

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

Procedure Code	Procedure Description	Rate Effective for		
		1/1/2018		
80047	METABOLIC PANEL IONIZED CA	\$10.98		
80048	METABOLIC PANEL TOTAL CA	\$8.35		
80051	ELECTROLYTE PANEL	\$6.92		
80053	COMPREHEN METABOLIC PANEL	\$10.43		
80055	OBSTETRIC PANEL	\$47.21		
80061	LIPID PANEL	\$13.22		
80069	RENAL FUNCTION PANEL	\$8.57		
80074	ACUTE HEPATITIS PANEL	\$47.04		
80076	HEPATIC FUNCTION PANEL	\$8.07		
80081	OBSTETRIC PANEL	\$73.93		
80150	ASSAY OF AMIKACIN	\$14.88		
80155	DRUG ASSAY CAFFEINE	\$30.85		
80156	ASSAY CARBAMAZEPINE TOTAL	\$14.38		
80157	ASSAY CARBAMAZEPINE FREE	\$13.08		
80158	DRUG ASSAY CYCLOSPORINE	\$17.82		
80159	DRUG ASSAY CLOZAPINE	\$18.26		
80162	ASSAY OF DIGOXIN TOTAL	\$13.11		
80163	ASSAY OF DIGOXIN FREE	\$13.11		
80164	ASSAY DIPROPYLACETIC ACD TOT	\$13.37		
80165	DIPROPYLACETIC ACID FREE	\$13.37		
80168	ASSAY OF ETHOSUXIMIDE	\$16.13		
80169	DRUG ASSAY EVEROLIMUS	\$13.56		
80170	ASSAY OF GENTAMICIN	\$16.17		
80171	DRUG SCREEN QUANT GABAPENTIN	\$17.33		
80173	ASSAY OF HALOPERIDOL	\$14.38		
80175	DRUG SCREEN QUAN LAMOTRIGINE	\$13.08		
80176	ASSAY OF LIDOCAINE	\$14.51		
80177	DRUG SCR N QUAN LEVETIRACETAM	\$13.08		
80178	ASSAY OF LITHIUM	\$6.52		
80180	DRUG SCR N QUAN MYCOPHENOLATE	\$17.82		
80183	DRUG SCR N QUANT OXCARBAZEPIN	\$13.08		
80184	ASSAY OF PHENOBARBITAL	\$12.24		
80185	ASSAY OF PHENYTOIN TOTAL	\$13.08		
80186	ASSAY OF PHENYTOIN FREE	\$13.59		
80188	ASSAY OF PRIMIDONE	\$16.38		
80190	PROCAINAMIDE	\$48.00		
80192	ASSAY OF PROCAINAMIDE	\$16.54		
80194	ASSAY OF QUINIDINE	\$14.42		
80195	ASSAY OF SIROLIMUS	\$13.56		
80197	ASSAY OF TACROLIMUS	\$13.56		
80198	ASSAY OF THEOPHYLLINE	\$13.96		
80199	DRUG SCREEN QUANT TIAGABINE	\$21.68		
80200	ASSAY OF TOBRAMYCIN	\$15.92		
80201	ASSAY OF TOPIRAMATE	\$11.77		
80202	ASSAY OF VANCOMYCIN	\$13.37		
80203	DRUG SCREEN QUANT ZONISAMIDE	\$13.08		
80299	QUANTITATIVE ASSAY DRUG	\$14.91		
80305	DRUG TEST PRSMV DIR OPT OBS	\$10.76		
80306	DRUG TEST PRSMV INSTRMNT	\$14.36		
80307	DRUG TEST PRSMV CHEM ANLYZR	\$57.46		
80400	ACTH STIMULATION PANEL	\$32.21		
80402	ACTH STIMULATION PANEL	\$85.88		
80406	ACTH STIMULATION PANEL	\$77.29		
80408	ALDOSTERONE SUPPRESSION EVAL	\$123.95		
80410	CALCITONIN STIMUL PANEL	\$26.46		
80412	CRH STIMULATION PANEL	\$641.29		
80414	TESTOSTERONE RESPONSE	\$51.00		
80415	ESTRADIOL RESPONSE PANEL	\$55.19		
80416	RENIN STIMULATION PANEL	\$167.45		
80417	RENIN STIMULATION PANEL	\$43.44		
80418	PITUITARY EVALUATION PANEL	\$572.34		

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

Procedure Code	Procedure Description	Rate Effective for		
		1/1/2018		
80420	DEXAMETHASONE PANEL	\$129.50		
80422	GLUCAGON TOLERANCE PANEL	\$45.50		
80424	GLUCAGON TOLERANCE PANEL	\$49.87		
80426	GONADOTROPIN HORMONE PANEL	\$146.57		
80428	GROWTH HORMONE PANEL	\$65.88		
80430	GROWTH HORMONE PANEL	\$103.46		
80432	INSULIN SUPPRESSION PANEL	\$133.43		
80434	INSULIN TOLERANCE PANEL	\$228.02		
80435	INSULIN TOLERANCE PANEL	\$101.74		
80436	METYRAPONE PANEL	\$90.04		
80438	TRH STIMULATION PANEL	\$49.79		
80439	TRH STIMULATION PANEL	\$66.38		
81000	URINALYSIS NONAUTO W/SCOPE	\$3.21		
81001	URINALYSIS AUTO W/SCOPE	\$3.13		
81002	URINALYSIS,BY DIP STICK/TABLET REAGENT FOR...;NON-AUTOMATED,W/OUT MICROSCOPY(CLIA WAIVER LIST)	\$2.78		
81003	URINALYSIS AUTO W/O SCOPE	\$2.21		
81005	URINALYSIS	\$2.13		
81007	URINE SCREEN FOR BACTERIA	\$23.98		
81015	URINALYSIS MICROSCOPIC ONLY (PPMP CLIA LIST)	\$3.00		
81020	URINALYSIS GLASS TEST	\$3.76		
81025	URINE PREGNANCY TEST, BY VISUAL COLOR COMPARISON METHODS(CLIA WAIVER LIST)	\$6.88		
81050	URINALYSIS VOLUME MEASURE	\$2.96		
81161	DMD DUP/DELET ANALYSIS	\$223.20		
81162	BRCA1&2 SEQ & FULL DUP/DEL	\$1,802.34		
81170	ABL1 GENE	\$240.00		
81200	ASPA GENE	\$37.80		
81201	APC GENE FULL SEQUENCE	\$624.00		
81202	APC GENE KNOWN FAM VARIANTS	\$224.00		
81203	APC GENE DUP/DELET VARIANTS	\$160.00		
81205	BCKDHB GENE	\$75.99		
81206	BCR/ABL1 GENE MAJOR BP	\$161.93		
81207	BCR/ABL1 GENE MINOR BP	\$143.04		
81208	BCR/ABL1 GENE OTHER BP	\$171.69		
81209	BLM GENE	\$31.44		
81210	BRAF GENE	\$140.32		
81211	BRCA1&2 SEQ & COM DUP/DEL	\$1,916.67		
81212	BRCA1&2 185&5385&6174 VAR	\$352.00		
81213	BRCA1&2 UNCOM DUP/DEL VAR	\$442.40		
81214	BRCA1 FULL SEQ & COM DUP/DEL	\$1,041.13		
81215	BRCA1 GENE KNOWN FAM VARIANT	\$300.20		
81216	BRCA2 GENE FULL SEQUENCE	\$148.09		
81217	BRCA2 GENE KNOWN FAM VARIANT	\$300.20		
81218	CEBPA GENE FULL SEQUENCE	\$238.91		
81219	CALR GENE COM VARIANTS	\$120.12		
81220	CFTR GENE COM VARIANTS	\$445.28		
81221	CFTR GENE KNOWN FAM VARIANTS	\$77.77		
81222	CFTR GENE DUP/DELET VARIANTS	\$348.05		
81223	CFTR GENE FULL SEQUENCE	\$399.20		
81224	CFTR GENE INTRON POLY T	\$135.00		
81225	CYP2C19 GENE COM VARIANTS	\$233.08		
81226	CYP2D6 GENE COM VARIANTS	\$360.72		
81227	CYP2C9 GENE COM VARIANTS	\$139.84		
81228	CYTOGEN MICRARRAY COPY NMBR	\$720.00		
81229	CYTOGEN M ARRAY COPY NO&SNP	\$928.00		
81235	EGFR GENE COM VARIANTS	\$259.66		
81240	F2 GENE	\$52.55		
81241	F5 GENE	\$60.35		
81242	FANCC GENE	\$29.29		
81243	FMR1 GENE DETECTION	\$45.63		
81244	FMR1 GENE CHARACTERIZATION	\$35.91		

