Panel (14 Serotypes)	*	\$508.25	86317(x14)
139080	Pneumococcal Immunity Panel (7 Serotypes)	*	\$254.25	86317(x7)

Test No	Test Name	Non-discountable	Fee	CPT Code(s)
190256	Pneumocystis carinii Pneumonia (PCP), Special Stain	*	\$128.75	88312
180232	Pneumocystis Smear	*	\$145.25	87281
138537	Poliovirus 1, 2, 3 Antibody (Immune Status)	*	\$292.75	86658(x3)
722009	Polychlorinated Biphenyls (PCB), Aroclors (1242/1248)	*	\$171.75	82441
084616	Polychlorinated Biphenyls (PCB), Aroclors (1254/1260)	*	\$171.75	82441
084624	Polychlorinated Biphenyls (PCB)/Chlorinated Pesticide Exposure Profile	*	\$416.75	82441
003103	Porphobilinogen (PBG), Quantitative, 24-Hour Urine	*	\$83.50	84110
003053	Porphobilinogen (PBG), Quantitative, Random Urine	*	\$83.50	84110
003194	Porphyrins, Quantitative, 24-Hour Urine	*	\$98.25	84120
120980	Porphyrins, Quantitative, Random Urine	*	\$98.25	84120
133116	Postejaculatory Urine Microscopic Examination for Sperm		\$18.25	81015
101675	Postpartum 75-Gram Glucose Tolerance		\$135.00	82951; 82952(x2)
003186	Potassium, 24-Hour Urine		\$29.25	84133
001180	Potassium, Serum		\$27.00	84132
016931	Prealbumin		\$80.50	84134
004036	Pregnancy Test, Urine	*	\$50.75	81025
500340	Pregnanetriol, Urine	*	\$90.00	84138; 82570
500773	Pregnenolone, ACTH Stimulation	*	\$204.50	84140(x2)
140707	Pregnenolone, Mass Spectrometry	*	\$110.00	84140
500194	Prekallikrein (Fletcher Factor) Assay	*	\$165.00	85292
038109	Prenatal Infectious Disease Antibodies, Quantitative, IgG		\$299.25	86644; 86762; 86777; 86694
211581	Prenatal Infectious Disease Antibodies, Quantitative, IgM		\$378.25	86645; 86694; 86762; 86778
202945	Prenatal Profile I With Hepatitis B Surface Antigen		\$258.00	85025; 87340; 86592; 86762; 86850; 86900; 86901
030387	Prenatal Profile I Without Hepatitis B Surface Antigen		\$198.50	85025; 86592; 86762; 86850; 86900; 86901
007856	Primidone, Serum	*	\$180.75	80184; 80188
007252	Procainamide, Serum	*	\$97.50	80192
510288	Products of Conception (POC) Profile	*	\$951.00	88233; 88262; 88291
510110	Products of Conception (POC)/Tissue Chromosome SNP Microarray	*	\$1,400.00	83891; 83892(x3); 83894 (x2); 83898 (x7); 88271 (x99); 88291
004317	Progesterone		\$110.75	84144
140533	Proinsulin	*	\$229.25	84206
004465	Prolactin		\$110.75	84146
210781	Prolactin, Eight Specimens		\$886.00	84146(x8)
039453	Prolactin, Five Specimens		\$553.75	84146(x5)
026880	Prolactin, Four Specimens		\$443.00	84146(x4)
039446	Prolactin, Seven Specimens		\$775.25	84146(x7)
024109	Prolactin, Six Specimens		\$664.50	84146(x6)
028472	Prolactin, Three Specimens		\$332.25	84146(x3)
026872	Prolactin, Two Specimens		\$221.50	84146(x2)
481051	Proliferation Marker Ki67, Paraffin Block	*	\$167.50	88360
117796	Prolonged Activated Partial Thromboplastin Time (aPTT)	*	\$1,062.00	85240; 85250; 85270; 85280; 85613; 85732
117866	Prolonged Protome Profile	*	\$1,047.75	85705; 85384; 85210; 85220; 85230; 85260
074492	Propoxyphene Screen and Confirmation, Urine	*	\$24.00	80101
084756	Propoxyphene, Serum	*	\$116.75	83925
130000	Prostate Cancer Gene 3 (PCA3)	*	\$327.75	83913; 83891(x2); 83902 (x2); 83898 (x2); 83896 (x2); 83912
485235	Prostate Cancer Profile II (Serial Monitor)		\$184.50	84066; 84153
140674	Prostate-specific Antigen (PSA), Complexed	*	\$117.00	84152
480947	Prostate-specific Antigen (PSA), Free:Total Ratio	*	\$152.50	84153; 84154
480780	Prostate-specific Antigen (PSA), Free:Total Ratio (Serial Monitor)	*	\$175.75	84153; 84154
480772	Prostate-specific Antigen (PSA), Free:Total Ratio Reflex	*	\$87.50	84153
480640	Prostate-specific Antigen (PSA), Free:Total Ratio Reflex (Serial Monitor)	*	\$110.50	84153

