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Procedure Code	Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Mod #1	Info Mod #2	MA Fee	MA Units	Limits
80047	Basic metabolic panel (Calcium, ionized) This panel must include the following: Calcium, ionized (82330), Carbon dioxide (82374), Chloride (82435), Creatinine (82565), Glucose (82947), Potassium (84132), Sodium (84295), Urea Nitrogen (BUN) (84520)	01	016, 017	23		QW		$11.91	per test	once per day
80047	Basic metabolic panel (Calcium, ionized) This panel must include the following: Calcium, ionized (82330), Carbon dioxide (82374), Chloride (82435), Creatinine (82565), Glucose (82947), Potassium (84132), Sodium (84295), Urea Nitrogen (BUN) (84520)	01	183	22		QW		$11.91	per test	once per day
80047	Basic metabolic panel (Calcium, ionized) This panel must include the following: Calcium, ionized (82330), Carbon dioxide (82374), Chloride (82435), Creatinine (82565), Glucose (82947), Potassium (84132), Sodium (84295), Urea Nitrogen (BUN) (84520)	28	280	81		QW		$11.91	per test	once per day
80048	Basic metabolic panel (Calcium, ionized) This panel must include the following: Calcium, ionized (82330), Carbon dioxide (82374), Chloride (82435), Creatinine (82565), Glucose (82947), Potassium (84132), Sodium (84295), Urea Nitrogen (BUN) (84520)	01	016, 017	23		QW		$9.36	per test	once per day
80048	Basic metabolic panel (Calcium, ionized) This panel must include the following: Calcium, ionized (82330), Carbon dioxide (82374), Chloride (82435), Creatinine (82565), Glucose (82947), Potassium (84132), Sodium (84295), Urea Nitrogen (BUN) (84520)	01	183	22		QW		$9.36	per test	once per day
80048	Basic metabolic panel (Calcium, ionized) This panel must include the following: Calcium, ionized (82330), Carbon dioxide (82374), Chloride (82435), Creatinine (82565), Glucose (82947), Potassium (84132), Sodium (84295), Urea Nitrogen (BUN) (84520)	28	280	81		QW		$9.36	per test	once per day
80051	Electrolyte panel This panel must include the following: Carbon dioxide (82374), Chloride (82435), Potassium (84132), Sodium (84295)	01	016, 017	23		QW		$7.00	per test	once per day
80051	Electrolyte panel This panel must include the following: Carbon dioxide (82374), Chloride (82435), Potassium (84132), Sodium (84295)	01	183	22		QW		$7.00	per test	once per day

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Procedure Code	Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Mod #1	Info Mod #2	MA Fee	MA Units	Limits
80051	Electrolyte panel This panel must include the following: Carbon dioxide (82374), Chloride (82435), Potassium (84132), Sodium (84295)	28	280	81		QW		$7.00	per test	once per day
80053	Comprehensive metabolic panel This panel must include the following: Albumin (82040), Bilirubin, total (82247), Calcium, total (82310), Carbon dioxide (bicarbonate) (82374), Chloride (82435), Creatinine (82565), Glucose (82947), Phosphatase, alkaline (84075), Potassium (84132), Protein, total (84155), Sodium (84295), Transferase, alanine amino (ALT) (SGPT) (84460), Transferase, aspartate amino (AST) (SGOT) (84450), Urea nitrogen (BUN) (84520)	01	016, 017	23		QW		$11.69	per test	once per day
80053	Comprehensive metabolic panel This panel must include the following: Albumin (82040), Bilirubin, total (82247), Calcium, total (82310), Carbon dioxide (bicarbonate) (82374), Chloride (82435), Creatinine (82565), Glucose (82947), Phosphatase, alkaline (84075), Potassium (84132), Protein, total (84155), Sodium (84295), Transferase, alanine amino (ALT) (SGPT) (84460), Transferase, aspartate amino (AST) (SGOT) (84450), Urea nitrogen (BUN) (84520)	01	183	22		QW		$11.69	per test	once per day
80053	Comprehensive metabolic panel This panel must include the following: Albumin (82040), Bilirubin, total (82247), Calcium, total (82310), Carbon dioxide (bicarbonate) (82374), Chloride (82435), Creatinine (82565), Glucose (82947), Phosphatase, alkaline (84075), Potassium (84132), Protein, total (84155), Sodium (84295), Transferase, alanine amino (ALT) (SGPT) (84460), Transferase, aspartate amino (AST) (SGOT) (84450), Urea nitrogen (BUN) (84520)	28	280	81		QW		$11.69	per test	once per day
80061	Lipid panel This panel must include the following: Cholesterol, serum, total (82465), Lipoprotein, direct measurement, high density cholesterol (HDL cholesterol) (83718), Triglycerides (84478)	01	015	22		QW		$14.00	per test	once per day
80061	Lipid panel This panel must include the following: Cholesterol, serum, total (82465), Lipoprotein, direct measurement, high density cholesterol (HDL cholesterol) (83718), Triglycerides (84478)	01	016, 017	23		QW		$14.00	per test	once per day