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

Procedure Code	Procedure Description	Rate Effective for		
		1/1/2018		
81245	FLT3 GENE	\$132.40		
81246	FLT3 GENE ANALYSIS	\$66.40		
81250	G6PC GENE	\$46.79		
81251	GBA GENE	\$37.80		
81252	GJB2 GENE FULL SEQUENCE	\$80.89		
81253	GJB2 GENE KNOWN FAM VARIANTS	\$49.21		
81254	GJB6 GENE COM VARIANTS	\$28.00		
81255	HEXA GENE	\$41.16		
81256	HFE GENE	\$64.55		
81257	HBA1/HBA2 GENE	\$81.80		
81260	IKBKAP GENE	\$31.44		
81261	IGH GENE REARRANGE AMP METH	\$195.54		
81262	IGH GENE REARRANG DIR PROBE	\$54.84		
81263	IGH VARI REGIONAL MUTATION	\$290.88		
81264	IGK REARRANGEABN CLONAL POP	\$147.48		
81265	STR MARKERS SPECIMEN ANAL	\$212.39		
81266	STR MARKERS SPEC ANAL ADDL	\$243.84		
81267	CHIMERISM ANAL NO CELL SELEC	\$204.89		
81268	CHIMERISM ANAL W/CELL SELECT	\$257.56		
81270	JAK2 GENE	\$90.53		
81272	KIT GENE TARGETED SEQ ANALYS	\$263.60		
81273	KIT GENE ANALYS D816 VARIANT	\$99.89		
81275	KRAS GENE VARIANTS EXON 2	\$154.60		
81276	KRAS GENE ADDL VARIANTS	\$154.60		
81280	LONG QT SYND GENE FULL SEQ	\$332.86		
81281	LONG QT SYND KNOWN FAM VAR	\$228.00		
81282	LONG QT SYN GENE DUP/DLT VAR	\$1,000.00		
81287	MGMT GENE METHYLATION ANAL	\$99.71		
81288	MLH1 GENE	\$153.85		
81290	MCOLN1 GENE	\$31.44		
81291	MTHFR GENE	\$52.27		
81292	MLH1 GENE FULL SEQ	\$540.32		
81293	MLH1 GENE KNOWN VARIANTS	\$264.80		
81294	MLH1 GENE DUP/DELETE VARIANT	\$161.92		
81295	MSH2 GENE FULL SEQ	\$305.36		
81296	MSH2 GENE KNOWN VARIANTS	\$270.18		
81297	MSH2 GENE DUP/DELETE VARIANT	\$170.64		
81298	MSH6 GENE FULL SEQ	\$513.48		
81299	MSH6 GENE KNOWN VARIANTS	\$246.40		
81300	MSH6 GENE DUP/DELETE VARIANT	\$190.40		
81301	MICROSATELLITE INSTABILITY	\$285.98		
81302	MECP2 GENE FULL SEQ	\$422.29		
81303	MECP2 GENE KNOWN VARIANT	\$96.00		
81304	MECP2 GENE DUP/DELET VARIANT	\$120.00		
81310	NPM1 GENE	\$197.21		
81311	NRAS GENE VARIANTS EXON 2&3	\$236.63		
81313	PCA3/KLK3 ANTIGEN	\$204.04		
81314	PDGFRA GENE	\$263.60		
81315	PML/RARALPHA COM BREAKPOINTS	\$204.75		
81316	PML/RARALPHA 1 BREAKPOINT	\$204.75		
81317	PMS2 GENE FULL SEQ ANALYSIS	\$565.61		
81318	PMS2 KNOWN FAMILIAL VARIANTS	\$264.80		
81319	PMS2 GENE DUP/DELET VARIANTS	\$162.80		
81321	PTEN GENE FULL SEQUENCE	\$480.00		
81322	PTEN GENE KNOWN FAM VARIANT	\$42.28		
81323	PTEN GENE DUP/DELET VARIANT	\$240.00		
81324	PMP22 GENE DUP/DELET	\$606.68		
81325	PMP22 GENE FULL SEQUENCE	\$615.66		
81326	PMP22 GENE KNOWN FAM VARIANT	\$42.28		
81330	SMPD1 GENE COMMON VARIANTS	\$37.60		
81331	SNRPN/UBE3A GENE	\$40.85		

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

Procedure Code	Procedure Description	Rate Effective for		
		1/1/2018		
81332	SERPINA1 GENE	\$43.11		
81340	TRB@ GENE REARRANGE AMPLIFY	\$206.33		
81341	TRB@ GENE REARRANGE DIRPROBE	\$48.97		
81342	TRG GENE REARRANGEMENT ANAL	\$199.00		
81350	UGT1A1 GENE	\$187.20		
81355	VKORC1 GENE	\$70.56		
81370	HLA I & II TYPING LR	\$397.16		
81371	HLA I & II TYPE VERIFY LR	\$323.61		
81372	HLA I TYPING COMPLETE LR	\$322.87		
81373	HLA I TYPING 1 LOCUS LR	\$109.98		
81374	HLA I TYPING 1 ANTIGEN LR	\$71.84		
81375	HLA II TYPING AG EQUIV LR	\$218.01		
81376	HLA II TYPING 1 LOCUS LR	\$120.71		
81377	HLA II TYPE 1 AG EQUIV LR	\$90.68		
81378	HLA I & II TYPING HR	\$341.30		
81379	HLA I TYPING COMPLETE HR	\$331.24		
81380	HLA I TYPING 1 LOCUS HR	\$175.06		
81381	HLA I TYPING 1 ALLELE HR	\$135.92		
81382	HLA II TYPING 1 LOC HR	\$122.15		
81383	HLA II TYPING 1 ALLELE HR	\$107.78		
81400	MOPATH PROCEDURE LEVEL 1	\$51.16		
81401	MOPATH PROCEDURE LEVEL 2	\$109.60		
81402	MOPATH PROCEDURE LEVEL 3	\$120.26		
81403	MOPATH PROCEDURE LEVEL 4	\$148.16		
81404	MOPATH PROCEDURE LEVEL 5	\$219.86		
81405	MOPATH PROCEDURE LEVEL 6	\$241.08		
81406	MOPATH PROCEDURE LEVEL 7	\$226.30		
81407	MOPATH PROCEDURE LEVEL 8	\$677.01		
81408	MOPATH PROCEDURE LEVEL 9	\$1,600.00		
81410	AORTIC DYSFUNCTION/DILATION	\$403.20		
81411	AORTIC DYSFUNCTION/DILATION	\$1,080.15		
81412	ASHKENAZI JEWISH ASSOC DIS	\$1,958.84		
81413	CAR ION CHNNLPATH INC 10 GNS	\$577.68		
81414	CAR ION CHNNLPATH INC 2 GNS	\$577.68		
81415	EXOME SEQUENCE ANALYSIS	\$3,824.00		
81416	EXOME SEQUENCE ANALYSIS	\$9,600.00		
81417	EXOME RE-EVALUATION	\$256.00		
81420	FETAL CHRMOML ANEUPLOIDY	\$607.24		
81422	FETAL CHRMOML MICRODEL TJ	\$607.24		
81430	HEARING LOSS SEQUENCE ANALYS	\$1,300.00		
81431	HEARING LOSS DUP/DEL ANALYS	\$543.65		
81432	HRDTRY BRST CA-RLATD DSORDRS	\$670.66		
81433	HRDTRY BRST CA-RLATD DSORDRS	\$433.51		
81434	HEREDITARY RETINAL DISORDERS	\$478.32		
81435	HEREDITARY COLON CA DSORDRS	\$577.68		
81436	HEREDITARY COLON CA DSORDRS	\$577.68		
81437	HEREDTRY NURONDCRN TUM DSRDR	\$433.51		
81438	HEREDTRY NURONDCRN TUM DSRDR	\$433.51		
81439	HRDTRY CARDMYPY GENE PANEL	\$577.68		
81440	MITOCHONDRIAL GENE	\$2,659.20		
81442	NOONAN SPECTRUM DISORDERS	\$1,714.88		
81445	TARGETED GENOMIC SEQ ANALYS	\$478.32		
81450	TARGETED GENOMIC SEQ ANALYS	\$607.62		
81455	TARGETED GENOMIC SEQ ANALYS	\$2,335.68		
81460	WHOLE MITOCHONDRIAL GENOME	\$1,029.60		
81465	WHOLE MITOCHONDRIAL GENOME	\$748.80		
81490	AUTOIMMUNE RHEUMATOID ARTHR	\$672.52		
81493	COR ARTERY DISEASE MRNA	\$840.00		
81500	ONCO (OVAR) TWO PROTEINS	\$208.40		
81503	ONCO (OVAR) FIVE PROTEINS	\$717.60		
81504	ONCOLOGY TISSUE OF ORIGIN	\$416.00		