Test No	Test Name	Non-discountable	Fee	CPT Code(s)
010322	Prostate-specific Antigen (PSA), Serum		\$87.50	84153
480145	Prostate-specific Antigen (PSA), Serum (Serial Monitor)		\$110.50	84153
140731	Prostate-specific Antigen (PSA), Ultrasensitive	*	\$139.00	84153
140723	Prostate-specific Antigen (PSA), Ultrasensitive (Serial Monitor)	*	\$161.75	84153
004747	Prostatic Acid Phosphatase (PAP), Serum		\$74.00	84066
480152	Prostatic Acid Phosphatase (PAP), Serum (Serial Monitor)		\$97.00	84066
003129	Protein and Creatinine, Random Urine		\$65.25	82570; 84156
500463	Protein C Activity (Chromogenic)	*	\$150.00	85303
080465	Protein C Antigen	*	\$153.50	85302
500534	Protein C Antigen/Factor VII Antigen	*	\$207.00	85302; 85230
283655	Protein C Deficiency Profile	*	\$299.75	85302; 85303
117705	Protein C, Functional	*	\$150.00	85303
122366	Protein Electrophoresis With Interpretation and Reflex to IFE, Cerebrospinal Fluid	*	\$169.75	84166; 84157
261511	Protein Electrophoresis With Interpretation, 24-Hour Urine	*	\$139.00	84166; 84156
123018	Protein Electrophoresis With Interpretation, 24-Hour Urine and Reflex to IFE, 24-Hour Urine	*	\$139.00	84166; 84156
261503	Protein Electrophoresis With Interpretation, Cerebrospinal Fluid		\$169.50	84166; 84157
225920	Protein Electrophoresis With Interpretation, Serum	*	\$72.75	84165; 84155
123026	Protein Electrophoresis With Interpretation, Serum and Reflex to IFE, Serum	*	\$71.75	84165; 84155
003368	Protein Electrophoresis, 24-Hour Urine	*	\$132.75	84166; 84156
096404	Protein Electrophoresis, Body Fluid	*	\$72.75	84166; 84157
002246	Protein Electrophoresis, Cerebrospinal Fluid	*	\$163.25	84166; 84157
354928	Protein Electrophoresis, Random Urine	*	\$132.75	84166; 84156
003715	Protein Electrophoresis, Random Urine With Reflex to IFE, Random Urine	*	\$132.75	84166; 84156
001487	Protein Electrophoresis, Serum	*	\$67.75	84165; 84155
121210	Protein Electrophoresis, Serum and Quantitative Free κ and λ Light Chains (FLC) Plus Ratio, Serum		\$311.75	84165; 84155; 83883(x2)
123100	Protein Electrophoresis, Serum With Reflex to IFE, Serum	*	\$66.25	84165; 84155
500122	Protein Induced by Vitamin K Absence/Antagonists – Factor II	*	\$175.00	83520
164517	Protein S Antigen	*	\$385.00	85305; 85306
500530	Protein S Antigen:Factor VII Antigen Ratio	*	\$221.50	85305; 85230
117754	Protein S Deficiency Profile	*	\$545.00	85305; 85306(x2)
164525	Protein S, Functional	*	\$160.00	85306
019588	Protein, Total, Body Fluid		\$27.00	84157
002055	Protein, Total, Cerebrospinal Fluid		\$29.00	84157
003277	Protein, Total, Quantitative, 24-Hour Urine		\$29.25	84156
001073	Protein, Total, Serum		\$27.00	84155
117017	Prothrombin Antibodies, IgG and IgM	*	\$174.50	0030T(x2)
500016	Prothrombin Fragment 1+2	*	\$160.00	83520
005199	Prothrombin Time (PT)		\$30.00	85610
485199	Prothrombin Time (PT) (Serial Monitor)		\$53.00	85610
020321	Prothrombin Time (PT) and Partial Thromboplastin Time (PTT)		\$53.50	85610; 85730
117028	Prothrombin Time (PT) Mixing Study	*	\$86.25	85610; 85611
010165	Protoporphyrin, Free Erythrocyte, and Zinc Protoporphyrin	*	\$76.25	84202
010169	Protoporphyrin, Free Erythrocyte, and Zinc Protoporphyrin, Workplace	*	\$76.25	84202
252399	Pulmonic Stenosis: PTPN11	*	\$1,595.00	83891; 83898(x45); 83909 (x30); 83912
252647	Pulmonic Stenosis: PTPN11 (Known Mutation)	*	\$250.00	83891; 83898(x3); 83909 (x2); 83912
500086	Pyridinium Crosslinks	*	\$100.00	82523; 82570
004788	Pyruvic Acid, Blood	*	\$71.50	84210
Q				
016774	Q Fever Antibodies, IgG	*	\$108.25	86638
182873	QuantIFERON®-TB Gold	*	\$0.00	86480
183244	QuantIFERON®-TB Gold (Client Incubated)	*	\$189.00	86480

Test No	Test Name	Non-discountable	Fee	CPT Code(s)
007831	Quinidine, Serum	*	\$86.25	80194
	R			
112005	Rapid Plasma Reagin (RPR) Test With Reflex to Quantitative RPR and Confirmatory Treponema pallidum Antibodies		\$27.50	86592
006072	Rapid Plasma Reagin (RPR), Qualitative Test		\$27.50	86592
006460	Rapid Plasma Reagin (RPR), Quantitation		\$27.50	86593
182915	Rapidly-growing Mycobacterium Susceptibility – Broth Dilution	*	\$173.25	87186
057844	Rash Profile A		\$246.00	86603; 86762; 86765
057851	Rash Profile B		\$154.00	86694; 86787
510242	RB1 Oncology Fluorescence in situ Hybridization (FISH)	*	\$400.50	88271; 88275; 88291 (client bill only)
502051	Recurrent Miscarriage/Fetal Demise Profile (Esoterix)	*	\$2,133.75	85290; 85730; 85598; 85303; 85300; 85306; 85415; 86146(x3); 86147 (x3); 86148 (x2); 85613 (x2); 83090; 83891; 83892; 83894 (x2); 83898 (x3); 83912 (x2); 85732 (x2)
005033	Red Blood Cell (RBC) Count		\$24.50	85041
008458	Reference Bacterial Culture Identification	*	\$137.50	87077
252542	Renal Cysts and Diabetes Syndrome (RCAD): TCF2	*	\$1,595.00	83891; 83898(x27); 83909 (x18); 83912
252748	Renal Cysts and Diabetes Syndrome (RCAD): TCF2 (Known Mutation)	*	\$250.00	83891; 83898(x3); 83909 (x2); 83912
322777	Renal Function Panel		\$31.50	80069
000703	Renin Activity and Aldosterone	*	\$255.75	82088; 84244
049528	Renin Activity Plasma, Six Specimens		\$688.50	84244(x6)
002006	Renin Activity, Plasma	*	\$114.75	84244
091181	Renin Activity, Plasma, Eight Specimens		\$808.00	84244(x8)
038703	Renin Activity, Plasma, Five Specimens		\$573.75	84244(x5)
049510	Renin Activity, Plasma, Four Specimens		\$459.00	84244(x4)
091173	Renin Activity, Plasma, Seven Specimens		\$803.25	84244(x7)
038695	Renin Activity, Plasma, Three Specimens		\$344.25	84244(x3)
053686	Renin Activity, Plasma, Two Specimens		\$229.50	84244(x2)
117180	Reptilase Time	*	\$130.00	85635
058503	Respiratory Infection Profile A (Atypical Pneumonia)		\$545.50	86603; 86631; 86713; 86738(x2)
057877	Respiratory Infection Profile B (Pneumonia)		\$555.00	86603; 86710(x3); 86738 (x2)
058669	Respiratory Infection Profile D (Croup)		\$340.25	86710(x3); 86756
014548	Respiratory Syncytial Virus (RSV), Immunoassay	*	\$102.00	87807
139250	Respiratory Virus Profile (RVP), PCR	*	\$490.00	87502; 87798(x8)
489270	RET Proto-oncogene Mutation Detection	*	\$262.75	83891; 83896(x2); 83898 (x2); 83907; 83912
005280	Reticulocyte Count		\$29.75	85045
511450	Rett Syndrome, DNA Sequencing	*	\$1,096.00	83891; 83892(x5); 83894 (x5); 83898 (x24); 83909 (x19); 83912
002212	Reverse T3	*	\$196.50	84482
006064	Rh Typing		\$30.00	86901
204529	Rheumatic Fever Profile		\$363.25	85652; 86060; 86140; 86256(x2); 86332
006502	Rheumatoid Arthritis (RA) Factor		\$33.50	86431
161463	Rheumatoid Arthritis (RA), Quantitative, Fluid, Hemagglutination		\$49.25	86431
058008	Rh-hr Phenotype With ABO Grouping	*	\$51.50	86900; 86906
716563	Risperidone, Serum	*	\$178.25	82542
016592	Rocky Mountain Spotted Fever (RMSF), IgG	*	\$120.25	86757
016667	Rocky Mountain Spotted Fever (RMSF), IgM	*	\$120.25	86757
006866	Rotavirus, Direct Detection Immunoassay	*	\$116.75	87425
006197	Rubella Antibodies, IgG		\$54.50	86762
096537	Rubella Antibodies, IgM		\$98.25	86762

