

| Test Description | CPT | Medicare Ntl. Limitation Amount |
|---|--------------|---------------------------------|
| ANA Screen <ul style="list-style-type: none"> ANA titer will be performed at additional charge if ANA Screen is positive | 86038 | \$13.43 |
| | 86039 | \$12.40 |
| ANCA <ul style="list-style-type: none"> If c-ANCA or p-ANCA Screen is Positive, a Titer will be performed at additional charge If p-ANCA, c-ANCA or Atypical ANCA are Positive, testing will reflex to the following at an additional charge: <ul style="list-style-type: none"> Myeloperoxidase Aby Proteinase 3 Aby | 86255 | \$13.39 |
| | 86256 | \$13.39 |
| | 83876 | \$50.86 |
| | 83516 | \$12.81 |
| <p>Ancillary testing following the diagnosis of a malignancy for classification and eligibility for targeted therapy follow the Allina Health Cancer Committee recommendations and approvals. Examples include but are not limited to: immunohistochemistry stains, molecular mutation analysis, Fluorescence in situ Hybridization, chromosomal karyotyping, flow cytometry. Ancillary testing guidelines are updated frequently in response to newly approved therapies and advances in cancer care. The current list is maintained in the pathology department in the Allina Health laboratory.</p> | Variable | |
| Antibody Screen <ul style="list-style-type: none"> Antibody identification and appropriate red cell antigen typing(s) by either serology or molecular testing will be performed as required if Antibody Screen is positive Each serum technique/panel needed will be charged separately. Other special testing may be required for significant antibody identification and will be performed at additional charge Two red cell components will be cross matched for in-patients type and screen Antibody titer will be completed for appropriate prenatal patients | 86850 | \$9.77 |
| | Variable | \$ Not Listed |
| | Variable | |
| | Variable | |
| Antibody Titer <ul style="list-style-type: none"> Antibody titer will include antibody identification and appropriate red cell antigen typing(s) as required Each serum technique/panel needed will be charged separately. Other special testing may be required for significant antibody identification and will be performed at additional charge | 86886 | \$5.75 |
| | 86886 | \$5.75 |
| | 86870 | \$ Not Listed |
| | Variable | |