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

Procedure Code	Procedure Description	Rate Effective for		
		1/1/2018		
81506	ENDO ASSAY SEVEN ANAL	\$64.82		
81507	FETAL ANEUPLOIDY TRISOM RISK	\$636.00		
81508	FTL CGEN ABNOR TWO PROTEINS	\$43.44		
81509	FTL CGEN ABNOR 3 PROTEINS	\$1,189.89		
81510	FTL CGEN ABNOR THREE ANAL	\$44.43		
81511	FTL CGEN ABNOR FOUR ANAL	\$122.80		
81512	FTL CGEN ABNOR FIVE ANAL	\$55.61		
81519	ONCOLOGY BREAST MRNA	\$3,098.40		
81525	ONCOLOGY COLON MRNA	\$2,492.80		
81528	ONCOLOGY COLORECTAL SCR	\$407.09		
81535	ONCOLOGY GYNECOLOGIC	\$463.56		
81536	ONCOLOGY GYNECOLOGIC	\$142.04		
81538	ONCOLOGY LUNG	\$2,296.80		
81539	ONCOLOGY PROSTATE PROB SCORE	\$608.00		
81540	ONCOLOGY TUM UNKNOWN ORIGIN	\$3,000.00		
81545	ONCOLOGY THYROID	\$2,880.00		
81595	CARDIOLOGY HRT TRNSPL MRNA	\$2,592.00		
82009	TEST FOR ACETONE/KETONES	\$4.46		
82010	ACETONE ASSAY	\$8.07		
82013	ACETYLCHOLINESTERASE ASSAY	\$11.03		
82016	ACYLCARNITINES QUAL	\$13.70		
82017	ACYLCARNITINES QUANT	\$16.66		
82024	ASSAY OF ACTH	\$38.14		
82030	ADENOSINE; 5'-MONOPHOSPHATE, CYCLIC (CYCLIC AMP)	\$25.48		
82040	ASSAY OF SERUM ALBUMIN	\$4.88		
82042	ASSAY OF URINE ALBUMIN	\$6.22		
82043	MICROALBUMIN QUANTITATIVE	\$5.71		
82044	MICROALBUMIN SEMIQUANT	\$4.98		
82045	ALBUMIN ISCHEMIA MODIFIED	\$33.52		
82075	ALCOHOL (ETHANOL);BREATH(EXEMPT FROM CLIA EDITING)	\$24.00		
82085	ALDOLASE	\$9.59		
82088	ASSAY OF ALDOSTERONE	\$40.24		
82103	ALPHA-1-ANTITRYPSIN TOTAL	\$13.27		
82104	ALPHA-1-ANTITRYPSIN PHENO	\$14.28		
82105	ALPHA-FETOPROTEIN SERUM	\$16.56		
82106	ALPHA-FETOPROTEIN AMNIOTIC	\$16.56		
82107	ALPHA-FETOPROTEIN L3	\$63.61		
82108	ALUMINUM	\$25.16		
82120	AMINES VAGINAL FLUID QUAL	\$4.79		
82127	AMINO ACID SINGLE QUAL	\$13.70		
82128	AMINO ACIDS MULT QUAL	\$13.70		
82131	AMINO ACIDS SINGLE QUANT	\$18.38		
82135	ASSAY AMINOLEVULINIC ACID	\$16.24		
82136	AMINO ACIDS QUANT 2-5	\$16.66		
82139	AMINO ACIDS QUAN 6 OR MORE	\$16.66		
82140	AMMONIA	\$14.39		
82143	AMNIOTIC FLUID SCAN (SPECTROPHOTOMETRIC)	\$7.48		
82150	AMYLASE	\$6.40		
82154	ANDROSTANEDIOL GLUCURONIDE	\$28.48		
82157	ASSAY OF ANDROSTENEDIONE	\$28.91		
82160	ANDROSTERONE	\$24.69		
82163	ANGIOTENSIN II	\$20.27		
82164	ANGIOTENSIN I ENZYME TEST	\$14.42		
82172	ASSAY OF APOLIPOPROTEIN	\$16.87		
82175	ARSENIC	\$18.73		
82180	ASSAY OF ASCORBIC ACID	\$9.76		
82190	ATOMIC ABSORPTION SPECTROSCOPY, EACH ANALYTE	\$14.72		
82232	ASSAY OF BETA-2 PROTEIN	\$15.97		
82239	BILE ACIDS TOTAL	\$16.91		
82240	BILE ACIDS CHOLYLGLYCINE	\$26.24		
82247	BILIRUBIN TOTAL	\$4.95		