Test No	Test Name	Non-discountable	Fee	CPT Code(s)
096560	Rubeola Antibodies, IgG	*	\$76.00	86765
160218	Rubeola Antibodies, IgM	*	\$76.00	86765
S				
164657	Saccharomyces cerevisiae Profile	*	\$217.25	86671(x2)
007849	Salicylate, Serum	*	\$82.50	80196
500179	Salivary Cortisol, MS	*	\$70.00	82533
138425	Salmonella Group (Widal Test)	*	\$80.00	86000(x4)
188615	Scabies Examination	*	\$47.75	87169
052373	Scleroderma Diagnostic Profile	*	\$172.50	86038; 86235
005215	Sedimentation Rate, Modified Westergren		\$24.75	85652
081034	Selenium, Blood	*	\$127.75	84255
716910	Selenium, Serum or Plasma	*	\$127.75	84255
071613	Selenium, Urine	*	\$127.75	84255
519306	Semen Analysis, Basic	*	\$142.75	89320
009233	Semen Analysis, Postvasectomy	*	\$37.25	89321
519395	Semen Motility Profile	*	\$59.25	89321
017700	Sequential 1	*	\$181.00	84702; 84163
017750	Sequential 2	*	\$348.75	82105; 84702; 82677; 86336
120204	Serotonin, Serum	*	\$221.00	84260
120089	Serotonin, Whole Blood	*	\$221.00	84260
017200	Serum Integrated 1	*	\$107.75	84163
017270	Serum Integrated 2	*	\$348.75	82105; 82677; 84702; 86336
252492	Severe Combined Immunodeficiency (SCID Including Omenn Syndrome): DCLRE1C (Artemis) for RS-SCID or SCIDA	*	\$1,900.00	83891; 83898(x51); 83909 (x34); 83912
252723	Severe Combined Immunodeficiency (SCID Including Omenn Syndrome): DCLRE1C (Artemis) for RS-SCID or SCIDA (Known Mutation)	*	\$250.00	83891; 83898(x3); 83909 (x2); 83912
252513	Severe Combined Immunodeficiency (SCID Including Omenn Syndrome): Eight-gene Profile (IL2RG, JAK3, RAG1, RAG2, IL7R, ADA, CD3D, CD3E)	*	\$6,000.00	83891; 83898(x99); 83909 (x99); 83912
252516	Severe Combined Immunodeficiency (SCID Including Omenn Syndrome): Nine-gene Profile (IL2RG, JAK3, RAG1, RAG2, IL7R, ADA, CD3D, CD3E, DCLRE1C [Artemis])	*	\$7,095.00	83891; 83898(x99); 83909 (x99); 83912
252470	Severe Combined Immunodeficiency (SCID Including Omenn Syndrome): RAG1	*	\$1,000.00	83891; 83898(x30); 83909 (x20); 83912
252701	Severe Combined Immunodeficiency (SCID Including Omenn Syndrome): RAG1 (Known Mutation)	*	\$250.00	83891; 83898(x3); 83909 (x2); 83912
252503	Severe Combined Immunodeficiency (SCID Including Omenn Syndrome): RAG1, RAG2, DCLRE1C (Artemis)	*	\$3,125.00	83891; 83898(x99); 83909 (x70); 83912
252472	Severe Combined Immunodeficiency (SCID Including Omenn Syndrome): RAG2	*	\$1,000.00	83891; 83898(x24); 83909 (x16); 83912
252704	Severe Combined Immunodeficiency (SCID Including Omenn Syndrome): RAG2 (Known Mutation)	*	\$250.00	83891; 83898(x3); 83909 (x2); 83912
252509	Severe Combined Immunodeficiency (SCID Including Omenn Syndrome): Three-gene Profile (IL2RG, ADA, IL7R)	*	\$2,250.00	83891; 83898(x84); 83909 (x56); 83912
252499	Severe Combined Immunodeficiency (SCID Including Omenn Syndrome): Two-gene Profile (RAG1, RAG2)	*	\$1,695.00	83891; 83898(x54); 83909 (x36); 83912
252475	Severe Combined Immunodeficiency (SCID): ADA	*	\$1,000.00	83891; 83898(x33); 83909 (x22); 83912
252707	Severe Combined Immunodeficiency (SCID): ADA (Known Mutation)	*	\$250.00	83891; 83898(x3); 83909 (x2); 83912
252482	Severe Combined Immunodeficiency (SCID): CD3D	*	\$1,000.00	83891; 83898(x15); 83909 (x10); 83912
252713	Severe Combined Immunodeficiency (SCID): CD3D (Known Mutation)	*	\$250.00	83891; 83898(x3); 83909 (x2); 83912
252485	Severe Combined Immunodeficiency (SCID): CD3E	*	\$1,000.00	83891; 83898(x24); 83909 (x16); 83912
252716	Severe Combined Immunodeficiency (SCID): CD3E (Known Mutation)	*	\$250.00	83891; 83898(x3); 83909 (x2); 83912
252463	Severe Combined Immunodeficiency (SCID): IL2RG for XSCID	*	\$1,000.00	83891; 83898(x24); 83909 (x16); 83912

