



January, 2013

Dear Physician:

Barnes-Jewish Hospital Department of Laboratories is committed to possessing the reliability, honesty, trustworthiness and high degree of business integrity expected of a participant in federally funded healthcare programs. As part of this commitment, our policy concerning profiles and panels is to provide physicians with the flexibility to choose appropriate tests to assure that the convenience of ordering profiles and panels does not distance physicians from making deliberate decisions regarding which tests are truly medically necessary.

To demonstrate our commitment, we provide an annual notice to each of our physician clients advising them that if they order tests for Medicare or Medicaid beneficiaries, they should only order those tests that are medically necessary for each patient. The United States Department of Health and Human Services, Office of Inspector General, takes the position that a physician who orders medically unnecessary tests may be subject to civil penalties. Any clinical laboratory that conforms its conduct to meet the Model Compliance Plan for clinical laboratories established by the Office of the Inspector General as we do, must provide this type of annual notice to its clients.

#### **Explanation of Attachments**

As part of this commitment to the government and to you, attached to this letter are lists of the standard organ or disease panels, reflex tests, confirmation tests and profiles available at Barnes-Jewish Hospital Department of Laboratories. The attachment is structured as follows:

1. Attachment 1 lists the American Medical Association's (AMA) organ or disease panels effective January 1, 2013. The panels are broken out to show the individual test components by name and by CPT code. For your information and convenience, please visit these payors' websites to obtain their current fee schedules: Medicare ([http://www.cms.hhs.gov/ClinicalLabFeeSched/02\\_clinlab.asp#TopOfPage](http://www.cms.hhs.gov/ClinicalLabFeeSched/02_clinlab.asp#TopOfPage)); Illinois Medicaid (<http://www.hfs.illinois.gov/feeschedule/>); and, Missouri Medicaid or MoHealth Net ([http://dssapp2.dss.mo.gov/pricelistx/main\\_disclaimer.html](http://dssapp2.dss.mo.gov/pricelistx/main_disclaimer.html)). Local Coverage Determinations applicable for Barnes-Jewish Hospital can be accessed on the WPS Medicare website: <http://www.wpsmedicare.com> and National Coverage Determinations can be accessed on the CMS website: [http://www.cms.gov/mcd/index\\_section.asp?from2=index\\_section.asp&ncd\\_sections=40&](http://www.cms.gov/mcd/index_section.asp?from2=index_section.asp&ncd_sections=40&).

Organ or disease panels must be paid at the lower of the billed charge, the fee amount for the panel, or the sum of the fee amounts for all components. When panels contain one or more automated tests, the contractor determines the correct price for the panel by comparing the price for the automated profile laboratory tests with the sum of the fee amounts for individual tests. Payment for the total panel may not exceed the sum total of the fee amounts for individual covered tests. All Medicare coverage rules apply. The Medicare standard systems must calculate the correct payment amount. The only acceptable Medicare definition for the component tests included in the CPT codes for organ or disease oriented panels is the American Medical Association (AMA) definition of component tests. CMS will not pay for the panel code unless all of the tests in the definition are performed and are medically necessary.

2. Attachment 2 lists our standard tests and profiles that contain a confirmation or a reflex test(s). The list shows the initial test name, the CPT code, the criteria for performing the confirmation or reflex test(s), and the name and CPT code for the confirmation or reflex test(s).
3. Attachments 3 and 4 list certain standard profiles in which every test component is essential to providing a medically valid result. The profiles are broken out to show the individual test components by name and by CPT code.

### **CPT Coding**

Barnes-Jewish Hospital Department of Laboratories bills its test procedures to third party payers, such as Medicare, Medicaid and private insurance, at the same fee it bills patients and in accordance with any specific CPT coding required by the payer. The CPT codes listed in this letter are from the 2013 edition of the Physicians' Current Procedural Terminology, a publication of the AMA. CPT codes are provided for the information of our clients; however, correct coding often varies from one payer to another. Therefore, these codes should not be used without confirming with the appropriate payer that their use is appropriate in each case.

### **MO HealthNet – Illinois Public Aid**

Barnes-Jewish Hospital may not charge Illinois Public Aid or MO HealthNet (formerly Missouri Medicaid) for outpatient laboratory testing that is forwarded to an independent referral laboratory for analysis and not performed by Barnes-Jewish Hospital Department of Laboratories. In these cases, only the performing laboratory may submit claims for payment. To achieve compliance with this regulation, it is the responsibility of the physician or the submitting institution to provide the patient's complete insurance information to be forwarded to the performing laboratory for billing to the appropriate state department. For organizations not doing business in Missouri or Illinois it is the responsibility of the submitting institution to validate the laws governing their state to ensure they comply with billing requirements in regard to referral testing.

Please review carefully the panels listed in the Attachments. If you have any questions or would like to discuss this matter with us, please contact Customer Service at the address and phone number listed below. Barnes-Jewish Hospital Laboratory clinical consultants can be contacted as follows: Charles S. Eby, M.D. (Clinical Laboratory 314-362-2998) or Peter Humphrey, M.D., Ph.D. (Surgical Pathology 314-362-0112).

