



January, 2020

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, 2020.

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 payers' websites to obtain their current fee schedules:

- Medicare (http://www.cms.hhs.gov/ClinicalLabFeeSched/02_clinlab.asp#TopOfPage)
- Illinois Medicaid (<https://www.illinois.gov/hfs/MedicalProviders/MedicaidReimbursement/Pages/Practitioner.aspx>)
- Missouri Medicaid or MO Health Net (<https://apps.dss.mo.gov/fmsFeeSchedules/default.aspx>).
- Local and National Coverage Determinations applicable for Barnes-Jewish Hospital can be accessed on the WPS Medicare website under topic center policies: https://www.wpsgha.com/wps/portal/mac/site/home/!ut/p/z1/04_Sj9CPykssy0xPLMnMz0vMAfljo8ziAzw8zDwMLQx8_I18DQwcfD3CjF0tflZMTUz1wwkpiAJKG-A

The implementation of PAMA required Medicare to pay the weighted median of private payer rates for each separate HCPCS code. Organ or Disease Oriented panels are panels that consist of groups of specified tests. Laboratories shall report the panel tests where appropriate and not report separately the tests that make up that panel. 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 2020 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

Barnes-Jewish Hospital as a MO HealthNet enrolled hospital may bill for outpatient laboratory services if the services are performed:

- in their hospital's laboratory
- by an independent laboratory enrolled as a MO HealthNet provider under an arrangement which documents that the hospital is responsible for billing the services provided by the independent laboratory.
- by an independent laboratory not enrolled as a MO HealthNet provider under an arrangement which documents that the hospital is responsible for billing the services provided by the independent laboratory.

Providers need to keep a copy of this documentation as well as the appropriate CLIA certification on file and be able to provide upon request.

Additionally, MO HealthNet enrolled independent laboratories also have the choice to bill for outpatient laboratory services. However, laboratory services that are billed by the hospital cannot be billed by the independent laboratory and vice versa. This is considered duplicate billing and claims are subject to recoupment. (https://dss.mo.gov/mhd/providers/pdf/bulletin39-53_2017may17.pdf)

Illinois Public Aid

Barnes-Jewish Hospital may not charge Illinois Public Aid for outpatient laboratory testing that is forwarded to an independent referral laboratory for analysis and not performed by Barnes-Jewish Hospital Department of Laboratories unless Barnes-Jewish Hospital has a financial agreement with the independent referral laboratory (<https://www.illinois.gov/hfs/MedicalProviders/notices/Pages/prn180720b.aspx>)

If the independent referral laboratory is not an enrolled provider of Illinois Public Aid and/or there is no financial agreement, 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.

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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 consultant can be contacted as follows: Charles S. Eby, M.D. (Clinical Laboratory 314-362-2998).

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 – 2020

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 – 2020

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
80081 85025 87340 86762 86592 87389 86900 86901 86850	<u>Obstetric Panel with HIV</u> Complete Blood Count (CBC) Hepatitis B Surface Antigen Rubella Antibody, IgG RPR HIV-1/HIV-2 Ab + p24 Ag <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 – 2020

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</u> - No automated differential White Blood Count Red Blood Count Hemoglobin Hematocrit Platelet Count