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Procedure Code	Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Mod #1	Info Mod #2	MA Fee	MA Units	Limits
80061	Lipid panel This panel must include the following: Cholesterol, serum, total (82465), Lipoprotein, direct measurement, high density cholesterol (HDL cholesterol) (83718), Triglycerides (84478)	01	183	22		QW		$14.00	per test	once per day
80061	Lipid panel This panel must include the following: Cholesterol, serum, total (82465), Lipoprotein, direct measurement, high density cholesterol (HDL cholesterol) (83718), Triglycerides (84478)	08	082	49		QW		$14.00	per test	once per day
80061	Lipid panel This panel must include the following: Cholesterol, serum, total (82465), Lipoprotein, direct measurement, high density cholesterol (HDL cholesterol) (83718), Triglycerides (84478)	08	083	22		QW	FP	$14.00	per test	once per day
80061	Lipid panel This panel must include the following: Cholesterol, serum, total (82465), Lipoprotein, direct measurement, high density cholesterol (HDL cholesterol) (83718), Triglycerides (84478)	08	083	49		QW	FP	$14.00	per test	once per day
82947	Lipid panel This panel must include the following: Cholesterol, serum, total (82465), Lipoprotein, direct measurement, high density cholesterol (HDL cholesterol) (83718), Triglycerides (84478)	09	All	11		QW		$14.00	per test	once per day
80061	Lipid panel This panel must include the following: Cholesterol, serum, total (82465), Lipoprotein, direct measurement, high density cholesterol (HDL cholesterol) (83718), Triglycerides (84478)	28	280	81		QW		$14.00	per test	once per day
80061	Lipid panel This panel must include the following: Cholesterol, serum, total (82465), Lipoprotein, direct measurement, high density cholesterol (HDL cholesterol) (83718), Triglycerides (84478)	31	All	11		QW		$14.00	per test	once per day
80061	Lipid panel This panel must include the following: Cholesterol, serum, total (82465), Lipoprotein, direct measurement, high density cholesterol (HDL cholesterol) (83718), Triglycerides (84478)	33	335	11		QW		$14.00	per test	once per day
80069	Renal function panel This panel must include the following: Albumin (82040), Calcium, total (82310), Carbon dioxide (bicarbonate) (82374), Chloride (82435), Creatinine (82565), Glucose (82947), Phosphorus inorganic (phosphate) (84100), Potassium (84132), Sodium (84295), Urea nitrogen (BUN) (84520)	01	016, 017	23		QW		$9.60	per test	once per day

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Procedure Code	Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Mod #1	Info Mod #2	MA Fee	MA Units	Limits
80069	Renal function panel This panel must include the following: Albumin (82040), Calcium, total (82310), Carbon dioxide (bicarbonate) (82374), Chloride (82435), Creatinine (82565), Glucose (82947), Phosphorus inorganic (phosphate) (84100), Potassium (84132), Sodium (84295), Urea nitrogen (BUN) (84520)	01	183	22		QW		$9.60	per test	once per day
80069	Renal function panel This panel must include the following: Albumin (82040), Calcium, total (82310), Carbon dioxide (bicarbonate) (82374), Chloride (82435), Creatinine (82565), Glucose (82947), Phosphorus inorganic (phosphate) (84100), Potassium (84132), Sodium (84295), Urea nitrogen (BUN) (84520)	28	280	81		QW		$9.60	per test	once per day
80178	Lithium	01	016, 017	23		QW		$8.00	per test	once per day
80178	Lithium	01	183	22		QW		$8.00	per test	once per day
80178	Lithium	28	280	81		QW		$8.00	per test	once per day
81003	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; automated, without microscopy	01	015	22		QW		$3.10	per test	once per day
81003	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; automated, without microscopy	01	016, 017	23		QW		$3.10	per test	once per day
81003	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; automated, without microscopy	01	183	22		QW		$3.10	per test	once per day
81003	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; automated, without microscopy	08	082	49		QW		$3.10	per test	once per day

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Procedure Code	Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Mod #1	Info Mod #2	MA Fee	MA Units	Limits
81003	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; automated, without microscopy	09	All	11		QW		$3.10	per test	once per day
81003	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; automated, without microscopy	28	280	81		QW		$3.10	per test	once per day
81003	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; automated, without microscopy	31	All	11		QW		$3.10	per test	once per day
81003	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; automated, without microscopy	33	335	11		QW		$3.10	per test	once per day
81007	Urinalysis; bacteriuria screen, except by culture or dipstick	01	015	22		QW		$3.00	per test	once per day
81007	Urinalysis; bacteriuria screen, except by culture or dipstick	01	016, 017	23		QW		$3.00	per test	once per day
81007	Urinalysis; bacteriuria screen, except by culture or dipstick	01	183	22		QW		$3.00	per test	once per day
81007	Urinalysis; bacteriuria screen, except by culture or dipstick	08	082	49		QW		$3.00	per test	once per day
81007	Urinalysis; bacteriuria screen, except by culture or dipstick	09	All	11		QW		$3.00	per test	once per day
81007	Urinalysis; bacteriuria screen, except by culture or dipstick	28	280	81		QW		$3.00	per test	once per day
81007	Urinalysis; bacteriuria screen, except by culture or dipstick	31	All	11		QW		$3.00	per test	once per day
81007	Urinalysis; bacteriuria screen, except by culture or dipstick	33	335	11		QW		$3.00	per test	once per day
82010	Acetone or other ketone bodies, serum; quantitative	01	016, 017	23		QW		$5.00	per test	once per day

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Procedure Code	Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Mod #1	Info Mod #2	MA Fee	MA Units	Limits
82010	Acetone or other ketone bodies, serum; quantitative	01	183	22		QW		$5.00	per test	once per day
82010	Acetone or other ketone bodies, serum; quantitative	28	280	81		QW		$5.00	per test	once per day
82040	Albumin; serum, plasma or whole blood	01	016, 017	23		QW		$3.65	per test	once per day
82040	Albumin; serum, plasma or whole blood	01	183	22		QW		$3.65	per test	once per day
82040	Albumin; serum, plasma or whole blood	28	280	81		QW		$3.65	per test	once per day
82043	Albumin; urine, microalbumin, quantitative	01	016, 017	23		QW		$8.00	per test	once per day
82043	Albumin; urine, microalbumin, quantitative	01	183	22		QW		$8.00	per test	once per day
82043	Albumin; urine, microalbumin, quantitative	28	280	81		QW		$8.00	per test	once per day
82055	Alcohol (ethanol); any specimen except breath	01	012, 014	22		QW		$12.00	per test	once per day
82055	Alcohol (ethanol); any specimen except breath	01	016, 017	23		QW		$12.00	per test	once per day
82055	Alcohol (ethanol); any specimen except breath	01	019	22		QW		$12.00	per test	once per day
82055	Alcohol (ethanol); any specimen except breath	01	183	22		QW		$12.00	per test	once per day
82055	Alcohol (ethanol); any specimen except breath	01	441	22		QW		$12.00	per test	once per day
82055	Alcohol (ethanol); any specimen except breath	28	280	81		QW		$12.00	per test	once per day
82150	Amylase	01	016, 017	23		QW		$5.00	per test	once per day
82150	Amylase	01	183	22		QW		$5.00	per test	once per day