Thank you for your attention to this matter.  
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### **Attachment(s)**

- Attachment 1 - AMA Organ or Disease Panels
- Attachment 2 - Standard Reflex/Confirmation Tests
- Attachments 3 and 4 - Standard Profiles\*

## AMA ORGAN OR DISEASE PANELS – 2013

CPT CODE	DESCRIPTOR and COMPONENTS
80074 86709 86705 87340 86803	<u>Acute Hepatitis Panel</u> Hepatitis A Antibody, IgM Hepatitis B Core Antibody, IgM Hepatitis B Surface Antigen Hepatitis C Antibody
80048 82310 82374 82435 82565 82947 84132 84295 84520	<u>Basic Metabolic Panel (8 Tests)</u> Calcium, Total Carbon Dioxide Chloride Creatinine Glucose Potassium Sodium Urea Nitrogen
80047 82330 82374 82435 82565 82947 84132 84295 84520	<u>Basic Metabolic Panel with Ionized Calcium (8 Tests)</u> Calcium, Ionized Carbon Dioxide Chloride Creatinine Glucose Potassium Sodium Urea Nitrogen
80053 82040 84460 84450 82247 82310 82374 82435 82565 82947 84075 84132 84155 84295 84520	<u>Comprehensive Metabolic Panel (14 Tests)</u> Albumin ALT (SGPT) AST (SGPT) Bilirubin, Total Calcium, Total Carbon Dioxide Chloride Creatinine Glucose Phosphatase, Alkaline Potassium Protein, Total Sodium Urea Nitrogen
80051 82374 82435 84132 84295	<u>Electrolyte Panel</u> Carbon Dioxide Chloride Potassium Sodium

## AMA ORGAN OR DISEASE PANELS – 2013

CPT CODE	DESCRIPTOR and COMPONENTS
80076 82040 84460 84450 82247 82248 84075 84155	<u>Hepatic Function Panel (7 Tests)</u> Albumin ALT (SGPT) AST (SGOT) Bilirubin, Total Bilirubin, Conjugated Phosphatase, Alkaline Protein, Total
80061 82465 83718 84478	<u>Lipid Panel</u> Cholesterol, Serum Total Cholesterol, High Density Lipoprotein (HDL) Triglycerides LDL – Calculated
80055 85025 87340 86762 86592  86900 86901 86850	<u>Obstetric Panel</u> Complete Blood Count (CBC) Hepatitis B Surface Antigen Rubella Antibody, IgG RPR  <u>Type and Screen</u> ABO Rh Screen
80069 82040 82310 82374 82435 82565 82947 84100 84132 84295 84520	<u>Renal Function Panel (10 Tests)</u> Albumin Calcium, Total Carbon Dioxide Chloride Creatinine Glucose Phosphorus, Inorganic (Phosphate) Potassium Sodium Urea Nitrogen

## URINALYSIS AND HEMATOLOGY – 2013

CPT CODE	DESCRIPTOR and COMPONENTS
81001 81003 81015	<u>Complete Urinalysis</u> Urinalysis, Macroscopic Urinalysis, Microscopic
85025 85048 85041 85018 85014 85049 N/A	<u>Complete Blood Count (CBC)</u> – Includes automated differential White Blood Count Red Blood Count Hemoglobin Hematocrit Platelet Count Automated Differential
85027 85048 85041 85018 85014 85049	<u>CBC Express</u> – No automated differential White Blood Count Red Blood Count Hemoglobin Hematocrit Platelet Count

**STANDARD REFLEX/CONFIRMATION TESTS - 2013**

<b>Initial Test</b>	<b>CPT Code</b>	<b>Reflex Criteria</b>	<b>Reflex Test</b>	<b>CPT Code</b>
Activated Protein C Resistance (APCR)	85307	If result is abnormal	Factor V Leiden	81241
ADAMTS13 Activity Profile	85397	If activity is ≤30 If inhibitor is ≤=0.7	ADAMTS13 Inhibitor ADAMTS 13 Antibody	85335 83520
Allergic Bronchopulmonary Aspergillosis (ABPA) Cascade	82785	If total IgE is > 417 IU/mL	Aspergillus specific IgE (M3)	86003
Aspergillus Specific IgE	86003	If result is positive	Aspergillus IgG	86606
Alpha-1-Antitrypsin Deficiency Profile	81332 82103	If genotyping and quantitation are discordant	Alpha-1-Antitrypsin Phenotype	82104
Amphetamine/Methamphetamine, Urine	80101 (G0434-Medicare)	If screening is positive	Confirmation. The confirmation may identify one or more of the following: Amphetamine/methamphetamine, ephedrine/pseudoephedrine, MDA, MDE, MDMA, phentermine and phenylpropanalamine	80102 per confirmation
Antineutrophil Cytoplasmic Antibody (ANCA)	86255	If ANCA qualitative is positive	ANCA , Confirmation (MPO, PR3)  ANCA, Quantitative	83876 83520 86256
Antinuclear Antibody, ANA, Reflex	86038	If ANA qualitative is positive	ANA, Quantitative DS DNA, Quantitative	86039 86225
Antinuclear Antibody, ANA, Screen	86038	If ANA qualitative is positive	ANA, Quantitative	86039
Antibody Screen, Blood	86850	If screen is positive, the following <u>may</u> be performed as required	Antibody identification Antibody, Titer Absorption Elution Antigen Testing Patient Red Cell Phenotyping Inhibition/Neutralization Pretreatment of RBCs for Antibody with drugs Full Crossmatch	86870 86886 86978 86860 86905 86906 86977 86970 86920
Barbiturates, Urine	80101 (G0434-Medicare)	If screening is positive	Confirmation. The confirmation may identify one or more of the following: amobarbital, butalbital, pentobarbital, phenobarbital, and secobarbital	80102 per confirmation
Brucella Antibody Screen, IgG & IgM	86622 x2	If screening is positive or equivocal	Brucella, Total Ab, Confirmation	86622
Cannabinoids (THC), Urine	80101 (G0434-Medicare)	If screening is positive on pediatric specimen or from the Prenatal Drug panel	Confirmation	80102
C2 Complement	86161	If C2 result is <15 U/mL	C3 Complement and C4 Complement	86160 x2
Celiac Screen	83516 x2	If both anti-TTG IgA and IgG are negative	Gliadin IgA, IgG	83516 x2
Cocaine Metabolite, Urine	80101 (G0434-Medicare)	If screening is positive	Cocaine Metabolite, Confirmation	80102