STANDARD REFLEX/CONFIRMATION TESTS - 2020

Initial Test	CPT Code	Reflex Criteria	Reflex Test	CPT Code
ABO Type	86900	If ABO discrepancy	Antibody identification Patient Red Cell Phenotyping	86870 86906
Activated Protein C Resistance (APCR)	85307	If result is abnormal	If Factor V Leiden	81241 85384
Adalimumab QN with Reflex to Ab, S	80145	If Result \leq 5 mcg/mL	Fibrinogen	83520
ADAMTS13 Activity Profile	85397	If activity is \leq 30 If inhibitor is \leq 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 Proteotype S/Z, LC-MS/MS	82542 82103	If MS proteotype and quantitation are discordant	Alpha-1-Antitrypsin Phenotype	82104
AFP Amniotic Fluid	82106	If AFP abnormal	Acetylcholinesterase	82013
Amphetamines, Urine	80307	If screening is positive	Amphetamines Conf MS Urine. The confirmation may identify one or more of the following: Amphetamine, Methamphetamine, MDA, MDE, MDMA	80324 (G0480) 80359 (G0480)
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 may 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 Crossmatch Immediate Spin Crossmatch IgG Crossmatch Electronic Antigen Typing Donor	86870 86886 86978 86860 86905 86906 86977 86970 86920 86922 86923 86902
Arsenic with reflex, 24 hour urine	82175	If the total Arsenic concentration is 35 mcg/L or greater	Arsenic Fractionation, 24 hour urine	82175
Arsenic/Creatinine with reflex, random urine	82175	If the Arsenic concentration is 35 mcg/L or greater	Arsenic Fractionation, random urine	82175
BCR/ABL major (p210)	81206	New diagnosis that is negative for major translocation	BCR/ABL minor (p190)	81207
Brucella Antibody Screen, IgG & IgM	86622 x2	If screening is positive or equivocal	Brucella, Total Ab, Confirmation	86622
Celiac Screen	83516 x2	TTG IgA and Gliadin Ab IgA performed. If patient is deficient for IgA.	anti TTG IgG and Gliadin Ab IgG	83516 x2
Cocaine Metabolite, Urine	80307	If screening is positive	Cocaine Metabolite, Confirmation	80353 (G0480)
Cold Agglutinin Screen	86156	Prior to performing Cold Agglutinin Screen, a Direct Antiglobulin Test, Polyspecific will be performed to rule out false positive reactions. (See also Standard Reflex/ Confirmation for Direct Antiglobulin Test, Polyspecific.) If screening is positive	Cold Agglutinin Titer	86157
Compatibility Antiglobulin	86922	If compatibility testing is required for RBC exchange procedure on a patient with sickle cell disease, red cell antigen typing for C, E and Kell will be performed, if not previously performed or available in patient's blood bank history	Blood Type Non ABO/Rh each antigen	86905
Compatibility Electronic	86923	If compatibility testing is required for RBC exchange procedure on a patient with sickle cell disease, red cell antigen typing for C, E and Kell will be performed, if not previously performed or available in patient's blood bank history	Blood Type Non ABO/Rh each antigen	86905
Compatibility Immediate Spin	86920	If compatibility testing is required for RBC exchange procedure on a patient with sickle cell disease, red cell antigen typing for C, E and Kell will be performed, if not previously performed or available in patient's blood bank history	Blood Type Non ABO/Rh each antigen	86905
Cord Blood Evaluation	86900 86901 86880	If positive may reflex to	Elution Antibody identification	86860 86870

STANDARD REFLEX/CONFIRMATION TESTS - 2020

Initial Test	CPT Code	Reflex Criteria	Reflex Test	CPT Code
CPAP aPTT Algorithm	85730	aPTT >40 seconds	Thrombin Time; If Thrombin Time <25 seconds then Lupus Anticoagulant with Reflexes; If prolonged screen results then dRVVTConfirm, dilute 50:50 mix, SCT Confirm, SCT50:50. If LA negative then Factors XI, IX, VIII	85670 85613 85732 85613 x2 85732 x2 85270 85250 85240
Cryoglobulin, Serum	82595	If cryoglobulin has a result other than negative	Immunofixation Cryoglobulin	86334
Cryptococcus Antigen	87899	If latex agglutination is positive	Cryptococcus Titer	87899
Culture, Blood	87040	If blood culture is positive for gram-positive cocci	Multiplex gram-positive organism nucleic acid direct probe technique	87800
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)	87624
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 with Confirmation, Ur	80307	If screening is positive for amphetamines, cocaine metabolite, methadone, opiates, or phencyclidine, perform confirmation.	Amphetamines Conf MS Urine, Cocaine Metab Conf., Methadone Conf., Opiates Conf MS Ur, Phencyclidine Conf. These may identify one or more individual drugs within their class.	amphetamines 80324 (G0480) 80359 (G0480); cocaine metab- 80353(G0480); methadone- 80358 (G0480) opiates- 80361 (G0480) 80365 (G0480) 80356 (G0480); phencyclidine- 83992
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
Encephalopathy Autoimmune Evaluation, CSF	86255 x 17 86341	If IFA is indeterminate. If IFA pattern suggests CRMP-5-IgG If IFA pattern suggests Amphiphysin Ab If IFA pattern suggests NMDA-R and NMDA-R Ab CBA, CSF is positive If IFA pattern suggests AMPA-R and AMPA-R Ab CBA, CSF is positive If IFA pattern suggests GABA-B-R and GABA-B-R Ab CBA, CSF is positive If IFA pattern suggests GFAP Ab If IFA pattern suggests DPPX Ab If IFA pattern suggests mGluR1 Ab	Paraneoplastic autoantibody Western Blot CRMP-5-IgG Western blot Amphiphysin Western blot NMDA-R Ab IF titer AMPA-R Ab IF titer GABA-B-R Ab IF titer GFAP IFA titer and GFAP CBA DPPX Ab CBA and DPPX titer mGluR1 Ab CBA and mGluR1 titer	84182 84182 84182 86256 86256 86256 86256 86255 86255 86256 86255 86256
Encephalopathy Autoimmune Evaluation, Serum	83519 x 3 86255 x 17 86341	If IFA is indeterminate. If IFA pattern suggests CRMP-5-IgG If IFA pattern suggests Amphiphysin Ab If IFA pattern suggests NMDA-R and NMDA-R Ab CBA, Serum is positive If IFA pattern suggests AMPA-R and AMPA-R Ab CBA, Serum is positive If IFA pattern suggests GABA-B-R and GABA-B-R Ab, Serum is positive If IFA pattern suggests GFAP Ab If IFA pattern suggests DPPX Ab If IFA pattern suggests mGluR1 Ab If CASPR2 R Ab CBA is positive	Paraneoplastic autoantibody Western Blot CRMP-5-IgG Western blot, ACh receptor binding and modulating Ab Amphiphysin Western blot NMDA-R Ab IF titer AMPA-R Ab IF titer, CRMP-5-IgG Western Blot, AChR binding and modulating Ab GABA-B-R Ab IF titer GFAP IFA titer and GFAP CBA DPPX Ab CBA and DPPX titer mGluR1 Ab CBA and mGluR1 titer CRMP-5-IgG Western Blot, ACh R binding and modulating Ab	84182 84182 83519 83519 84182 86256 86256 86256 86256 86255 86255 86256 86255 86256