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

Procedure Code	Procedure Description	Rate Effective for		
		1/1/2018		
82248	BILIRUBIN DIRECT	\$4.95		
82252	BILIRUBIN FECES, QUALITATIVE	\$4.50		
82261	ASSAY OF BIOTINIDASE	\$16.66		
82270	OCCULT BLOOD FECES	\$3.50		
82271	OCCULT BLOOD OTHER SOURCES	\$4.25		
82272	OCCULT BLD FECES 1-3 TESTS	\$3.38		
82274	ASSAY TEST FOR BLOOD FECAL	\$15.71		
82286	BRADYKININ	\$5.09		
82300	CADMIUM	\$22.86		
82306	VITAMIN D 25 HYDROXY	\$29.24		
82308	ASSAY OF CALCITONIN	\$26.46		
82310	CALCIUM; TOTAL	\$5.09		
82330	ASSAY OF CALCIUM	\$13.50		
82331	CALCIUM, BLOOD AFTER CALCIUM INFUSION TEST	\$10.67		
82340	ASSAY OF CALCIUM IN URINE	\$5.95		
82355	CALCULUS ANALYSIS QUAL	\$11.43		
82360	CALCULUS ASSAY QUANT	\$12.71		
82365	CALCULUS (STONE), QUANTITATIVE INFRARED SPECTROSCOPY	\$12.73		
82370	X-RAY ASSAY CALCULUS	\$12.36		
82373	ASSAY C-D TRANSFER MEASURE	\$17.83		
82374	ASSAY BLOOD CARBON DIOXIDE	\$4.82		
82375	ASSAY CARBOXYHB QUANT	\$12.16		
82376	ASSAY CARBOXYHB QUAL	\$11.25		
82378	CARCINOEMBRYONIC ANTIGEN	\$18.72		
82379	ASSAY OF CARNITINE	\$16.66		
82380	ASSAY OF CAROTENE	\$9.11		
82382	ASSAY URINE CATECHOLAMINES	\$21.84		
82383	ASSAY BLOOD CATECHOLAMINES	\$24.74		
82384	ASSAY THREE CATECHOLAMINES	\$24.94		
82387	CATHEPSIN-D	\$17.83		
82390	CERULOPLASMIN	\$10.60		
82397	CHEMILUMINESCENT ASSAY	\$13.94		
82415	CHLORAMPHENICOL	\$12.51		
82435	CHLORIDE; BLOOD	\$4.54		
82436	CHLORIDE; URINE	\$4.96		
82438	ASSAY OTHER FLUID CHLORIDES	\$4.82		
82441	CHLORINATED HYDROCARBONS, SCREEN	\$5.93		
82465	ASSAY BLD/SERUM CHOLESTEROL	\$4.29		
82480	ASSAY SERUM CHOLINESTERASE	\$7.77		
82482	ASSAY RBC CHOLINESTERASE	\$7.84		
82485	ASSAY CHONDROITIN SULFATE	\$20.40		
82495	CHROMIUM	\$20.03		
82507	ASSAY OF CITRATE	\$27.46		
82523	COLLAGEN CROSSLINKS	\$18.45		
82525	COPPER	\$12.25		
82528	CORTICOSTERONE	\$22.24		
82530	CORTISOL FREE	\$16.50		
82533	TOTAL CORTISOL	\$16.09		
82540	CREATINE	\$4.57		
82542	COL CHROMOTOGRAPHY QUAL/QUAN	\$19.27		
82550	CREATINE KINASE (CK), (CPK); TOTAL	\$6.43		
82552	ASSAY OF CPK IN BLOOD	\$13.22		
82553	CREATINE MB FRACTION	\$11.40		
82554	CREATINE ISOFORMS	\$11.72		
82565	ASSAY OF CREATININE	\$5.06		
82570	CREATININE; OTHER SOURCE	\$5.11		
82575	CREATININE CLEARANCE	\$9.33		
82585	CRYOFIBRINOGEN	\$11.31		
82595	CRYOGLOBULIN	\$6.38		
82600	CYANIDE	\$19.16		
82607	VITAMIN B-12	\$14.88		

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

Procedure Code	Procedure Description	Rate Effective for		
		1/1/2018		
82608	B-12 BINDING CAPACITY	\$14.14		
82610	CYSTATIN C	\$14.81		
82615	CYSTINE AND HOMOCYSTINE, URINE QUALITATIVE	\$8.06		
82626	DEHYDROEPIANDROSTERONE	\$24.96		
82627	DEHYDROEPIANDROSTERONE	\$21.96		
82633	DESOXYCORTICOSTERONE	\$30.60		
82634	DEOXYCORTISOL	\$28.91		
82638	DIBUCAINE NUMBER	\$12.09		
82652	VIT D 1 25-DIHYDROXY	\$38.02		
82656	PANCREATIC ELASTASE FECAL	\$11.39		
82657	ENZYME CELL ACTIVITY	\$17.83		
82658	ENZYME CELL ACTIVITY RA	\$35.22		
82664	ELECTROPHORETIC TECHNIQUE, NOT ELSEWHERE SPECIFIED	\$49.20		
82668	ERYTHROPOIETIN	\$18.56		
82670	ESTRADIOL	\$27.59		
82671	ESTROGENS FRACTIONATED	\$31.90		
82672	ASSAY OF ESTROGEN	\$21.42		
82677	ESTRIOL	\$23.88		
82679	ASSAY OF ESTRONE	\$24.64		
82693	ETHYLENE GLYCOL	\$14.72		
82696	ETIOCHOLANOLONE	\$23.29		
82705	FATS/LIPIDS FECES QUAL	\$5.03		
82710	FATS/LIPIDS FECES QUANT	\$16.60		
82715	FAT DIFFERENTIAL, FECES, QUANTITATIVE	\$18.37		
82725	FATTY ACIDS, NONESTERIFIED	\$15.01		
82726	VERY LONG CHAIN FATTY ACIDS	\$17.83		
82728	ASSAY OF FERRITIN	\$13.46		
82731	FETAL FIBRONECTIN,CERVICOVAGINAL SECRETIONS, SEMI-QUANTITATIVE	\$63.61		
82735	FLUORIDE	\$18.31		
82746	ASSAY OF FOLIC ACID SERUM	\$14.52		
82747	ASSAY OF FOLIC ACID RBC	\$17.10		
82757	FRUCTOSE, SEMEN	\$17.12		
82759	GALACTOKINASE, RBC	\$21.21		
82760	GALACTOSE	\$11.05		
82775	GALACTOSE-1-PHOSPHATE URIDYL TRANSFERASE QUANTITATIVE	\$20.80		
82776	GALACTOSE-1-PHOSPHATE URIDYL TRANSFERASE SCREEN	\$9.39		
82777	GALECTIN-3	\$35.40		
82784	ASSAY IGA/IGD/IGG/IGM EACH	\$9.18		
82785	ASSAY OF IGE	\$16.25		
82787	IGG 1 2 3 OR 4 EACH	\$7.92		
82800	GASES, BLOOD PH ONLY	\$8.80		
82803	BLOOD GASES ANY COMBINATION	\$20.85		
82805	BLOOD GASES W/O2 SATURATION	\$63.01		
82810	BLOOD GASES O2 SAT ONLY	\$8.61		
82820	HEMOGLOBIN-OXYGEN AFFINITY (PO2 FOR 50% HEMOGLOBINSATURATION WITH OXYGEN)	\$10.67		
82930	GASTRIC ANALY W/PH EA SPEC	\$5.37		
82938	GASTRIN AFTER SECRETIN STIMULATION	\$17.47		
82941	GASTRIN	\$17.41		
82943	GLUCAGON	\$14.11		
82945	GLUCOSE OTHER FLUID	\$3.88		
82946	GLUCAGON TOLERANCE TEST	\$14.88		
82947	ASSAY GLUCOSE BLOOD QUANT	\$3.88		
82948	GLUCOSE; BLOOD, REAGENT STRIP	\$4.03		
82950	GLUCOSE POST GLUCOSE DOSE (INCLUDES GLUCOSE) (CLIA WAIVER LIST)	\$4.68		
82951	GLUCOSE TOLERANCE TEST (GTT), THREE SPECIMENS (INCLUDES GLUCOSE) (CLIA WAIVER LIST)	\$12.71		
82952	GTT-ADDED SAMPLES	\$3.87		
82955	GLUCOSE-6-PHOSPHATE DEHYDROGENASE (G6PD) QUANTITATIVE	\$9.57		
82960	GLUCOSE-6-PHOSPHATE DEHYDROGENASE (G6PD) SCREEN	\$5.97		
82962	GLUCOSE BLOOD TEST	\$2.62		
82963	GLUCOSIDASE, BETA	\$21.21		
82965	GLUTAMATE DEHYDROGENASE	\$10.52		