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| Celiac Disease Cascade | 82784 | \$10.34 |
| <ul style="list-style-type: none"> Total IgA is performed, <ul style="list-style-type: none"> If Normal or Elevated: TTg IgA is performed at additional charge If TTG IgA is Equivocal: The following will be performed at an additional charge: <ul style="list-style-type: none"> Deaminated Gliadin IgA Endomysial IgA If Total IgA is Low but ≥ 7.0: TTg IgA, TTg IgG, and Deaminated Gliadin IgA and IgG are performed at additional charge If Total IgA is Deficient < 7.0: TTg IgG and Deaminated Gliadin IgG are performed at additional charge | 83516 | \$12.81 |
| | 83516 86255 | \$12.81 \$13.39 |
| | 83516x2 | \$12.81 x2 |
| | 83516x2 | \$12.81 x2 |
| Coombs, Direct (Direct Antiglobulin Test, DAT) | 86880 | \$5.99 |
| <ul style="list-style-type: none"> Extended DATs using IgG and C-3 specific antisera may be performed at additional charge if Coombs, Direct is positive <ul style="list-style-type: none"> An RBC elution and any necessary antibody id may be performed at additional charge if indicated. | 86860 | \$ Not Listed |
| | 86870 | \$ Not Listed |
| CYG - Add Cells Analysis | | |
| <ul style="list-style-type: none"> Additional cells will be performed as deemed appropriate by the Director of Cytogenetics in order to clarify a result | 88285 | \$26.91 |
| CYG – Additional Karyotype | | |
| <ul style="list-style-type: none"> Additional karyotypes will be performed as deemed appropriate by the Director of Cytogenetics in order to clarify a result | 88280 | \$33.47 |
| CYG – Special Stain Individual | | |
| <ul style="list-style-type: none"> Additional stains will be performed as deemed appropriate by the Director of Cytogenetics in order to clarify a result | 88283 | \$76.22 |
| CYG-Cryopreserve Culture | | |
| <ul style="list-style-type: none"> A cell culture will be frozen for all specimens that need send out testing or if deemed necessary by the Director of Cytogenetics | 88240 | \$13.07 |
| CYG-FISH | Varies | \$ Not Listed |
| <ul style="list-style-type: none"> FISH testing may be performed based on findings in chromosome analysis | Varies | \$ Not Listed |
| ELP and Free Light Chains Serum with Reflex to Immunofixation | 84165 83883 x 2 | \$11.93 \$15.11 x2 |
| <ul style="list-style-type: none"> Immunofixation will be performed at additional charge if any abnormalities are seen on the ELP. | 86334 82784 x 3 | \$24.83 \$10.34 x3 |
| Fetal Maternal Hemorrhage Screen | 85461 | \$9.36 |
| <ul style="list-style-type: none"> Rh(D) typing may be performed if no Rh typing is available in the Allina Health Transfusion Services computer system. Kleihauer Betke or flow cytometry will be performed at additional charge if Fetal Maternal Screen is positive. The Kleihauer Betke or flow cytometry test is performed if the baby or mom is weak D Positive | 86901 | \$3.32 |
| | 85460 or 88184 (method dependent) | \$8.59 \$ Not Listed |
| Flow Cytometry | 88184 & 88185 | \$ Not Listed |
| <ul style="list-style-type: none"> Additional markers will be reflexed and charged if the screening panels are positive for an abnormal population. | 88185 | \$ Not Listed |

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| Hepatitis B surface antigen (HBsAg) | 87340 | \$11.48 |
| <ul style="list-style-type: none"> HBsAg Neutralization will be performed at additional charge if HBsAg is positive | 87341 | \$11.48 |
| Hepatitis C with Quantitation (HCV) | 86803 | \$15.85 |
| <ul style="list-style-type: none"> HCV RNA Quant will be performed at an additional charge if the HCV is Equivocal or Reactive. | 87522 | \$47.60 |
| HIV1/HIV 2, Antigen / Antibody Combo Screen | 87389 | \$26.75 |
| <ul style="list-style-type: none"> HIV-1/HIV-2 Differentiation test will be performed at addl charge if HIV 1/2 is positive. | 86701 86702 | \$9.87 \$15.02 |
| Lipid with Reflex (LPR) | 80061 | \$14.88 |
| <ul style="list-style-type: none"> Direct Measured LDL will be performed at additional charge if the Triglyceride is > 400 mg/dl. | 83721 | \$10.60 |
| Lupus Anticoagulant (PTT-LA/DRVVT Screen) | 85730 85613 | \$6.67 \$10.64 |
| DRVVT Confirm and StaClot LA will be performed at an additional charge if screening test for Lupus Anticoagulant is positive | 85598 85613 | \$19.97 \$10.64 |
| Lymes: ordered with reflex | 86618 | \$18.92 |
| <ul style="list-style-type: none"> Western Blot IGG & Western Blot IGM will be performed at additional charge if Lymes is positive or equivocal | 86617 86617 | \$17.21 \$17.21 |
| Microbiology Cultures | | |
| <ul style="list-style-type: none"> Identification, susceptibilities and serogrouping will be performed on all microbiology isolates considered by the laboratory to be significant | See the Allina Health Laboratory fee schedule for specific tests, CPT codes and prices. | |
| Pap ThinPrep® Screen ordered with Reflex | G0145 or G0123 | \$29.44/\$22.51 |
| Pap ThinPrep® Diagnostic ordered with Reflex | 88175 or 88142 | \$29.44/\$22.51 |
| <ul style="list-style-type: none"> Human Papillomavirus Profile (HPV) will be performed at additional charge if the providers orders reflex testing and the Thin Prep Pap is ASCUS | 87624 | \$38.99 |
| Protein ELP Serum with Reflex to Immunofixation | 84165 | \$11.93 |
| <ul style="list-style-type: none"> Immunofixation will be performed at additional charge if any abnormalities are seen on the ELP. | 86334 82784 x 3 | \$24.83 \$10.34 x3 |
| Protein S | 85306 | \$17.03 |
| Free Protein S will be performed at additional charge if Functional Protein S is a LOW abnormal. | 85306 | \$17.03 |
| Rapid HIV 1 / 2 | 86703 | \$15.23 |
| <ul style="list-style-type: none"> HIV-1/HIV-2 Differentiation Test will be performed at additional charge if RapidHIV 1/2 is positive | 86701 86702 | \$9.87 \$15.02 |
| Rh(D) Typing | 86901 | \$3.32 |
| <ul style="list-style-type: none"> A weak D (Du) Typing is performed for the following patients at additional charge if Rh (D) typing is negative : <ol style="list-style-type: none"> 1) Rh negative cord blood samples 2) Rh negative OB patients with positive Fetal Maternal Hemorrhage Screens 3) Patients with Rh typing discrepancies (i.e. history of Rh pos with current typing of Rh neg) | 86905 | \$4.25 |