**STANDARD REFLEX/CONFIRMATION TESTS - 2013**

<b>Initial Test</b>	<b>CPT Code</b>	<b>Reflex Criteria</b>	<b>Reflex Test</b>	<b>CPT Code</b>
Cold Agglutinin Screen	86156	If screening is positive	Cold Agglutinin Titer	86157
Cord Blood Evaluation	86900 86901 85880	If positive <u>may</u> reflex to	Elution Antibody identification	86860 86870
Cryoglobulin, Serum	82595	If cryoglobulin has a result other than negative	Immunofixation Cryoglobulin	86334
Cryptococcus Antigen	86403	If latex agglutination is positive	Cryptococcus Titer	86406
Culture, Viral Respiratory and Stain	87300 x2	If rapid immunofluorescence test is negative	Culture, Viral	87252
Cytology, Liquid Based PAP Test	88142	With diagnosis of atypical squamous cells of undetermined significance (ASC-US)	Human Papillomavirus (HPV) Digene Hybrid Capture II (Amplified Probe)	87621
Diabetic Lipid Panel		For all diabetic hospital patients (as indicated by a prescription for insulin or an oral hypoglycemic agent) with no orders for lipid panel in a 6-month range, or with a lipid panel with LDL result >100 mg/dL in >3 months, a lipid panel will be ordered on an acceptable specimen within 24 hours of admission.	Lipid Panel	80061
Diabetic Hemoglobin A1C Panel		For all diabetic hospital patients (as indicated by a prescription for insulin or an oral hypoglycemic agent) with no orders for Hemoglobin A1C in a 60-day range.	Hemoglobin A1C	83036
Direct Antiglobulin Test, Polyspecific	86880	If screening is positive If anti-IgG is positive	Anti-C3 and Anti-IgG Elution Antibody Identification	86880 x2 86860 86870
Drug Screen, Chemical Dependency Unit	80104 (G0434-Medicare)	If amphetamine or opiates screen positive, then confirmation of that drug or class is assayed	The amphetamine and/or opiate confirmation may identify one or more individual drugs within the class.	80102 per confirmation 83925 for opiates
Drug Screen, Comprehensive	80100 (G0431-Medicare) 80101 (G0434-Medicare) 80104 (G0434-Medicare) 84600	If screening is positive	Confirmation tests on all positive screens. The confirmation may identify one or more of the following: Acetaminophen, acetone, 6-acetylmorphine, amitriptyline, d-amphetamine, amobarbital, benzoyllecgonine (cocaine metabolite), brompheniramine, butalbital, carbamazepine, carisoprodol, chlorpheniramine, cocaine, codeine, cyclobenzaprine, desipramine, dextromethorphan, diphenhydramine, doxepin, doxylamine, ephedrine/pseudoephedrine, ethanol, heroin (as morphine and/or 6-acetylmorphine), hydrocodone, hydromorphone, imipramine, isopropanol, lidocaine, MDA, MDE, MDMA, methylphenidate (ritalin), meperidine, meprobamate, methadone, methamphetamine, methanol, morphine, norcyclobenzaprine, norpropoxyphene, nortriptyline, norverapamil, oxycodone, pentobarbital pentazocine, phencyclidine, phenobarbital, phenothiazine metabolites, phentermine, phenylpropanolamine, phenytoin (dilatant), propoxyphene, protriptyline, quinidine, quinine, salicylate, secobarbital, venlafaxine, verapamil	80102 per confirmation 83925 for opiates
Drug Screen Comprehensive, cont'd		If substance(s) confirm positive, perform serum quantitation(s).	Acetaminophen, acetone, carbamazepine, ethanol, isopropanol, methanol, phenobarbital, phenytoin (dilatant), salicylate	See Attached List

**STANDARD REFLEX/CONFIRMATION TESTS - 2013**

<b>Initial Test</b>	<b>CPT Code</b>	<b>Reflex Criteria</b>	<b>Reflex Test</b>	<b>CPT Code</b>
Drug Screen, Limited Volume	80104 (G0434-Medicare)	If screening is positive, perform confirmation	The following confirmations may identify one or more individual drugs within their class: amphetamines, barbiturates, cannabinoids, cocaine metabolite, opiates, phencyclidine, methadone	80102 per confirmation 83925 for opiates
Drug Screen, Panel 7	80104 (G0434-Medicare)	If screening is positive, perform confirmation	The following confirmations may identify one or more individual drugs within their class: amphetamines, barbiturates, cocaine metabolite, opiates, phencyclidine	80102 per confirmation 83925 for opiates
Drug Screen, Prenatal	80104 (G0434-Medicare)	If screening is positive, perform serum quantitation	The following confirmations may identify one or more individual drugs within their class: amphetamines, barbiturates, cannabinoids, cocaine metabolite, methadone, opiates, phencyclidine	80102 per confirmation 83925 for opiates
Electrophoresis, Protein, Reflex, Serum	84165	If a paraprotein is detected and an immunofixation has not been performed within the last year, or if the protein electrophoresis pattern is different from previous, or If gamma globulin is < 0.9 g/dL on initial testing  If immunofixation is negative for monoclonal protein	Immunofixation, Serum  Immunoglobulin Free Light Chains	86334  83883x2
Endomysial Antibodies, Serum	86255	If result is positive	Endomysial Antibody Titer	86256
Ethylene Glycol, Serum	82693	If result is >4 mg/dL on initial testing	Confirmation by GCMS	82693
Extractable Nuclear Antigens (ENA) Screen	86235	If screen is borderline-positive or positive	Sm/RNP Ab Sm Ab SSA Ab SSB Ab	86235 86235 86235 86235
Fetal Screen (Hemoglobin/RBC Fetal Rosette)	85461	If fetal screen is positive	Fetal Red Cell Percentage by Flow Cytometry	86356
Fragile X-Associated Tremor & Ataxia Syndrome/ Fragile X Syndrome	81243	If unable to determine fragment sizes by PCR	Southern Analysis	81244
Gentamicin	80170	If peak or random result is ≥21 mcg/mL or trough ≥2.1 mcg/mL	Potassium	84132
Hemoglobin Analysis	83020	If abnormal C or S fraction is identified, first time patient  If other abnormal hemoglobin fraction is identified, first time patient	Acid Gel Electrophoresis  Acid Gel Electrophoresis Alkaline Gel Electrophoresis	83020  83020 83020