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

Procedure Code	Procedure Description	Rate Effective for		
		1/1/2018		
82977	GLUTAMYLTRANSFERASE, GAMMA (GGT)	\$7.11		
82978	GLUTATHIONE	\$14.08		
82979	ASSAY RBC GLUTATHIONE	\$9.32		
82985	ASSAY OF GLYCATED PROTEIN	\$14.88		
83001	ASSAY OF GONADOTROPIN (FSH)	\$18.35		
83002	ASSAY OF GONADOTROPIN (LH)	\$18.28		
83003	ASSAY GROWTH HORMONE (HGH)	\$16.46		
83006	GROWTH STIMULATION GENE 2	\$60.48		
83009	H PYLORI (C-13) BLOOD	\$66.52		
83010	ASSAY OF HAPTOGLOBIN QUANT	\$12.42		
83012	HAPTOGLOBIN; PHENOTYPES	\$21.51		
83013	H PYLORI (C-13) BREATH	\$66.52		
83014	H PYLORI DRUG ADMIN	\$7.76		
83015	HEAVY METAL QUAL ANY ANAL	\$18.60		
83018	HEAVY METAL QUANT EACH NES	\$21.69		
83020	HEMOGLOBIN ELECTROPHORESIS	\$12.71		
83021	HEMOGLOBIN CHROMOTOGRAPHY	\$17.83		
83026	HEMOGLOBIN COPPER SULFATE	\$3.20		
83030	FETAL HEMOGLOBIN CHEMICAL	\$8.59		
83033	FETAL HEMOGLOBIN ASSAY QUAL	\$6.40		
83036	GLYCOSYLATED HEMOGLOBIN TEST	\$9.59		
83037	GLYCOSYLATED HB HOME DEVICE	\$9.59		
83045	HEMOGLOBIN METHEMOGLOBIN, QUALITATIVE	\$5.19		
83050	BLOOD METHEMOGLOBIN ASSAY	\$7.24		
83051	ASSAY OF PLASMA HEMOGLOBIN	\$7.22		
83060	HEMOGLOBIN SULFHEMOGLOBIN, QUANTITATIVE	\$8.16		
83065	HEMOGLOBIN THERMOLABILE	\$7.20		
83068	HEMOGLOBIN UNSTABLE, SCREEN	\$8.36		
83069	HEMOGLOBIN URINE	\$3.90		
83070	ASSAY OF HEMOSIDERIN QUAL	\$4.68		
83080	b-HEXOSAMINIDASE, EACH ASSAY	\$16.66		
83088	HISTAMINE	\$29.16		
83090	ASSAY OF HOMOCYSTINE	\$16.66		
83150	ASSAY OF HOMO VANILLIC ACID	\$19.11		
83491	ASSAY OF CORTICOSTEROIDS 17	\$17.31		
83497	HYDROXYINDOLACETIC ACID, 5-(HIAA)	\$12.73		
83498	ASSAY OF PROGESTERONE 17-D	\$26.83		
83500	ASSAY FREE HYDROXYPROLINE	\$22.36		
83505	ASSAY TOTAL HYDROXYPROLINE	\$24.00		
83516	IMMUNOASSAY NONANTIBODY	\$11.39		
83518	IMMUNOASSAY DIPSTICK	\$8.37		
83519	RIA NONANTIBODY	\$14.72		
83520	IMMUNOASSAY QUANT NOS NONAB	\$13.81		
83525	INSULIN; TOTAL	\$11.28		
83527	INSULIN; FREE	\$12.78		
83528	INTRINSIC FACTOR	\$15.85		
83540	ASSAY OF IRON	\$6.39		
83550	IRON BINDING CAPACITY	\$8.63		
83570	ISOCITRIC DEHYDROGENASE (IDH)	\$8.74		
83582	KETOGENIC STEROIDS; FRACTIONATION	\$14.00		
83586	ASSAY 17- KETOSTEROIDS	\$12.64		
83593	FRACTIONATION KETOSTEROIDS	\$25.97		
83605	LACTATE (LACTIC ACID)	\$10.55		
83615	LACTATE (LD) (LDH) ENZYME	\$5.96		
83625	ASSAY OF LDH ENZYMES	\$12.64		
83630	LACTOFERRIN FECAL (QUAL)	\$19.39		
83631	LACTOFERRIN FECAL (QUANT)	\$19.39		
83632	LACTOGEN, HUMAN PLACENTAL (HPL) HUMAN CHORIONIC SOMATOMAMMOTROPIN	\$19.97		
83633	LACTOSE, URINE QUALITATIVE	\$9.00		
83655	ASSAY OF LEAD	\$11.96		
83661	L/S RATIO FETAL LUNG	\$21.71		

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

Procedure Code	Procedure Description	Rate Effective for		
		1/1/2018		
83662	FOAM STABILITY FETAL LUNG	\$18.68		
83663	FLURO POLARIZE FETAL LUNG	\$18.68		
83664	LAMELLAR BDY FETAL LUNG	\$18.68		
83670	LEUCINE AMINOPEPTIDASE (LAP)	\$9.04		
83690	LIPASE	\$6.80		
83695	ASSAY OF LIPOPROTEIN(A)	\$12.78		
83698	ASSAY LIPOPROTEIN PLA2	\$37.04		
83700	LIOPRO BLD ELECTROPHORETIC	\$11.12		
83701	LIOPROTEIN BLD HR FRACTION	\$27.08		
83704	LIOPROTEIN BLD QUAN PART	\$31.16		
83718	ASSAY OF LIPOPROTEIN	\$8.09		
83719	LIOPROTEIN, DIRECT MEASUREMENT;DIRECT MEASUREMENTVLDL CHOLESTEROL	\$11.48		
83721	ASSAY OF BLOOD LIPOPROTEIN	\$9.42		
83727	LUTEINIZING RELEASING FACTOR (LRH)	\$16.97		
83735	MAGNESIUM	\$6.61		
83775	ASSAY MALATE DEHYDROGENASE	\$7.28		
83785	MANGANESE	\$24.29		
83789	MASS SPECTROMETRY QUAL/QUAN	\$19.28		
83825	MERCURY, QUANTITATIVE	\$16.05		
83835	METANEPHRINES	\$16.73		
83857	METHEMALBUMIN	\$10.60		
83861	MICROFLUID ANALY TEARS	\$17.98		
83864	MUCOPOLYSACCHARIDES, ACID; QUANTITATIVE	\$22.80		
83872	ASSAY SYNOVIAL FLUID MUCIN	\$5.79		
83873	ASSAY OF CSF PROTEIN	\$16.99		
83874	MYOGLOBIN	\$12.76		
83876	ASSAY MYELOPEROXIDASE	\$40.68		
83880	ASSAY OF NATRIURETIC PEPTIDE	\$33.52		
83883	ASSAY NEPHELOMETRY NOT SPEC	\$13.43		
83885	NICKEL	\$24.20		
83915	ASSAY OF NUCLEOTIDASE	\$11.01		
83916	OLIGOCLONAL BANDS	\$21.91		
83918	ORGANIC ACIDS TOTAL QUANT	\$18.88		
83919	ORGANIC ACIDS QUAL EACH	\$16.24		
83921	ORGANIC ACID SINGLE QUANT	\$16.96		
83930	ASSAY OF BLOOD OSMOLALITY	\$6.52		
83935	OSMOLALITY URINE	\$6.73		
83937	OSTEOCALCIN (BONE G1A PROTEIN)	\$29.48		
83945	OXALATE	\$12.71		
83950	ONCOPROTEIN HER-2/NEU	\$63.61		
83951	ONCOPROTEIN DCP	\$63.61		
83970	PARATHORMONE (PARATHYROID HORMONE)	\$40.76		
83986	ASSAY PH BODY FLUID NOS	\$3.53		
83987	EXHALED BREATH CONDENSATE	\$3.53		
83993	ASSAY FOR CALPROTECTIN FECAL	\$19.39		
84030	PHENYLALANINE (PKU), BLOOD	\$5.43		
84035	PHENYLKETONES, QUALITATIVE	\$3.61		
84060	PHOSPHATASE, ACID; TOTAL	\$7.29		
84066	ASSAY PROSTATE PHOSPHATASE	\$9.54		
84075	PHOSPHATASE, ALKALINE	\$5.11		
84078	PHOSPHATASE, ALKALINE, BLOOD HEAT STABLE (TOTAL NOT INCLUDED)	\$7.20		
84080	PHOSPHATASE, ALKALINE; ISOENZYMES	\$14.60		
84081	ASSAY PHOSPHATIDYLGlycerol	\$16.31		
84085	PHOSPHOGLUCONATE, 6-, DEHYDROGENASE, RBC	\$9.32		
84087	PHOSPHOHEXOSE ISOMERASE	\$10.19		
84100	PHOSPHORUS INORGANIC (PHOSPHATE)	\$4.68		
84105	PHOSPHORUS (PHOSPHATE) URINE	\$5.11		
84106	PORPHOBILINOGEN, URINE QUALITATIVE	\$4.65		
84110	PORPHOBILINOGEN, URINE QUANTITATIVE	\$8.33		
84112	EVAL AMNIOTIC FLUID PROTEIN	\$78.48		
84119	PORPHYRINS, URINE; QUALITATIVE	\$10.68		