STANDARD REFLEX/CONFIRMATION TESTS - 2020

Initial Test	CPT Code	Reflex Criteria	Reflex Test	CPT Code
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	Ethylene Glycol Confirmation	82693
Extractable Nuclear Antigens (ENA) Screen	86235	If screen is positive	RNP Ab Scl 70 Jo 1 Sm Ab SSA Ab SSB Ab	86235 86235 86235 86235 86235 86235
Extrinsic Thromboelastography	85396	LY30 ≤ 85%	Lysis Inhibited Thromboelastography	85396
Fetal Screen (Hemoglobin/RBC Fetal Rosette)	85461	If fetal screen is positive	Fetal Red Cell Percentage by Flow Cytometry	86356
Fetal RBC Screen	85461	After hours testing when flow is not available	Kleihauer Betke Prep	85460
Gentamicin	80170	If peak or random result is ≥ 21 mcg/mL or trough ≥ 2.1 mcg/mL	Potassium	84132
GIST mutation cKit	81272	If negative then	PDGFRA	81314
Gliadin Ab IgA	83516	If IgA deficient	Gliadin Ab IgG	83516
Heavy Metals Screen, with reflex, 24 hour urine	82175 82300 83825 83655	If the total Arsenic concentration is 35 mcg/L or greater	Arsenic Fractionation, 24 hour urine	82175
Heavy Metal/Creatinine Ratio, with reflex, random urine	82175 82300 83825 83655	If the total Arsenic concentration is 35 mcg/L or greater	Arsenic Fractionation, random urine	82175
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
Hepatitis B Surface Antigen	87340	If Hepatitis B Surface Antigen is indeterminate	Hepatitis B Surface Antigen Confirmation	87341
Hepatitis C Virus (HCV) Genotype	87902	If Hepatitis C Virus Genotype is indeterminate	Hepatitis C Virus (HCV) Genotype Resolution	87902
Herpes Simplex Virus (HSV) Antibody IgM	86694	If HSV Ab IgM is positive	HSV Ab IgM by IFA	86694
HIV-1/HIV-2 Antibody +p24 antigen	87389	If reactive	HIV 1 Differentiation Geenius HIV 2 Differentiation Geenius HIV RNA- Request Dr. to order and send separate sample	86701 86702 87536
HLA-B*15:02 typing for carbamazepine sensitivity	81374	If HLA B*15 is present by Low Resolution typing	HLA B locus high resolution typing	81381
HLA-B*57:01 typing for abacavir sensitivity	81374	If HLA B*57 is present by Low Resolution typing	HLA B locus high resolution typing	81381
HLA-B*58:01 typing for allopurinol sensitivity	81374	If HLA B*58 is present by Low Resolution typing	HLA B locus high resolution typing	81381
HLA-DQB1*06:02 typing for narcolepsy susceptibility	81375	If HLA DQB1*06 is present by Low Resolution typing	HLA DQB1 locus high resolution typing	81383
HLA-typing for vaccine trial eligibility	81374	If HLA antigen is present by Low Resolution typing	HLA A locus high resolution typing	81381
HTLV 1-2 Antibody	86687	If HTLV 1-2 Ab is positive	HTLV Confirmation	86689
HPV High Risk (ID 16,18,45)	87623 87624	If not 16,18,45 then	HPV Genotyping	87625
Infliximab Quantitation with Reflex to Infliximab Antibodies to Infliximab	80230	If Infliximab level <5.1	Infliximab Antibodies	82397
KRAS by NGS	81275	If negative then	BRAF by NGS	81276
Lipid Panel	80061	If triglyceride is ≥ 400	Direct LDL	83721
Lupus Anticoagulant Panel	85670 85613 85732	If the dRVVT Screen is abnormal or the LA PTT Screen is abnormal	dRVVT 50:50 dRVVT Confirm SCT Confirm SCT 50:50	85613 85613 85732 85732
Lupus Anticoagulant Panel	85670 85613 85732	If Low Delta mAbs (below 15)	Fibrinogen	85384
Lyme Disease Antibody, Serum or CSF	86618	If result is reactive	Lyme Disease Antibody, Western Blot	86617 x2
Methadone, Urine	80307	If result is positive	Methadone Confirmation	80358 (G0480)
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 x2 83520	If AChR Modulating AB is ≥ 90% and Striational AB is ≥ 1.60	AChR Ganglionic Neuronal AB GAD 65 Antibody Neuronal VGKC Autoantibody CRMP-5-IgG Western Blot	83519 86341 83519 84182