**STANDARD REFLEX/CONFIRMATION TESTS - 2013**

<b>Initial Test</b>	<b>CPT Code</b>	<b>Reflex Criteria</b>	<b>Reflex Test</b>	<b>CPT Code</b>
Hepatitis B Surface Antigen	87340	If Hepatitis B Surface Antigen is indeterminate	Hepatitis B Surface Antigen Confirmation	87341
Herpes Simplex Virus (HSV) Antibody IgM	86694	If HSV Ab IgM is positive	HSV Ab IgM by IFA	86694
Herpes Simplex Virus (HSV) Type 1 and Type 2	86694 86695 86696	If HSV Ab IgM is positive	HSV Ab IgM by IFA	86694
Histoplasma capsulatum Antibody Screen	86698	If screen is equivocal or positive	Histoplasma Ab	86698 x 3
HIV-1 & 2 Antibody	86703 (G0432-Medicare)	If HIV-1&2 Ab is positive	HIV-1 Western Blot	86689
HTLV 1-2 Antibody	86687	If HTLV 1-2 Ab is positive	HTLV Confirmation	86689
Lipid Panel	80061	If triglyceride is $\geq 400$	Direct LDL	83721
Lupus Anticoagulant Panel	85670 85613 85730	If the dRVVT Screen is abnormal or the LA PTT Screen is abnormal	dRVVT 50:50 dRVVT confirm LA PTT confirm	85613 85597 85598
Lyme Disease Antibody, Serum or CSF	86618	If result is reactive	Lyme Disease Antibody, Western Blot	86617 x2
Methadone, Urine	80101 (G0434-Medicare)	If result is positive	Methadone Confirmation	80102
Microalbumin, Urine	82043	If specimen is random (non 24-hour)	Creatinine	82570
Mitochondrial Antibody	86255	If result is positive	Mitochondrial Ab Titer	86256
Myasthenia Gravis Evaluation, Adult	83519-59 x2, 83520	If AChR Modulating AB is $\geq 90\%$ and Striational AB is $\geq 1:60$	AChR Ganglionic Neuronal AB, GAD 65, VGK C, CRMP-5-IgG Western Blot	83519-59 86341 83519-59 84182
Myocardial Antibody	86255	If result is positive	Myocardial Ab Titer	86256
Opiates, Urine	80101 (G0434-Medicare)	If screening is positive	Confirmation with quantitation. Confirmation may identify one or more of the following: 6-acetylmorphine, codeine, hydrocodone, hydromorphone, morphine, oxycodone	83925
Phencyclidine, Urine	80101 (G0434-Medicare)	If result is positive	Confirmation	80102

**STANDARD REFLEX/CONFIRMATION TESTS - 2013**

<b>Initial Test</b>	<b>CPT Code</b>	<b>Reflex Criteria</b>	<b>Reflex Test</b>	<b>CPT Code</b>
Prenatal Antibody Screen (Part of Obstetric Panel-80055)	86850	If Barnes-Jewish Hospital OB Clinic patient and prenatal antibody screen is positive	Antibody Identification Antibody Titer Absorption Elution Antigen testing, RBC other than ABO or RhD Patient red cell phenotyping Inhibition/Neutralization Pretreatment of RBCs for antibody id with drugs	86870 86886 86978 86860 86905 86906 86977 86970
Protein, Urine	84156	If specimen is random (non 24-hour)	Creatinine	82570
RPR, Qualitative	86592	If result is positive	RPR Quantitative and FTA	86593 86780
Smooth Muscle Antibody	86255	If screen is positive	Smooth Muscle Antibody Titer	86256
Stain, Gram	87205	If fungal elements seen on Gram stain and fungus culture was not ordered	Fungus Culture	87102
Thrombin Time	85670	If thrombin time is >25 seconds	Thrombin Time - protamine corrected	85670
Thyroid Function Cascade	84443	If TSH is < 0.35 or > 5.5.	Free T4	84439
Tobramycin	80200	If peak or random result is ≥21 mcg/mL or trough ≥2.1 mcg/mL	Potassium	84132
Toxoplasma IgG, IgM	86777 86778	If Toxoplasma IgM is positive	Toxoplasma IgM Confirmation	86778
Troponin I	84484	If result is ≥ 0.25 for the 1st positive value, a lipid panel is performed. Subsequent positive values do not reflex to a lipid panel.	Lipid Panel	80061
Type and Screen	86900 86901 86850	If Barnes-Jewish Hospital patient scheduled for surgery with autologous blood ordered/collected/available in BJH blood bank	Crossmatch	86920
Urine Flex with Microscopic and Culture if Indicated	81003	If there are abnormal dipstick findings	Urine Microscopy Urine Culture	81015 87086
Urine Reflex with Microscopic if Indicated	81003	If there are abnormal dipstick findings	Urine Microscopy	81015
Vancomycin	80202	If peak result is ≥50 mcg/mL or trough or random ≥21 mcg/mL	Potassium	84132
VDRL, Qualitative, CSF	86592	If test is reactive, weak reactive, or negative rough,	Quantitation	86593