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Procedure Code	Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Mod #1	Info Mod #2	MA Fee	MA Units	Limits
82150	Amylase	28	280	81		QW		$5.00	per test	once per day
82247	Bilirubin; total	01	016, 017	23		QW		$6.93	per test	once per day
82247	Bilirubin; total	01	183	22		QW		$6.93	per test	once per day
82247	Bilirubin; total	28	280	81		QW		$6.93	per test	once per day
82274	Blood, occult, by fecal hemoglobin determination by immunoassay, qualitative, feces, 1-3 simultaneous determinations	01	016, 017	23		QW		$2.80	per test	once per day
82274	Blood, occult, by fecal hemoglobin determination by immunoassay, qualitative, feces, 1-3 simultaneous determinations	01	183	22		QW		$2.80	per test	once per day
82274	Blood, occult, by fecal hemoglobin determination by immunoassay, qualitative, feces, 1-3 simultaneous determinations	08	082	49		QW		$2.80	per test	once per day
82274	Blood, occult, by fecal hemoglobin determination by immunoassay, qualitative, feces, 1-3 simultaneous determinations	09	All	11		QW		$2.80	per test	once per day
82274	Blood, occult, by fecal hemoglobin determination by immunoassay, qualitative, feces, 1-3 simultaneous determinations	28	280	81		QW		$2.80	per test	once per day
82274	Blood, occult, by fecal hemoglobin determination by immunoassay, qualitative, feces, 1-3 simultaneous determinations	31	All	11		QW		$2.80	per test	once per day
82274	Blood, occult, by fecal hemoglobin determination by immunoassay, qualitative, feces, 1-3 simultaneous determinations	33	335	11		QW		$2.80	per test	once per day
82310	Calcium; total	01	016, 017	23		QW		$7.11	per test	once per day
82310	Calcium; total	01	183	22		QW		$7.11	per test	once per day
82310	Calcium; total	28	280	81		QW		$7.11	per test	once per day

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Procedure Code	Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Mod #1	Info Mod #2	MA Fee	MA Units	Limits
82330	Calcium; ionized	01	016, 017	23		QW		$8.85	per test	once per day
82330	Calcium; ionized	01	183	22		QW		$8.85	per test	once per day
82330	Calcium; ionized	28	280	81		QW		$8.85	per test	once per day
82374	Carbon dioxide (bicarbonate)	01	016, 017	23		QW		$6.72	per test	once per day
82374	Carbon dioxide (bicarbonate)	01	183	22		QW		$6.72	per test	once per day
82374	Carbon dioxide (bicarbonate)	28	280	81		QW		$6.72	per test	once per day
82435	Chloride; blood	01	016, 017	23		QW		$6.34	per test	once per day
82435	Chloride; blood	01	183	22		QW		$6.34	per test	once per day
82435	Chloride; blood	28	280	81		QW		$6.34	per test	once per day
82465	Cholesterol, serum or whole blood, total	01	016, 017	23		QW		$6.01	per test	once per day
82465	Cholesterol, serum or whole blood, total	01	183	22		QW		$6.01	per test	once per day
82465	Cholesterol, serum or whole blood, total	08	083	22		QW	FP	$6.01	per test	once per day
82465	Cholesterol, serum or whole blood, total	08	083	49		QW	FP	$6.01	per test	once per day
82465	Cholesterol, serum or whole blood, total	28	280	81		QW		$6.01	per test	once per day
82550	Creatine kinase (CK), (CPK); total	01	016, 017	23		QW		$7.19	per test	once per day
82550	Creatine kinase (CK), (CPK); total	01	183	22		QW		$7.19	per test	once per day

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Procedure Code	Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Mod #1	Info Mod #2	MA Fee	MA Units	Limits
82550	Creatine kinase (CK), (CPK); total	28	280	81		QW		$7.19	per test	once per day
82565	Creatinine; blood	01	016, 017	23		QW		$6.41	per test	once per day
82565	Creatinine; blood	01	183	22		QW		$6.41	per test	once per day
82565	Creatinine; blood	28	280	81		QW		$6.41	per test	once per day
82570	Creatinine; other source	01	016, 017	23		QW		$7.15	per test	once per day
82570	Creatinine; other source	01	183	22		QW		$7.15	per test	once per day
82570	Creatinine; other source	28	280	81		QW		$7.15	per test	once per day
82679	Estrone	01	016, 017	23		QW		$13.00	per test	once per day
82679	Estrone	01	183	22		QW		$13.00	per test	once per day
82679	Estrone	28	280	81		QW		$13.00	per test	once per day
82947	Glucose; quantitative, blood (except reagent strip)	01	012, 014	22		QW		$4.00	per test	once per day
82947	Glucose; quantitative, blood (except reagent strip)	01	016, 017	23		QW		$4.00	per test	once per day
82947	Glucose; quantitative, blood (except reagent strip)	01	019	22		QW		$4.00	per test	once per day
82947	Glucose; quantitative, blood (except reagent strip)	01	183	22		QW		$4.00	per test	once per day
82947	Glucose; quantitative, blood (except reagent strip)	01	441	22		QW		$4.00	per test	once per day
82947	Glucose; quantitative, blood (except reagent strip)	08	082	49		QW		$4.00	per test	once per day