Test No	Test Name	Non-discountable	Fee	CPT Code(s)
252694	Severe Combined Immunodeficiency (SCID): IL2RG for XSCID (Known Mutation)	*	\$250.00	83891; 83898(x3); 83909 (x2); 83912
252479	Severe Combined Immunodeficiency (SCID): IL7R	*	\$1,000.00	83891; 83898(x27); 83909 (x18); 83912
252710	Severe Combined Immunodeficiency (SCID): IL7R (Known Mutation)	*	\$250.00	83891; 83898(x3); 83909 (x2); 83912
252466	Severe Combined Immunodeficiency (SCID): JAK3	*	\$2,000.00	83891; 83898(x69); 83909 (x46); 83912
252697	Severe Combined Immunodeficiency (SCID): JAK3 (Known Mutation)	*	\$250.00	83891; 83898(x3); 83909 (x2); 83912
252506	Severe Combined Immunodeficiency (SCID): Three-gene Profile (IL7R, CD3D, CD3E)	*	\$2,250.00	83891; 83898(x66); 83909 (x44); 83912
252496	Severe Combined Immunodeficiency (SCID): Two-gene Profile (IL2RG, JAK3)	*	\$2,500.00	83891; 83898(x93); 83909 (x62); 83912
252489	Severe Combined Immunodeficiency (SCID): ZAP70	*	\$1,200.00	83891; 83898(x36); 83909 (x24); 83912
252720	Severe Combined Immunodeficiency (SCID): ZAP70 (Known Mutation)	*	\$250.00	83891; 83898(x3); 83909 (x2); 83912
510222	Sex Determination (SRY), DNA Analysis	*	\$300.00	83891; 83894; 83898(x2); 83912
082016	Sex Hormone-binding Globulin, Serum	*	\$93.50	84270
500110	SHOX, DHPLC	*	\$400.00	83891; 83898(x12); 83903 (x14); 83912; 83894
716712	Sirolimus, Blood	*	\$153.50	80195
711032	Sirolimus, Immunoassay	*	\$153.50	80195
012708	Sjögren's Antibodies (Anti-SS-A/Anti-SS-B)	*	\$206.50	86235(x2)
003178	Sodium, 24-Hour Urine		\$28.50	84300
001198	Sodium, Serum		\$27.00	84295
007441	Soluble Liver Antigen (SLA) IgG Antibody	*	\$141.75	83516
143305	Soluble Transferrin Receptor	*	\$153.50	84238
J09076	Sputum Cytology Series	*	\$114.00	88108
162032	St Louis Encephalitis Virus Antibodies, IgG	*	\$94.50	86653
162339	St Louis Encephalitis Virus Antibodies, IgM	*	\$94.50	86653
008144	Stool Culture	*	\$163.25	87045; 87046; 87427
180141	Stool Culture, Campylobacter sp Only	*	\$50.75	87046
182311	Stool Culture, Vibrio Only	*	\$50.75	87046
182410	Stool Culture, Yersinia Only	*	\$50.75	87046
018788	Streptococcus pneumoniae Antigen	*	\$150.00	87899
160184	Striational Antibodies	*	\$101.00	86255
117093	Stypven Time	*	\$151.25	85612
723353	Styrene Exposure Profile	*	\$122.75	82570; 83921; 84600
723320	Styrene Metabolite Profile, Urine	*	\$100.00	82570; 83921
723130	Styrene, Blood	*	\$108.25	84600
123307	Sulfate, Quantitative, 24-Hour Urine	*	\$64.00	84392
008680	Susceptibility Testing, Aerobic and Facultatively Anaerobic Organisms	*	\$82.25	87186
180349	Susceptibility Testing, Anaerobic Bacteria	*	\$105.75	87186
056499	Systemic Lupus Erythematosus (SLE) Profile A		\$653.00	86225; 86235(x5); 86431
203752	Systemic Lupus Erythematosus (SLE) Profile B		\$374.75	86235; 86038; 86160(x2); 86225
252908	Systemic Lupus Erythematosus (SLE) Profile C	*	\$516.25	86225; 86235(x4)
510262	SYT Oncology Fluorescence in situ Hybridization (FISH)	*	\$597.00	88271(x2); 88275; 88291 (client bill only)
T				
480860	T and B Gene Cell Rearrangement	*	\$605.50	83891; 83900; 83901(x10); 83909 (x3); 83912
480388	T and B Gene Rearrangement, Southern Blot	*	\$688.75	83891; 83892(x6); 83894 (x6); 83896 (x2); 83897 (x6); 83912
505370	T- and B-Lymphocyte and Natural Killer Cell Profile	*	\$525.00	86355; 86357; 86359; 86360
096917	T- and B-Lymphocyte Differential Profile	*	\$459.50	86359; 86360; 86355

