

MO HealthNet Division Fee Schedule for the Technical Component of Hospital Outpatient Laboratory Procedures*

Procedure Code	Procedure Description	Rate Effective for		
		9/15/2017		
80047	METABOLIC PANEL IONIZED CA	\$30.51		
80048	METABOLIC PANEL TOTAL CA	\$11.29		
80050	GENERAL HEALTH PANEL	\$30.02		
80051	ELECTROLYTE PANEL	\$9.69		
80053	COMPREHEN METABOLIC PANEL	\$12.48		
80055	OBSTETRIC PANEL	\$20.54		
80061	LIPID PANEL	\$18.51		
80069	RENAL FUNCTION PANEL	\$12.00		
80074	ACUTE HEPATITIS PANEL	\$39.52		
80076	HEPATIC FUNCTION PANEL	\$10.81		
80081	OBSTETRIC PANEL	\$101.97		
80150	ASSAY OF AMIKACIN	\$20.83		
80155	DRUG ASSAY CAFFEINE	\$19.30		
80156	ASSAY CARBAMAZEPINE TOTAL	\$20.12		
80157	ASSAY CARBAMAZEPINE FREE	\$13.74		
80158	DRUG ASSAY CYCLOSPORINE	\$24.95		
80159	DRUG ASSAY CLOZAPINE	\$25.23		
80162	ASSAY OF DIGOXIN TOTAL	\$18.35		
80163	ASSAY OF DIGOXIN FREE	\$18.07		
80164	ASSAY DIPROPYLACETIC ACD TOT	\$18.72		
80165	DIPROPYLACETIC ACID FREE	\$18.44		
80168	ASSAY OF ETHOSUXIMIDE	\$22.55		
80169	DRUG ASSAY EVEROLIMUS	\$11.93		
80170	ASSAY OF GENTAMICIN	\$22.65		
80171	DRUG SCREEN QUANT GABAPENTIN	\$18.09		
80173	ASSAY OF HALOPERIDOL	\$20.12		
80175	DRUG SCREEN QUAN LAMOTRIGINE	\$18.09		
80176	ASSAY OF LIDOCAINE	\$20.30		
80177	DRUG SCR N QUAN LEVETIRACETAM	\$18.09		
80178	ASSAY OF LITHIUM	\$9.13		
80180	DRUG SCR N QUAN MYCOPHENOLATE	\$11.93		
80183	DRUG SCR N QUANT OXCARBAZEPIN	\$18.09		
80184	ASSAY OF PHENOBARBITAL	\$15.80		
80185	ASSAY OF PHENYTOIN TOTAL	\$18.32		

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		9/15/2017		
80186	ASSAY OF PHENYTOIN FREE	\$19.03		
80188	ASSAY OF PRIMIDONE	\$22.93		
80190	PROCAINAMIDE	\$23.08		
80192	ASSAY OF PROCAINAMIDE	\$23.08		
80194	ASSAY OF QUINIDINE	\$20.17		
80195	ASSAY OF SIROLIMUS	\$19.17		
80197	ASSAY OF TACROLIMUS	\$12.09		
80198	ASSAY OF THEOPHYLLINE	\$19.56		
80199	DRUG SCREEN QUANT TIAGABINE	\$11.95		
80200	ASSAY OF TOBRAMYCIN	\$22.27		
80201	ASSAY OF TOPIRAMATE	\$16.48		
80202	ASSAY OF VANCOMYCIN	\$18.72		
80203	DRUG SCREEN QUANT ZONISAMIDE	\$18.09		
80299	QUANTITATIVE ASSAY DRUG	\$18.91		
80305	DRUG TEST PRSMV DIR OPT OBS	\$14.96		
80306	DRUG TEST PRSMV INSTRMNT	\$19.95		
80307	DRUG TEST PRSMV CHEM ANLYZR	\$79.81		
80400	ACTH STIMULATION PANEL	\$29.70		
80402	ACTH STIMULATION PANEL	\$29.70		
80406	ACTH STIMULATION PANEL	\$29.70		
80408	ALDOSTERONE SUPPRESSION EVAL	\$68.96		
80410	CALCITONIN STIMUL PANEL	\$79.58		
80412	CRH STIMULATION PANEL	\$244.16		
80414	TESTOSTERONE RESPONSE	\$38.35		
80415	ESTRADIOL RESPONSE PANEL	\$41.23		
80416	RENIN STIMULATION PANEL	\$182.40		
80417	RENIN STIMULATION PANEL	\$60.80		
80418	PITUITARY EVALUATION PANEL	\$414.87		
80420	DEXAMETHASONE PANEL	\$24.72		
80422	GLUCAGON TOLERANCE PANEL	\$34.02		
80424	GLUCAGON TOLERANCE PANEL	\$37.03		
80426	GONADOTROPIN HORMONE PANEL	\$107.80		
80428	GROWTH HORMONE PANEL	\$23.05		
80430	GROWTH HORMONE PANEL	\$27.74		

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80432	INSULIN SUPPRESSION PANEL	\$98.87		
80434	INSULIN TOLERANCE PANEL	\$19.07		
80435	INSULIN TOLERANCE PANEL	\$19.07		
80436	METYRAPONE PANEL	\$29.70		
80438	TRH STIMULATION PANEL	\$34.81		
80439	TRH STIMULATION PANEL	\$18.72		
81000	URINALYSIS NONAUTO W/SCOPE	\$4.25		
81001	URINALYSIS AUTO W/SCOPE	\$4.37		
81002	URINALYSIS,BY DIP STICK/TABLET REAGENT FOR...;NON-AUTOMATED,W/OUT MICROSCOPY(CLIA WAIVER LIST)	\$2.31		
81003	URINALYSIS AUTO W/O SCOPE	\$1.50		
81005	URINALYSIS	\$2.99		
81015	URINALYSIS MICROSCOPIC ONLY (PPMP CLIA LIST)	\$3.26		
81020	URINALYSIS GLASS TEST	\$3.21		
81025	URINE PREGNANCY TEST, BY VISUAL COLOR COMPARISON METHODS(CLIA WAIVER LIST)	\$7.20		
81050	URINALYSIS VOLUME MEASURE	\$4.14		
81162	BRCA1&2 SEQ & FULL DUP/DEL	\$2,485.86		
81170	ABL1 GENE	\$329.51		
81206	BCR/ABL1 GENE MAJOR BP	\$223.69		
81207	BCR/ABL1 GENE MINOR BP	\$197.59		
81208	BCR/ABL1 GENE OTHER BP	\$219.43		
81210	BRAF GENE	\$179.25		
81211	BRCA1&2 SEQ & COM DUP/DEL	\$2,183.50		
81212	BRCA1&2 185&5385&6174 VAR	\$176.70		
81213	BRCA1&2 UNCOM DUP/DEL VAR	\$582.72		
81214	BRCA1 FULL SEQ & COM DUP/DEL	\$1,438.14		
81215	BRCA1 GENE KNOWN FAM VARIANT	\$93.24		
81217	BRCA2 GENE KNOWN FAM VARIANT	\$93.24		
81218	CEBPA GENE FULL SEQUENCE	\$329.51		
81219	CALR GENE COM VARIANTS	\$165.68		
81225	CYP2C19 GENE COM VARIANTS	\$291.80		
81226	CYP2D6 GENE COM VARIANTS	\$451.59		
81227	CYP2C9 GENE COM VARIANTS	\$175.08		
81235	EGFR GENE COM VARIANTS	\$330.01		
81240	F2 GENE	\$67.13		

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		9/15/2017		
81241	F5 GENE	\$83.37		
81245	FLT3 GENE	\$165.92		
81256	HFE GENE	\$89.17		
81261	IGH GENE REARRANGE AMP METH	\$270.11		
81262	IGH GENE REARRANG DIR PROBE	\$59.55		
81263	IGH VARI REGIONAL MUTATION	\$401.79		
81264	IGK REARRANGEABN CLONAL POP	\$203.72		
81265	STR MARKERS SPECIMEN ANAL	\$293.38		
81267	CHIMERISM ANAL NO CELL SELEC	\$283.03		
81268	CHIMERISM ANAL W/CELL SELECT	\$355.78		
81270	JAK2 GENE	\$125.06		
81272	KIT GENE TARGETED SEQ ANALYS	\$329.51		
81273	KIT GENE ANALYS D816 VARIANT	\$124.87		
81275	KRAS GENE VARIANTS EXON 2	\$197.48		
81276	KRAS GENE ADDL VARIANTS	\$197.19		
81287	MGMT GENE METHYLATION ANAL	\$83.67		
81291	MTHFR GENE	\$59.55		
81292	MLH1 GENE FULL SEQ	\$646.24		
81293	MLH1 GENE KNOWN VARIANTS	\$259.06		
81294	MLH1 GENE DUP/DELETE VARIANT	\$190.68		
81295	MSH2 GENE FULL SEQ	\$151.71		
81296	MSH2 GENE KNOWN VARIANTS	\$129.53		
81297	MSH2 GENE DUP/DELETE VARIANT	\$151.71		
81298	MSH6 GENE FULL SEQ	\$287.83		
81299	MSH6 GENE KNOWN VARIANTS	\$161.24		
81300	MSH6 GENE DUP/DELETE VARIANT	\$161.68		
81301	MICROSATELLITE INSTABILITY	\$395.04		
81310	NPM1 GENE	\$247.14		
81311	NRAS GENE VARIANTS EXON 2&3	\$295.79		
81314	PDGFRA GENE	\$329.51		
81315	PML/RARALPHA COM BREAKPOINTS	\$282.83		
81316	PML/RARALPHA 1 BREAKPOINT	\$431.39		
81317	PMS2 GENE FULL SEQ ANALYSIS	\$781.29		
81318	PMS2 KNOWN FAMILIAL VARIANTS	\$184.61		

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81319	PMS2 GENE DUP/DELET VARIANTS	\$221.66		
81321	PTEN GENE FULL SEQUENCE	\$600.70		
81322	PTEN GENE KNOWN FAM VARIANT	\$58.40		
81323	PTEN GENE DUP/DELET VARIANT	\$87.60		
81327	SEPT9 METHYLATION ANALYSIS	\$83.67		
81332	SERPINA1 GENE	\$59.55		
81340	TRB@ GENE REARRANGE AMPLIFY	\$285.02		
81341	TRB@ GENE REARRANGE DIRPROBE	\$67.65		
81342	TRG GENE REARRANGEMENT ANAL	\$274.90		
81370	HLA I & II TYPING LR	\$548.60		
81371	HLA I & II TYPE VERIFY LR	\$328.36		
81372	HLA I TYPING COMPLETE LR	\$301.36		
81373	HLA I TYPING 1 LOCUS LR	\$151.93		
81374	HLA I TYPING 1 ANTIGEN LR	\$99.55		
81375	HLA II TYPING AG EQUIV LR	\$301.15		
81376	HLA II TYPING 1 LOCUS LR	\$166.74		
81377	HLA II TYPE 1 AG EQUIV LR	\$125.25		
81378	HLA I & II TYPING HR	\$471.44		
81379	HLA I TYPING COMPLETE HR	\$457.54		
81380	HLA I TYPING 1 LOCUS HR	\$241.81		
81381	HLA I TYPING 1 ALLELE HR	\$129.03		
81382	HLA II TYPING 1 LOC HR	\$168.73		
81383	HLA II TYPING 1 ALLELE HR	\$148.88		
81528	ONCOLOGY COLORECTAL SCR	\$493.21		
81535	ONCOLOGY GYNECOLOGIC	\$579.46		
81536	ONCOLOGY GYNECOLOGIC	\$177.56		
82009	TEST FOR ACETONE/KETONES	\$5.15		
82010	ACETONE ASSAY	\$11.23		
82013	ACETYLCHOLINESTERASE ASSAY	\$15.44		
82016	ACYLCARNITINES QUAL	\$19.16		
82017	ACYLCARNITINES QUANT	\$23.31		
82024	ASSAY OF ACTH	\$53.38		
82030	ADENOSINE; 5'-MONOPHOSPHATE, CYCLIC (CYCLIC AMP)	\$35.65		
82040	ASSAY OF SERUM ALBUMIN	\$6.85		