Procedure Code	Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Mod #1	Info Mod #2	MA Fee	MA Units	Limits
82947	Glucose; quantitative, blood (except reagent strip)	09	All	11		QW		$4.00	per test	once per day
82947	Glucose; quantitative, blood (except reagent strip)	28	280	81		QW		$4.00	per test	once per day
82947	Glucose; quantitative, blood (except reagent strip)	31	All	11		QW		$4.00	per test	once per day
82947	Glucose; quantitative, blood (except reagent strip)	33	335	11		QW		$4.00	per test	once per day
82950	Glucose; post glucose dose (includes glucose)	01	016, 017	23		QW		$6.53	per test	once per day
82950	Glucose; post glucose dose (includes glucose)	01	183	22		QW		$6.53	per test	once per day
82950	Glucose; post glucose dose (includes glucose)	28	280	81		QW		$6.53	per test	once per day
82951	Glucose; tolerance test (GTT), 3 specimens (includes glucose)	01	016, 017	23		QW		$12.50	per test	once per day
82951	Glucose; tolerance test (GTT), 3 specimens (includes glucose)	01	183	22		QW		$12.50	per test	once per day
82951	Glucose; tolerance test (GTT), 3 specimens (includes glucose)	08	083	22		QW	FP	$12.50	per test	once per day
82951	Glucose; tolerance test (GTT), 3 specimens (includes glucose)	08	083	49		QW	FP	$12.50	per test	once per day
82951	Glucose; tolerance test (GTT), 3 specimens (includes glucose)	28	280	81		QW		$12.50	per test	once per day
82952	Glucose; tolerance test, each additional beyond 3 specimens (List separately in addition to code for primary procedure)	01	016, 017	23		QW		$3.27	per test	once per day
82952	Glucose; tolerance test, each additional beyond 3 specimens (List separately in addition to code for primary procedure)	01	183	22		QW		$3.27	per test	once per day
82952	Glucose; tolerance test, each additional beyond 3 specimens (List separately in addition to code for primary procedure)	28	280	81		QW		$3.27	per test	once per day

Procedure Code	Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Mod #1	Info Mod #2	MA Fee	MA Units	Limits
82977	Glutamyltransferase, gamma (GGT)	01	016, 017	23		QW		$9.36	per test	once per day
82977	Glutamyltransferase, gamma (GGT)	01	183	22		QW		$9.36	per test	once per day
82977	Glutamyltransferase, gamma (GGT)	28	280	81		QW		$9.36	per test	once per day
82985	Glycated protein	01	016, 017	23		QW		$16.44	per test	once per day
82985	Glycated protein	01	183	22		QW		$16.44	per test	once per day
82985	Glycated protein	28	280	81		QW		$16.44	per test	once per day
83001	Gonadotropin; follicle stimulating hormone (FSH)	01	016, 017	23		QW		$17.50	per test	once per day
83001	Gonadotropin; follicle stimulating hormone (FSH)	01	183	22		QW		$17.50	per test	once per day
83001	Gonadotropin; follicle stimulating hormone (FSH)	01	183	22		QW	FP	$17.50	per test	once per day
83001	Gonadotropin; follicle stimulating hormone (FSH)	08	083	22		QW	FP	$17.50	per test	once per day
83001	Gonadotropin; follicle stimulating hormone (FSH)	08	083	49		QW	FP	$17.50	per test	once per day
83001	Gonadotropin; follicle stimulating hormone (FSH)	28	280	81		QW	FP	$17.00	per test	once per day
83002	Gonadotropin; luteinizing hormone (LH)	01	016, 017	23		QW		$17.00	per test	once per day
83002	Gonadotropin; luteinizing hormone (LH)	01	183	22		QW		$17.00	per test	once per day
83002	Gonadotropin; luteinizing hormone (LH)	08	083	22		QW	FP	$17.00	per test	once per day
83002	Gonadotropin; luteinizing hormone (LH)	08	083	49		QW	FP	$17.00	per test	once per day

Procedure Code	Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Mod #1	Info Mod #2	MA Fee	MA Units	Limits
83002	Gonadotropin; luteinizing hormone (LH)	28	280	81		QW		$17.00	per test	once per day
83036	Hemoglobin; glycosylated (A1C)	01	016, 017	23		QW		$7.00	per test	once per day
83036	Hemoglobin; glycosylated (A1C)	01	183	22		QW		$7.00	per test	once per day
83036	Hemoglobin; glycosylated (A1C)	28	280	81		QW		$7.00	per test	once per day
83605	Lactate (lactic acid)	01	016, 017	23		QW		$8.00	per test	once per day
83605	Lactate (lactic acid)	01	183	22		QW		$8.00	per test	once per day
83605	Lactate (lactic acid)	28	280	81		QW		$8.00	per test	once per day
83655	Lead	01	015	22		QW		$10.00	per test	once per day
83655	Lead	01	016, 017	23		QW		$10.00	per test	once per day
83655	Lead	01	183	22		QW		$10.00	per test	once per day
83655	Lead	08	082	49		QW		$10.00	per test	once per day
83655	Lead	09	All	11		QW		$10.00	per test	once per day
83655	Lead	28	280	81		QW		$10.00	per test	once per day
83655	Lead	31	All	11		QW		$10.00	per test	once per day
83655	Lead	33	335	11		QW		$10.00	per test	once per day
83718	Lipoprotein, direct measurement; high density cholesterol (HDL cholesterol)	01	016, 017	23		QW		$7.00	per test	once per day