Test No	Test Name	Non-discountable	Fee	CPT Code(s)
001156	T3 Uptake		\$30.75	84479
700248	Tacrolimus	*	\$167.00	80197
711034	Tacrolimus, Immunoassay	*	\$167.00	80197
511280	Tamoxifen P450 2D6 Genotyping	*	\$550.00	83891; 83900; 83901(x2); 83892; 83914 (x19); 83912
511246	Tay-Sachs Disease, Biochemical, Leukocytes	*	\$305.50	83080
510412	Tay-Sachs Disease, Biochemical, Serum	*	\$158.50	83080
510404	Tay-Sachs Disease, DNA Analysis	*	\$366.00	83900; 83901(x5); 83891; 83892; 83912; 83914 (x7)
505750	T-Cell Activation Profile, CD8 Subsets	*	\$632.50	86359; 86360; 86356(x3)
480708	T-Cell Gene Rearrangement, PCR	*	\$303.00	83891; 83900; 83901; 83909(x2); 83912
480707	T-Cell Gene Rearrangement, Southern Blot	*	\$344.50	83891; 83892(x3); 83894 (x3); 83896; 83897 (x3); 83912
086702	Teichoic Acid Antibodies	*	\$91.50	86329
485151	Testicular Cancer Monitor Profile		\$194.25	82105; 84702
035741	Testicular Function Profile I		\$413.00	83001; 83002; 84146; 84403
035113	Testicular Function Profile II		\$463.25	83001; 83002; 84402; 84403
058925	Testicular Function Profile III		\$550.50	83001; 83002; 84146; 84403; 84436; 84443; 84479
144980	Testosterone, Free (Direct), Serum	*	\$165.75	84402
140103	Testosterone, Free (Direct), Serum With Total Testosterone	*	\$294.25	84402; 84403
143255	Testosterone, Free and Weakly Bound	*	\$293.50	84403; 84402
500726	Testosterone, Free, Mass Spectrometry/Equilibrium Dialysis	*	\$311.00	84403; 84402
081786	Testosterone, Free, Serum (Equilibrium Ultrafiltration) With Total Testosterone	*	\$289.50	84402; 84403
004226	Testosterone, Total, Serum		\$128.50	84403
163253	Tetanus Antibody Profile		\$187.00	86317; 86317
163691	Tetanus Antitoxoid Antibodies	*	\$93.50	86317
706580	Thallium, Urine	*	\$98.25	83018; 82570
007336	Theophylline, Serum		\$83.50	80198
510750	Thiopurine Methyltransferase (TPMT), Enzyme Activity, Erythrocytes	*	\$300.00	82542
252422	Thoracic Aortic Aneurysms and Dissections (TAAD): Three-gene Profile (FBN1, TGFBR1, TGFBR2)	*	\$3,600.00	83891; 83898(x99); 83909 (x99); 83912
502073	ThrombAssure™ Enhanced (Esoterix)	*	\$1,582.00	83891; 83894(x2); 83912 (x2); 83892; 83898 (x3); 85300; 85303; 85613 (x2); 85306; 86147 (x3); 83090; 85730; 85598; 86146 (x3); 85732 (x2)
117170	Thrombin Mixing Study	*	\$70.00	85670
015230	Thrombin Time	*	\$70.00	85670
500012	Thrombin-Antithrombin Complex	*	\$170.00	83520
500547	Thrombotic Marker Profile (Esoterix)	*	\$433.00	83520(x2); 85362; 85379
337396	Thrombotic Risk Profile	*	\$1,806.25	83891; 83892(x3); 83894 (x2); 83898 (x3); 83912 (x2); 85300; 85303; 85306; 85307; 85420; 85613; 85705; 85732; 86146 (x2); 86147 (x2)
117024	Thrombotic Risk Profile, Acquired	*	\$634.50	85613; 85705; 85732; 86146(x2); 86147 (x2)
117044	Thrombotic Risk Profile, Acquired (Comprehensive)	*	\$1,333.50	0030T(x2); 85613; 85705; 85732; 86146 (x3); 86147 (x3); 86148 (x3)
337398	Thrombotic Risk Profile, Comprehensive	*	\$2,517.75	0030T(x2); 83891; 83892 (x3); 83894 (x2); 83898 (x3); 83912 (x2); 85300; 85303; 85306; 85307; 85420; 85613; 85705; 85732; 86146 (x3); 86147 (x3); 86148 (x3)
500058	Thrombotic Risk Profile, Congenital	*	\$1,171.75	83891; 83892(x3); 83894 (x2); 83898 (x3); 83912 (x2); 85300; 85303; 85306; 85307; 85420

Test No	Test Name	Non-discountable	Fee	CPT Code(s)
512103	Thrombotic Risk Profile, DNA Analysis	*	\$900.00	83891; 83892(x3); 83894 (x3); 83898 (x5); 83912 (x3)
502380	Thyroglobulin, Lymph Node Aspirate	*	\$152.25	84432
042846	Thyroglobulin, Quantitative	*	\$152.00	86800; 84432
006684	Thyroid Antibodies		\$150.50	86376; 86800
006692	Thyroid Antithyroglobulin Antibody	*	\$84.50	86800
330015	Thyroid Cascade Profile		\$76.25	84443
006676	Thyroid Peroxidase (TPO) Antibodies		\$66.00	86376
000455	Thyroid Profile		\$61.25	84436; 84479
027011	Thyroid Profile II (Comprehensive)		\$230.75	84480; 84436; 84443; 84479
000620	Thyroid Profile With TSH		\$137.50	84436; 84443; 84479
004259	Thyroid-stimulating Hormone (TSH)		\$76.25	84443
224576	Thyroid-stimulating Hormone (TSH) and Free T4		\$158.75	84439; 84443
140749	Thyroid-stimulating Immunoglobulin (TSI)	*	\$270.00	84445
010314	Thyrotropin Receptor Antibody, Serum	*	\$165.00	83520
001149	Thyroxine (T4)		\$30.50	84436
024026	Thyroxine (T4) and Thyroid-stimulating Hormone (TSH)		\$106.75	84436; 84443
501902	Thyroxine (T4), Free, Dialysis/Mass Spectrometry	*	\$160.00	84439
001974	Thyroxine (T4), Free, Direct, Serum		\$82.50	84439
004457	Thyroxine (T4), Thyroxine-binding Globulin (TBG), and T4 - TBG Index		\$129.00	84436; 84442
001735	Thyroxine-binding Globulin (TBG), Serum		\$98.50	84442
117000	Tissue Plasminogen Activator (tPA) Activity	*	\$199.00	85415
500029	Tissue Plasminogen Activator (tPA) Antigen	*	\$180.00	85415
500146	Tissue Thromboplastin Inhibition Test (TTIT)	*	\$150.00	85705
164640	Tissue Transglutaminase (tTG), IgA	*	\$110.00	83516
164988	Tissue Transglutaminase (tTG), IgG	*	\$110.00	83516
096925	T-Lymphocyte Helper/Suppressor Profile	*	\$332.75	86359; 86360
907154	Tobramycin, Serum, Peak		\$92.00	80200
717322	Tobramycin, Serum, Peak and Trough		\$184.00	80200(x2)
007155	Tobramycin, Serum, Trough		\$92.00	80200
723080	Toluene Exposure Profile	*	\$152.00	82570; 84600(x2)
723221	Toluene Metabolite Profile, Urine	*	\$76.25	82570; 84600
723072	Toluene, Blood	*	\$108.25	84600
716285	Topiramate, Serum	*	\$135.25	80201
006478	Toxoplasma gondii Antibodies, IgG	*	\$73.25	86777
096651	Toxoplasma gondii Antibodies, Quantitation, IgM	*	\$108.00	86778
138586	Toxoplasma gondii, Amniotic Fluid, PCR	*	\$402.50	87798
138602	Toxoplasma gondii, PCR	*	\$484.25	87798
764365	Tramadol Screen and Confirmation, Urine	*	\$60.00	80101
004937	Transferrin		\$67.25	84466
252810	Transthyretin Amyloidosis: TTR	*	\$480.00	83891; 83898(x12); 83909 (x8); 83912
252813	Transthyretin Amyloidosis: TTR (Known Mutation)	*	\$250.00	83891; 83898(x3); 83909 (x2); 83912
071688	Trazodone, Serum	*	\$116.75	82491
082345	Treponema pallidum (Syphilis) Screening Cascade		\$79.75	86780
082370	Treponema pallidum Antibodies		\$79.75	86780
006379	Treponema pallidum Antibodies (FTA-ABS)		\$79.75	86780
138578	Trichinella spiralis Antibody	*	\$183.25	86784
723254	Trichloroacetic Acid, Urine	*	\$98.25	82570; 83921
723262	Trichloroethane Exposure Profile	*	\$122.75	82570; 83921; 84600(x2)
723247	Trichloroethane Metabolite, Urine	*	\$108.25	84600
723189	Trichloroethane, Blood	*	\$108.25	84600
723197	Trichloroethanol, Blood	*	\$108.25	84600
723015	Trichloroethylene Exposure Profile	*	\$122.75	82570; 83921; 84600
723122	Trichloroethylene, Blood	*	\$108.25	84600