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82042	ASSAY OF URINE ALBUMIN	\$7.15		
82043	MICROALBUMIN QUANTITATIVE	\$7.08		
82044	MICROALBUMIN SEMIQUANT	\$6.11		
82045	ALBUMIN ISCHEMIA MODIFIED	\$38.99		
82075	ALCOHOL (ETHANOL);BREATH(EXEMPT FROM CLIA EDITING)	\$15.81		
82085	ALDOLASE	\$13.41		
82088	ASSAY OF ALDOSTERONE	\$56.32		
82103	ALPHA-1-ANTITRYPSIN TOTAL	\$18.56		
82104	ALPHA-1-ANTITRYPSIN PHENO	\$18.97		
82105	ALPHA-FETOPROTEIN SERUM	\$22.35		
82106	ALPHA-FETOPROTEIN AMNIOTIC	\$22.35		
82107	ALPHA-FETOPROTEIN L3	\$89.99		
82108	ALUMINUM	\$35.22		
82120	AMINES VAGINAL FLUID QUAL	\$5.19		
82127	AMINO ACID SINGLE QUAL	\$19.16		
82128	AMINO ACIDS MULT QUAL	\$18.13		
82131	AMINO ACIDS SINGLE QUANT	\$23.31		
82135	ASSAY AMINOLEVULINIC ACID	\$22.75		
82136	AMINO ACIDS QUANT 2-5	\$23.31		
82139	AMINO ACIDS QUAN 6 OR MORE	\$23.31		
82140	AMMONIA	\$20.15		
82143	AMNIOTIC FLUID SCAN (SPECTROPHOTOMETRIC)	\$9.50		
82150	AMYLASE	\$8.96		
82154	ANDROSTANEDIOL GLUCURONIDE	\$20.26		
82157	ASSAY OF ANDROSTENEDIONE	\$40.45		
82160	ANDROSTERONE	\$34.56		
82163	ANGIOTENSIN II	\$26.68		
82164	ANGIOTENSIN I ENZYME TEST	\$20.17		
82172	ASSAY OF APOLIPOPROTEIN	\$21.41		
82175	ARSENIC	\$26.22		
82180	ASSAY OF ASCORBIC ACID	\$9.00		
82190	ATOMIC ABSORPTION SPECTROSCOPY, EACH ANALYTE	\$11.44		
82232	ASSAY OF BETA-2 PROTEIN	\$22.36		
82239	BILE ACIDS TOTAL	\$11.34		

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		9/15/2017		
82240	BILE ACIDS CHOLYLGLYCINE	\$36.73		
82247	BILIRUBIN TOTAL	\$6.90		
82248	BILIRUBIN DIRECT	\$6.90		
82252	BILIRUBIN FECES, QUALITATIVE	\$6.29		
82261	ASSAY OF BIOTINIDASE	\$23.31		
82270	OCCULT BLOOD FECES	\$3.47		
82271	OCCULT BLOOD OTHER SOURCES	\$4.54		
82272	OCCULT BLD FECES 1-3 TESTS	\$4.54		
82274	ASSAY TEST FOR BLOOD FECAL	\$4.49		
82286	BRADYKININ	\$7.20		
82300	CADMIUM	\$31.97		
82306	VITAMIN D 25 HYDROXY	\$40.91		
82308	ASSAY OF CALCITONIN	\$37.01		
82310	CALCIUM; TOTAL	\$7.11		
82330	ASSAY OF CALCIUM	\$18.89		
82331	CALCIUM, BLOOD AFTER CALCIUM INFUSION TEST	\$7.15		
82340	ASSAY OF CALCIUM IN URINE	\$8.34		
82355	CALCULUS ANALYSIS QUAL	\$15.99		
82360	CALCULUS ASSAY QUANT	\$17.80		
82365	CALCULUS (STONE), QUANTITATIVE INFRARED SPECTROSCOPY	\$17.82		
82370	X-RAY ASSAY CALCULUS	\$17.31		
82373	ASSAY C-D TRANSFER MEASURE	\$9.95		
82374	ASSAY BLOOD CARBON DIOXIDE	\$3.58		
82375	ASSAY CARBOXYHB QUANT	\$17.03		
82376	ASSAY CARBOXYHB QUAL	\$5.04		
82378	CARCINOEMBRYONIC ANTIGEN	\$26.17		
82379	ASSAY OF CARNITINE	\$23.31		
82380	ASSAY OF CAROTENE	\$12.75		
82382	ASSAY URINE CATECHOLAMINES	\$23.77		
82383	ASSAY BLOOD CATECHOLAMINES	\$34.63		
82384	ASSAY THREE CATECHOLAMINES	\$34.90		
82387	CATHEPSIN-D	\$28.75		
82390	CERULOPLASMIN	\$14.84		
82397	CHEMILUMINESCENT ASSAY	\$16.12		

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		9/15/2017		
82415	CHLORAMPHENICOL	\$17.51		
82435	CHLORIDE; BLOOD	\$6.41		
82436	CHLORIDE; URINE	\$6.95		
82438	ASSAY OTHER FLUID CHLORIDES	\$6.76		
82441	CHLORINATED HYDROCARBONS, SCREEN	\$7.20		
82465	ASSAY BLD/SERUM CHOLESTEROL	\$6.01		
82480	ASSAY SERUM CHOLINESTERASE	\$10.89		
82482	ASSAY RBC CHOLINESTERASE	\$10.62		
82485	ASSAY CHONDROITIN SULFATE	\$28.55		
82495	CHROMIUM	\$28.03		
82507	ASSAY OF CITRATE	\$38.43		
82525	COPPER	\$17.20		
82528	CORTICOSTERONE	\$31.11		
82530	CORTISOL FREE	\$23.44		
82533	TOTAL CORTISOL	\$22.53		
82540	CREATINE	\$6.35		
82542	COL CHROMOTOGRAPHY QUAL/QUAN	\$24.96		
82550	CREATINE KINASE (CK), (CPK); TOTAL	\$9.06		
82552	ASSAY OF CPK IN BLOOD	\$18.51		
82553	CREATINE MB FRACTION	\$15.95		
82554	CREATINE ISOFORMS	\$15.94		
82565	ASSAY OF CREATININE	\$7.07		
82570	CREATININE; OTHER SOURCE	\$7.15		
82575	CREATININE CLEARANCE	\$13.04		
82585	CRYOFIBRINOGEN	\$11.85		
82595	CRYOGLOBULIN	\$8.95		
82600	CYANIDE	\$26.81		
82607	VITAMIN B-12	\$20.83		
82608	B-12 BINDING CAPACITY	\$19.80		
82610	CYSTATIN C	\$19.00		
82615	CYSTINE AND HOMOCYSTINE, URINE QUALITATIVE	\$10.80		
82626	DEHYDROEPIANDROSTERONE	\$34.93		
82627	DEHYDROEPIANDROSTERONE	\$30.72		
82633	DESOXYCORTICOSTERONE	\$42.81		

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		9/15/2017		
82634	DEOXYCORTISOL	\$40.45		
82638	DIBUCAINE NUMBER	\$16.56		
82652	VIT D 1 25-DIHYDROXY	\$53.19		
82656	PANCREATIC ELASTASE FECAL	\$16.12		
82657	ENZYME CELL ACTIVITY	\$24.96		
82658	ENZYME CELL ACTIVITY RA	\$24.96		
82664	ELECTROPHORETIC TECHNIQUE, NOT ELSEWHERE SPECIFIED	\$25.42		
82668	ERYTHROPOIETIN	\$25.98		
82670	ESTRADIOL	\$38.62		
82671	ESTROGENS FRACTIONATED	\$7.80		
82672	ASSAY OF ESTROGEN	\$29.97		
82677	ESTRIOL	\$33.56		
82679	ASSAY OF ESTRONE	\$34.50		
82693	ETHYLENE GLYCOL	\$15.00		
82696	ETIOCHOLANOLONE	\$32.60		
82705	FATS/LIPIDS FECES QUAL	\$3.60		
82710	FATS/LIPIDS FECES QUANT	\$7.27		
82715	FAT DIFFERENTIAL, FECES, QUANTITATIVE	\$23.79		
82725	FATTY ACIDS, NONESTERIFIED	\$7.20		
82726	VERY LONG CHAIN FATTY ACIDS	\$24.96		
82728	ASSAY OF FERRITIN	\$18.83		
82731	FETAL FIBRONECTIN,CERVICOVAGINAL SECRETIONS, SEMI-QUANTITATIVE	\$20.83		
82735	FLUORIDE	\$25.63		
82746	ASSAY OF FOLIC ACID SERUM	\$20.32		
82747	ASSAY OF FOLIC ACID RBC	\$20.99		
82757	FRUCTOSE, SEMEN	\$23.97		
82759	GALACTOKINASE, RBC	\$29.69		
82760	GALACTOSE	\$10.07		
82775	GALACTOSE-1-PHOSPHATE URIDYL TRANSFERASE QUANTITATIVE	\$28.80		
82776	GALACTOSE-1-PHOSPHATE URIDYL TRANSFERASE SCREEN	\$8.64		
82777	GALECTIN-3	\$17.80		
82784	ASSAY IGA/IGD/IGG/IGM EACH	\$6.32		
82785	ASSAY OF IGE	\$22.76		
82787	IGG 1 2 3 OR 4 EACH	\$4.81		

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		9/15/2017		
82800	GASES, BLOOD PH ONLY	\$11.70		
82803	BLOOD GASES ANY COMBINATION	\$26.74		
82805	BLOOD GASES W/O2 SATURATION	\$7.20		
82810	BLOOD GASES O2 SAT ONLY	\$7.20		
82820	HEMOGLOBIN-OXYGEN AFFINITY (PO2 FOR 50% HEMOGLOBINSATURATION WITH OXYGEN)	\$13.06		
82930	GASTRIC ANALY W/PH EA SPEC	\$7.67		
82938	GASTRIN AFTER SECRETIN STIMULATION	\$24.46		
82941	GASTRIN	\$24.37		
82943	GLUCAGON	\$14.40		
82945	GLUCOSE OTHER FLUID	\$5.42		
82946	GLUCAGON TOLERANCE TEST	\$20.83		
82947	ASSAY GLUCOSE BLOOD QUANT	\$5.43		
82948	GLUCOSE; BLOOD, REAGENT STRIP	\$3.57		
82950	GLUCOSE POST GLUCOSE DOSE (INCLUDES GLUCOSE) (CLIA WAIVER LIST)	\$6.57		
82951	GLUCOSE TOLERANCE TEST (GTT), THREE SPECIMENS (INCLUDES GLUCOSE) (CLIA WAIVER LIST)	\$17.80		
82952	GTT-ADDED SAMPLES	\$5.42		
82955	GLUCOSE-6-PHOSPHATE DEHYDROGENASE (G6PD) QUANTITATIVE	\$12.64		
82960	GLUCOSE-6-PHOSPHATE DEHYDROGENASE (G6PD) SCREEN	\$7.90		
82962	GLUCOSE BLOOD TEST	\$3.23		
82963	GLUCOSIDASE, BETA	\$29.69		
82965	GLUTAMATE DEHYDROGENASE	\$10.68		
82977	GLUTAMYLTRANSFERASE, GAMMA (GGT)	\$9.99		
82978	GLUTATHIONE	\$19.70		
82979	ASSAY RBC GLUTATHIONE	\$7.20		
82985	ASSAY OF GLYCATED PROTEIN	\$20.83		
83001	ASSAY OF GONADOTROPIN (FSH)	\$25.69		
83002	ASSAY OF GONADOTROPIN (LH)	\$25.60		
83003	ASSAY GROWTH HORMONE (HGH)	\$23.04		
83006	GROWTH STIMULATION GENE 2	\$29.93		
83009	H PYLORI (C-13) BLOOD	\$94.11		
83010	ASSAY OF HAPTOGLOBIN QUANT	\$17.38		
83012	HAPTOGLOBIN; PHENOTYPES	\$23.76		
83013	H PYLORI (C-13) BREATH	\$88.80		
83014	H PYLORI DRUG ADMIN	\$10.86		