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Procedure Code	Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Mod #1	Info Mod #2	MA Fee	MA Units	Limits
83718	Lipoprotein, direct measurement; high density cholesterol (HDL cholesterol)	01	183	22		QW		$7.00	per test	once per day
83718	Lipoprotein, direct measurement; high density cholesterol (HDL cholesterol)	28	280	81		QW		$7.00	per test	once per day
83721	Lipoprotein, direct measurement; LDL cholesterol	01	016, 017	23		QW		$12.00	per test	once per day
83721	Lipoprotein, direct measurement; LDL cholesterol	01	183	22		QW		$12.00	per test	once per day
83721	Lipoprotein, direct measurement; LDL cholesterol	28	280	81		QW		$12.00	per test	once per day
83880	Natriuretic peptide	01	016, 017	23		QW		$37.94	per test	once per day
83880	Natriuretic peptide	01	183	22		QW		$37.94	per test	once per day
83880	Natriuretic peptide	28	280	81		QW		$37.94	per test	once per day
83986	pH; body fluid, not otherwise specified	01	016, 017	23		QW		$2.00	per test	once per day
83986	pH; body fluid, not otherwise specified	01	183	22		QW		$2.00	per test	once per day
83986	pH; body fluid, not otherwise specified	28	280	81		QW		$2.00	per test	once per day
84075	Phosphatase, alkaline;	01	016, 017	23		QW		$6.37	per test	once per day
84075	Phosphatase, alkaline;	01	183	22		QW		$6.37	per test	once per day
84075	Phosphatase, alkaline;	28	280	81		QW		$6.37	per test	once per day
84132	Potassium; serum, plasma or whole blood	01	016, 017	23		QW		$6.34	per test	once per day
84132	Potassium; serum, plasma or whole blood	01	183	22		QW		$6.34	per test	once per day

CLIA Waived Laboratory Tests

Procedure Code	Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Mod #1	Info Mod #2	MA Fee	MA Units	Limits
84132	Potassium; serum, plasma or whole blood	28	280	81		QW		$6.34	per test	once per day
84155	Protein, total, except by refractometry; serum, plasma or whole blood	01	016, 017	23		QW		$4.67	per test	once per day
84155	Protein, total, except by refractometry; serum, plasma or whole blood	01	183	22		QW		$4.67	per test	once per day
84155	Protein, total, except by refractometry; serum, plasma or whole blood	28	280	81		QW		$4.67	per test	once per day
84295	Sodium; serum, plasma or whole blood	01	016, 017	23		QW		$6.50	per test	once per day
84295	Sodium; serum, plasma or whole blood	01	183	22		QW		$6.50	per test	once per day
84295	Sodium; serum, plasma or whole blood	28	280	81		QW		$6.50	per test	once per day
84443	Thyroid stimulating hormone (TSH)	01	016, 017	23		QW		$23.21	per test	once per day
84443	Thyroid stimulating hormone (TSH)	01	016, 017	23		QW	91	$23.21	per test	once per day
84443	Thyroid stimulating hormone (TSH)	01	183	22		QW		$23.21	per test	once per day
84443	Thyroid stimulating hormone (TSH)	01	183	22		QW	91	$23.21	per test	once per day
84443	Thyroid stimulating hormone (TSH)	28	280	81		QW		$23.21	per test	once per day
84443	Thyroid stimulating hormone (TSH)	28	280	81		QW	91	$23.21	per test	once per day
84450	Transferase; aspartate amino (AST) (SGOT)	01	016, 017	23		QW		$7.13	per test	once per day
84450	Transferase; aspartate amino (AST) (SGOT)	01	183	22		QW		$7.13	per test	once per day
84450	Transferase; aspartate amino (AST) (SGOT)	28	280	81		QW		$7.13	per test	once per day

Procedure Code	Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Mod #1	Info Mod #2	MA Fee	MA Units	Limits
84460	Transferase; alanine amino (ALT) (SGPT)	01	016, 017	23		QW		$7.20	per test	once per day
84460	Transferase; alanine amino (ALT) (SGPT)	01	183	22		QW		$7.20	per test	once per day
84460	Transferase; alanine amino (ALT) (SGPT)	28	280	81		QW		$7.20	per test	once per day
84478	Triglycerides	01	016, 017	23		QW		$7.19	per test	once per day
84478	Triglycerides	01	183	22		QW		$7.19	per test	once per day
84478	Triglycerides	28	280	81		QW		$7.19	per test	once per day
84520	Urea nitrogen; quantitative	01	016, 017	23		QW		$5.44	per test	once per day
84520	Urea nitrogen; quantitative	01	183	22		QW		$5.44	per test	once per day
84520	Urea nitrogen; quantitative	28	280	81		QW		$5.44	per test	once per day
84550	Uric acid; blood	01	016, 017	23		QW		$6.24	per test	once per day
84550	Uric acid; blood	01	183	22		QW		$6.24	per test	once per day
84550	Uric acid; blood	28	280	81		QW		$6.24	per test	once per day
84703	Gonadotropin, chorionic (hCG); qualitative	01	012, 014	22		QW		$10.38	per test	once per day
84703	Gonadotropin, chorionic (hCG); qualitative	01	016, 017	23		QW		$10.38	per test	once per day
84703	Gonadotropin, chorionic (hCG); qualitative	01	019	22		QW		$10.38	per test	once per day
84703	Gonadotropin, chorionic (hCG); qualitative	01	183	22		QW		$10.38	per test	once per day