Test No	Test Name	Non-discountable	Fee	CPT Code(s)
188052	Trichomonas vaginalis, NAA	*	\$107.75	87798
007690	Tricyclic Antidepressants Screen, Serum	*	\$110.75	80101
001172	Triglycerides		\$27.00	84478
002188	Triiodothyronine (T3)		\$93.25	84480
010389	Triiodothyronine (T3), Free, Serum		\$157.50	84481
120832	Troponin I	*	\$132.75	84484
010355	Trypsin	*	\$154.25	83519
140673	Tumor Necrosis Factor- α	*	\$222.75	83520
176548	Twin Zygosity Study	*	\$132.00	83900(x2); 83890 (x2); 83909 (x2); 83912
U				
511200	UGT1A1 Irinotecan Toxicity	*	\$367.50	83891; 83909; 83898; 83912
470054	Uniparental Disomy (UPD), DNA Analysis	*	\$245.25	83900; 83891; 83894; 83912
470060	Uniparental Disomy of Chromosome 14 (UPD14)	*	\$428.75	83891; 83894; 83912; 83900
008342	Upper Respiratory Culture, Routine	*	\$65.25	87070
317222	Urea Nitrogen and Creatinine Profile, 24-Hour Urine		\$66.75	82570; 84540
002329	Urea Nitrogen Clearance		\$57.75	84545
003541	Urea Nitrogen, 24-Hour Urine		\$29.25	84540
001040	Urea Nitrogen, Serum		\$27.00	84520
086884	Ureaplasma/Mycoplasma hominis Culture	*	\$122.75	87109
003418	Uric Acid, 24-Hour Urine		\$29.25	84560
019505	Uric Acid, Body Fluid		\$29.25	84560
001057	Uric Acid, Serum		\$27.00	84550
003772	Urinalysis, Complete With Microscopic Examination		\$26.00	81001
003038	Urinalysis, Routine With Microscopic Examination on Positives		\$21.50	81003
008086	Urine Culture, Comprehensive	*	\$82.50	87086
008847	Urine Culture, Routine	*	\$60.00	87086
009068	Urine Cytology	*	\$133.00	88112
485136	Uterine Cancer Monitor Profile		\$244.25	84275; 86304
V				
180026	Vaginitis/Vaginosis, DNA Probe	*	\$275.75	87480; 87510; 87660
007260	Valproic Acid, Serum		\$98.25	80164
070327	Vancomycin, Serum, Peak		\$92.00	80202
717314	Vancomycin, Serum, Peak and Trough		\$184.00	80202(x2)
070328	Vancomycin, Serum, Trough		\$92.00	80202
182360	Vancomycin-resistant Enterococcus (VRE) Culture Only	*	\$42.00	87081
004143	Vanillylmandelic Acid (VMA), 24-Hour Urine	*	\$75.25	84585
123208	Vanillylmandelic Acid (VMA), Random Urine	*	\$110.75	82570; 84585
096206	Varicella Zoster Virus (VZV) Antibodies, IgG	*	\$74.00	86787
096776	Varicella Zoster Virus (VZV) Antibodies, Quantitative, IgM	*	\$93.50	86787
138313	Varicella Zoster Virus (VZV), DNA PCR	*	\$402.50	87798
117006	Vascular Endothelial Growth Factor, Plasma	*	\$303.50	83520
117021	Vascular Endothelial Growth Factor, Serum	*	\$303.50	83520
010397	Vasoactive Intestinal Polypeptide (VIP), Plasma	*	\$279.50	84586
006445	VDRL, Cerebrospinal Fluid	*	\$53.25	86592
501768	Venous Thrombosis (Hypercoagulability) Profile for Patients on Vitamin K Antagonist (VKA) Therapy (Esoterix)	*	\$2,361.25	83891; 83894; 83912; 83892; 83898; 85300; 85302; 85305; 85613(x2); 85240; 85230; 86147 (x2); 85307; 83090; 85730; 85598; 86146 (x3); 85732 (x2)
501790	Venous Thrombosis Profile (Esoterix)	*	\$1,475.00	83891; 83894; 83912; 83892; 83898; 85300; 85303; 85613(x2); 85306; 85240; 86147 (x2); 85307; 83090; 85730; 85598; 86146 (x3); 85732 (x2)
008573	Viral Culture, General	*	\$239.00	87252