**Standard Reflex/Confirmation Tests  
Individual Drug Quantitations-2013**

<b>Test</b>	<b>CPT Code</b>	
Acetaminophen	82003	
Acetone	82010	
Amobarbital	82205	
Butalbital	82205	
Carbamazepine	80156	
Carisoprodol	82491	
Ethanol	82055	
Glutethimide	82980	
Isopropanol	84600	
Meprobamate	83805	
Methanol	84600	
Nordoxepin	82491	
Phenobarbital	80184	
Phenytoin (Dilantin)	80185	
Quinidine	80194	
Salicylate	80196	
Secobarbital	82205	

Standard Profiles - Performed at Barnes-Jewish Hospital Laboratory - 2013		
Test Name	Components	CPT Code
ABO/Rh	ABO Typing	86900
	Rh Typing	86901
ABO Titer	ABO Titer	86886
	ABO Typing	86900
	Rh Typing	86901
Blood Gas (Umbilical Cord)	Blood Gas	82803
	Lactate (Whole Blood)	83605
Busulfan, Therapeutic Quantitation	Busulfan, 0 hr post	83789
	Busulfan, 1 hr post	83789
	Busulfan, 2 hr post	83789
	Busulfan, 4 hr post	83789
Cardiolipin IgG, IgM	Cardiolipin IgG	86147
	Cardiolipin IgM	86147
Celiac Screen	anti TTG, IgA	83516
	anti TTG, IgG	83516
Complete Blood Count-BMT (CBC performed on bone	CBC Express	85027
	Morphologic Examination	85007
Cord Blood Evaluation	ABO Typing	86900
	Rh Typing	86901
	IgG DAT	85880
Cortrosyn® Stimulation Test	ACTH Stimulation Panel	80400
	Cortisol	82533
Creatine Kinase (CK) MB Battery	CK, Total	82550
	CK MB fraction	82553
Cryptococcal Antigen (CSF)	Fungal Culture	87102
	Cryptococcal Antigen	86403
Culture, Fungal (Mycology)	Fungal Culture	87102
	Susceptibility (based on organism isolated and antibiotic requested)	
	...Disk Diffusion	87184
	...Microdilution	87186
	...Macrobroth Dilution	87188
	...Proportion Method	87190
	Identification	
	...Blastomyces PCR	87149 x2
	...Coccidioides PCR	87149
	...Histoplasma PCR	87149
	...Nocardia PCR	87149
	...Nocardia Identification by other Method	87158

Standard Profiles - Performed at Barnes-Jewish Hospital Laboratory - 2013		
Test Name	Components	CPT Code
Culture, Fungal (Mycology) (CSF)	Fungal Culture	87102
	Cryptococcal Antigen	86403
	Susceptibility (based on organism isolated and antibiotic requested)	
	...Disk Diffusion	87184
	...Microdilution	87186
	...Macrobroth Dilution	87188
	...Proportion Method	87190
	Identification	
	...Blastomyces PCR	87149 x2
	...Coccidioides PCR	87149
	...Histoplasma PCR	87149
	...Nocardia PCR	87149
	...Nocardia Identification by other Method	87158
Culture, Mycobacteriology	Mycobacteriology Culture	87116
	Concentration (based on specimen type)	87015
	Acid-Fast Stain (based on specimen type)	87206
	Susceptibility (based on organism isolated and antibiotic requested)	
	...Disk Diffusion	87184
	...Microdilution	87186
	...Macrobroth Dilution	87188
	...Proportion Method	87190
	Identification	
	...Mycobacterium, slow or rapid grower (based on organism isolated)	
	...Biochemical	87118
	...HPLC	87143
	...PCR	87149
	...Sequencing PCR	87153
Culture, Routine	Routine Aerobe Culture, Stool	87045
	Routine Aerobe Culture, Stool (additional)	87046
	Routine Aerobe Culture, Urine	87086
	Routine Aerobe Culture, any other source	87070
	Anaerobe Culture	87075
	Gram Stain (based on specimen type)	87205
	Susceptibility (based on organism isolated)	
	...Disk Diffusion	87184
	...Agar Dilution	87181
	...Enzyme Detection	87185
	...Microdilution	87186

<b>Standard Profiles - Performed at Barnes-Jewish Hospital Laboratory - 2013</b>		
<b>Test Name</b>	<b>Components</b>	<b>CPT Code</b>
Culture, Routine (Blood)	Blood Culture Fungal Blood Culture	87040 87103
	Susceptibility (based on organism isolated) ...Disk Diffusion ...Agar Dilution ...Enzyme Detection ...Microdilution	87184 87181 87185 87186
Cytomegalovirus (CMV), IgG and IgM	CMV, IgG CMV, IgM	86644 86645
Direct Coombs Battery (Direct Antiglobulin Profile)	Direct Coombs IgG Direct Coombs C3	86880 86880
Electrolyte Panel, Blood	Chloride Potassium Sodium	82435 84302 84999
Electrolytes, Fecal	Chloride Magnesium Osmolality Potassium Sodium	82438 83735 84999 84999 84302
Electrophoresis, Protein, Urine	Electrophoresis, protein Immunofixation	84166 86335
Gliadin Antibodies, IgA and IgG	IgA and IgG	83516 x2
Glucose Tolerance Test, 100 gram, Gestational	Glucose tolerance - 3 specimens Glucose tolerance, each additional specimen	82951 82952
Glucose Tolerance Test Pre-Diabetes-V77.1, 100 gram, Gestational	Glucose tolerance - 3 specimens Glucose tolerance, each additional specimen	82951TS 82952TS
Glucose Tolerance Test, 75 gram, Non-Gestational	Glucose, quantitation Glucose, post glucose dose	82947 82950
Glucose Tolerance Test Pre-Diabetes-V77.1, 75 gram, Non-Gestational	Glucose, quantitation Glucose, post glucose dose	82947TS 82950TS