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		9/15/2017		
83015	HEAVY METAL QUAL ANY ANAL	\$26.03		
83018	HEAVY METAL QUANT EACH NES	\$30.35		
83020	HEMOGLOBIN ELECTROPHORESIS	\$17.80		
83021	HEMOGLOBIN CHROMOTOGRAPHY	\$24.96		
83026	HEMOGLOBIN COPPER SULFATE	\$2.50		
83030	FETAL HEMOGLOBIN CHEMICAL	\$11.43		
83033	FETAL HEMOGLOBIN ASSAY QUAL	\$7.20		
83036	GLYCOSYLATED HEMOGLOBIN TEST	\$13.41		
83037	GLYCOSYLATED HB HOME DEVICE	\$13.32		
83045	HEMOGLOBIN METHEMOGLOBIN, QUALITATIVE	\$3.90		
83050	BLOOD METHEMOGLOBIN ASSAY	\$10.12		
83051	ASSAY OF PLASMA HEMOGLOBIN	\$10.10		
83060	HEMOGLOBIN SULFHEMOGLOBIN, QUANTITATIVE	\$11.43		
83065	HEMOGLOBIN THERMOLABILE	\$9.52		
83068	HEMOGLOBIN UNSTABLE, SCREEN	\$11.52		
83069	HEMOGLOBIN URINE	\$5.45		
83070	ASSAY OF HEMOSIDERIN QUAL	\$6.57		
83080	b-HEXOSAMINIDASE, EACH ASSAY	\$23.31		
83088	HISTAMINE	\$5.40		
83090	ASSAY OF HOMOCYSTINE	\$23.31		
83150	ASSAY OF HOMOVANILLIC ACID	\$10.80		
83491	ASSAY OF CORTICOSTEROIDS 17	\$24.21		
83497	HYDROXYINDOLACETIC ACID, 5-(HIAA)	\$17.82		
83498	ASSAY OF PROGESTERONE 17-D	\$37.54		
83499	ASSAY OF PROGESTERONE 20-	\$34.83		
83500	ASSAY FREE HYDROXYPROLINE	\$31.30		
83505	ASSAY TOTAL HYDROXYPROLINE	\$33.59		
83516	IMMUNOASSAY NONANTIBODY	\$15.95		
83518	IMMUNOASSAY DIPSTICK	\$10.07		
83519	RIA NONANTIBODY	\$18.67		
83520	IMMUNOASSAY QUANT NOS NONAB	\$17.89		
83525	INSULIN; TOTAL	\$15.81		
83527	INSULIN; FREE	\$11.10		
83528	INTRINSIC FACTOR	\$21.98		

MO HealthNet Division Fee Schedule for the Technical Component of Hospital Outpatient Laboratory Procedures*

Procedure Code	Procedure Description	Rate Effective for		
		9/15/2017		
83540	ASSAY OF IRON	\$8.95		
83550	IRON BINDING CAPACITY	\$12.18		
83570	ISOCITRIC DEHYDROGENASE (IDH)	\$10.80		
83582	KETOGENIC STEROIDS; FRACTIONATION	\$18.00		
83586	ASSAY 17- KETOSTEROIDS	\$17.69		
83593	FRACTIONATION KETOSTEROIDS	\$36.00		
83605	LACTATE (LACTIC ACID)	\$14.76		
83615	LACTATE (LD) (LDH) ENZYME	\$7.90		
83625	ASSAY OF LDH ENZYMES	\$17.65		
83630	LACTOFERRIN FECAL (QUAL)	\$16.12		
83631	LACTOFERRIN FECAL (QUANT)	\$27.42		
83632	LACTOGEN, HUMAN PLACENTAL (HPL) HUMAN CHORIONIC SOMATOMAMMOTROPIN	\$27.93		
83633	LACTOSE, URINE QUALITATIVE	\$7.20		
83655	ASSAY OF LEAD	\$16.73		
83661	L/S RATIO FETAL LUNG	\$30.38		
83662	FOAM STABILITY FETAL LUNG	\$26.14		
83663	FLUORO POLARIZE FETAL LUNG	\$13.07		
83664	LAMELLAR BDY FETAL LUNG	\$6.53		
83670	LEUCINE AMINOPEPTIDASE (LAP)	\$12.62		
83690	LIPASE	\$9.52		
83695	ASSAY OF LIPOPROTEIN(A)	\$18.09		
83698	ASSAY LIPOPROTEIN PLA2	\$38.99		
83700	LIOPRO BLD ELECTROPHORETIC	\$15.73		
83701	LIOPROTEIN BLD HR FRACTION	\$34.68		
83704	LIOPROTEIN BLD QUAN PART	\$44.08		
83718	ASSAY OF LIPOPROTEIN	\$11.31		
83719	LIOPROTEIN, DIRECT MEASUREMENT;DIRECT MEASUREMENTVLDL CHOLESTEROL	\$16.08		
83721	ASSAY OF BLOOD LIPOPROTEIN	\$13.04		
83727	LUTEINIZING RELEASING FACTOR (LRH)	\$23.76		
83735	MAGNESIUM	\$8.22		
83775	ASSAY MALATE DEHYDROGENASE	\$10.19		
83785	MANGANESE	\$33.98		
83789	MASS SPECTROMETRY QUAL/QUAN	\$24.96		
83825	MERCURY, QUANTITATIVE	\$22.36		

MO HealthNet Division Fee Schedule for the Technical Component of Hospital Outpatient Laboratory Procedures*

Procedure Code	Procedure Description	Rate Effective for		
		9/15/2017		
83835	METANEPHRINES	\$23.42		
83857	METHEMALBUMIN	\$14.84		
83861	MICROFLUID ANALY TEARS	\$23.58		
83864	MUCOPOLYSACCHARIDES, ACID; QUANTITATIVE	\$26.73		
83872	ASSAY SYNOVIAL FLUID MUCIN	\$7.20		
83873	ASSAY OF CSF PROTEIN	\$23.78		
83874	MYOGLOBIN	\$17.48		
83876	ASSAY MYELOPEROXIDASE	\$18.91		
83880	ASSAY OF NATRIURETIC PEPTIDE	\$8.99		
83883	ASSAY NEPHELOMETRY NOT SPEC	\$18.79		
83885	NICKEL	\$33.87		
83915	ASSAY OF NUCLEOTIDASE	\$15.41		
83916	OLIGOCLONAL BANDS	\$27.79		
83918	ORGANIC ACIDS TOTAL QUANT	\$22.75		
83919	ORGANIC ACIDS QUAL EACH	\$22.75		
83921	ORGANIC ACID SINGLE QUANT	\$22.75		
83930	ASSAY OF BLOOD OSMOLALITY	\$9.14		
83935	OSMOLALITY URINE	\$7.90		
83937	OSTEOCALCIN (BONE G1A PROTEIN)	\$13.70		
83945	OXALATE	\$15.81		
83950	ONCOPROTEIN HER-2/NEU	\$89.01		
83951	ONCOPROTEIN DCP	\$94.04		
83970	PARATHORMONE (PARATHYROID HORMONE)	\$51.01		
83986	ASSAY PH BODY FLUID NOS	\$4.95		
83987	EXHALED BREATH CONDENSATE	\$22.12		
83992	PHENCYCLIDINE (PCP)	\$19.70		
83993	ASSAY FOR CALPROTECTIN FECAL	\$27.42		
84030	PHENYLALANINE (PKU), BLOOD	\$5.48		
84035	PHENYLKETONES, QUALITATIVE	\$5.05		
84060	PHOSPHATASE, ACID; TOTAL	\$10.32		
84061	PHOSPHATASE FORENSIC EXAM	\$10.21		
84066	ASSAY PROSTATE PHOSPHATASE	\$13.35		
84075	PHOSPHATASE, ALKALINE	\$7.15		
84078	PHOSPHATASE, ALKALINE, BLOOD HEAT STABLE (TOTAL NOT INCLUDED)	\$5.76		

MO HealthNet Division Fee Schedule for the Technical Component of Hospital Outpatient Laboratory Procedures*

Procedure Code	Procedure Description	Rate Effective for		
		9/15/2017		
84080	PHOSPHATASE, ALKALINE; ISOENZYMES	\$20.44		
84081	ASSAY PHOSPHATIDYLGLYCEROL	\$22.84		
84085	PHOSPHOGLUCONATE, 6-, DEHYDROGENASE, RBC	\$8.64		
84087	PHOSPHOHEXOSE ISOMERASE	\$14.27		
84100	PHOSPHORUS INORGANIC (PHOSPHATE)	\$6.54		
84105	PHOSPHORUS (PHOSPHATE) URINE	\$5.48		
84106	PORPHOBILINOGEN, URINE QUALITATIVE	\$5.04		
84110	PORPHOBILINOGEN, URINE QUANTITATIVE	\$4.32		
84112	EVAL AMNIOTIC FLUID PROTEIN	\$90.64		
84119	PORPHYRINS, URINE; QUALITATIVE	\$11.90		
84120	PORPHYRINS, URINE; QUANTITATION AND FRACTIONATION	\$20.33		
84126	PORPHYRINS, FECES; QUANTITATIVE	\$35.20		
84132	ASSAY OF SERUM POTASSIUM	\$6.41		
84133	POTASSIUM URINE	\$5.94		
84134	PREALBUMIN	\$7.08		
84135	PREGNANEDIOL	\$26.44		
84138	PREGNANETRIOL	\$26.16		
84140	PREGNENOLONE	\$18.50		
84143	17-HYDROXYPREGNENOLONE	\$18.50		
84144	ASSAY OF PROGESTERONE	\$28.83		
84145	PROCALCITONIN (PCT)	\$27.76		
84146	ASSAY OF PROLACTIN	\$26.77		
84150	PROSTAGLANDIN, EACH	\$34.50		
84152	ASSAY OF PSA COMPLEXED	\$25.42		
84153	ASSAY OF PSA TOTAL	\$25.42		
84154	ASSAY OF PSA FREE	\$25.42		
84155	ASSAY OF PROTEIN SERUM	\$5.05		
84156	ASSAY OF PROTEIN URINE	\$5.12		
84157	ASSAY OF PROTEIN OTHER	\$5.12		
84160	ASSAY OF PROTEIN ANY SOURCE	\$5.48		
84163	PAPPA SERUM	\$9.76		
84165	PROTEIN E-PHORESIS SERUM	\$14.84		
84166	PROTEIN E-PHORESIS/URINE/CSF	\$24.92		
84181	WESTERN BLOT, WITH INTERPRETATION AND REPORT, BLOOD OR OTHER BODY FLUID	\$23.54		

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Procedure Code	Procedure Description	Rate Effective for		
		9/15/2017		
84182	PROTEIN WESTERN BLOT TEST	\$9.19		
84202	ASSAY RBC PROTOPORPHYRIN	\$19.83		
84203	PROTOPORPHYRIN, RBC SCREEN	\$11.89		
84206	PROINSULIN	\$23.17		
84207	PYRIDOXAL PHOSPHATE (VITAMIN B-6)	\$14.40		
84210	PYRUVATE	\$15.01		
84220	PYRUVATE KINASE	\$11.80		
84228	QUININE	\$16.08		
84233	RECEPTOR ASSAY; ESTROGEN	\$89.01		
84234	RECEPTOR ASSAY PROGESTERONE	\$89.64		
84235	ASSAY OF ENDOCRINE HORMONE	\$72.31		
84238	ASSAY NONENDOCRINE RECEPTOR	\$50.53		
84244	RENIN	\$30.40		
84252	RIBOFLAVIN (VITAMIN B-2)	\$14.40		
84255	SELENIUM	\$35.29		
84260	ASSAY OF SEROTONIN	\$42.81		
84270	ASSAY OF SEX HORMONE GLOBUL	\$30.03		
84275	SIALIC ACID	\$18.56		
84285	SILICA	\$32.54		
84295	ASSAY OF SERUM SODIUM	\$6.62		
84300	SODIUM URINE	\$3.89		
84302	ASSAY OF SWEAT SODIUM	\$4.83		
84305	ASSAY OF SOMATOMEDIN	\$27.54		
84307	SOMATOSTATIN	\$24.36		
84311	SPECTROPHOTOMETRY	\$9.10		
84315	SPECIFIC GRAVITY (EXCEPT URINE)	\$3.47		
84375	CHROMATOGRAM ASSAY SUGARS	\$27.09		
84376	SUGARS SINGLE QUAL	\$7.61		
84377	SUGARS MULTIPLE QUAL	\$7.61		
84378	SUGARS SINGLE QUANT	\$15.92		
84379	SUGARS MULTIPLE QUANT	\$15.92		
84392	ASSAY OF URINE SULFATE	\$6.56		
84402	ASSAY OF FREE TESTOSTERONE	\$35.19		
84403	ASSAY OF TOTAL TESTOSTERONE	\$35.67		