Test No	Test Name	Non-discountable	Fee	CPT Code(s)
186049	Viral Culture, Rapid, Cytomegalovirus (CMV)	*	\$147.75	87254
186023	Viral Culture, Rapid, Influenza A and Influenza B Virus	*	\$129.00	87254(x2)
186239	Viral Culture, Rapid, Influenza A and Influenza B Virus With Reflex to Influenza A, H1N1 (Novel)	*	\$129.00	87254(x2)
186056	Viral Culture, Rapid, Lesion (Herpes Simplex Virus and Varicella Zoster Virus)	*	\$289.75	87254; 87255
186015	Viral Culture, Rapid, Respiratory	*	\$178.00	87254(x7)
186031	Virus Culture, Rapid, Varicella Zoster Virus (VZV)	*	\$162.50	87254
185033	Virus, Direct Detection DFA, Adenovirus	*	\$110.00	87260
185025	Virus, Direct Detection DFA, Cytomegalovirus (CMV)	*	\$94.00	87271
008508	Virus, Direct Detection DFA, Herpes Simplex Virus	*	\$93.50	87300
185017	Virus, Direct Detection DFA, Respiratory Syncytial Virus	*	\$86.25	87280
185009	Virus, Direct Detection DFA, Varicella Zoster Virus (VZV)	*	\$97.00	87290
004861	Viscosity, Serum	*	\$72.50	85810
001750	Vitamin A and Carotene	*	\$179.25	82380; 84590
144006	Vitamin A and E	*	\$174.50	84446; 84590
144014	Vitamin A, E, and β -Carotene Profile	*	\$262.25	82380; 84446; 84590
017509	Vitamin A, Serum	*	\$91.50	84590
121178	Vitamin B1, Plasma	*	\$98.25	84425
121186	Vitamin B1, Whole Blood	*	\$98.25	84425
001503	Vitamin B12		\$87.00	82607
000810	Vitamin B12 and Folates		\$157.75	82607; 82746
081869	Vitamin B12 Unsaturated Binding Capacity	*	\$99.25	82608
123220	Vitamin B2, Whole Blood	*	\$174.50	84252
004655	Vitamin B6, Plasma	*	\$158.50	84207
001479	Vitamin C	*	\$75.75	82180
123253	Vitamin C (With Dilution)	*	\$75.75	82180
081950	Vitamin D, 25-Hydroxy	*	\$192.75	82306
981000	Vitamin E, Serum	*	\$83.00	84446
121200	Vitamin K1	*	\$183.75	84597
007062	Volatiles, Blood	*	\$86.25	84600
716001	Volatiles, Urine	*	\$86.25	84600
140640	Voltage-gated Calcium Channel Antibody (VGCCA)	*	\$343.75	83519
252546	von Hippel-Lindau Disease (VHL): VHL (NEP)	*	\$595.00	83891; 83898(x9); 83909 (x6); 83912
252747	von Hippel-Lindau Disease (VHL): VHL (NEP) (Known Mutation)	*	\$250.00	83891; 83898(x3); 83909 (x2); 83912
252559	von Hippel-Lindau Disease (VHL): VHL (OPT)	*	\$595.00	83891; 83898(x9); 83909 (x6); 83912
252562	von Hippel-Lindau Disease (VHL): VHL (OPT) (Known Mutation)	*	\$250.00	83891; 83898(x3); 83909 (x2); 83912
500247	von Willebrand Disease Profile (Esoterix)	*	\$590.00	85730; 85240; 85245; 85246; 83520
164509	von Willebrand Factor (vWF) Activity	*	\$160.00	85245
086280	von Willebrand Factor (vWF) Antigen	*	\$200.00	85246
500148	von Willebrand Factor (vWF) Multimers	*	\$260.00	85247
084715	von Willebrand Profile	*	\$579.25	85240; 85245; 85246
W				
511460	Warfarin (P450 2C9 and VKORC1)	*	\$490.00	83891; 83912; 83896(x6); 83900; 83901 (x4)
071423	Warfarin, Serum	*	\$116.75	82491
138896	West Nile Virus (WNV) (NAT), Procleix® Assay	*	\$102.25	87798
138966	West Nile Virus (WNV) Antibody, Cerebrospinal Fluid	*	\$144.25	86788; 86789
138842	West Nile Virus (WNV) Antibody, Serum	*	\$144.25	86788; 86789
140010	West Nile Virus (WNV), SuperQual™ RT-PCR	*	\$221.00	87798
140005	West Nile Virus (WNV), UltraQual™ RT-PCR	*	\$221.00	87798
162040	Western Equine Encephalitis Virus Antibodies, IgG	*	\$94.50	86654
162347	Western Equine Encephalitis Virus Antibodies, IgM	*	\$94.50	86654