<b>Standard Profiles - Performed at Barnes-Jewish Hospital Laboratory - 2013</b>		
<b>Test Name</b>	<b>Components</b>	<b>CPT Code</b>
GC/Chlamydia Amplified Probe	GC Amplified Probe	87591
	Chlamydia Amplified Probe	87491
Immune Competence Assessment	CD3	86359
	CD4, CD8, CD4/CD8 Ratio	86360
	CD19	86355
	CD16+CD56	86357
Immune Deficiency Assessment	CD4%, CD4 ABS, CD8%, CD8 ABS, CD4/CD8 Ratio	86360
Immunoglobulin Free Light Chains	Kappa free light chain	83883
	Lambda free light chain	83883
Iron Profile	Iron	83540
	Iron Binding Capacity	83550
Lactose Tolerance	Glucose tolerance - 3 specimens	82951
	Glucose tolerance - each additional specimen	82952
Lupus Anticoagulant Panel	Thrombin Time	85670
	dRVVT Screen	85613
	LA Partial Thromboplastin Time	85730
	dRVVT 50:50	85613
	dRVVT confirm	85597
	LA PTT confirm	85598
Lymphocyte Subpop 7	CD2	86356
	CD3	86359
	CD4, CD8, CD4/CD8 Ratio	86360
	CD16+CD56	86357
	CD19	86355
	HLA-DR (Activated T-Cells), Total HLA-DR	86356
Lymphocyte Subpop 13	CD2, Beta-2 Microglobulin	86356 x2
	CD3	86359
	CD4, CD8, CD4/CD8 Ratio	86360
	CD 16, CD16+CD56	86357 x2
	CD19, CD40	86355 x2
	HLA ABC, HLA-DR (Activated T-Cells), TCR-Alpha/Beta, TCR-Gamma/Delta, Total HLA-DR	86356 x4
Parasites: Complete Microscopic Ova and Parasite Exam	Parasite Exam	87177
	Trichrome Stain	87209
	Cryptosporidium Antigen	87899
	Giardia Antigen	87899
Parasites, Malaria and/or Babesia	Malaria Stain	87207
	Malaria Antigen	87899

<b>Standard Profiles - Performed at Barnes-Jewish Hospital Laboratory - 2013</b>		
<b>Test Name</b>	<b>Components</b>	<b>CPT Code</b>
Parasites, Screen for Giardia lamblia and Cryptosporidium species	Cryptosporidium Antigen	87899
	Giardia Antigen	87899
Partial Thromboplastin Time (PTT) 50:50 Mix	PTT Activated Straight	85730
	PTT 1 hour Activated Straight	85730
	PTT Activated 50:50	85732
	PTT 1 hour Activated 50:50	85732
Platelet Aggregation	Platelet Aggregation, each	85576 x5
Platelet Function Screen	Collagen/Epinephrine	85576
	Collagen/ADP	85576
Prothrombin Time (PT) 50:50 Mix	Prothrombin Time	85610
	Prothrombin Time Fractionation	85611
Rh Ig Antenatal	Antibody Screen RBC	86850
	ABO Typing	86900
	Rh Typing	86901
Rh Ig Post Partum	Fetal RBC Screen	85461
	ABO Typing	86900
	Rh Typing	86901
Secretin Stimulation Test	Gastrin (Timed specimens, each)	82941 x6
Stain, Acid Fast	Acid Fast Stain	87206
	Mycobacteriology Culture	87116
	Concentration, (based on specimen type)	87015
Stain, Fungal	Fungal Stain	87210
	Fungus Culture	87102
Stain, Gram	Gram Stain	87205
	Routine Aerobe Culture, Stool	87045
	Routine Aerobe Culture, Stool (additional)	87046
	Routine Aerobe Culture, Urine	87086
	Routine Aerobe Culture, any other source (non-blood)	87070
Thyrotropin-Releasing Hormone (TRH) Stimulation Test	Thyroid Stimulating Hormone (TSH) [Timed specimens as ordered]	84443 each
Toxoplasma IgG and IgM	Toxoplasma, IgG	86777
	Toxoplasma, IgM	86778
Type and Screen, Blood	Antibody Screen RBC	86850
	ABO Typing	86900
	Rh Typing	86901
24 Hour Urine-Timed Measurement	Urine timed measurement is performed per 24 hour collection	81050