MO HealthNet Division Fee Schedule for the Technical Component of Hospital Outpatient Laboratory Procedures*

Procedure Code	Procedure Description	Rate Effective for		
		9/15/2017		
84410	TESTOSTERONE BIOAVAILABLE	\$72.55		
84425	THIAMINE (VITAMIN B-1)	\$14.40		
84430	THIOCYANATE	\$16.08		
84431	THROMBOXANE URINE	\$18.54		
84432	ASSAY OF THYROGLOBULIN	\$21.62		
84436	ASSAY OF TOTAL THYROXINE	\$9.50		
84437	THYROXINE; REQUIRING ELUTION (EG, NEONATAL)	\$8.95		
84439	ASSAY OF FREE THYROXINE	\$12.46		
84442	ASSAY OF THYROID ACTIVITY	\$20.44		
84443	ASSAY THYROID STIM HORMONE	\$23.21		
84445	ASSAY OF TSI GLOBULIN	\$37.56		
84446	ASSAY OF VITAMIN E	\$19.59		
84449	TRANSCORTIN (CORTISOL BINDING GLOBULIN)	\$14.07		
84450	TRANSFERASE; ASPARTATE AMINO (AST) (SGOT)	\$7.15		
84460	TRANSFERASE; ALANINE AMINO (ALT) (SGPT)	\$7.23		
84466	TRANSFERRIN	\$15.00		
84478	ASSAY OF TRIGLYCERIDES	\$7.91		
84479	ASSAY OF THYROID (T3 OR T4)	\$8.95		
84480	ASSAY TRIIODOTHYRONINE (T3)	\$19.59		
84481	FREE ASSAY (FT-3)	\$23.42		
84482	T3 REVERSE	\$21.78		
84484	ASSAY OF TROPONIN QUANT	\$13.60		
84485	TRYPSIN, DUODENAL FLUID	\$10.37		
84488	TRYPSIN; FECES, QUALITATIVE	\$10.09		
84490	TRYPSIN; FECES, QUANTITATIVE, 24-HOUR COLLECTION	\$7.20		
84510	TYROSINE	\$10.80		
84512	ASSAY OF TROPONIN QUAL	\$9.01		
84520	UREA NITROGEN; QUANTITATIVE	\$5.46		
84525	UREA NITROGEN; SEMIQUANTITATIVE (EG, REAGENT STRIP TEST)	\$4.32		
84540	UREA NITROGEN, URINE	\$3.60		
84545	UREA NITROGEN, CLEARANCE	\$9.13		
84550	URIC ACID; BLOOD	\$6.25		
84560	URIC ACID; OTHER SOURCE	\$3.89		
84577	UROBILINOGEN, FECES, QUANTITATIVE	\$17.24		

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Procedure Code	Procedure Description	Rate Effective for		
		9/15/2017		
84578	UROBILINOGEN, URINE QUALITATIVE	\$4.48		
84580	UROBILINOGEN, URINE QUANTITATIVE, TIMED SPECIMEN	\$9.80		
84583	UROBILINOGEN, URINE SEMIQUANTITATIVE	\$6.95		
84585	ASSAY OF URINE VMA	\$21.42		
84586	VASOACTIVE INTESTINAL PEPTIDE (VIP)	\$8.02		
84588	VASOPRESSIN (ANTIDIURETIC HORMONE, ADH)	\$28.80		
84590	VITAMIN A	\$9.00		
84591	VITAMIN, NOT OTHERWISE SPECIFIED	\$12.68		
84597	VITAMIN K	\$10.80		
84600	VOLATILES(EG,ACETIC ANHYDRIDE,CARBON TETRACHLORIDE,DICHLOROETHANE,DICHLOROMETHANE,DIETHYLETH	\$21.60		
84620	XYLOSE ABSORPTION TEST, BLOOD AND/OR URINE	\$14.40		
84630	ASSAY OF ZINC	\$15.74		
84681	ASSAY OF C-PEPTIDE	\$28.75		
84702	GONADOTROPIN, CHORIONIC (HCG); QUANTITATIVE	\$7.90		
84703	GONADOTROPIN, CHORIONIC QUALITATIVE (CLIA WAIVER LIST)	\$10.38		
84704	HCG FREE BETACHAIN TEST	\$9.76		
84830	OVULATION TESTS, BY VISUAL COLOR COMPARISON METHODFOR HUMAN LUTEINIZING HORMONE(CLIA WAIVER LIS	\$10.92		
84999	UNLISTED CHEMISTRY PROCEDURE (CLIA WAIVER LIST)	\$37.15		
85002	BLEEDING TIME TEST	\$6.22		
85004	AUTOMATED DIFF WBC COUNT	\$9.04		
85007	BL SMEAR W/DIFF WBC COUNT	\$3.26		
85008	BL SMEAR W/O DIFF WBC COUNT	\$4.76		
85009	MANUAL DIFF WBC COUNT B-COAT	\$5.14		
85013	SPUN MICROHEMATOCRIT	\$3.27		
85014	HEMATOCRIT	\$3.27		
85018	HEMOGLOBIN	\$3.00		
85025	COMPLETE CBC W/AUTO DIFF WBC	\$10.74		
85027	COMPLETE CBC AUTOMATED	\$8.95		
85032	MANUAL CELL COUNT EACH	\$5.95		
85041	AUTOMATED RBC COUNT	\$3.26		
85044	MANUAL RETICULOCYTE COUNT	\$5.94		
85045	AUTOMATED RETICULOCYTE COUNT	\$5.53		
85046	RETICYTE/HGB CONCENTRATE	\$6.69		
85048	AUTOMATED LEUKOCYTE COUNT	\$3.00		

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Procedure Code	Procedure Description	Rate Effective for		
		9/15/2017		
85049	AUTOMATED PLATELET COUNT	\$6.25		
85055	RETICULATED PLATELET ASSAY	\$12.81		
85130	CHROMOGENIC SUBSTRATE ASSAY	\$16.44		
85170	CLOT RETRACTION	\$5.00		
85175	CLOT LYSIS TIME, WHOLE BLOOD DILUTION	\$6.28		
85210	CLOT FACTOR II PROTHROM SPEC	\$15.81		
85220	BLOOC CLOT FACTOR V TEST	\$14.40		
85230	CLOT FACTOR VII PROCONVERTIN	\$14.40		
85240	CLOT FACTOR VIII AHG 1 STAGE	\$15.81		
85244	CLOT FACTOR VIII RELTD ANTGN	\$17.55		
85245	CLOT FACTOR VIII VW RISTOCTN	\$31.71		
85246	CLOT FACTOR VIII VW ANTIGEN	\$31.71		
85247	CLOT FACTOR VIII MULTIMETRIC	\$31.71		
85250	CLOT FACTOR IX PTC/CHRSTMAS	\$14.40		
85260	CLOT FACTOR X STUART-POWER	\$14.40		
85270	CLOT FACTOR XI PTA	\$14.40		
85280	CLOT FACTOR XII HAGEMAN	\$14.40		
85290	CLOT FACTOR XIII FIBRIN STAB	\$14.40		
85291	CLOT FACTOR XIII FIBRIN SCRN	\$12.28		
85292	CLOT FACTOR FLETCHER FACT	\$26.17		
85293	CLOT FACTOR WGHT KININOGEN	\$26.17		
85300	ANTITHROMBIN III ACTIVITY	\$5.40		
85301	ANTITHROMBIN III ANTIGEN	\$14.95		
85302	CLOT INHIBIT PROT C ANTIGEN	\$15.81		
85303	CLOT INHIBIT PROT C ACTIVITY	\$17.52		
85305	CLOT INHIBIT PROT S TOTAL	\$15.81		
85306	CLOT INHIBIT PROT S FREE	\$18.06		
85307	ASSAY ACTIVATED PROTEIN C	\$21.18		
85335	FACTOR INHIBITOR TEST	\$11.45		
85337	THROMBOMODULIN	\$11.45		
85345	COAGULATION TIME LEE & WHITE	\$1.80		
85347	COAGULATION TIME ACTIVATED	\$5.88		
85348	COAGULATION TIME OTR METHOD	\$3.16		
85360	EUGLOBULIN LYSIS	\$8.64		

MO HealthNet Division Fee Schedule for the Technical Component of Hospital Outpatient Laboratory Procedures*

Procedure Code	Procedure Description	Rate Effective for		
		9/15/2017		
85362	FIBRIN(OGEN) DEGRADATION (SPLIT) PRODUCTS (FDP)(FSP); AGGLUTINATION SLIDE, SEMIQUANTITATIVE	\$6.32		
85366	FIBRIN(OGEN) DEGRADATION (SPLIT) PRODUCTS (FDP) (FSP); PARACOAGULATION	\$11.79		
85370	FIBRIN(OGEN) DEGRADATION (SPLIT) PRODUCTS (FDP) (FSP); QUANTITATIVE	\$11.79		
85378	FIBRIN DEGRADE SEMIQUANT	\$9.86		
85379	FIBRIN DEGRADATION QUANT	\$11.15		
85380	FIBRIN DEGRADJ D-DIMER	\$14.22		
85384	FIBRINOGEN ACTIVITY	\$11.15		
85385	FIBRINOGEN ANTIGEN	\$11.15		
85390	FIBRINOLYSINS SCREEN I&R	\$7.14		
85397	COAGULATION AND FIBRINOLYSIS, FUNCTIONAL ACTIVITY, NOT OTHERWISE SPECIFIED (EG,	\$33.51		
85400	FIBRINOLYTIC FACTORS AND INHIBITORS; PLASMIN	\$10.80		
85410	FIBRINOLYTIC ANTIPLASMIN	\$10.66		
85415	FIBRINOLYTIC PLASMINOGEN	\$23.76		
85420	FIBRINOLYTIC PLASMINOGEN	\$9.04		
85421	FIBRINOLYTIC MECHANISMS PLASMINOGEN, ANTIGENIC ASSAY	\$14.07		
85441	HEINZ BODIES DIRECT	\$4.32		
85445	HEINZ BODIES INDUCED	\$9.36		
85460	HEMOGLOBIN FETAL	\$10.69		
85461	HEMOGLOBIN FETAL	\$8.75		
85475	HEMOLYSIN ACID	\$4.95		
85520	HEPARIN ASSAY	\$8.64		
85525	HEPARIN NEUTRALIZATION	\$6.26		
85530	HEPARIN-PROTAMINE TOLERANCE TEST	\$19.59		
85536	IRON STAIN, PERIPHERAL BLOOD	\$8.95		
85540	LEUKOCYTE ALKALINE PHOSPHATASE WITH COUNT	\$11.89		
85547	MECHANICAL FRAGILITY, RBC	\$11.89		
85549	MURAMIDASE	\$25.20		
85555	OSMOTIC FRAGILITY, RBC; UNINCUBATED	\$6.90		
85557	OSMOTIC FRAGILITY, RBC; INCUBATED	\$18.46		
85576	PLATELET; AGGREGATION (IN VITRO), EACH AGENT	\$23.71		
85597	PHOSPHOLIPID PLTLT NEUTRALIZ	\$6.67		
85598	HEXAGNAL PHOSPH PLTLT NEUTRL	\$25.30		
85610	PROTHROMBIN TIME (CLIA WAIVER LIST)	\$5.43		
85611	PROTHROMBIN TIME; SUBSTITUTION, PLASMA FRACTIONS, EACH	\$4.71		