STANDARD REFLEX/CONFIRMATION TESTS - 2020

Initial Test	CPT Code	Reflex Criteria	Reflex Test	CPT Code
Mycoplasma pneumoniae, IgM, IgG Serum	86738 x2	If IgM is > 0.9	Mycoplasma pneumoniae, Ab IgM by IFA	86738
Myelin Oligodendrocyte Glycoprotein (MOG FACS, Serum)	86255	If result is positive	MOG FACS Titer, Serum	86256
Myocardial Antibody	86255	If result is positive	Myocardial Ab Titer	86256
Neuromyelitis Optica, IgG, CSF (NMO FACS, CSF)	86255	When results require further evaluation	NMO/AQP4 FACS Titer, CSF	86256
Neuromyelitis Optica, IgG, Serum (NMO FACS, Serum)	86255	When results require further evaluation	NMO/AQP4 FACS Titer, Serum	86256
Opiates, Urine	80307	If screening is positive	Opiates Conf MS Ur. May identify one or more of the following: 6-acetylmorphine, codeine, hydrocodone, hydromorphone, morphine, oxycodone	80361(G0480) 80365(G0480) 80356(G0480)
Paraneoplastic Autoantibody Evaluation, Serum	83519 x4 83520 86255 x9	If IFA is indeterminate If IFA pattern suggests CRMP-5-IgG If IFA pattern suggests GAD65 Ab If IFA pattern suggests Amphiphysin Ab If striational striated muscle Ab are >1:7680 If IFA pattern suggests NMDA-R If IFA pattern suggests AMPA-R If IFA pattern suggests GABA-B-R If VGKC >0.00 If IFA pattern suggest DPPX If IFA pattern suggests mGluR1 Ab	Paraneoplastic autoantibody Western Blot CRMP-5-IgG Western blot, ACh R binding and modulating Ab GAD65 Confirmation Amphiphysin Western blot ACh receptor modulating and binding Ab, CRMP-5-IgG Western blot NMDA-R Ab CBA and/or NMDA-R Ab IF titer AMPA-R Ab CBA and/or AMPA-R Ab IF titer GABA-B-R Ab CBA and/or GABA-B-R Ab IF titer LG1-IgG CBA, S and CASPR2-IgG CBA, S DPPX Ab CBA and DPPX Ab titer mGluR1 Ab CBA and mGluR1 Ab titer	84182 84182 86341 84182 83519 x2 86255 86256 86255 86256 86255 86256 86255 x 2 86255, 86255, 86256 86255, 86255, 86256
Paraneoplastic Autoantibody Evaluation, Spinal Fluid	86255 x9	If IFA is indeterminate. If IFA pattern suggests CRMP-5-IgG If IFA pattern suggests GAD65 Ab If IFA pattern suggests Amphiphysin Ab If IFA pattern suggests NMDA-R If IFA pattern suggests AMPA-R If IFA pattern suggests GABA-B-R If IFA pattern suggests neuronal voltage-gated potassium channel-complex autoantibody If VGKC > 0.00 If IFA pattern suggests DPPX If IFA pattern suggests mGluR1	Paraneoplastic autoantibody Western Blot CRMP-5-IgG Western blot GAD65 Confirmation Amphiphysin Western blot NMDA-R Ab CBA and/or NMDA-R titer AMPA_R Ab CBA and/or AMPA-R titer GABA-B-R Ab CBA and/or GABA-B-R titer VGKC-Complex Ab IPA LG1-IgG CBA, CSF and CASPR2-IgG CBA, CSF DPPX Ab CBA and DPPX titer mGluR1 Ab CBA and mGluR1 titer	84182 84182 86341 84182 86255 86256 86255 86256 86255 86256 83519 86255 x 2 86255, 86255, 86256 86255, 86255, 86256
Partial Thromboplastin Time	85730	Low Delta mAbs (below 15)	Fibrinogen	85384
Phencyclidine, Urine	80307	If result is positive	Phencyclidine Confirmation	83992
Porphyrins, Total, Plasma	84311	If total porphyrins are > 1.0 mcg/dL	Porphyrins Fractionation, Plasma	82542
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
Prothrombin Time	85610	Low Delta mAbs (below 15)	Fibrinogen	85384
RPR, Qualitative	86592	If result is reactive	RPR Quantitative Treponemal Ab	86593 86780
Smooth Muscle Antibody	86255	If screen is positive	Smooth Muscle Antibody Titer	86256
Stain, Acid-Fast	87206	If stain is positive on a respiratory specimen	Mycobacterium tuberculosis direct amplified probe technique	87556
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
Thyroglobulin Reflex To MS or IA	86800	If Thyroglobulin Ab is <4.0 If Thyroglobulin Ab is >=4.0	Thyroglobulin performed by IA Thyroglobulin performed by MS	84432 84432
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