<b>Standard Profiles - Performed at Reference Laboratory - 2013</b>			
<b>Test Name</b>	<b>Performing Laboratory</b>	<b>Components</b>	<b>CPT Code</b>
Alpha-1-Antitrypsin Deficiency Profile	Mayo Medical Laboratories (MML)	Alpha-1-Antitrypsin Quantitative Alpha-1-Antitrypsin Genotyping Alpha-1-Antitrypsin Phenotype (If Appropriate)	82103 81332 82104
Alpha Fetoprotein (AFP) - Quad Screen	Foundation For Blood Research	Alpha-fetoprotein (AFP) Intact HCG Estriol Inhibin A	82105 84702 82677 86336
Amitriptyline Battery	Mayo Medical Laboratories (MML)	Amitriptyline Nortriptyline	80152 80182
Bartonella Antibody Panel, IgG and IgM	Mayo Medical Laboratories (MML)	Bartonella henselae, IgG, IgM Bartonella quintana IgG, IgM	86611 x2 86611 x2
Beta-2 Glycoprotein 1 Antibodies	Mayo Medical Laboratories (MML)	Beta 2 GP1 Ab IgA Beta 2 GP1 Ab IgG Beta 2 GP1 Ab IgM	86146 x3
BMT Donor Evaluation	American Red Cross National Testing Laboratory	Hepatitis B Surface Antigen Donor Hepatitis B Core Antibody Donor Hepatitis C Antibody Donor HIV 1-2 Antibody Donor HTLV I/II Donor RPR Donor HIV NAT HCV NAT WNV NAT CMV Donor Chagas HBV NAT	87340 86704 86803 86703 86790 86592 87535 87521 87798 86644 86753 N/A
Brucella Antibody, IgG & IgM	Mayo Medical Laboratories (MML)	IgG, IgM	86622 x2
Candida Albicans Antibodies (IgG, IgA, IgM)	Focus Technologies, Inc.	Candida Albicans (IgG, IgA, IgM)	86628 x 3
Cathartic Laxatives Profile, Stool	National Medical Services (NMS)	Magnesium Phosphorous Specimen preparation	83735 84100 80103 x2
Chlamydia and Chlamyphila Ab Panel 3	Focus Technologies, Inc.	Chlamydia, IgG Chlamydia, IgM	86631 x6 86632 x3
Chlamydia Serology, Serum	Mayo Medical Laboratories (MML)	C.pneumoniae IgG,IgM C.trachomatis, IgG,IgM C.psittaci IgG,IgM	86631,86632 86631,86632 86631,86632
Clozapine, Serum	Mayo Medical Laboratories (MML)	Clozapine Clozapine + Norclozapine	80299 80299
Coccidioides Antibody, Serum or Spinal Fluid	Mayo Medical Laboratories (MML)	Coccidioidin IgG Complement Fixation Coccidioidin IgG, IgM Immunodiffusion	86635 x3
Coxsackie B Screen	Focus Technologies, Inc.	Coxsackie B Type 1-6	86658 x6
Creatine Kinase (CK) Isoenzyme Electrophoresis	Mayo Medical Laboratories (MML)	CK isoenzymes CK, total	82552 82550
Cryoglobulin, Serum	Mayo Medical Laboratories (MML)	Cryoglobulin, Quantitative	82595
Culture, Chlamydia	St. Louis Children's Hospital Reference Lab	Chlamydia Culture Fluorescent Typing	87110 87140
Culture, Viral, Routine	St. Louis Children's Hospital Reference Lab	Routine Viral Culture Shell Vial ID, each (number charged based on specimen type)	87252 87254

### Standard Profiles - Performed at Reference Laboratory - 2013

Test Name	Performing Laboratory	Components	CPT Code
Cytomegalovirus Genotype	Quest Diagnostics	Genotype Analysis	87910
Cytomegalovirus (CMV) IgG and IgM	St. Louis Children's Hospital Reference Lab	IgG IgM	86644 86645
Cytomegalovirus DNA Detection by PCR (Amniotic Fluid)	St. Louis Children's Hospital Reference Lab	CMV DNA Detection by PCR Routine Viral Culture	87496 87252
Dengue Fever Antibodies, IgG, IgM	Focus Technologies, Inc.	IgG, IgM	86790 x2
Desmoglein, DSG1 and DSG3	Mayo Medical Laboratories (MML)	DSG1 DSG2	83516 83516
Doxepin & Nordoxepin	Mayo Medical Laboratories (MML)	Doxepin Nordoxepin	80166 80299
Echovirus Antibody Panel	Focus Technologies, Inc.	Echovirus Antibodies	86658 x 5
Estrogens, Estrone and Estradiol, Fractionated	Mayo Medical Laboratories (MML)	Estradiol Estrone	82670 82679
Food Screen Allergen Panel (RAST®), Serum	St. Louis Children's Hospital Reference Lab	IgE for chicken meat, egg white, milk, orange, peanut, potato, sesame seed, soybean, tomato, tuna, wheat.	86003 x11
Heavy Metals Screen, Urine, Blood	Mayo Medical Laboratories (MML)	Arsenic Cadmium Lead Mercury	82175 82300 83655 83825
Helicobacter pylori Culture	Focus Diagnostics	Culture Stain	87081 87205
Hepatitis C Genotype	Mayo Medical Laboratories (MML)	Hepatitis C Genotype If ordered alone, Hepatitis C PCR Quantitation will be performed.	87521 87902
Herpes Simplex Virus (HSV) Type 1 and Type 2	Mayo Medical Laboratories (MML)	HSV 1/2 IgM HSV 1 IgG HSV 2 IgG	86694 86695 86696
Hexosaminidase A and Total Hexosaminidase, Leukocytes	Mayo Medical Laboratories (MML)	Hexosaminidase A Hexosaminidase, total	83080 83080
Histoplasma Antibody, CSF	Mayo Medical Laboratories (MML)	Histoplasma, Immunodiffusion Histoplasma Mycelial, Complement Fixation	86698 x3
Hypersensitivity Pneumonitis	Mayo Medical Laboratories (MML)	Aspergillus fumigatus Fungus not elsewhere specified	86606 86671 x2
IgG Subclasses	Mayo Medical Laboratories (MML)	IgG Total IgG Subclasses	82784 82787 x4
Imipramine Battery	Mayo Medical Laboratories (MML)	Imipramine Desipramine	80174 80160
Immune Complex Expanded Panel	Focus Technologies, Inc.	Immune Complex Assay Complement	86332 x3 86160 x2
Influenza Virus A Antibodies, IgG and IgM	Mayo Medical Laboratories (MML)	IgG, IgM	86710 x2
Influenza Virus B Antibodies, IgG and IgM	Mayo Medical Laboratories (MML)	IgG, IgM	86710 x2