MO HealthNet Division Fee Schedule for the Technical Component of Hospital Outpatient Laboratory Procedures*

Procedure Code	Procedure Description	Rate Effective for		
		9/15/2017		
85612	VIPER VENOM PROTHROMBIN TIME	\$12.75		
85613	RUSSELL VIPER VENOM DILUTED	\$11.68		
85635	REPTILASE TEST	\$13.61		
85651	RBC SED RATE NONAUTOMATED	\$4.35		
85652	RBC SED RATE AUTOMATED	\$3.00		
85660	SICKLING OF RBC, REDUCTION, SLIDE METHOD	\$6.32		
85670	THROMBIN TIME PLASMA	\$7.99		
85675	THROMBIN TIME TITER	\$9.47		
85705	THROMBOPLASTIN INHIBITION; TISSUE	\$6.26		
85730	THROMBOPLASTIN TIME PARTIAL	\$8.30		
85732	THROMBOPLASTIN TIME PARTIAL	\$8.95		
85810	VISCOSITY	\$5.04		
85999	UNLISTED HEMATOLOGY PROCEDURE	\$27.05		
86000	AGGLUTININS FEBRILE ANTIGEN	\$4.74		
86001	ALLERGEN SPECIFIC IGG	\$7.22		
86003	ALLERGEN SPECIFIC IGE	\$7.21		
86005	ALLERGEN SPECIFIC IGE	\$11.02		
86021	ANTIBODY IDENTIFICATION LEUKOCYTE ANTIBODIES	\$1.50		
86022	ANTIBODY IDENTIFICATION PLATELET ANTIBODIES	\$7.90		
86023	IMMUNOGLOBULIN ASSAY	\$7.90		
86038	ANTINUCLEAR ANTIBODIES	\$16.70		
86039	ANTINUCLEAR ANTIBODIES (ANA)	\$15.41		
86060	ANTISTREPTOLYSIN O TITER	\$10.09		
86063	ANTISTREPTOLYSIN O SCREEN	\$7.90		
86140	C-REACTIVE PROTEIN	\$7.15		
86141	C-REACTIVE PROTEIN HS	\$17.89		
86146	BETA-2 GLYCOPROTEIN ANTIBODY	\$35.16		
86147	CARDIOLIPIN ANTIBODY EA IG	\$6.00		
86148	ANTI-PHOSPHOLIPID ANTIBODY	\$22.20		
86155	CHEMOTAXIS ASSAY, SPECIFY METHOD	\$19.89		
86156	COLD AGGLUTININ SCREEN	\$9.19		
86157	COLD AGGLUTININ TITER	\$11.06		
86160	COMPLEMENT ANTIGEN	\$16.59		
86161	COMPLEMENT/FUNCTION ACTIVITY	\$16.59		

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Procedure Code	Procedure Description	Rate Effective for		
		9/15/2017		
86162	COMPLEMENT TOTAL (CH50)	\$28.07		
86171	COMPLEMENT FIXATION EACH	\$12.54		
86185	COUNTERIMMUNOELECTROPHORESIS, EACH ANTIGEN	\$12.37		
86200	CCP ANTIBODY	\$18.09		
86215	DEOXYRIBONUCLEASE ANTIBODY	\$17.28		
86225	DNA ANTIBODY NATIVE	\$18.97		
86226	DNA ANTIBODY SINGLE STRAND	\$12.50		
86235	EXTRACTABLE NUCLEAR ANTIGEN,ANTIBODY TO,ANY METHOD(EG,NRNP,SS-A,SS-B,SM,RNP,SC170,J01),EACH ANTIBO	\$24.78		
86243	FC RECEPTOR	\$28.36		
86255	FLUORESCENT ANTIBODY SCREEN	\$16.66		
86256	FLUORESCENT ANTIBODY TITER	\$15.81		
86277	GROWTH HORMONE, HUMAN (HGH), ANTIBODY	\$21.75		
86280	HEMAGGLUTINATION INHIBITION TEST (HAI)	\$11.32		
86294	IMMUNOASSAY TUMOR QUAL	\$15.95		
86300	IMMUNOASSAY TUMOR CA 15-3	\$28.76		
86301	IMMUNOASSAY TUMOR CA 19-9	\$28.76		
86304	IMMUNOASSAY TUMOR CA 125	\$28.76		
86305	HUMAN EPIDIDYMIS PROTEIN 4	\$14.16		
86308	HETEROPHILE ANTIBODY SCREEN	\$7.15		
86309	HETEROPHILE ANTIBODY TITER	\$8.95		
86310	HETEROPHILE ANTIBODY ABSRBJ	\$10.19		
86316	IMMUNOASSAY TUMOR OTHER	\$28.76		
86317	IMMUNOASSAY INFECTIOUS AGENT	\$20.72		
86318	IMMUNOASSAY INFECTIOUS AGENT	\$17.89		
86320	IMMUNOELECTROPHORESIS; SERUM	\$30.98		
86325	IMMUNOELECTROPHORESIS; OTHER FLUIDS (EG, URINE CEREBROSPINAL FLUID) WITH CONCENTRATION	\$30.90		
86327	IMMUNOELECTROPHORESIS CROSSED (2 DIMENSIONAL ASSAY)	\$31.35		
86329	IMMUNODIFFUSION NES	\$19.47		
86331	IMMUNODIFFUSION OUCHTERLONY	\$14.40		
86332	IMMUNE COMPLEX ASSAY	\$33.68		
86334	IMMUNOFIX E-PHORESIS SERUM	\$30.87		
86335	IMMUNFIX E-PHORSIS/URINE/CSF	\$41.00		
86336	INHIBIN A	\$21.77		
86337	INSULIN ANTIBODIES	\$29.59		

MO HealthNet Division Fee Schedule for the Technical Component of Hospital Outpatient Laboratory Procedures*

Procedure Code	Procedure Description	Rate Effective for		
		9/15/2017		
86340	INTRINSIC FACTOR ANTIBODY	\$20.83		
86341	ISLET CELL ANTIBODY	\$13.54		
86343	LEUKOCYTE HISTAMINE RELEASE TEST (LHR)	\$17.22		
86344	LEUKOCYTE PHAGOCYTOSIS	\$11.04		
86352	CELL FUNCTION ASSAY W/STIM	\$97.30		
86353	LYMPHOCYTE TRANSFORMATION, MITOGEN (PHYTOMITOGEN) OR INDUCED BLASTOGENESIS	\$63.24		
86355	B CELLS TOTAL COUNT	\$25.62		
86356	MONONUCLEAR CELL ANTIGEN	\$14.09		
86357	NK CELLS TOTAL COUNT	\$25.62		
86359	T CELLS TOTAL COUNT	\$10.75		
86360	T CELL ABSOLUTE COUNT/RATIO	\$10.23		
86361	T CELL ABSOLUTE COUNT	\$12.67		
86367	STEM CELLS TOTAL COUNT	\$25.62		
86376	MICROSOMAL ANTIBODY EACH	\$19.75		
86378	MIGRATION INHIBITORY FACTOR TEST (MIF)	\$27.22		
86382	NEUTRALIZATION TEST VIRAL	\$19.70		
86384	NITROBLUE TETRAZOLIUM DYE TEST (NTD)	\$15.74		
86386	NUCLEAR MATRIX PROTEIN 22	\$12.39		
86403	PARTICLE AGGLUT ANTBDY SCRIN	\$14.08		
86406	PARTICLE AGGLUT ANTBDY TITR	\$14.58		
86430	RHEUMATOID FACTOR TEST QUAL	\$7.73		
86431	RHEUMATOID FACTOR QUANT	\$7.73		
86480	TB TEST CELL IMMUN MEASURE	\$86.59		
86481	TB AG RESPONSE T-CELL SUSP	\$87.22		
86485	SKIN TEST CANDIDA	\$24.28		
86486	SKIN TEST NOS ANTIGEN	\$14.09		
86490	SKIN TEST COCCIDIOIDOMYCOSIS (EXEMPT FROM CLIA EDITING)	\$7.20		
86510	HISTOPLASMOSIS SKIN TEST	\$5.87		
86580	SKIN TEST TUBERCULOSIS, INTRADERMAL (EXEMPT FROM CLIA EDITING)	\$7.93		
86590	STREPTOKINASE ANTIBODY	\$15.25		
86592	SYPHILIS TEST NON-TREP QUAL	\$5.90		
86593	SYPHILIS TEST NON-TREP QUANT	\$5.93		
86602	ANTIBODY; ACTINOMYCES	\$8.58		
86603	ADENOVIRUS ANTIBODY	\$12.67		

MO HealthNet Division Fee Schedule for the Technical Component of Hospital Outpatient Laboratory Procedures*

Procedure Code	Procedure Description	Rate Effective for		
		9/15/2017		
86606	ANTIBODY; ASPIRGILLUS	\$12.67		
86609	ANTIBODY; BACTERIUM, NOT ELSEWHERE SPECIFIED	\$12.67		
86611	SYPHILIS TEST; QUALITATIVE; BARTONELLA	\$8.81		
86612	BLASTOMYCES ANTIBODY	\$12.67		
86615	BORDETELLA ANTIBODY	\$12.67		
86617	Borrelia burgdorferi (Lyme disease) confirmatory test (eg, Western blot or immunoblot)	\$12.67		
86618	ANTIBODY; BORELLIA BUFGDORFERI (LYME DISEASE)	\$12.67		
86619	ANTIBODY; BORRELIA (RELAPSING FEVER)	\$12.67		
86622	ANTIBODY; BRUCELLA	\$12.35		
86625	ANTIBODY; CAMPYLOBACTER	\$12.67		
86628	ANTIBODY; CANDIDA	\$12.67		
86631	ANTIBODY; CHLAMYDIA	\$12.67		
86632	ANTIBODY,; CHLAMYDIA, IGM	\$12.67		
86635	COCCIDIOIDES ANTIBODY	\$12.67		
86638	ANTIBODY; COXIELLA BRUNETII (Q FEVER)	\$4.76		
86641	ANTIBODY; CRYPTOOCOCCUS	\$12.67		
86644	ANTIBODY; CYTOMEGALOVIRUS (CMV)	\$12.67		
86645	CMV ANTIBODY IGM	\$12.67		
86648	ANTIBODY; DIPHTHERIA	\$12.67		
86651	ENCEPHALITIS CALIFORN ANTBDY	\$11.31		
86652	ENCEPHALTIS EAST EQNE ANBDY	\$11.31		
86653	ENCEPHALTIS ST LOUIS ANTBDY	\$11.31		
86654	ENCEPHALTIS WEST EQNE ANTBDY	\$11.31		
86658	ANTIBODY; ENTEROVIRUS (EG, COXSACKIE, ECHO, POLIO)	\$12.67		
86663	ANTIBODY; EPSTEIN-BARR (EB) VIRUS, EARLY ANTIGEN (EA)	\$12.67		
86664	EPSTEIN-BARR NUCLEAR ANTIGEN	\$12.67		
86665	EPSTEIN-BARR CAPSID VCA	\$12.67		
86666	SYPHILIS TEST; QUALITATIVE; EHRLICHIA	\$8.81		
86668	ANTIBODY; FRANCISELLA TULARENSIS	\$11.68		
86671	FUNGUS NES ANTIBODY	\$10.93		
86674	ANTIBODY; GIARDIA LAMBLIA	\$12.67		
86677	HELICOBACTER PYLORI ANTIBODY	\$12.67		
86682	ANTIBODY; HELMINTH, NOT ELSEWHERE SPECIFIED	\$12.67		
86684	HEMOPHILUS INFLUENZA ANTIBDY	\$12.67		