STANDARD REFLEX/CONFIRMATION TESTS - 2020

Initial Test	CPT Code	Reflex Criteria	Reflex Test	CPT Code
Troponin I	84484	If result is ≥ 0.10 for the 1st positive value, a lipid panel is performed. Subsequent positive values do not reflex to a lipid panel.	Lipid Panel	80061
TTG- IgA	83516	If IgA deficient	TTG- IgG	83516
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 Immediate Spin Crossmatch IgG Crossmatch Electronic	86920 86922 86923
Macro UA Reflex Microscopic Reflex Culture if Indicated	81003	For all patients except Neutropenic, if there are abnormal dipstick findings (Nitrite, Leukocyte esterase)	Urine Microscopy Urine Culture	81015 87086
Macro UA Reflex Microscopic Reflex Culture if Indicated	81003	For neutropenic patients, if there are abnormal dipstick findings (Nitrite, Blood, Protein, Leukocyte esterase)	Urine Microscopy Urine Culture	81015 87086
Urine Reflex Microscopic	81003	If Blood Neg and Ascorbic Acid Pos	Urine Microscopy	81015
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
Vedolizumab Quantitative, Serum	80280	When Vedolizumab results are 15.0 mcg/mL or less	Vedolizumab Antibody	82397
Volatiles Screen, Serum	80320 (84600)	Quantitation of positive analytes	Acetone Quantitation Ethanol Quantitation Isopropanol Quantitation Methanol Quantitation	80320 (84600) 80320 (84600) 80320 (84600) 80320 (84600)
von Willebrand Factor Activity	85245	If screen result is $< 55\%$	Ristocetin CoFactor Activity	85245

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Test Name	Components	CPT Code
ABO/Rh	ABO Typing Rh Typing	86900 86901
ABO Titer	ABO Titer ABO Typing Rh Typing	86886 86900 86901
Anti-Phospholipid	Cardiolipin IgG Cardiolipin IgM Beta-2 Glycoprotein 1 IgG Beta-2 Glycoprotein 1 IgM	86147 86147 86146 86146
Blood Gas (Umbilical Cord)	Blood Gas Lactate (Whole Blood)	82803 83605
Cardiolipin IgG, IgM	Cardiolipin IgG Cardiolipin IgM	86147 86147
Celiac Screen	Anti TTG, IgA Gliadin Ab IgA	83516 83516
Complete Blood Count-BMT (CBC performed on bone marrow transplant patients only)	CBC Express Morphologic Examination	85027 85007
Cord Blood Evaluation	ABO Typing Rh Typing IgG DAT	86900 86901 86880
Cortrosyn® Stimulation Test	ACTH Stimulation Panel Cortisol	80400 82533
Cryptococcal Antigen (CSF)	Fungal Culture Cryptococcal Antigen	87102 87899
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, amplified	87150 x2
	...Coccidioides PCR, amplified	87150
	...Histoplasma PCR, amplified	87150 x2
	...Yeast Identification	87106
	...Mold Identification	87107
	...Sequencing PCR	87153
	...Nocardia PCR	87149
	...Nocardia Identification by other Method	87158
Culture, Fungal (Mycology) (CSF)	Fungal Culture Cryptococcal Antigen	87102 87899
	Susceptibility (based on organism isolated and antibiotic requested)	
	...Disk Diffusion	87184
	...Microdilution	87186
	...Macrobroth Dilution	87188
	...Proportion Method	87190
	Identification	
	...Blastomyces PCR	87150 x2
	...Coccidioides PCR	87150
	...Histoplasma PCR	87150 x2
	...Yeast Identification	87106
	...Mold Identification	87107
	...Sequencing PCR	87153
	...Nocardia PCR	87149
	...Nocardia Identification by other Method	87158