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

Procedure Code	Procedure Description	Rate Effective for		
		1/1/2018		
84120	PORPHYRINS, URINE; QUANTITATION AND FRACTIONATION	\$14.52		
84126	PORPHYRINS, FECES; QUANTITATIVE	\$31.28		
84132	ASSAY OF SERUM POTASSIUM	\$4.54		
84133	POTASSIUM URINE	\$4.25		
84134	PREALBUMIN	\$14.40		
84135	PREGNANEDIOL	\$18.90		
84138	PREGNANETRIOL	\$18.69		
84140	PREGNENOLONE	\$20.41		
84143	17-HYDROXPREGNENOLONE	\$22.52		
84144	ASSAY OF PROGESTERONE	\$20.60		
84145	PROCALCITONIN (PCT)	\$26.46		
84146	ASSAY OF PROLACTIN	\$19.13		
84150	PROSTAGLANDIN, EACH	\$33.41		
84152	ASSAY OF PSA COMPLEXED	\$18.16		
84153	ASSAY OF PSA TOTAL	\$18.16		
84154	ASSAY OF PSA FREE	\$18.16		
84155	ASSAY OF PROTEIN SERUM	\$3.62		
84156	ASSAY OF PROTEIN URINE	\$3.62		
84157	ASSAY OF PROTEIN OTHER	\$3.62		
84160	ASSAY OF PROTEIN ANY SOURCE	\$5.11		
84163	PAPPA SERUM	\$14.87		
84165	PROTEIN E-PHORESIS SERUM	\$10.60		
84166	PROTEIN E-PHORESIS/URINE/CSF	\$17.60		
84181	WESTERN BLOT, WITH INTERPRETATION AND REPORT, BLOOD OR OTHER BODY FLUID	\$16.81		
84182	PROTEIN WESTERN BLOT TEST	\$23.36		
84202	ASSAY RBC PROTOPORPHYRIN	\$14.16		
84203	PROTOPORPHYRIN, RBC SCREEN	\$8.50		
84206	PROINSULIN	\$21.35		
84207	PYRIDOXAL PHOSPHATE (VITAMIN B-6)	\$27.75		
84210	PYRUVATE	\$11.58		
84220	PYRUVATE KINASE	\$9.32		
84228	QUININE	\$11.48		
84233	RECEPTOR ASSAY; ESTROGEN	\$70.30		
84234	RECEPTOR ASSAY PROGESTERONE	\$64.08		
84235	ASSAY OF ENDOCRINE HORMONE	\$56.98		
84238	ASSAY NONENDOCRINE RECEPTOR	\$36.11		
84244	RENIN	\$21.72		
84252	RIBOFLAVIN (VITAMIN B-2)	\$19.98		
84255	SELENIUM	\$25.21		
84260	ASSAY OF SEROTONIN	\$30.60		
84270	ASSAY OF SEX HORMONE GLOBUL	\$21.46		
84275	SIALIC ACID	\$13.27		
84285	SILICA	\$23.24		
84295	ASSAY OF SERUM SODIUM	\$4.75		
84300	SODIUM URINE	\$4.80		
84302	ASSAY OF SWEAT SODIUM	\$4.80		
84305	ASSAY OF SOMATOMEDIN	\$21.00		
84307	SOMATOSTATIN	\$18.04		
84311	SPECTROPHOTOMETRY	\$6.90		
84315	SPECIFIC GRAVITY (EXCEPT URINE)	\$2.62		
84375	CHROMATOGRAM ASSAY SUGARS	\$31.20		
84376	SUGARS SINGLE QUAL	\$5.43		
84377	SUGARS MULTIPLE QUAL	\$5.43		
84378	SUGARS SINGLE QUANT	\$11.38		
84379	SUGARS MULTIPLE QUANT	\$11.38		
84392	ASSAY OF URINE SULFATE	\$4.68		
84402	ASSAY OF FREE TESTOSTERONE	\$25.16		
84403	ASSAY OF TOTAL TESTOSTERONE	\$25.49		
84410	TESTOSTERONE BIOAVAILABLE	\$50.65		
84425	THIAMINE (VITAMIN B-1)	\$20.96		
84430	THIOCYANATE	\$11.48		