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Procedure Code	Procedure Description	Rate Effective for		
		9/15/2017		
86687	HTLV-I ANTIBODY	\$11.60		
86688	HTLV-II ANTIBODY	\$15.33		
86689	HTLV/HIV CONFIRMJ ANTIBODY	\$26.75		
86692	HEPATITIS DELTA AGENT ANTBDY	\$12.67		
86694	HERPES SIMPLEX NES ANTBDY	\$12.67		
86695	HERPES SIMPLEX TYPE 1 TEST	\$12.67		
86696	HERPES SIMPLEX TYPE 2 TEST	\$26.75		
86698	HISTOPLASMA ANTIBODY	\$12.67		
86701	HIV-1ANTIBODY	\$12.27		
86702	HIV-2 ANTIBODY	\$12.67		
86703	HIV-1/HIV-2 1 RESULT ANTBDY	\$12.67		
86704	HEP B CORE ANTIBODY TOTAL	\$16.66		
86705	HEP B CORE ANTIBODY IGM	\$16.27		
86706	HEP B SURFACE ANTIBODY	\$14.84		
86707	HEPATITIS BE ANTIBODY	\$15.98		
86708	HEPATITIS A ANTIBODY	\$17.12		
86709	HEPATITIS A IGM ANTIBODY	\$15.55		
86710	ANTIBODY; INFLUENZA VIRUS	\$10.28		
86711	JOHN CUNNINGHAM ANTIBODY	\$19.79		
86713	ANTIBODY; LEGIONELLA	\$12.67		
86717	ANTIBODY; LEISHMANIA	\$12.67		
86720	LEPTOSPIRA ANTIBODY	\$12.67		
86723	LISTERIA MONOCYTOGENES	\$12.67		
86727	ANTIBODY; LYMPHOCYTIC CHORIOMENINGITIS	\$12.67		
86729	ANTIBODY; LYMPHOGRANULOMA VENEREUM	\$12.67		
86732	ANTIBODY; MUCORMYCOSIS	\$12.67		
86735	ANTIBODY; MUMPS	\$7.88		
86738	ANTIBODY; MYCOPLASMA	\$12.67		
86741	ANTIBODY; NEISSERIA MENINGITIDIS	\$12.67		
86744	ANTIBODY; NORCARDIA	\$12.67		
86747	ANTIBODY; PARVOVIRUS	\$12.67		
86750	ANTIBODY; PLASMODIUM (MALARIA)	\$12.67		
86753	PROTOZOA ANTIBODY NOS	\$12.67		
86756	ANTIBODY; RESPIRATORY SYNCYTIAL VIRUS	\$12.67		

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Procedure Code	Procedure Description	Rate Effective for		
		9/15/2017		
86757	RICKETTSIA ANTIBODY	\$26.75		
86759	ROTAVIRUS ANTIBODY	\$12.67		
86762	ANTIBODY; RUBELLA	\$12.67		
86765	ANTIBODY; RUBEOLA	\$12.67		
86768	ANTIBODY; SALMONELLA	\$12.67		
86771	ANTIBODY; SHIGELLA	\$12.67		
86774	ANTIBODY; TETANUS	\$12.67		
86777	ANTIBODY; TOXOPLASMA	\$19.83		
86778	TOXOPLASMA ANTIBODY IGM	\$20.58		
86780	TREPONEMA PALLIDUM	\$18.97		
86784	ANTIBODY; TRICHINELLA	\$8.58		
86787	ANTIBODY; VARICELLA-ZOSTER	\$12.67		
86788	WEST NILE VIRUS AB IGM	\$23.54		
86789	WEST NILE VIRUS ANTIBODY	\$20.11		
86790	ANTIBODY; VIRUS, NOT ELSEWHERE SPECIFIED	\$12.67		
86793	ANTIBODY; YERSINIA	\$12.67		
86800	THYROGLOBULIN ANTIBODY	\$21.98		
86803	HEPATITIS C AB TEST	\$19.73		
86804	HEP C AB TEST CONFIRM	\$21.40		
86805	LYMPHOCYTOTOXICITY ASSAY, VISUAL CROSSMATCH WITH TITRATION	\$72.26		
86806	LYMPHOCYTOTOXICITY ASSAY, VISUAL CROSSMATCH WITHOUT TITRATION	\$65.76		
86807	SERUM SCREENING FOR CYTOTOXIC PERCENT REACTIVE ANTIBODY (PRA) STANDARD METHOD	\$54.69		
86808	SERUM SCREENING FOR CYTOTOXIC PERCENT REACTIVE ANTIBODY (PRA) QUICK METHOD	\$41.02		
86812	HLA TYPING A B OR C	\$35.66		
86813	HLA TYPING A B OR C	\$80.13		
86816	HLA TYPING DR/DQ	\$38.49		
86817	HLA TYPING DR/DQ	\$88.98		
86821	LYMPHOCYTE CULTURE MIXED	\$78.03		
86822	LYMPHOCYTE CULTURE PRIMED	\$50.52		
86825	HLA X-MATH NON-CYTOTOXIC	\$73.83		
86826	HLA X-MATCH NONCYTOTOXC ADDL	\$24.61		
86828	HLA CLASS I&II ANTIBODY QUAL	\$54.40		
86829	HLA CLASS I/II ANTIBODY QUAL	\$40.80		
86830	HLA CLASS I PHENOTYPE QUAL	\$110.99		

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Procedure Code	Procedure Description	Rate Effective for		
		9/15/2017		
86831	HLA CLASS II PHENOTYPE QUAL	\$95.13		
86832	HLA CLASS I HIGH DEFIN QUAL	\$174.40		
86833	HLA CLASS II HIGH DEFIN QUAL	\$158.55		
86834	HLA CLASS I SEMIQUANT PANEL	\$491.49		
86835	HLA CLASS II SEMIQUANT PANEL	\$443.93		
86850	ANTIBODY SCREEN, RBC, EACH SERUM TECHNIQUE	\$5.25		
86860	ANTIBODY ELUTION (RBC), EACH ELUTION	\$13.05		
86870	ANTIBODY IDENTIFICATION, RBC ANTIBODIES, EACH PANEL FOR EACH SERUM TECHNIQUE	\$8.93		
86880	COOMBS TEST DIRECT	\$7.39		
86885	COOMBS TEST INDIRECT QUAL	\$7.90		
86886	COOMBS TEST INDIRECT TITER	\$7.10		
86900	BLOOD TYPING SEROLOGIC ABO	\$4.10		
86901	BLOOD TYPING SEROLOGIC RH(D)	\$4.70		
86902	BLOOD TYPE ANTIGEN DONOR EA	\$5.38		
86904	BLOOD TYPING PATIENT SERUM	\$6.37		
86905	BLOOD TYPING RBC ANTIGENS	\$5.25		
86906	BLD TYPING SEROLOGIC RH PHNT	\$10.63		
86921	COMPATIBILITY TEST INCUBATE	\$5.15		
86930	FROZEN BLOOD PREP	\$13.73		
86931	FROZEN BLOOD THAW	\$10.53		
86932	FROZEN BLOOD FREEZE/THAW	\$13.73		
86940	HEMOLYSINS/AGGLUTININS AUTO	\$11.32		
86941	HEMOLYSINS AND AGGLUTININS, AUTO, SCREEN, EACH; INCUBATED	\$16.74		
86945	IRRADIATION OF BLOOD PRODUCT, EACH UNIT (EXEMPT FROM CLIA EDITING)	\$15.00		
86950	LEUKOCYTE TRANSFUSION (EXEMPT FROM CLIA EDITING)	\$86.31		
86965	POOLING OF PLATELETS OR OTHER BLOOD PRODUCTS (EXEMPT FROM CLIA EDITING)	\$21.49		
86970	RBC PRETX INCUBATJ W/CHEMICL	\$15.68		
86971	RBC PRETX INCUBATJ W/ENZYMES	\$12.36		
86975	RBC SERUM PRETX INCUBJ DRUGS	\$41.39		
86976	RBC SERUM PRETX ID DILUTION	\$41.39		
86977	RBC SERUM PRETX INCUBJ/INHIB	\$41.39		
86978	RBC PRETREATMENT SERUM	\$41.39		
86999	UNLISTED TRANSFUSION MEDICINE PROCEDURE (EXEMPT FROM CLIA EDITING)	\$39.85		
87003	ANIMAL INOCULATION, SMALL ANIMAL WITH OBSERVATION AND DISSECTION	\$12.00		

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Procedure Code	Procedure Description	Rate Effective for		
		9/15/2017		
87015	SPECIMEN INFECT AGNT CONCNTJ	\$7.50		
87040	BLOOD CULTURE FOR BACTERIA	\$14.27		
87045	FECES CULTURE AEROBIC BACT	\$11.80		
87046	STOOL CULTR AEROBIC BACT EA	\$3.26		
87070	CULTURE OTHR SPECIMN AEROBIC	\$11.80		
87071	CULTURE AEROBIC QUANT OTHER	\$6.52		
87073	CULTURE,BACTERIAL;QUANTITATIVE,ANEROBIC WITH ISOLATION & PRESUMPTIVE IDENT OF ISOLATES	\$6.52		
87075	CULTR BACTERIA EXCEPT BLOOD	\$7.90		
87076	CULTURE ANAEROBE IDENT EACH	\$7.50		
87077	CULTURE, BACTERIAL; AEROBIC ISOLATE, ADDITIONAL METHODS REQUIRED FOR DEFINITIVE IDENTIFICATION-SC	\$7.50		
87081	CULTURE, BACTERIAL, SCREENING ONLY, FOR SINGLE ORGANISMS	\$7.90		
87084	CULTURE OF SPECIMEN BY KIT	\$11.85		
87086	CULTURE, BACTERIAL, URINE QUANTITATIVE, COLONY COUNT	\$9.66		
87088	URINE BACTERIA CULTURE	\$4.00		
87101	SKIN FUNGI CULTURE	\$7.90		
87102	CULTURE, FUNGI, ISOLATION OTHER SOURCE (EXCEPT BLOOD)	\$11.61		
87103	CULTURE, FUNGI, ISOLATION BLOOD	\$7.25		
87106	FUNGI IDENTIFICATION YEAST	\$13.17		
87107	FUNGI IDENTIFICATION MOLD	\$14.27		
87109	MYCOPLASMA	\$21.26		
87110	CHLAMYDIA CULTURE	\$27.08		
87116	CULTURE, TUBERCLE OR OTHER ACID-FAST BACILLI (EG, TB, AFB, MYCOBACTERIA)	\$9.48		
87118	CULTURE, MYCOBACTERIA, DEFINITIVE IDENTIFICATION OF EACH ORGANISM	\$15.12		
87140	CULTURE, TYPING FLUORESCENT METHOD, EACH ANTISERUM	\$6.32		
87143	CULTURE TYPING GLC/HPLC	\$17.31		
87147	CULTURE TYPE IMMUNOLOGIC	\$4.32		
87149	DNA/RNA DIRECT PROBE	\$27.71		
87150	DNA/RNA AMPLIFIED PROBE	\$40.30		
87152	CULTURE,TYPING; IDENTIFICATION BY PULSE FIELD GEL TYPING	\$7.23		
87153	DNA/RNA SEQUENCING	\$165.22		
87158	CULTURE TYPING ADDED METHOD	\$7.23		
87164	DARK FIELD EXAMINATION	\$14.84		
87166	DARK FIELD EXAMINATION, ANY SOURCE (EG, PENILE, VAGINAL, ORAL, SKIN)	\$15.61		
87168	MACROSCOPIC EXAM ARTHROPOD	\$5.90		