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Test Name	Components	CPT Code
Culture, Mycobacteriology	Mycobacteriology Culture Concentration (based on specimen type) Acid-Fast Stain (based on specimen type) PCR	87116 87015 87206 87556
	Susceptibility (based on organism isolated and antibiotic requested) ...Disk Diffusion ...Microdilution ...Macrobroth Dilution ...Proportion Method	87184 87186 87188 87190
	Identification ...Mycobacterium (based on organism isolated) ...Biochemical or MALDI ...PCR ...Sequencing PCR	87118 87149 87153
Culture, Routine	Routine Aerobe Culture, Stool Routine Aerobe Culture, Stool (additional) Shiga Toxin Routine Aerobe Culture, Urine Routine Aerobe Culture, any other source Anaerobe Culture Gram Stain (based on specimen type)	87045 87046 x2 87899 x2 87086 87070 87075 87205
	Susceptibility (based on organism isolated) ...Disk Diffusion ...Agar Dilution ...Enzyme Detection ...PBP2a Detection ...Microdilution ...Carba-R PCR	87184 87181 87185 87147 87186 87798
	Identification ...Aerobe ...Anaerobe ...Yeast ...Mold	87077 87076 87106 87107
Culture, Routine (Blood)	Blood Culture	87040
	Susceptibility (based on organism isolated) ...Disk Diffusion ...Agar Dilution ...Enzyme Detection ...PBP2a Detection ...Microdilution ...Carba-R PCR	87184 87181 87185 87147 87186 87798
	Identification ...Aerobe ...Anaerobe ...Yeast ...Mold	87077 87076 87106 87107
Culture, Candida (yeast)	Candida (yeast) Culture	87102
	Susceptibility (based on organism isolated) ...Agar Dilution	87186
	Identification ...Yeast Identification ...Sequencing PCR	87106 87153
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
Ehrlichia and Anaplasma PCR, Qualitative	Ehrlichia Anaplasma	87798 87798
Electrolyte Panel, Blood	Chloride Potassium Sodium	82435 84132 84295

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Test Name	Components	CPT Code
Electrophoresis, Protein, 24 Hour Urine	Volume measurement Electrophoresis, protein Immunofixation	81050 84166 86335
Epstein Barr Virus (EBV) Antibody Panel, Serum	EBV Viral Capsid Antigen, IgG, IgM Ab EBV Nuclear Antigen Ab	86665 x2 86664
Glucose Tolerance Test, ADA Gestational Diabetes	Glucose, quantitation Glucose, post glucose dose Glucose, quantitation	82947 82950 82947
Glucose Tolerance Test, 100 gram, Gestational	Glucose tolerance - 3 specimens Glucose tolerance, each additional specimen	82951 82952
Glucose Tolerance Test Pre-Diabetes-Z13.1, 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-Z13.1, 75 gram, Non-Gestational	Glucose, quantitation Glucose, post glucose dose	82947TS 82950TS
GC/Chlamydia Nucleic Acid Amplification Test	GC Nucleic Acid Amplification Test Chlamydia Nucleic Acid Amplification Test	87591 87491
Immune Competence Assessment	CD3 CD4, CD8, CD4/CD8 Ratio CD19 CD16+CD56	86359 86360 86355 86357
Immune Deficiency Assessment	CD4%, CD4 ABS, CD8%, CD8 ABS, CD4/CD8 Ratio	86360
Immunoglobulin Free Light Chains	Kappa free light chain Lambda free light chain Kappa/Lambda FLC Ratio	83883 83883
Immunoglobulin Profile	IgG IgA IgM	82784 x3
Intra-petrosal Sinus Sampling	ACTH x15	82024 x15
Iron Profile	Iron Iron Binding Capacity	83540 83550
Lupus Anticoagulant Panel	Thrombin Time dRVVT Screen SCT Screen SCT 50:50 dRVVT 50:50 dRVVT Confirm SCT Confirm	85670 85613 85732 85732 85613 85613 85732
Lymphocyte Subpop 7	CD2 CD3 CD4, CD8, CD4/CD8 Ratio CD16+CD56 CD19 HLA-DR (Activated T-Cells), Total HLA-DR	86356 86359 86360 86357 86355 86356
Lymphocyte Subpop 13	CD2 CD3 CD4, CD8, CD4/CD8 Ratio CD 16, CD16+CD56 CD19, CD40 HLA ABC, HLA-DR (Activated T-Cells), TCR-Alpha/Beta, TCR-Gamma/Delta, Total HLA-DR	86356 x2 86359 86360 86357 x2 86355 x2 86356 x4
Pain Management Profile	Drug Screen Targeted Opiod	80307 80364
Parasites: Complete Microscopic Ova and Parasite Exam	Parasite Exam Trichrome Stain Cryptosporidium Antigen Giardia Antigen	87177 87209 87328 87329
Parasites, Malaria and/or Babesia	Malaria Stain Malaria Antigen	87207 87899