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| Semen Analysis Post Vasectomy Analysis-Quantitative Density Gradient Sperm Wash Partner Retrograde Wash <ul style="list-style-type: none"> Semen culture will be performed at additional charge if samples contain $>1 \times 10^6$ WBC's METRO Facilities only | 89322 89310 89260 89261 87070 | \$17.22 \$9.57 \$ Not Listed \$ Not Listed \$9.57 |
| Semen Analysis <ul style="list-style-type: none"> Semen fructose will be performed at additional charge if no sperm are seen post centrifugation | 89322 89398 | \$17.22 \$ Not Listed |
| Throat Rapid Strep A <ul style="list-style-type: none"> Throat Strep A culture will be performed at additional charge if Rapid Strep A throat is negative Hy-Vee/Express Care Clinics only: Strep A PCR will be performed at additional charge if Rapid Strep A throat is negative. Throat Rapid Strep A only, with no culture backup, is available to clinic providers. | 87880 87081 87651 | \$16.53 \$7.36 \$38.99 |
| Treponema Pallidum (TNP) <ul style="list-style-type: none"> RPR will be performed at additional charge if TNP is reactive If RPR is positive, an RPR (Quant) Titer will be performed at an additional charge. If RPR is non-reactive, a TP-PA will be performed at an additional charge. | 86780 86592 86593 86780 | \$14.71 \$4.75 \$4.89 \$14.71 |
| Troponin I-Qualitative <ul style="list-style-type: none"> Quantitative Troponin I will be performed at an additional charge on all positive Qualitative Troponin I | 84512 84484 | \$10.09 \$12.47 |
| TSH with reflex to free T4 <ul style="list-style-type: none"> Free T4 will be performed at an additional charge for any TSH value of <0.35 or >4.94 μIU/mL | 84443 84439 | \$28.67 \$10.02 |
| Urine Cytology ordered with Reflex to Urine FISH <ul style="list-style-type: none"> Urine FISH testing will be performed at additional charge if the provider orders reflex FISH testing and the cytology results are atypical as determined by the pathologist. | 88112 88120 | \$ Not Listed \$ Not Listed |
| Von Willebrand Screen (VWI) <ul style="list-style-type: none"> Decrease in the vW Antigen and/or vW Activity and/or the vW Activity : vW Antigen RATIO, results will automatically reflex to the (CIEP) vW Multimers and will be sent to Mayo at an additional charge | 85246 85240 85245 85247 | \$25.49 \$19.89 \$25.49 \$25.49 |

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