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Procedure Code	Procedure Description	Rate Effective for		
		9/15/2017		
87169	MACROSCOPIC EXAM PARASITE	\$5.90		
87172	PINWORM EXAM	\$5.90		
87176	TISSUE HOMOGENIZATION CULTR	\$7.20		
87177	OVA AND PARASITES, DIRECT SMEARS, CONCENTRATION AND IDENTIFICATION	\$6.00		
87181	MICROBE SUSCEPTIBLE DIFFUSE	\$1.93		
87184	MICROBE SUSCEPTIBLE DISK	\$7.50		
87185	MICROBE SUSCEPTIBLE ENZYME	\$1.93		
87186	MICROBE SUSCEPTIBLE MIC	\$7.50		
87187	MICROBE SUSCEPTIBLE MLC	\$7.50		
87188	MICROBE SUSCEPT MACROBROTH	\$7.50		
87190	MICROBE SUSCEPT MYCOBACTERI	\$0.70		
87197	BACTERICIDAL LEVEL SERUM	\$20.76		
87205	SMEAR GRAM STAIN	\$4.74		
87206	SMEAR FLUORESCENT/ACID STAI	\$7.43		
87207	SMEAR SPECIAL STAIN	\$8.28		
87209	SMEAR COMPLEX STAIN	\$25.11		
87210	SMEAR WET MOUNT SALINE/INK	\$5.90		
87220	TISSUE EXAM FOR FUNGI	\$5.90		
87230	ASSAY TOXIN OR ANTITOXIN	\$27.28		
87250	VIRUS INOCULATE EGGS/ANIMAL	\$27.02		
87252	VIRUS INOCULATION TISSUE	\$36.02		
87253	VIRUS INOCULATE TISSUE ADDL	\$26.66		
87254	VIRUS INOCULATION SHELL VIA	\$6.76		
87255	GENET VIRUS ISOLATE HSV	\$47.31		
87260	ADENOVIRUS AG IF	\$16.58		
87265	PERTUSSIS AG IF	\$16.58		
87267	ENTEROVIRUS ANTIBODY DFA	\$16.76		
87269	GIARDIA AG IF	\$16.76		
87270	CHLAMYDIA TRACHOMATIS AG IF	\$16.58		
87271	CYTOMEGALOVIRUS DFA	\$16.76		
87272	CRYPTOSPORIDIUM AG IF	\$16.58		
87273	HERPES SIMPLEX 2 AG IF	\$16.58		
87274	HERPES SIMPLEX 1 AG IF	\$16.58		
87275	INFLUENZA B AG IF	\$16.58		

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Procedure Code	Procedure Description	Rate Effective for		
		9/15/2017		
87276	INFLUENZA A AG IF	\$16.58		
87277	LEGIONELLA MICDADEI AG IF	\$16.58		
87278	LEGION PNEUMOPHILIA AG IF	\$16.58		
87279	PARAINFLUENZA AG IF	\$16.58		
87280	RESPIRATORY SYNCYTIAL AG IF	\$16.58		
87281	PNEUMOCYSTIS CARINII AG IF	\$16.58		
87283	RUBEOLA AG IF	\$16.58		
87285	TREPONEMA PALLIDUM AG IF	\$16.58		
87290	VARICELLA ZOSTER AG IF	\$16.58		
87299	ANTIBODY DETECTION NOS IF	\$16.58		
87300	AG DETECTION POLYVAL IF	\$8.29		
87301	ADENOVIRUS AG IA	\$16.58		
87305	ASPERGILLUS AG IA	\$16.76		
87320	CHYLMD TRACH AG IA	\$16.58		
87324	CLOSTRIDIUM AG IA	\$16.58		
87327	CRYPTOCOCCUS NEOFORM AG IA	\$16.58		
87328	CRYPTOSPORIDIUM AG IA	\$16.58		
87329	GIARDIA AG IA	\$16.76		
87332	CYTOMEGALOVIRUS AG IA	\$16.58		
87335	E COLI 0157 AG IA	\$16.58		
87336	ENTAMOEB HIST DISPR AG IA	\$16.58		
87337	ENTAMOEB HIST GROUP AG IA	\$16.58		
87338	HPYLORI STOOL IA	\$10.34		
87339	H PYLORI AG IA	\$16.58		
87340	HEPATITIS B SURFACE AG IA	\$14.02		
87341	HEPATITIS B SURFACE AG IA	\$14.02		
87350	HEPATITIS BE AG IA	\$15.92		
87380	HEPATITIS DELTA AG IA	\$22.69		
87385	HISTOPLASMA CAPSUL AG IA	\$16.58		
87389	HIV-1 AG W/HIV-1 & HIV-2 AB	\$29.34		
87390	HIV-1 AG IA	\$24.38		
87391	HIV-2 AG IA	\$24.38		
87400	INFLUENZA A/B AG IA	\$8.29		
87420	RESP SYNCYTIAL AG IA	\$16.58		

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Procedure Code	Procedure Description	Rate Effective for		
		9/15/2017		
87425	ROTAVIRUS AG IA	\$16.58		
87427	SHIGA-LIKE TOXIN AG IA	\$16.58		
87430	STREP A AG IA	\$16.58		
87449	AG DETECT NOS IA MULT	\$16.58		
87450	AG DETECT NOS IA SINGLE	\$10.34		
87451	AG DETECT POLYVAL IA MULT	\$10.34		
87470	BARTONELLA DNA DIR PROBE	\$27.71		
87471	BARTONELLA DNA AMP PROBE	\$48.50		
87472	BARTONELLA DNA QUANT	\$59.20		
87475	LYME DIS DNA DIR PROBE	\$27.71		
87476	LYME DIS DNA AMP PROBE	\$48.50		
87477	LYME DIS DNA QUANT	\$59.20		
87480	CANDIDA DNA DIR PROBE	\$27.71		
87481	CANDIDA DNA AMP PROBE	\$48.50		
87482	CANDIDA DNA QUANT	\$57.69		
87483	CNS DNA AMP PROBE TYPE 12-25	\$567.33		
87485	CHYLMD PNEUM DNA DIR PROBE	\$27.71		
87486	CHYLMD PNEUM DNA AMP PROBE	\$48.50		
87487	CHYLMD PNEUM DNA QUANT	\$59.20		
87490	CHYLMD TRACH DNA DIR PROBE	\$27.71		
87491	CHYLMD TRACH DNA AMP PROBE	\$48.50		
87492	CHYLMD TRACH DNA QUANT	\$48.31		
87493	C DIFF AMPLIFIED PROBE	\$40.30		
87495	CYTOMEG DNA DIR PROBE	\$27.71		
87496	CYTOMEG DNA AMP PROBE	\$48.50		
87497	CYTOMEG DNA QUANT	\$59.20		
87498	ENTEROVIRUS PROBE&REVR5 TRNS	\$49.04		
87500	VANOMYCIN DNA AMP PROBE	\$49.04		
87501	INFLUENZA DNA AMP PROB 1+	\$72.22		
87502	INFLUENZA DNA AMP PROBE	\$119.75		
87503	INFLUENZA DNA AMP PROB ADDL	\$29.22		
87505	NFCT AGENT DETECTION GI	\$159.77		
87506	IADNA-DNA/RNA PROBE TQ 6-11	\$274.93		
87507	IADNA-DNA/RNA PROBE TQ 12-25	\$562.83		

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Procedure Code	Procedure Description	Rate Effective for		
		9/15/2017		
87510	GARDNER VAG DNA DIR PROBE	\$27.71		
87511	GARDNER VAG DNA AMP PROBE	\$48.50		
87512	GARDNER VAG DNA QUANT	\$57.69		
87515	HEPATITIS B DNA DIR PROBE	\$27.71		
87516	HEPATITIS B DNA AMP PROBE	\$48.50		
87517	HEPATITIS B DNA QUANT	\$59.20		
87520	HEPATITIS C RNA DIR PROBE	\$27.71		
87521	HEPATITIS C PROBE&RVRS TRNSC	\$48.50		
87522	HEPATITIS C REVRS TRNSCRPJ	\$59.20		
87525	HEPATITIS G DNA DIR PROBE	\$27.71		
87526	HEPATITIS G DNA AMP PROBE	\$48.50		
87527	HEPATITIS G DNA QUANT	\$57.69		
87528	HSV DNA DIR PROBE	\$27.71		
87529	HSV DNA AMP PROBE	\$48.50		
87530	HSV DNA QUANT	\$59.20		
87531	HHV-6 DNA DIR PROBE	\$27.71		
87532	HHV-6 DNA AMP PROBE	\$48.50		
87533	HHV-6 DNA QUANT	\$57.69		
87534	HIV-1 DNA DIR PROBE	\$27.71		
87535	HIV-1 PROBE&REVERSE TRNSCRPJ	\$48.50		
87536	HIV-1 QUANT&REVRSE TRNSCRPJ	\$103.00		
87537	HIV-2 DNA DIR PROBE	\$27.71		
87538	HIV-2 PROBE&REVRSE TRNSCRIPJ	\$48.50		
87539	HIV-2 QUANT&REVRSE TRNSCRIPJ	\$59.20		
87540	LEGION PNEUMO DNA DIR PROB	\$27.71		
87541	LEGION PNEUMO DNA AMP PROB	\$48.50		
87542	LEGION PNEUMO DNA QUANT	\$57.69		
87550	MYCOBACTERIA DNA DIR PROBE	\$27.71		
87551	MYCOBACTERIA DNA AMP PROBE	\$48.50		
87552	MYCOBACTERIA DNA QUANT	\$59.20		
87555	M.TUBERCULO DNA DIR PROBE	\$27.71		
87556	M.TUBERCULO DNA AMP PROBE	\$48.50		
87557	M.TUBERCULO DNA QUANT	\$59.20		
87560	M.AVIUM-INTRA DNA DIR PROB	\$27.71		

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Procedure Code	Procedure Description	Rate Effective for		
		9/15/2017		
87561	M.AVIUM-INTRA DNA AMP PROB	\$48.50		
87562	M.AVIUM-INTRA DNA QUANT	\$59.20		
87580	M.PNEUMON DNA DIR PROBE	\$27.71		
87581	M.PNEUMON DNA AMP PROBE	\$48.50		
87582	M.PNEUMON DNA QUANT	\$57.69		
87590	N.GONORRHOEAE DNA DIR PROB	\$27.71		
87591	N.GONORRHOEAE DNA AMP PROB	\$48.50		
87592	N.GONORRHOEAE DNA QUANT	\$59.20		
87623	HPV LOW-RISK TYPES	\$38.28		
87624	HPV HIGH-RISK TYPES	\$38.28		
87625	HPV TYPES 16 & 18 ONLY	\$38.28		
87631	RESP VIRUS 3-5 TARGETS	\$161.38		
87632	RESP VIRUS 6-11 TARGETS	\$277.70		
87633	RESP VIRUS 12-25 TARGETS	\$568.50		
87640	STAPH A DNA AMP PROBE	\$49.04		
87641	MR-STAPH DNA AMP PROBE	\$49.04		
87650	STREP A DNA DIR PROBE	\$27.71		
87651	STREP A DNA AMP PROBE	\$48.50		
87652	STREP A DNA QUANT	\$57.69		
87653	STREP B DNA AMP PROBE	\$49.04		
87660	TRICHOMONAS VAGIN DIR PROBE	\$28.02		
87661	TRICHOMONAS VAGINALIS AMPLIF	\$38.38		
87797	DETECT AGENT NOS DNA DIR	\$27.71		
87798	DETECT AGENT NOS DNA AMP	\$48.50		
87799	DETECT AGENT NOS DNA QUANT	\$59.20		
87800	DETECT AGNT MULT DNA DIREC	\$27.71		
87801	DETECT AGNT MULT DNA AMPLI	\$48.50		
87802	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY W/DIRECT OPTICAL OBSERVATION;STREPTOCOCCUS,G	\$16.58		
87803	CLOSTRIDIUM TOXIN A W/OPTIC	\$16.58		
87804	INFLUENZA ASSAY W/OPTIC	\$16.58		
87806	HIV ANTIGEN W/HIV ANTIBODIES	\$28.19		
87807	RSV ASSAY W/OPTIC	\$16.76		
87808	TRICHOMONAS ASSAY W/OPTIC	\$16.76		
87809	ADENOVIRUS ASSAY W/OPTIC	\$16.76		