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Test Name	Components	CPT Code
Parasites, Screen for Giardia lamblia and Cryptosporidium species	Cryptosporidium Antigen Giardia Antigen	87328 87329
Partial Thromboplastin Time (PTT) 50:50 Mix	PTT Activated Straight PTT Activated 50:50 PTT 1 Hour Activated 50:50	85730 85732 85732
Platelet Aggregation	Platelet Aggregation, each	85576 x5
Platelet Function Screen	Collagen/Epinephrine Collagen/ADP	85576 85576
Prothrombin Time (PT) 50:50 Mix	Prothrombin Time Prothrombin Time Fractionation	85610 85611
Respiratory Pathogen Multiplex PCR	Bordetella pertussis, Bordetella parapertussis, Chlamydomphila pneumoniae, Mycoplasma pneumoniae, Adenovirus, Coronavirus HKU1, Coronavirus NL63, Coronavirus 229E, Coronavirus OC43, Influenza A, Influenza A subtype H1, Influenza A subtype H3, Influenza A subtype 2009 H1, Influenza B, Metapneumovirus, Parainfluenza 1, Parainfluenza 2, Parainfluenza 3, Parainfluenza 4, RSV and Rhinovirus/Enterovirus	0100U
Rh Ig Antenatal	Antibody Screen RBC ABO Typing Rh Typing	86850 86900 86901
Rh Ig Post Partum	Fetal RBC Screen ABO Typing Rh Typing	85461 86900 86901
Stain, Acid Fast	Acid Fast Stain Mycobacteriology Culture Concentration, (based on specimen type)	87206 87116 87015
Stain, Fungal	Fungal Stain Fungus Culture	87210 87102
Stain, Gram	Gram Stain Routine Aerobe Culture, Stool Routine Aerobe Culture, Stool (additional) Routine Aerobe Culture, Urine Routine Aerobe Culture, any other source (non-blood)	87205 87045 87046 x2 87086 87070
Toxoplasma IgG and IgM	Toxoplasma, IgG Toxoplasma, IgM	86777 86778
Type and Screen, Blood	Antibody Screen RBC ABO Typing Rh Typing	86850 86900 86901
24 Hour Urine-Timed Measurement	Urine timed measurement is performed per 24 hour collection	81050

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Test Name	Performing Laboratory	Components	CPT Code
14-3-3 Antigen (Protein or Prion)	National Prion Disease Pathology Surveillance Center, Case Western University	Protein 14-3-3 Tau Protein RT-QuIC	84182 86317 0035U
Adalimumab Concentration and Anti-Adalimumab Antibody	Mayo Medical Laboratories (MML)	Adalimumab Adalimumab Antibody (if appropriate)	80145 83520
Admark Phos Tau/Total Tau/AB42	Athena Laboratories	Phospho-Tau Total-Tau AB-42	83520 x3
Alkaline Phosphatase Isoenzymes	Mayo Medical Laboratories (MML)	Alkaline Phosphatase, Total Alkaline Phosphatase, Isoenzymes	84075 84080
Alpha-1-Antitrypsin Proteotype S/Z, LC-MS/MS	Mayo Medical Laboratories (MML)	Alpha-1-Antitrypsin Quantitative Alpha-1-Antitrypsin proteotype S/Z, LC-MS/MS Alpha-1-Antitrypsin Phenotype (If Appropriate)	82103 82542 82104
Arbovirus Panel, IgG, IgM, CSF	Mayo Medical Laboratories (MML)	California Encephalitis, IgG, IgM St. Louis Encephalitis, IgG, IgM Eastern Equine Encephalitis, IgG, IgM Western Equine Encephalitis, IgG, IgM	86651 x2 86653 x2 86652 x2 86654 x2
Avian Antigen Panel	Medical College of Wisconsin	Cockatiel Parrot Macaw Parakeet Pigeon Positive control	86331 x5
Bartonella Antibody Panel, IgG and IgM	Mayo Medical Laboratories (MML)	Bartonella henselae, IgG, IgM Bartonella quintana IgG, IgM	86611 x2 86611 x2
BMT Donor Evaluation	Mississippi Valley Regional Blood Center Midwest Regional Blood Testing Service)	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 Brucella total antibody, agglutination (if appropriate)	86622 x2 86622
Cathartic Laxatives Profile, Stool	National Medical Services (NMS)	Magnesium Phosphorous	83735 84100
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
Coccidioides Antibody, Serum or Spinal Fluid	Mayo Medical Laboratories (MML)	Coccidioidin IgG Complement Fixation Coccidioidin IgG, IgM Immunodiffusion	86635 x3
Cortisol, 24 hour urine, or random urine	Mayo Medical Laboratories (MML)	Cortisol Cortisone	82530 82542
Creatine Kinase (CK) Isoenzyme Electrophoresis	Mayo Medical Laboratories (MML)	CK isoenzymes CK, total	82552 82550
Cryoglobulin, Serum	Mayo Medical Laboratories (MML)	Cryoglobulin, Quantitative Immunofixation if appropriate	82595 86334 if appropriate
Cryoglobulin, Serum and Plasma	Mayo Medical Laboratories (MML)	Cryoglobulin, Quantitative Cryofibrinogen Immunofixation if appropriate	82595 82585 86334 if appropriate
Culture, Chlamydia	Mayo Medical Laboratories (MML)	Chlamydia Culture Fluorescent Typing	87110 87140
Dengue Fever Antibodies, IgG, IgM	Mayo Medical Laboratories (MML)	IgG, IgM	86790 x2
Desmoglein, DSG1 and DSG3	Mayo Medical Laboratories (MML)	DSG1 DSG3	83516 83516

