

# Advanced Beneficiary Notice and Non-Covered Services Waiver test list

Outreach 2019



Test Code	Excellian Order Code	Alt Name	Test	CPT
920	82003	ACM	ACETAMINOPHEN	G0480
696	80074	AHP	ACUTE HEPATITIS PANEL	80074
12452	LAB12452	AFAP	ADULT FOOD ALLERGY PROFILE	86003
60	82106.1	AFP	AFP MATERNAL INITIAL	82105
20	82105	AFT	AFP TUMOR MARKER, SERUM	82105
MULTIPLE	MULTIPLE	MULTIPLE	ALLERGEN TESTING (RAST)	86003
261	82108	ALU	ALUMINUM	82108
2627	82172.1	AP1	APOLIPOPROTEIN A-1	82172
2628	82172.2	APO	APOLIPOPROTEIN B	82172
490	85730	PTT	APTT	85730
2556	82175.1	ANB	ARSENIC	82175
12519	LAB12519	BAWB	BARIUM	83018
2558	LAB2558	BIS	BISMUTH	83018
5531	83880.1	BNP	BRAIN NATRIURETIC PEPTIDE	83880
294	86304	125	CA 125	86304
3551	86300.1	C15	CA 15-3	86300
259	86301	C19	CA 19-9	86301
1636	82300.1	CAD	CADMIUM	82300
430	85027.1	CBC	CBC	85027
400	85025	CDF	CBC AND DIFFERENTIAL	85025
664	82378	CEA	CEA	82378
12451	LAB12451	CHAP	CHILDHOOD ALLERGY MARCH PROFILE	86003
71	82465.1	CHT	CHOLESTEROL, TOTAL	82465
12464, 12463, 12517	LAB12464, LAB12463, LAB12517	CRWB, CRS, CRVA	CHROMIUM	82495
12518, 2562	LAB12518, 83018.0	COWB, CBT	COBALT	83018
8742	LAB8742	CDS	COMPLIANCE DRUG ANALYSIS	80307
79, 78	82535.3, 82525.1	CUS, CUU	COPPER	82525
8745	LAB8745	COT	COTININE ORAL, QUALITATIVE	G0480
431	85004	DIF	DIFFERENTIAL	85004
92	80162	DIG	DIGOXIN	80162
597	LAB597	DAS	DRUG SCREEN-IN-HOUSE	80306
945	LAB945	DSS	DRUG SCREEN BLOOD	80307
438	85048.2	EOC	EOSINOPHIL COUNT	85048

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19, 402	82055.1, 82055.2	ETH, AUQ	ETHANOL	G0480
102	82728	FER	FERRITIN	82728
4759	82985	FRU	FRUCTOSAMINE	82985
114	82977	GGT	GAMMA GT	82977
109, 7250	82947.2, 82947.3	GLU, GLR	GLUCOSE	82947
690	84702.2	HCG	HCG BETA QUANT,PREGNANCY	84702
618	84702.1	HQT	HCG BETA QUANT,TUMOR	84702
3631	83718	HDL	HDL CHOLESTEROL	83718
146, 128	LAB146, LAB128	HMB, HMU	HEAVY METAL SCREEN	82175
448	85014.2	HCT	HEMATOCRIT	85014
450	85018.2	HGB	HEMOGLOBIN	85018
241, 8761	83036.0, LAB8761	A1C, A1S	HEMOGLOBIN A1C	83036
688	86704	HBC	HEPATITIS B CORE ABY IGG/IGM	86704
689	86706.2	AHB	HEPATITIS B S AB	86706
686	87340.2	HBS	HEPATITIS B S AG	87340
7867	87536.3	HVL	HIV RNA QUANT-TAQMAN	87536
741	86812	B27	HLA B27	86812
8782	LAB8782	ICF	IMMUNE CELL FUNCTION ASSAY	86352
1144	83540.1	FE	IRON	83540
100	LAB100	IBC	IRON BINDING CAPACITY	83550
5665	83721	LDC	LDL CHOLESTEROL, DIRECT	83721
147, 153, 12345	83655.3, 83655.1, LAB12345	PB, PBU, PBDB	LEAD	83655
160, 8161	80061.0, LAB8161	LPD, LPR	LIPID PANEL	80061
5751	LAB5751	LPM	LUPUS ANTICOAG-APTT SCREEN	85730
2567, 12390, 994	83785.0, LAB12390, LAB994	MNB, MN	MANGANESE	83785
176, 177	83825.3, 83825.2	MER, HGU	MERCURY	83825
2920	82523	NTX	N-TELOPEPTIDE (NTX)	82523
2578	83885.1	NIB	NICKEL	83885

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12480, 12481	LAB12480, LAB12481	NMR600, 630	NMR LIPOPROFILE	83704
8787	LAB8787	FOB	OCCULT BLOOD STOOL, iFOBT	G0328
484	85049.2	PLT	PLATELET COUNT	85049
7095	83880	PBN	PRO-BNP	83880
487	85610	PT	PROTIME-INR	85610
1102	G0103.0	PSS	PSA SCREEN	G0103
1097	84153	PSA	PSA TOTAL (DIAGNOSTIC)	84153
4765	LAB4765	PST	PSA, TOTAL AND FREE <i>(LIST PSA ON THE ABN)</i>	84153
7189A	86703.2	RHV	RAPID HIV SCREEN	86703
12450	LAB12450	REAP	RESPIRATORY ALLERGY PROFILE	86003
228	80196	SAL	SALICYLATE	G0480
98	84255	SEL	SELENIUM	84255
847	84436	T4	T4 (THYROXINE)	84436
251	84439	FT4	T4, FREE	84439
121	84466	TRF	TRANSFERRIN	84466
256	84478.1	TRG	TRIGLYCERIDES	84478
258, 8960	84443.1, LAB8960	TSH, TSR	TSH	84443
6564, 6680	87086.2, 87086.1	UC or UCA	URINE CULTURE	87086
113A	LAB113A	VTD	VITAMIN D 25 HYDROXY D2D3	82306
514	85048.3	WBC	WHITE BLOOD COUNT	85048
278, 12520	84630.0, LAB12520	ZNB	ZINC	84630

For pricing information, contact your Allina Health Laboratory Account Representative. For an immediate need during normal business hours, contact the Allina Health Laboratory Billing Department at (612) 863-4678 Option 2.