### Standard Profiles - Performed at Reference Laboratory - 2013

Test Name	Performing Laboratory	Components	CPT Code
Lactate/Pyruvate Panel, Blood or CSF	St. Louis Children's Hospital Reference Lab	Lactate Pyruvate	83605 84210
Lactate Dehydrogenase (LD) Isoenzymes	Mayo Medical Laboratories (MML)	LD Isoenzymes LD, total	83625 83615
Legionella IgM Antibody	Focus Technologies, Inc.	Legionella IgM Serogroups	86713 x2
Leptospira Culture and Stain	Focus Technologies, Inc.	Culture Stain	87081 87206
Lyme Disease Antibody, Western Blot (Serum or CSF)	Mayo Medical Laboratories (MML)	Lyme diseases AB, IgG, IgM	86617x2
Lymphocytic Choriomeningitis (LCM) Virus Antibody, IFA (CSF)	Focus Technologies, Inc.	IgG, IgM	86727 x2
Lysosomal Enzyme, Leukocytes	Jefferson Medical College	Enzyme Activity (non radioactive substrate) Enzyme Activity (radioactive substrate)	82657 86258
Microsporidia Detection Stain	Mayo Medical Laboratories (MML)	Concentration Stain	87015 87207
Missouri-Illinois Regional Allergen Panel (RAST®), Serum	St. Louis Children's Hospital Reference Lab	Alternaria Tenuis, Bermuda Grass, Cat Dander, Cladosporium Herbaum, Common Ragweed, Dermatoph. Farinae, Dermatoph. Pteronyssinus, Dog Dander, Elm Tree, House Dust (Hollister-Stier), Maple (Box Elder), Oak Tree, Rye, Timothy Grass	86003 x14
MS Profile	Mayo Medical Laboratories (MML)	Albumin Ser, Albumin CSF, IgG Ser & CSF, Olig Band CSF & Ser	82040, 82042, 82784x2, 83916x2
Mumps Virus Antibody, IgG and IgM	Mayo Medical Laboratories (MML)	IgG, IgM	86735 x2
Myasthenia Gravis Evaluation, Adult	Mayo Medical Laboratories (MML)	Acetylcholine receptor binding AB Acetylcholine receptor modulating AB Striational (striated muscle) AB	83519-59 83519-59 83520
Myositis Antibody Panel Extensive 3	RDL Reference Laboratory, Inc	Mi-2, PL-12, PL-7, EJ, OJ, SRP, Ku, U2 snRNP, SS-A 52, P140, P155/140, PM/Scl, Jo-1by, U1 RNP, Fibrillarin U3, RNP Ab	83516 x11 86235 x5

### Standard Profiles - Performed at Reference Laboratory - 2013

Test Name	Performing Laboratory	Components	CPT Code
Parainfluenza Virus Antibody, Complement Fixation	Focus Technologies, Inc.	Type 1, Type 2 , Type 3	86790 x3
Parvovirus B-19 Antibodies, IgG, IgM	Mayo Medical Laboratories (MML)	IgG IgM	86747 86747
Phenylalanine/Tyrosine, Quantitative	St. Louis Children's Hospital Reference Lab	Phenylalanine Tyrosine	84030 84510
Platelet Antibody Screen	Blood Center of Wisconsin	Platelet Antibodies	86022 x4
Platelet Autoantibodies (Direct and Indirect)	Blood Center of Wisconsin	Platelet Antibodies Platelet Associated Immunoglobulin	86022 x3 86023 x3
Poliovirus AB	Focus Technologies, Inc.	Poliovirus Type 1-3	86658 x3
Porphyrins, Quantitative, Urine	Mayo Medical Laboratories (MML)	Porphobilinogen, Quantitative Porphyrins, Quantitation and Fractionation	84110 84120
Primidone & Phenobarbital	Mayo Medical Laboratories (MML)	Phenobarbital Primidone	80184 80188
Promethes Thiopurine Metabolites	Promethes Laboratories, Inc.	6-TGN, 6-MMPN	82491 x2
Prostate Specific Antigen (PSA), Total and Free	Mayo Medical Laboratories (MML)	Total PSA Free PSA	84153 84154
Pseudocholinesterase, Dibucaine Inhibition (Dibucaine Profile)	Mayo Medical Laboratories (MML)	Pseudocholinesterase, dibucaine inhibition Pseudocholinesterase, Total	82638 82480
Q Fever Antibody, IgG, IgM	Mayo Medical Laboratories (MML)	IgG IgM	86638 86638
Respiratory Syncytial Virus (RSV) Antibodies, IgG and IgM	Mayo Medical Laboratories (MML)	IgG IgM	86756 86756
Rubeola (Measles) Antibodies, IgG and IgM, Serum, CSF	Mayo Medical Laboratories (MML)	IgG IgM	86765 86765
Streptococcal Antibodies Profile	Mayo Medical Laboratories (MML)	ASO Titer Dnase B Titer	86060 86215
Streptococcus Pneumoniae IgG Antibody (7 or 23 Serotypes)	Mayo Medical Laboratories (MML)	S. pneumoniae IgG serotypes x7 or 23	86317 each
Testosterone, Total and Free	Mayo Medical Laboratories (MML)	Testosterone, Free Testosterone, Total	84402 84403
Thyroglobulin, Tumor Marker, Serum	Mayo Medical Laboratories (MML)	Thyroglobulin Thyroglobulin Antibody	84432 86800
Vanillylmandelic Acid (VMA) Metanephrines Battery, urine	Mayo Medical Laboratories (MML)	Metanephrines VMA	83835 84585
Varicella-Zoster Virus (VZV) Antibody, IgG and IgM	Mayo Medical Laboratories (MML)	IgG IgM	86787 86787
Vitamin B12 Deficiency Panel	University of Colorado Health Services Center	Organic Acids, quantitative Cysteine and homocysteine	83918 82136