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Procedure Code	Procedure Description	Rate Effective for		
		9/15/2017		
87810	CHYLMD TRACH ASSAY W/OPTIC	\$16.58		
87850	INFECTIOUS AGT DETECTION BY IMMUNOASSY WITH DIRECT OPTICAL OBSERVATION; NEISSERIA GONORRHOEAE	\$16.58		
87880	STREP A ASSAY W/OPTIC	\$16.58		
87899	AGENT NOS ASSAY W/OPTIC	\$16.58		
87900	PHENOTYPE INFECT AGENT DRUG	\$182.11		
87901	GENOTYPE DNA HIV REVERSE T	\$355.78		
87902	GENOTYPE DNA/RNA HEP C	\$355.78		
87903	PHENOTYPE DNA HIV W/CULTURE	\$675.29		
87904	PHENOTYPE DNA HIV W/CLT ADD	\$36.02		
87905	INFECTIOUS AGENT ENZYMATIC ACTIVITY OTHER THAN VIRUS (EG, SIALIDASE ACTIVITY IN	\$17.84		
87906	GENOTYPE DNA/RNA HIV	\$181.14		
87910	GENOTYPE CYTOMEGALOVIRUS	\$353.88		
87912	GENOTYPE DNA HEPATITIS B	\$353.88		
87999	UNLISTED MICROBIOLOGY PROCEDURE	\$29.33		
88104	CYTOPATH FL NONGYN SMEARS	\$43.30		
88106	CYTOPATH FL NONGYN FILTER	\$42.62		
88108	CYTOPATH CONCENTRATE TECH	\$4.08		
88112	CYTOPATH CELL ENHANCE TECH	\$52.15		
88120	CYTP URNE 3-5 PROBES EA SPEC	\$294.78		
88121	CYTP URINE 3-5 PROBES CMPTR	\$247.32		
88130	SEX CHROMATIN IDENTIFICATION BARR BODIES	\$15.38		
88140	SEX CHROMATIN IDENTIFICATION PERIPHERAL BLOOD SMEAR, POLYMORPHONUCLEAR "DRUMSTICKS"	\$11.05		
88142	CYTOPATH C/V THIN LAYER	\$20.84		
88143	CYTOPATHOLOGY, CERVICAL OR VAGINAL(ANY RPTING SYS), COLLECTED ...WITH MAN SCREENINGS AND RESCREEN	\$19.00		
88147	CYTOPATH C/V AUTOMATED	\$14.60		
88148	CYTOPATH C/V AUTO RESCREEN	\$14.60		
88150	CYTOPATH C/V MANUAL	\$4.56		
88152	CYTOPATH C/V AUTO REDO	\$5.00		
88153	CYTOPATH C/V REDO	\$5.00		
88154	CYTOPATH C/V SELECT	\$5.00		
88155	CYTOPATH C/V INDEX ADD-ON	\$5.50		
88160	CYTOPATH SMEAR OTHER SOURCE	\$44.34		
88161	CYTOPATH SMEAR OTHER SOURCE	\$3.45		
88162	CYTOPATH SMEAR OTHER SOURCE	\$6.48		

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Procedure Code	Procedure Description	Rate Effective for		
		9/15/2017		
88164	CYTOPATH TBS C/V MANUAL	\$5.00		
88165	CYTOPATH TBS C/V REDO	\$5.00		
88166	CYTOPATH TBS C/V AUTO REDO	\$5.00		
88167	CYTOPATH TBS C/V SELECT	\$5.00		
88172	CYTP DX EVAL FNA 1ST EA SITE	\$6.00		
88173	CYTOPATH EVAL FNA REPORT	\$7.11		
88174	CYTOPATH C/V AUTO IN FLUID	\$20.39		
88175	CYTOPATH C/V AUTO FLUID REDO	\$25.70		
88177	CYTP FNA EVAL EA ADDL	\$4.72		
88182	FLOW CYTOMETRY CELL CYCLE OR DNA ANALYSIS	\$79.08		
88184	FLOWCYTOMETRY/ TC 1 MARKER	\$48.04		
88185	FLOWCYTOMETRY/TC ADD-ON	\$23.66		
88230	TISSUE CULTURE LYMPHOCYTE	\$33.35		
88233	TISSUE CULTURE SKIN/BIOPSY	\$33.35		
88235	TISSUE CULTURE PLACENTA	\$33.35		
88237	TISSUE CULTURE BONE MARROW	\$33.35		
88239	TISSUE CULTURE TUMOR	\$33.35		
88240	CELL CRYOPRESERVE/STORAGE	\$13.96		
88241	THAWING AND EXPANSION OF FROZEN CELLS. EACH ALIQUOT	\$13.96		
88245	CHROMOSOME ANALYSIS 20-25	\$175.00		
88248	CHROMOSOME ANALYSIS 50-100	\$239.32		
88249	CHROMOSOME ANALYSIS 100	\$239.32		
88261	CHROMOSOME ANALYSIS 5	\$244.24		
88262	CHROMOSOME ANALYSIS 15-20	\$172.25		
88263	CHROMOSOME ANALYSIS 45	\$207.68		
88264	CHROMOSOME ANALYSIS 20-25	\$172.25		
88267	CHROMOSOME ANALYS PLACENTA	\$248.44		
88269	CHROMOSOME ANALYS AMNIOTIC	\$175.00		
88271	CYTOGENETICS DNA PROBE	\$29.60		
88272	CYTOGENETICS 3-5	\$37.00		
88273	CYTOGENETICS 10-30	\$44.40		
88274	CYTOGENETICS 25-99	\$48.10		
88275	CYTOGENETICS 100-300	\$55.50		
88280	CHROMOSOME KARYOTYPE STUDY	\$34.68		

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Procedure Code	Procedure Description	Rate Effective for		
		9/15/2017		
88283	CHROMOSOME ANALYSIS ADDITIONAL SPECIALIZED BANDING TECHNIQUE (EG, NOR, C-BANDING)	\$94.79		
88285	CHROMOSOME COUNT ADDITIONAL	\$26.26		
88289	CHROMOSOME STUDY ADDITIONAL	\$40.81		
88300	SURGICAL PATH GROSS	\$11.36		
88302	TISSUE EXAM BY PATHOLOGIST	\$22.70		
88304	TISSUE EXAM BY PATHOLOGIST	\$28.19		
88305	TISSUE EXAM BY PATHOLOGIST	\$28.54		
88307	TISSUE EXAM BY PATHOLOGIST	\$174.19		
88309	TISSUE EXAM BY PATHOLOGIST	\$247.38		
88311	DECALCIFICATION PROC(LIST SEPARATELY IN ADDN TO CODE FOR SURG PATHOLOGY EXAM)(EXEMPT FROM CLIA EI	\$8.96		
88312	SPECIAL STAINS GROUP 1	\$68.38		
88313	SPECIAL STAINS GROUP 2	\$55.67		
88314	HISTOCHEMICAL STAINS ADD-ON	\$4.73		
88319	ENZYME HISTOCHEMISTRY	\$58.80		
88323	CONSULTATION AND REPORT ON REFERRED MATERIAL REQUIRING PREPARATION OF SLIDES	\$30.44		
88331	PATH CONSULT INTRAOP 1 BLOC	\$17.44		
88332	PATH CONSULT INTRAOP ADDL	\$9.07		
88333	INTRAOP CYTO PATH CONSULT 1	\$20.36		
88334	INTRAOP CYTO PATH CONSULT 2	\$12.43		
88341	IMMUNOHISTO ANTB ADDL SLIDE	\$43.45		
88342	IMMUNOHISTO ANTB 1ST STAIN	\$5.36		
88344	IMMUNOHISTO ANTIBODY SLIDE	\$73.53		
88346	IMMUNOFLUOR ANTB 1ST STAIN	\$55.33		
88348	ELECTRON MICROSCOPY DIAGNOSTIC	\$260.14		
88350	IMMUNOFLUOR ANTB ADDL STAIN	\$41.74		
88355	ANALYSIS SKELETAL MUSCLE	\$65.04		
88356	ANALYSIS NERVE	\$58.37		
88358	ANALYSIS TUMOR	\$7.59		
88360	TUMOR IMMUNOHISTOCHEM/MANUAL	\$45.89		
88361	TUMOR IMMUNOHISTOCHEM/COMPUT	\$78.68		
88362	NERVE TEASING PREPARATIONS	\$146.60		
88364	INSITU HYBRIDIZATION (FISH)	\$67.04		
88365	INSITU HYBRIDIZATION (FISH)	\$63.71		
88366	INSITU HYBRIDIZATION (FISH)	\$82.42		

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Procedure Code	Procedure Description	Rate Effective for		
		9/15/2017		
88367	INSITU HYBRIDIZATION AUTO	\$130.13		
88368	INSITU HYBRIDIZATION MANUAL	\$106.11		
88369	M/PHMTRC ALYSISHQUANT/SEMIQ	\$46.52		
88371	PROTEIN WESTERN BLOT TISSUE	\$30.49		
88372	PROTEIN ANALYSIS W/PROBE	\$28.67		
88373	M/PHMTRC ALYS ISHQUANT/SEMIQ	\$37.29		
88374	M/PHMTRC ALYS ISHQUANT/SEMIQ	\$152.86		
88375	OPTICAL ENDOMICROSCPY INTERP	\$46.54		
88377	M/PHMTRC ALYS ISHQUANT/SEMIQ	\$142.26		
88380	MICRODISSECTION LASER	\$77.68		
88381	MICRODISSECTION MANUAL	\$92.79		
88387	TISS EXAM MOLECULAR STUDY	\$7.44		
88388	TISS EX MOLECUL STUDY ADD-ON	\$3.75		
88720	BILIRUBIN, TOTAL, TRANSCUTANEOUS	\$7.33		
88738	HGB QUANT TRANSCUTANEOUS	\$7.19		
88740	HEMOGLOBIN, QUANTITATIVE, TRANSCUTANEOUS, PER DAY; CARBOXYHEMOGLOBIN	\$7.33		
88741	HEMOGLOBIN, QUANTITATIVE, TRANSCUTANEOUS, PER DAY; METHEMOGLOBIN	\$7.33		
89050	CELL COUNT, MISCELLANEOUS BODY FLUIDS (EG, CEREBROSPINAL FLUID, JOINT FLUID), EXCEPT BLOOD	\$3.51		
89051	BODY FLUID CELL COUNT	\$7.61		
89055	LEUKOCYTE ASSESSMENT FECAL	\$5.84		
89060	EXAM SYNOVIAL FLUID CRYSTALS	\$9.87		
89125	SPECIMEN FAT STAIN	\$5.96		
89160	MEAT FIBERS, FECES	\$5.09		
89190	NASAL SMEAR FOR EOSINOPHILS	\$6.56		
89220	SPUTUM SPECIMEN COLLECTION	\$10.53		
89230	COLLECT SWEAT FOR TEST	\$12.50		
89300	SEMEN ANALYSIS W/HUHNER	\$7.92		
89310	SEMEN ANALYSIS W/COUNT	\$11.89		
89320	SEMEN ANAL VOL/COUNT/MOT	\$16.66		
89321	SEMEN ANAL SPERM DETECTION	\$16.66		
89322	SEMEN ANAL STRICT CRITERIA	\$21.65		
89325	SPERM ANTIBODIES	\$14.75		
89330	EVALUATION CERVICAL MUCUS	\$13.68		
89331	RETROGRADE EJACULATION ANAL	\$27.37		

MO HealthNet Division Fee Schedule for the Technical Component of Hospital Outpatient Laboratory Procedures*

Procedure Code	Procedure Description	Rate Effective for		
		9/15/2017		
G0306	CBC/DIFFWBC W/O PLATELET	\$10.66		
G0307	CBC WITHOUT PLATELET	\$8.87		
G0328	FECAL BLOOD SCRIN IMMUNOASSAY	\$21.82		
G0480	DEFINITIVE DRUG TESTING 1-7 CLASSES, PER DAY	\$57.05		
G0481	DEFINITIVE DRUG TESTING 8-14 CLASSES, PER DAY	\$78.07		
G0482	DEFINITIVE DRUG TESTING 15-21 CLASSES, PER DAY	\$99.08		
G0483	DEFINITIVE DRUG TESTING 22+ CLASSES, PER DAY	\$123.10		
	*Manually priced lab services are not included on this fee schedule			