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

Procedure Code	Procedure Description	Rate Effective for		
		1/1/2018		
84431	THROMBOXANE URINE	\$28.08		
84432	ASSAY OF THYROGLOBULIN	\$15.86		
84436	ASSAY OF TOTAL THYROXINE	\$6.78		
84437	THYROXINE; REQUIRING ELUTION (EG, NEONATAL)	\$6.38		
84439	ASSAY OF FREE THYROXINE	\$8.90		
84442	ASSAY OF THYROID ACTIVITY	\$14.60		
84443	ASSAY THYROID STIM HORMONE	\$16.60		
84445	ASSAY OF TSI GLOBULIN	\$50.22		
84446	ASSAY OF VITAMIN E	\$14.00		
84449	TRASCORTIN (CORTISOL BINDING GLOBULIN)	\$17.77		
84450	TRANSFERASE; ASPARTATE AMINO (AST) (SGOT)	\$5.11		
84460	TRANSFERASE; ALANINE AMINO (ALT) (SGPT)	\$5.23		
84466	TRANSFERRIN	\$12.60		
84478	ASSAY OF TRIGLYCERIDES	\$5.67		
84479	ASSAY OF THYROID (T3 OR T4)	\$6.38		
84480	ASSAY TRIIODOTHYRONINE (T3)	\$14.00		
84481	FREE ASSAY (FT-3)	\$16.73		
84482	T3 REVERSE	\$15.56		
84484	ASSAY OF TROPONIN QUANT	\$9.97		
84485	TRYPSIN, DUODENAL FLUID	\$7.11		
84488	TRYPSIN; FECES, QUALITATIVE	\$7.20		
84490	TRYPSIN; FECES, QUANTITATIVE, 24-HOUR COLLECTION	\$7.94		
84510	TYROSINE	\$10.27		
84512	ASSAY OF TROPONIN QUAL	\$8.07		
84520	UREA NITROGEN; QUANTITATIVE	\$3.90		
84525	UREA NITROGEN; SEMIQUANTITATIVE (EG, REAGENT STRIP TEST)	\$4.10		
84540	UREA NITROGEN, URINE	\$4.68		
84545	UREA NITROGEN, CLEARANCE	\$6.52		
84550	URIC ACID; BLOOD	\$4.46		
84560	URIC ACID; OTHER SOURCE	\$4.68		
84577	UROBILINOGEN, FECES, QUANTITATIVE	\$16.60		
84578	UROBILINOGEN, URINE QUALITATIVE	\$3.57		
84580	UROBILINOGEN, URINE QUANTITATIVE, TIMED SPECIMEN	\$8.06		
84583	UROBILINOGEN, URINE SEMIQUANTITATIVE	\$4.96		
84585	ASSAY OF URINE VMA	\$15.30		
84586	VASOACTIVE INTESTINAL PEPTIDE (VIP)	\$34.89		
84588	VASOPRESSIN (ANTIDIURETIC HORMONE, ADH)	\$33.52		
84590	VITAMIN A	\$11.46		
84591	VITAMIN, NOT OTHERWISE SPECIFIED	\$13.64		
84597	VITAMIN K	\$13.55		
84600	VOLATILES(EG,ACETIC ANHYDRIDE,CARBON TETRACHLORIDE,DICHLOROETHANE,DICHLOROMETHANE,DIETHYLETHER,...)	\$15.88		
84620	XYLOSE ABSORPTION TEST, BLOOD AND/OR URINE	\$11.70		
84630	ASSAY OF ZINC	\$11.24		
84681	ASSAY OF C-PEPTIDE	\$20.56		
84702	GONADOTROPIN, CHORIONIC (HCG); QUANTITATIVE	\$14.87		
84703	GONADOTROPIN, CHORIONIC QUALITATIVE (CLIA WAIVER LIST)	\$7.43		
84704	HCG FREE BETACHAIN TEST	\$14.87		
84830	OVULATION TESTS, BY VISUAL COLOR COMPARISON METHODFOR HUMAN LUTEINIZING HORMONE(CLIA WAIVER LIST)	\$10.16		
85002	BLEEDING TIME TEST	\$4.45		
85004	AUTOMATED DIFF WBC COUNT	\$6.38		
85007	BL SMEAR W/DIFF WBC COUNT	\$3.39		
85008	BL SMEAR W/O DIFF WBC COUNT	\$3.39		
85009	MANUAL DIFF WBC COUNT B-COAT	\$4.05		
85013	SPUN MICROHEMATOCRIT	\$5.60		
85014	HEMATOCRIT	\$2.34		
85018	HEMOGLOBIN	\$2.34		
85025	COMPLETE CBC W/AUTO DIFF WBC	\$7.67		
85027	COMPLETE CBC AUTOMATED	\$6.38		
85032	MANUAL CELL COUNT EACH	\$4.25		

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

Procedure Code	Procedure Description	Rate Effective for		
		1/1/2018		
85041	AUTOMATED RBC COUNT	\$2.98		
85044	MANUAL RETICULOCYTE COUNT	\$4.25		
85045	AUTOMATED RETICULOCYTE COUNT	\$3.94		
85046	RETICYTE/HGB CONCENTRATE	\$5.50		
85048	AUTOMATED LEUKOCYTE COUNT	\$2.50		
85049	AUTOMATED PLATELET COUNT	\$4.42		
85055	RETICULATED PLATELET ASSAY	\$28.59		
85130	CHROMOGENIC SUBSTRATE ASSAY	\$11.74		
85170	CLOT RETRACTION	\$13.04		
85175	CLOT LYSIS TIME, WHOLE BLOOD DILUTION	\$16.29		
85210	CLOT FACTOR II PROTHROM SPEC	\$12.82		
85220	BLOOC CLOT FACTOR V TEST	\$17.43		
85230	CLOT FACTOR VII PROCONVERTIN	\$17.68		
85240	CLOT FACTOR VIII AHG 1 STAGE	\$17.68		
85244	CLOT FACTOR VIII RELTD ANTGN	\$20.16		
85245	CLOT FACTOR VIII VW RISTOCTN	\$22.65		
85246	CLOT FACTOR VIII VW ANTIGEN	\$22.65		
85247	CLOT FACTOR VIII MULTIMETRIC	\$22.65		
85250	CLOT FACTOR IX PTC/CHRSTMAS	\$18.80		
85260	CLOT FACTOR X STUART-POWER	\$17.68		
85270	CLOT FACTOR XI PTA	\$17.68		
85280	CLOT FACTOR XII HAGEMAN	\$19.11		
85290	CLOT FACTOR XIII FIBRIN STAB	\$16.13		
85291	CLOT FACTOR XIII FIBRIN SCRN	\$8.78		
85292	CLOT FACTOR FLETCHER FACT	\$18.69		
85293	CLOT FACTOR WGHT KININOGEN	\$18.69		
85300	ANTITHROMBIN III ACTIVITY	\$11.70		
85301	ANTITHROMBIN III ANTIGEN	\$10.68		
85302	CLOT INHIBIT PROT C ANTIGEN	\$11.86		
85303	CLOT INHIBIT PROT C ACTIVITY	\$13.66		
85305	CLOT INHIBIT PROT S TOTAL	\$11.46		
85306	CLOT INHIBIT PROT S FREE	\$15.13		
85307	ASSAY ACTIVATED PROTEIN C	\$15.13		
85335	FACTOR INHIBITOR TEST	\$12.71		
85337	THROMBOMODULIN	\$13.81		
85345	COAGULATION TIME LEE & WHITE	\$4.25		
85347	COAGULATION TIME ACTIVATED	\$4.20		
85348	COAGULATION TIME OTR METHOD	\$3.68		
85360	EUGLOBULIN LYSIS	\$8.30		
85362	FIBRIN(OGEN) DEGRADATION (SPLIT) PRODUCTS (FDP)(FSP); AGGLUTINATION SLIDE, SEMIQUANTITATIVE	\$6.80		
85366	FIBRIN(OGEN) DEGRADATION (SPLIT) PRODUCTS (FDP) (FSP); PARACOAGULATION	\$64.36		
85370	FIBRIN(OGEN) DEGRADATION (SPLIT) PRODUCTS (FDP) (FSP); QUANTITATIVE	\$11.21		
85378	FIBRIN DEGRADE SEMIQUANT	\$7.77		
85379	FIBRIN DEGRADATION QUANT	\$10.04		
85380	FIBRIN DEGRADJ D-DIMER	\$10.04		
85384	FIBRINOGEN ACTIVITY	\$8.39		
85385	FIBRINOGEN ANTIGEN	\$11.56		
85390	FIBRINOLYSINS SCREEN I&R	\$12.38		
85397	COAGULATION AND FIBRINOLYSIS, FUNCTIONAL ACTIVITY, NOT OTHERWISE SPECIFIED (EG,	\$24.68		
85400	FIBRINOLYTIC FACTORS AND INHIBITORS; PLASMIN	\$7.60		
85410	FIBRINOLYTIC ANTIPLASMIN	\$7.60		
85415	FIBRINOLYTIC PLASMINOGEN	\$16.97		
85420	FIBRINOLYTIC PLASMINOGEN	\$6.44		
85421	FIBRINOLYTIC MECHANISMS PLASMINOGEN, ANTIGENIC ASSAY	\$10.05		
85441	HEINZ BODIES DIRECT	\$4.14		
85445	HEINZ BODIES INDUCED	\$6.73		
85460	HEMOGLOBIN FETAL	\$7.64		
85461	HEMOGLOBIN FETAL	\$7.48		
85475	HEMOLYSIN ACID	\$8.76		
85520	HEPARIN ASSAY	\$12.92		