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Procedure Code	Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Mod #1	Info Mod #2	MA Fee	MA Units	Limits
84703	Gonadotropin, chorionic (hCG); qualitative	01	183	22		QW	FP	$10.38	per test	once per day
84703	Gonadotropin, chorionic (hCG); qualitative	01	441	22		QW		$10.38	per test	once per day
84703	Gonadotropin, chorionic (hCG); qualitative	08	083	22		QW	FP	$10.38	per test	once per day
84703	Gonadotropin, chorionic (hCG); qualitative	08	083	49		QW	FP	$10.38	per test	once per day
84703	Gonadotropin, chorionic (hCG); qualitative	28	280	81		QW		$10.38	per test	once per day
84703	Gonadotropin, chorionic (hCG); qualitative	28	280	81		QW	FP	$10.38	per test	once per day
85014	Blood count; hematocrit (HCT)	01	015	22		QW		$3.27	per test	once per day
85014	Blood count; hematocrit (HCT)	01	015	22		QW	91	$3.27	per test	once per day
85014	Blood count; hematocrit (HCT)	01	016, 017	23		QW		$3.27	per test	once per day
85014	Blood count; hematocrit (HCT)	01	016, 017	23		QW	91	$3.27	per test	once per day
85014	Blood count; hematocrit (HCT)	01	183	22		QW		$3.27	per test	once per day
85014	Blood count; hematocrit (HCT)	01	183	22		QW	91	$3.27	per test	once per day
85014	Blood count; hematocrit (HCT)	01	183	22		QW	FP	$3.27	per test	once per day
85014	Blood count; hematocrit (HCT)	08	082	49		QW		$3.27	per test	once per day
85014	Blood count; hematocrit (HCT)	08	082	49		QW	FP	$3.27	per test	once per day
85014	Blood count; hematocrit (HCT)	08	083	22		QW	FP	$3.27	per test	once per day

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Procedure Code	Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Mod #1	Info Mod #2	MA Fee	MA Units	Limits
85014	Blood count; hematocrit (HCT)	08	083	49		QW	FP	$3.27	per test	once per day
85014	Blood count; hematocrit (HCT)	09	All	11		QW		$3.27	per test	once per day
85014	Blood count; hematocrit (HCT)	09	All	11		QW	FP	$3.27	per test	once per day
85014	Blood count; hematocrit (HCT)	28	280	81		QW		$3.27	per test	once per day
85014	Blood count; hematocrit (HCT)	28	280	81		QW	91	$3.27	per test	once per day
85014	Blood count; hematocrit (HCT)	28	280	81		QW	FP	$3.27	per test	once per day
85014	Blood count; hematocrit (HCT)	31	All	11		QW		$3.27	per test	once per day
85014	Blood count; hematocrit (HCT)	31	All	11		QW	FP	$3.27	per test	once per day
85014	Blood count; hematocrit (HCT)	33	335	11		QW		$3.27	per test	once per day
85014	Blood count; hematocrit (HCT)	33	335	11		QW	FP	$3.27	per test	once per day
85018	Blood count; hemoglobin (Hgb)	01	015	22		QW	91	$3.27	per test	once per day
85018	Blood count; hemoglobin (Hgb)	01	015	22		QW		$3.27	per test	once per day
85018	Blood count; hemoglobin (Hgb)	01	016, 017	23		QW		$3.27	per test	once per day
85018	Blood count; hemoglobin (Hgb)	01	016, 017	23		QW	91	$3.27	per test	once per day
85018	Blood count; hemoglobin (Hgb)	01	183	22		QW		$3.27	per test	once per day
85018	Blood count; hemoglobin (Hgb)	01	183	22		QW	FP	$3.27	per test	once per day

CLIA Waived Laboratory Tests

Procedure Code	Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Mod #1	Info Mod #2	MA Fee	MA Units	Limits
85018	Blood count; hemoglobin (Hgb)	01	183	22		QW	91	$3.27	per test	once per day
85018	Blood count; hemoglobin (Hgb)	08	082	49		QW		$3.27	per test	once per day
85018	Blood count; hemoglobin (Hgb)	08	082	49		QW	FP	$3.27	per test	once per day
85018	Blood count; hemoglobin (Hgb)	08	083	22		QW	FP	$3.27	per test	once per day
85018	Blood count; hemoglobin (Hgb)	08	083	49		QW	FP	$3.27	per test	once per day
85018	Blood count; hemoglobin (Hgb)	09	All	11		QW		$3.27	per test	once per day
85018	Blood count; hemoglobin (Hgb)	09	All	11		QW	FP	$3.27	per test	once per day
85018	Blood count; hemoglobin (Hgb)	28	280	81		QW		$3.27	per test	once per day
85018	Blood count; hemoglobin (Hgb)	28	280	81		QW	91	$3.27	per test	once per day
85018	Blood count; hemoglobin (Hgb)	28	280	81		QW	FP	$3.27	per test	once per day
85018	Blood count; hemoglobin (Hgb)	31	All	11		QW		$3.27	per test	once per day
85018	Blood count; hemoglobin (Hgb)	31	All	11		QW	FP	$3.27	per test	once per day
85018	Blood count; hemoglobin (Hgb)	33	335	11		QW		$3.27	per test	once per day
85018	Blood count; hemoglobin (Hgb)	33	335	11		QW	FP	$3.27	per test	once per day
85576	Platelet, aggregation (in vitro), each agent	01	016, 017	23		QW		$29.69	per test	once per day
85576	Platelet, aggregation (in vitro), each agent	01	183	22		QW		$29.69	per test	once per day

CLIA Waived Laboratory Tests

Procedure Code	Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Mod #1	Info Mod #2	MA Fee	MA Units	Limits
85576	Platelet, aggregation (in vitro), each agent	28	280	81		QW		$29.69	per test	once per day
85610	Prothrombin time;	01	016, 017	23		QW		$4.00	per test	once per day
85610	Prothrombin time;	01	183	22		QW		$4.00	per test	once per day
85610	Prothrombin time;	08	082	49		QW		$4.00	per test	once per day
85610	Prothrombin time;	09	All	11		QW		$4.00	per test	once per day
85610	Prothrombin time;	28	280	81		QW		$4.00	per test	once per day
85610	Prothrombin time;	31	All	11		QW		$4.00	per test	once per day
85610	Prothrombin time;	33	335	11		QW		$4.00	per test	once per day
86308	Heterophile antibodies; screening	01	016, 017	23		QW		$7.15	per test	once per day
86308	Heterophile antibodies; screening	01	183	22		QW		$7.15	per test	once per day
86308	Heterophile antibodies; screening	08	082	49		QW		$7.15	per test	once per day
86308	Heterophile antibodies; screening	09	All	11		QW		$7.15	per test	once per day
86308	Heterophile antibodies; screening	28	280	81		QW		$7.15	per test	once per day
86308	Heterophile antibodies; screening	31	All	11		QW		$7.15	per test	once per day
86308	Heterophile antibodies; screening	33	335	11		QW		$7.15	per test	once per day