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Test Name	Performing Laboratory	Components	CPT Code
Helicobacter pylori Culture	Focus Diagnostics	Culture Tissue Processing Organism Identification (if isolated) Susceptibility (if organism isolated)	87081 87176 87077 87186
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 Histoplasma Yeast, Complement Fixation	86698 x3
Histoplasma Antibody, Serum (Confirmation)	Mayo Medical Laboratories (MML)	Mycelial Yeast Immunodiffusion	86698 x3
Hypersensitivity Pneumonitis IgG Ab	Mayo Medical Laboratories (MML)	Aspergillus fumigatus Bacterium not elsewhere specified	86606 86609 x2
IgG Subclasses	Mayo Medical Laboratories (MML)	IgG Total IgG Subclasses	82784 82787 x4
Immunoglobulin Heavy and Light Chain Pairs, IgA Kappa and IgA Lambda.	Mayo Medical Laboratories (MML)	IgA Total IgA Kappa IgA Lambda	82784 83883 x2
Infliximab Quantitation with Reflex to Infliximab Antibodies to Infliximab	Mayo Medical Laboratories (MML)	Infliximab Antibodies	80230 82397
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
Inhibin A and B	Mayo Medical Laboratories (MML)	Inhibin A, Tumor marker Inhibin B	86336 83520
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
Lyme Disease Antibody, Western Blot (Serum or CSF) Reflex Testing	Mayo Medical Laboratories (MML)	Lyme diseases AB, IgG, IgM	86617x2
Lymphocytic Choriomeningitis (LCM) Virus Antibody, IFA (CSF)	ARUP	IgG, IgM	86727 x2
Lysosomal Enzyme, Leukocytes	Jefferson Medical College	Enzyme Activity (non radioactive substrate) Enzyme Activity (radioactive substrate)	82657 86258
Measles (Rubeola), IgG, IgM	Mayo Medical Laboratories (MML)	IgG, IgM	86765 x2
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 Serum Albumin CSF IgG Serum & CSF Olig Band CSF & Serum	82040 82042 82784 x2 83916 x2
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 AChR ganglionic neuronal Ab (if appropriate) Neuronal VGKC autoantibody (if appropriate) CRMP-5-IgG Western blot (if appropriate) GAD65 antibody assay (if appropriate)	83519 83519 83520 83519 83519 84182 86341
Mycoplasma pneumoniae, IgM, IgG Serum	Mayo Medical Laboratories (MML)	IgG, IgM Indirect IFA (if appropriate)	86738 x2 86738

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Test Name	Performing Laboratory	Components	CPT Code
Poliovirus AB	Quest Diagnostics Infectious Disease	Poliovirus Type 1-3	86382 x2
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
Prometheus Thiopurine Metabolites	Prometheus Laboratories, Inc.	6-TGN, 6-MMPN	82542
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, Phase I and Phase II IgM, Phase I and Phase II	86638 x2 86638 x2
RMSF (Spotted Fever Group, IgG, IgM)	Mayo Medical Laboratories (MML)	IgG, IgM	86757 x2
Rubeola (Measles) Antibodies, IgG and IgM, Serum, CSF	Mayo Medical Laboratories (MML)	IgG IgM	86765 86765
Serum Drugs of Abuse Screen, 10 Panel	NMS Lab	Amphetamine Screen Barbiturate Screen Benzodiazepine Screen Cocaine Screen Opiate Screen Oxycodones PCP Screen Cannabinoid Screen Methadone Screen	80307
Streptococcal Antibodies Profile	Mayo Medical Laboratories (MML)	ASO Titer Dnase B Titer	86060 86215
Streptococcus Pneumoniae IgG Antibody 23 Serotypes	Mayo Medical Laboratories (MML)	S. pneumoniae IgG serotypes 23	86317 x23
Testosterone, Total and Free	Mayo Medical Laboratories (MML)	Testosterone, Free Testosterone, Total	84402 84403
Thyroglobulin Reflex To MS or IA	Mayo Medical Laboratories (MML)	Thyroglobulin Antibody Thyroglobulin IA Thyroglobulin MS	86800 84432 84432
Ureaplasma, PCR	Mayo Medical Laboratories (MML)	Ureaplasma urealyticum PCR Ureaplasma parvum PCR	87798 87798
Varicella-Zoster Virus (VZV) Antibody, Total and IgM, CSF	Quest Diagnostics	Total IgM	86787 X2
Varicella-Zoster Virus (VZV) Antibody, IgG and IgM	Mayo Medical Laboratories (MML)	IgG IgM	86787 86787
West Nile Virus IgG, IgM, Serum and CSF	Mayo Medical Laboratories (MML)	IgG IgM	86789 86788