Test No	Test Name	Non-discountable	Fee	CPT Code(s)
180901	Wet Prep	*	\$40.75	87210
180919	Wet Prep With Reflex to Trichomonas Culture	*	\$40.75	87210
005025	White Blood Cell (WBC) Count		\$24.50	85048
008656	White Blood Cells (WBC), Stool	*	\$48.75	89055
252803	Wilson Disease: ATP7B	*	\$1,400.00	83891; 83898(x72); 83909 (x48); 83912
252806	Wilson Disease: ATP7B (Known Mutation)	*	\$250.00	83891; 83898(x3); 83909 (x2); 83912
252459	Wiskott-Aldrich Syndrome (WAS): WAS	*	\$1,500.00	83891; 83898(x36); 83909 (x24); 83912
252690	Wiskott-Aldrich Syndrome (WAS): WAS (Known Mutation)	*	\$250.00	83891; 83898(x3); 83909 (x2); 83912
X				
252453	X-linked Agammaglobulinemia (XLA): BTK	*	\$1,500.00	83891; 83898(x54); 83909 (x36); 83912
252683	X-linked Agammaglobulinemia (XLA): BTK (Known Mutation)	*	\$250.00	83891; 83898(x3); 83909 (x2); 83912
252535	X-linked Lymphoproliferative Disease (XLP): SH2D1A	*	\$1,000.00	83891; 83898(x12); 83909 (x8); 83912
252740	X-linked Lymphoproliferative Disease (XLP): SH2D1A (Known Mutation)	*	\$250.00	83891; 83898(x3); 83909 (x2); 83912
723098	Xylenes Exposure Profile	*	\$122.75	82570; 83921; 84600
723239	Xylenes Metabolite Profile, Urine	*	\$85.00	82570; 83921
723106	Xylenes, Blood	*	\$108.25	84600
293811	Xylose Tolerance Test (Fasting + One-hour Blood + Five-hour Urine – Pediatric)	*	\$133.50	84620
293829	Xylose Tolerance Test (Fasting + One-hour Blood Without Five-hour Urine – Pediatric)	*	\$89.00	84620
293837	Xylose Tolerance Test (Fasting + Two-hour Blood + Five-hour Urine – Adult)	*	\$178.00	84620
232306	Xylose Tolerance Test (Fasting + Two-hour Blood Without Five-hour Urine – Adult)	*	\$89.00	84620
023374	Xylose Tolerance Test (Fasting, One-, Two-, Three-, Four-, and Five-hour Blood + Five-hour Urine)	*	\$311.50	84620
293845	Xylose Tolerance Test (Fasting, One-, Two-, Three-, Four-, and Five-hour Blood Without Five-hour Urine)	*	\$267.00	84620
Y				
182776	Yeast Only, Culture	*	\$81.00	87101
001958	γ-Glutamyl Transferase (GT)		\$27.00	82977
Z				
489000	ZAP-70 in B-CLL	*	\$612.50	88184; 88185(x2); 88187
001800	Zinc, Plasma or Serum	*	\$74.00	84630
070029	Zinc, RBC	*	\$92.50	84630
003434	Zinc, Urine	*	\$109.25	84630; 82570
070032	Zinc, Whole Blood	*	\$92.50	84630
007915	Zonisamide, Serum	*	\$102.25	82542

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. For PNH testing, the interpretation coding will change depending on the number of markers performed. 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. (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 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 N°	Result/ Bill code N°	Description	2009 CPT
480100		Leukemia/Lymphoma Immunophenotyping	
	result options		
	489159	30 markers	88184, 88185(x29), 88189
	489128	28 markers	88184, 88185(x27), 88189
	489147	24 markers	88184, 88185(x23), 88189
	489179	20 markers	88184, 88185(x19), 88189
	489129	19 markers	88184, 88185(x18), 88189
	489161	16 markers	88184, 88185(x15), 88189
	489153	15 markers	88185(x15)
	489146	10 markers	88185(x10)
	489138	5 markers	88185(x5)
	489120	4 markers	88185(x4)
	489112	3 markers	88185(x3)
	489104	2 markers	88185(x2)
	489096	1 marker	88185
	489111	First marker	88184
	489228	2-8 interpretations	88187
	489215	9-15 interpretations	88188
	489316	≥ 16 interpretations	88189

502251		Flow Cytometry PNH	
	result options		
	502272	Positive PNH Billing	88184, 88185(x8), 88188
	502273	Negative PNH Billing	88184, 88185(x6), 88187

489088	Chronic Leukemia (tissue and fluids only)	discontinued	10/19/2009
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Appendix B

Order #	Result/Bill Code N°	Test Description	2011 CPT
510388	result options		
510362			
510770			
	510438	FISH, additional probe	88271*
	510440	FISH, 4 additional probes	88271(x4)*
	510441	FISH, 2 additional probes	88271(x2)*
	510442	FISH, 4 additional probes	88271(x4)
	510443	FISH, 2 additional probes	88271(x2)
	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
	510456	FISH, 8 additional probes	88271(x8)
	510480	Culture, non-neoplastic	88230
	510481	Culture, neoplastic	88237
	510514	EGFR Oncology FISH	88271(x2), 88291, 88275
	510516	FISH, 16 additional probes	88271(x16)
	510708	FISH, 8 additional probes	88271(x8)*
	510716	FISH, 16 additional probes	88271(x16)*

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 asterisks (*) 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. (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 N°	Result/ Bill Code N°	Description	2011 CPT
551697 result options			
GenoSure	551663	HIV Genotype + Mutational Cluster Analysis	87901, 87900
	551371	HIV Viral Load	87536
551655 result options			
GenoSure Plus	551689	HIV Genotype + Virtual Phenotype	87901, 87900
	551371	HIV Viral Load	87536
551861 result options			
GenoSure Fusion*	551665	HIV Genotype + Mutational Cluster Analysis	87906 -IO
	551371	HIV Viral Load	87536
551871 result options			
GenoSure Integrase	551874	HIV Genotype + Mutational Cluster Analysis for Integrase Inhibition	87906
	551371	HIV Viral Load	87536
551871 result options			
GenoSure Integrase EDI	551874	HIV Genotype + Mutational Cluster Analysis for Integrase Inhibition	87906
	551371	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 (551371) 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. (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.

It is recommended that the procedures identified with an asterisk (*) be regarded as noncovered services to Medicare and Medicaid carriers until specific approval from those carriers has been verified.



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DATE(MM/DD/YYYY)
11/01/2010

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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	E-MAIL ADDRESS: PRODUCER CUSTOMER ID #: 570000008881	
INSURED Laboratory Corporation of America Holdings & Subsidiaries 358 S. Main Street Burlington NC 27215 USA	INSURER(S) AFFORDING COVERAGE NAIC #	
	INSURER A: ACE American Insurance Company	22667
	INSURER B: Westchester Fire Insurance Co	21121
	INSURER C:	
	INSURER D:	
	INSURER E:	

COVERAGES **CERTIFICATE NUMBER:** 570040670690 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. **Limits shown are as requested**

INSR LTR	TYPE OF INSURANCE	ADDITIONAL INSURER	SUBRINSTRUMENT	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			HDOG25524962	11/01/2010	11/01/2011	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000 MED EXP (Any one person) Excluded PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$1,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION			G2197934A006 SIR applies per policy terms & conditions	11/01/2010	11/01/2011	EACH OCCURRENCE \$3,000,000 AGGREGATE \$3,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT E.L. DISEASE-EA EMPLOYEE E.L. DISEASE-POLICY LIMIT

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 Evidence of coverage.

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	AUTHORIZED REPRESENTATIVE <i>Aon Risk Services Northeast Inc.</i>