CLIA Waived Laboratory Tests

Procedure Code	Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Mod #1	Info Mod #2	MA Fee	MA Units	Limits
86318	Immunoassay for infectious agent antibody, qualitative or semiquantitative, single step method (eg, reagent strip)	01	016, 017	23		QW		$17.89	per test	once per day
86318	Immunoassay for infectious agent antibody, qualitative or semiquantitative, single step method (eg, reagent strip)	01	183	22		QW		$17.89	per test	once per day
86318	Immunoassay for infectious agent antibody, qualitative or semiquantitative, single step method (eg, reagent strip)	28	280	81		QW		$17.89	per test	once per day
86386	Nuclear Matrix Protein 22 (NMP22), qualitative	01	183	22		QW		$18.09	per test	once per day
86386	Nuclear Matrix Protein 22 (NMP22), qualitative	28	280	81		QW		$18.09	per test	once per day
86618	Antibody; Borrelia burgdorferi (Lyme disease)	01	016, 017	23		QW		$23.54	per test	once per day
86618	Antibody; Borrelia burgdorferi (Lyme disease)	01	183	22		QW		$23.54	per test	once per day
86618	Antibody; Borrelia burgdorferi (Lyme disease)	08	082	49		QW		$23.54	per test	once per day
86618	Antibody; Borrelia burgdorferi (Lyme disease)	09	All	11		QW		$23.54	per test	once per day
86618	Antibody; Borrelia burgdorferi (Lyme disease)	28	280	81		QW		$23.54	per test	once per day
86618	Antibody; Borrelia burgdorferi (Lyme disease)	31	All	11		QW		$23.54	per test	once per day
86618	Antibody; Borrelia burgdorferi (Lyme disease)	33	335	11		QW		$23.54	per test	once per day
86701	Antibody; HIV-1	01	012, 014	22		QW		$12.27	per test	once per day
86701	Antibody; HIV-1	01	016, 017	23		QW		$12.27	per test	once per day
86701	Antibody; HIV-1	01	019	22		QW		$12.27	per test	once per day

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Procedure Code	Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Mod #1	Info Mod #2	MA Fee	MA Units	Limits
86701	Antibody; HIV-1	01	183	22		QW		$12.27	per test	once per day
86701	Antibody; HIV-1	01	183	22		QW	FP	$12.27	per test	once per day
86701	Antibody; HIV-1	01	441	22		QW		$12.27	per test	once per day
86701	Antibody; HIV-1	08	083	22		QW	FP	$12.27	per test	once per day
86701	Antibody; HIV-1	08	083	49		QW	FP	$12.27	per test	once per day
86701	Antibody; HIV-1	28	280	81		QW		$12.27	per test	once per day
86701	Antibody; HIV-1	28	280	81		QW	FP	$12.27	per test	once per day
86803	Hepatitis C antibody;	01	016, 017	23		QW		$19.00	per test	once per day
86803	Hepatitis C antibody;	01	183	22		QW		$19.00	per test	once per day
86803	Hepatitis C antibody;	28	280	81		QW		$19.00	per test	once per day
87077	Culture, bacterial; aerobic isolate, additional methods required for definitive identification, each isolate	01	016, 017	23		QW		$7.10	per test	once per day
87077	Culture, bacterial; aerobic isolate, additional methods required for definitive identification, each isolate	01	183	22		QW		$7.10	per test	once per day
87077	Culture, bacterial; aerobic isolate, additional methods required for definitive identification, each isolate	28	280	81		QW		$7.10	per test	once per day
87210	Smear, primary source with interpretation; wet mount fof infectious agents (eg, saline, india ink, KOH preps)	01	016, 017	23		QW		$5.90	per test	once per day

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Procedure Code	Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Mod #1	Info Mod #2	MA Fee	MA Units	Limits
87210	Smear, primary source with interpretation; wet mount fof infectious agents (eg, saline, india ink, KOH preps)	01	183	22		QW		$5.90	per test	once per day
87210	Smear, primary source with interpretation; wet mount fof infectious agents (eg, saline, india ink, KOH preps)	01	183	22		QW	FP	$5.90	per test	once per day
87210	Smear, primary source with interpretation; wet mount fof infectious agents (eg, saline, india ink, KOH preps)	08	083	22		QW	FP	$5.90		
87210	Smear, primary source with interpretation; wet mount fof infectious agents (eg, saline, india ink, KOH preps)	08	083	49		QW	FP	$5.90	per test	once per day
87210	Smear, primary source with interpretation; wet mount fof infectious agents (eg, saline, india ink, KOH preps)	28	280	81		QW		$5.90	per test	once per day
87210	Smear, primary source with interpretation; wet mount fof infectious agents (eg, saline, india ink, KOH preps)	28	280	81		QW	FP	$5.90	per test	once per day
87804	Infectious agent antigen detection by immunoassay with direct optical observation; influenza	01	016, 017	23		QW		$11.35	per test	twice per day
87804	Infectious agent antigen detection by immunoassay with direct optical observation; influenza	01	183	22		QW		$11.35	per test	twice per day
87804	Infectious agent antigen detection by immunoassay with direct optical observation; influenza	08	082	49		QW		$11.35	per test	twice per day
87804	Infectious agent antigen detection by immunoassay with direct optical observation; influenza	09	All	11		QW		$11.35	per test	twice per day

