

Test description	CPT	Medicare Ntl. Limitation Amount
ABORH Type <ul style="list-style-type: none"> • ABO discrepancies may require antibody identification and appropriate serologic or molecular testing to be performed as required. • Each technique/panel needed will be charged separately. 	86900	\$2.99
	86901	\$2.99
ANA Screen <ul style="list-style-type: none"> • ANA titer will be performed at additional charge if ANA Screen is positive 	86038	\$12.09
	86039	\$11.16
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	\$12.05
	86256	\$12.05
	83876	\$50.86
	83516	\$11.53
Ancillary testing for Pathology and Cytology specimens. 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.	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 may be cross matched for in-patients type and screen who have a positive antibody screen and subsequent antibody. • Antibody titer will be completed for appropriate prenatal patients 	86850	\$9.77
	Variable	
	Variable	
	Variable	
	86886	\$5.18

Test description	CPT	Medicare Ntl. Limitation Amount
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	\$5.18
	86870	\$291.26
	Variable	
Celiac Disease Cascade <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"> Deamidated Gliadin IgA Endomysial IgA If Total IgA is Low but ≥ 7.0: TTg IgA, TTg IgG, and Deamidated Gliadin IgA and IgG are performed at additional charge If Total IgA is Deficient < 7.0: TTg IgG and Deamidated Gliadin IgG are performed at additional charge 	82784	\$9.30
	83516	\$11.53
	83516	\$11.53
	86255	\$12.05
	83516x2	\$11.53 x2
83516x2	\$11.53 x2	
Clostridium difficile toxin PCR <ul style="list-style-type: none"> C. difficile positive Toxin PCR will reflex a GDH and Toxin A/B EIA test 	87493	\$37.27
	87324	\$11.98
	87449	\$11.98
CMV OB Cascade <ul style="list-style-type: none"> CMV IGG and CMV IGM are performed CMV Avidity will be performed at an additional charge if CMV IGG result is equivocal or positive. 	86644	\$14.39
	86645	\$16.85
	86644	\$14.39
Coombs, Direct (Direct Antiglobulin Test, DAT) <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. 	86880	\$5.39
	86860	\$149.16
	86870	\$291.26
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	\$68.60
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 <ul style="list-style-type: none"> FISH testing may be performed based on findings in chromosome analysis 	Varies	
	Varies	

Note: This list reflects only testing performed at Allina Health Laboratory. Additional reflex testing may occur for testing sent to our outside reference labs. This testing will be performed at an additional charge.

Test description	CPT	Medicare Ntl. Limitation Amount
ELP and Free Light Chains Serum with Reflex to Immunofixation <ul style="list-style-type: none"> Immunofixation will be performed at additional charge if any abnormalities are seen on the ELP. 	84165 83883 x 2 86334 82784 x 3	\$10.74 \$13.60 x2 \$22.34 \$9.30 x3
Fetal Maternal Hemorrhage Screen <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 	85461 86901 85460 or 88184 (method dependent)	\$9.36 \$2.99 \$7.73 \$291.26
Flow Cytometry <ul style="list-style-type: none"> Additional markers will be reflexed and charged if the screening panels are positive for an abnormal population. 	88184 & 88185 88185	\$291.26 \$ Not Listed
Hepatitis B surface antigen (HBsAg) <ul style="list-style-type: none"> HBsAg Neutralization will be performed at additional charge if HBsAg is positive 	87340 87341	\$10.33 \$10.33
Hepatitis C with Quantitation (HCV) <ul style="list-style-type: none"> HCV RNA Quant will be performed at an additional charge if the HCV is Equivocal or Reactive. 	86803 87522	\$14.27 \$42.84
HIV1/HIV 2, Antigen / Antibody Combo Screen <ul style="list-style-type: none"> HIV-1/HIV-2 Differentiation test will be performed at addl charge if HIV 1/2 is positive. 	87389 86701 86702	\$24.08 \$8.89 \$13.52
Lipid with Reflex (LPR) <ul style="list-style-type: none"> Direct Measured LDL will be performed at additional charge if the Triglyceride is > 400 mg/dl. 	80061 83721	\$13.39 \$10.50
Lupus Anticoagulant (PTT-LA/DRVVT Screen) <ul style="list-style-type: none"> DRVVT Confirm and StaClot LA will be performed at an additional charge if screening test for Lupus Anticoagulant is positive 	85730 85613 85598 85613	\$6.01 \$9.58 \$17.98 \$9.58
Lymes: ordered with reflex <ul style="list-style-type: none"> Western Blot IGG & Western Blot IGM will be performed at additional charge if Lymes is positive or equivocal 	86618 86617 86617	\$17.03 \$15.49 \$15.49
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 Pap ThinPrep® Diagnostic ordered with Reflex <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 	G0145 or G0123 88175 or 88142 87624	\$26.49/\$20.26 \$26.61/\$20.26 \$35.09
Protein ELP Serum with Reflex to Immunofixation <ul style="list-style-type: none"> Immunofixation will be performed, at additional charge, if any abnormalities are seen on the ELP. 	84165 86334 82784 x 3	\$10.74 \$22.34 \$9.30 x3

Note: This list reflects only testing performed at Allina Health Laboratory. Additional reflex testing may occur for testing sent to our outside reference labs. This testing will be performed at an additional charge.

Test description	CPT	Medicare Ntl. Limitation Amount
Protein S	85306	\$15.32
<ul style="list-style-type: none"> Protein S, Activity will be performed at additional charge if Protein S, Free is a LOW abnormal. 	85306	\$15.32
Rapid HIV 1 / 2	86703	\$13.71
<ul style="list-style-type: none"> HIV-1/HIV-2 Differentiation Test will be performed at additional charge if Rapid HIV 1/2 is positive 	86701 86702	\$8.89 \$13.52
Rh(D) Typing	86901	\$2.99
<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"> Rh negative cord blood samples Rh negative OB patients with positive Fetal Maternal Hemorrhage Screens Patients with Rh typing discrepancies (i.e. history of Rh pos with current typing of Rh neg) 	86901	\$2.99
Throat Rapid Strep A with Reflex	87880	\$16.53
<ul style="list-style-type: none"> Strep A PCR will be performed at additional charge if Throat Rapid Strep A antigen test is negative in all patients <18 years. Strep A PCR is available to clinic providers as a single order (without initial rapid strep testing). 	87651	\$35.09
Treponema Pallidum (TNP)	86780	\$13.24
<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 and USR will be performed at an additional charge. 	86592 86593 86780 86592	\$4.27 \$4.40 \$13.24 \$4.27
Troponin I-Qualitative	84512	\$10.09
<ul style="list-style-type: none"> Quantitative Troponin I will be performed at an additional charge on all indeterminate or positive Qualitative Troponin I 	84484	\$12.47
TSH with reflex to free T4	84443	\$16.80
<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 	84439	\$9.02
Urine Cytology ordered with Reflex to Urine FISH	88112	\$49.76
<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/suspicious as determined by the pathologist. 	88120	\$149.16
Von Willebrand Screen (VWI)	85246	\$22.94
	85240	\$17.90
	85245	\$22.94
<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 LabCorp at an additional charge 	85247	\$22.94

Note: This list reflects only testing performed at Allina Health Laboratory. Additional reflex testing may occur for testing sent to our outside reference labs. This testing will be performed at an additional charge.