Procedure Code	Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Mod #1	Info Mod #2	MA Fee	MA Units	Limits
87804	Infectious agent antigen detection by immunoassay with direct optical observation; influenza	28	280	81		QW		$11.35	per test	twice per day
87804	Infectious agent antigen detection by immunoassay with direct optical observation; influenza	31	All	11		QW		$11.35	per test	twice per day
87804	Infectious agent antigen detection by immunoassay with direct optical observation; influenza	33	335	11		QW		$11.35	per test	twice per day
87807	Infectious agent antigen detection by immunoassay with direct optical observation; respiratory syncytial virus	01	016, 017	23		QW		$12.31	per test	once per day
87807	Infectious agent antigen detection by immunoassay with direct optical observation; respiratory syncytial virus	01	183	22		QW		$12.31	per test	once per day
87807	Infectious agent antigen detection by immunoassay with direct optical observation; respiratory syncytial virus	08	082	49		QW		$12.31	per test	once per day
87807	Infectious agent antigen detection by immunoassay with direct optical observation; respiratory syncytial virus	09	All	11		QW		$12.31	per test	once per day
87807	Infectious agent antigen detection by immunoassay with direct optical observation; respiratory syncytial virus	28	280	81		QW		$12.31	per test	once per day
87807	Infectious agent antigen detection by immunoassay with direct optical observation; respiratory syncytial virus	31	All	11		QW		$12.31	per test	once per day
87807	Infectious agent antigen detection by immunoassay with direct optical observation; respiratory syncytial virus	33	335	11		QW		$12.31	per test	once per day

Procedure Code	Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Mod #1	Info Mod #2	MA Fee	MA Units	Limits
87808	Infectious agent antigen detection by immunoassay with direct optical observation; trichomonas vaginalis	01	016, 017	23		QW		$12.31	per test	once per day
87808	Infectious agent antigen detection by immunoassay with direct optical observation; trichomonas vaginalis	01	183	22		QW		$12.31	per test	once per day
87808	Infectious agent antigen detection by immunoassay with direct optical observation; trichomonas vaginalis	08	083	22		QW	FP	$12.31	per test	once per day
87808	Infectious agent antigen detection by immunoassay with direct optical observation; trichomonas vaginalis	08	083	49		QW	FP	$12.31	per test	once per day
87808	Infectious agent antigen detection by immunoassay with direct optical observation; trichomonas vaginalis	28	280	81		QW		$12.31	per test	once per day
87809	Infectious agent antigen detection by immunoassay with direct optical observation; adenovirus	01	016, 017	23		QW		$12.31	per test	once per day
87809	Infectious agent antigen detection by immunoassay with direct optical observation; adenovirus	01	183	22		QW		$12.31	per test	once per day
87809	Infectious agent antigen detection by immunoassay with direct optical observation; adenovirus	28	280	81		QW		$12.31	per test	once per day
87880	Infectious agent antigen detection by immunoassay with direct optical observation; streptococcus, group A	01	016, 017	23		QW		$6.30	per test	once per day
87880	Infectious agent antigen detection by immunoassay with direct optical observation; streptococcus, group A	01	183	22		QW		$6.30	per test	once per day

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Procedure Code	Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Mod #1	Info Mod #2	MA Fee	MA Units	Limits
87880	Infectious agent antigen detection by immunoassay with direct optical observation; streptococcus, group A	08	082	49		QW		$6.30	per test	once per day
87880	Infectious agent antigen detection by immunoassay with direct optical observation; streptococcus, group A	09	All	11		QW		$6.30	per test	once per day
87880	Infectious agent antigen detection by immunoassay with direct optical observation; streptococcus, group A	28	280	81		QW		$6.30	per test	once per day
87880	Infectious agent antigen detection by immunoassay with direct optical observation; streptococcus, group A	31	All	11		QW		$6.30	per test	once per day
87880	Infectious agent antigen detection by immunoassay with direct optical observation; streptococcus, group A	33	335	11		QW		$6.30	per test	once per day
87905	Infectious agent enzymatic activity other than virus (eg, sialidase activity in vaginal fluid)	01	016, 017	23		QW		$14.00	per test	once per day
87905	Infectious agent enzymatic activity other than virus (eg, sialidase activity in vaginal fluid)	01	183	22		QW		$14.00	per test	once per day
87905	Infectious agent enzymatic activity other than virus (eg, sialidase activity in vaginal fluid)	28	280	81		QW		$14.00	per test	once per day
G0328	Colorectal cancer screening; fecal occult blood test, immunoassay, 1-3 simultaneous determinations	01	183	22		QW		$18.22	per test	once per day
G0328	Colorectal cancer screening; fecal occult blood test, immunoassay, 1-3 simultaneous determinations	28	280	81		QW		$18.22	per test	once per day
S3645	HIV-1 antibody testing of oral mucosal transudate	01	016, 017	23		QW		$20.00	per test	once per day
S3645	HIV-1 antibody testing of oral mucosal transudate	01	183	22		QW		$20.00	per test	once per day

CLIA Waived Laboratory Tests

Procedure Code	Description	Provider Type	Specialty	Place of Service	Pricing Modifier	Info Mod #1	Info Mod #2	MA Fee	MA Units	Limits
S3645	HIV-1 antibody testing of oral mucosal transudate	08	082	49		QW		$20.00	per test	once per day
S3645	HIV-1 antibody testing of oral mucosal transudate	08	083	22		QW	FP	$20.00	per test	once per day
S3645	HIV-1 antibody testing of oral mucosal transudate	08	083	49		QW	FP	$20.00	per test	once per day
S3645	HIV-1 antibody testing of oral mucosal transudate	09	All	11		QW		$20.00	per test	once per day
S3645	HIV-1 antibody testing of oral mucosal transudate	28	280	81		QW		$20.00	per test	once per day
S3645	HIV-1 antibody testing of oral mucosal transudate	31	All	11		QW		$20.00	per test	once per day
S3645	HIV-1 antibody testing of oral mucosal transudate	33	335	11		QW		$20.00	per test	once per day