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

Procedure Code	Procedure Description	Rate Effective for		
		1/1/2018		
85525	HEPARIN NEUTRALIZATION	\$11.69		
85530	HEPARIN-PROTAMINE TOLERANCE TEST	\$12.92		
85536	IRON STAIN, PERIPHERAL BLOOD	\$6.38		
85540	LEUKOCYTE ALKALINE PHOSPHATASE WITH COUNT	\$8.49		
85547	MECHANICAL FRAGILITY, RBC	\$8.49		
85549	MURAMIDASE	\$18.52		
85555	OSMOTIC FRAGILITY, RBC; UNINCUBATED	\$6.60		
85557	OSMOTIC FRAGILITY, RBC; INCUBATED	\$13.19		
85576	PLATELET; AGGREGATION (IN VITRO), EACH AGENT	\$21.21		
85597	PHOSPHOLIPID PLTLT NEUTRALIZ	\$17.75		
85598	HEXAGNAL PHOSPH PLTLT NEUTRL	\$17.75		
85610	PROTHROMBIN TIME (CLIA WAIVER LIST)	\$3.88		
85611	PROTHROMBIN TIME; SUBSTITUTION, PLASMA FRACTIONS, EACH	\$3.89		
85612	VIPER VENOM PROTHROMBIN TIME	\$13.99		
85613	RUSSELL VIPER VENOM DILUTED	\$9.46		
85635	REPTILASE TEST	\$9.72		
85651	RBC SED RATE NONAUTOMATED	\$3.50		
85652	RBC SED RATE AUTOMATED	\$2.66		
85660	SICKLING OF RBC, REDUCTION, SLIDE METHOD	\$5.44		
85670	THROMBIN TIME PLASMA	\$5.69		
85675	THROMBIN TIME TITER	\$6.76		
85705	THROMBOPLASTIN INHIBITION; TISSUE	\$9.51		
85730	THROMBOPLASTIN TIME PARTIAL	\$5.93		
85732	THROMBOPLASTIN TIME PARTIAL	\$6.38		
85810	VISCOSITY	\$11.52		
86000	AGGLUTININS FEBRILE ANTIGEN	\$6.89		
86001	ALLERGEN SPECIFIC IGG	\$6.25		
86003	ALLERGEN SPECIFIC IGE	\$5.15		
86005	ALLERGEN SPECIFIC IGE	\$7.87		
86021	ANTIBODY IDENTIFICATION LEUKOCYTE ANTIBODIES	\$14.87		
86022	ANTIBODY IDENTIFICATION PLATELET ANTIBODIES	\$18.14		
86023	IMMUNOGLOBULIN ASSAY	\$12.30		
86038	ANTINUCLEAR ANTIBODIES	\$11.93		
86039	ANTINUCLEAR ANTIBODIES (ANA)	\$11.02		
86060	ANTISTREPTOLYSIN O TITER	\$7.20		
86063	ANTISTREPTOLYSIN O SCREEN	\$5.69		
86140	C-REACTIVE PROTEIN	\$5.11		
86141	C-REACTIVE PROTEIN HS	\$12.78		
86146	BETA-2 GLYCOPROTEIN ANTIBODY	\$25.13		
86147	CARDIOLIPIN ANTIBODY EA IG	\$25.13		
86148	ANTI-PHOSPHOLIPID ANTIBODY	\$15.87		
86152	CELL ENUMERATION & ID	\$242.67		
86155	CHEMOTAXIS ASSAY, SPECIFY METHOD	\$15.79		
86156	COLD AGGLUTININ SCREEN	\$6.61		
86157	COLD AGGLUTININ TITER	\$7.96		
86160	COMPLEMENT ANTIGEN	\$11.84		
86161	COMPLEMENT/FUNCTION ACTIVITY	\$11.84		
86162	COMPLEMENT TOTAL (CH50)	\$20.07		
86171	COMPLEMENT FIXATION EACH	\$9.88		
86200	CCP ANTIBODY	\$12.78		
86215	DEOXYRIBONUCLEASE ANTIBODY	\$13.08		
86225	DNA ANTIBODY NATIVE	\$13.57		
86226	DNA ANTIBODY SINGLE STRAND	\$11.96		
86235	EXTRACTABLE NUCLEAR ANTIGEN,ANTIBODY TO,ANY METHOD(EG,NRNP,SS-A,SS-B,SM,RNP,SC170,J01),EACH ANTIBODY	\$17.71		
86255	FLUORESCENT ANTIBODY SCREEN	\$11.90		
86256	FLUORESCENT ANTIBODY TITER	\$11.90		
86277	GROWTH HORMONE, HUMAN (HGH), ANTIBODY	\$15.54		
86280	HEMAGGLUTINATION INHIBITION TEST (HAI)	\$8.09		
86294	IMMUNOASSAY TUMOR QUAL	\$20.45		
86300	IMMUNOASSAY TUMOR CA 15-3	\$20.56		

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

Procedure Code	Procedure Description	Rate Effective for		
		1/1/2018		
86301	IMMUNOASSAY TUMOR CA 19-9	\$20.56		
86304	IMMUNOASSAY TUMOR CA 125	\$20.56		
86305	HUMAN EPIDIDYMIS PROTEIN 4	\$20.56		
86308	HETEROPHILE ANTIBODY SCREEN	\$5.11		
86309	HETEROPHILE ANTIBODY TITER	\$6.38		
86310	HETEROPHILE ANTIBODY ABSRBJ	\$7.28		
86316	IMMUNOASSAY TUMOR OTHER	\$20.56		
86317	IMMUNOASSAY INFECTIOUS AGENT	\$14.80		
86318	IMMUNOASSAY INFECTIOUS AGENT	\$14.47		
86320	IMMUNOELECTROPHORESIS; SERUM	\$23.93		
86325	IMMUNOELECTROPHORESIS; OTHER FLUIDS (EG, URINE CEREBROSPINAL FLUID) WITH CONCENTRATION	\$22.08		
86327	IMMUNOELECTROPHORESIS CROSSED (2 DIMENSIONAL ASSAY)	\$23.93		
86329	IMMUNODIFFUSION NES	\$13.87		
86331	IMMUNODIFFUSION OUCHTERLONY	\$11.83		
86332	IMMUNE COMPLEX ASSAY	\$24.07		
86334	IMMUNOFIX E-PHORESIS SERUM	\$22.07		
86335	IMMUNIFIX E-PHORSIS/URINE/CSF	\$28.98		
86336	INHIBIN A	\$15.39		
86337	INSULIN ANTIBODIES	\$21.14		
86340	INTRINSIC FACTOR ANTIBODY	\$14.88		
86341	ISLET CELL ANTIBODY	\$19.54		
86343	LEUKOCYTE HISTAMINE RELEASE TEST (LHR)	\$12.30		
86344	LEUKOCYTE PHAGOCYTOSIS	\$8.31		
86352	CELL FUNCTION ASSAY W/STIM	\$134.18		
86353	LYMPHOCYTE TRANSFORMATION, MITOGEN (PHYTOMITOGEN) OR INDUCED BLASTOGENESIS	\$48.42		
86355	B CELLS TOTAL COUNT	\$37.26		
86356	MONONUCLEAR CELL ANTIGEN	\$26.44		
86357	NK CELLS TOTAL COUNT	\$37.26		
86359	T CELLS TOTAL COUNT	\$37.26		
86360	T CELL ABSOLUTE COUNT/RATIO	\$46.40		
86361	T CELL ABSOLUTE COUNT	\$26.44		
86367	STEM CELLS TOTAL COUNT	\$62.22		
86376	MICROSOMAL ANTIBODY EACH	\$14.36		
86382	NEUTRALIZATION TEST VIRAL	\$16.70		
86384	NITROBLUE TETRAZOLIUM DYE TEST (NTD)	\$11.24		
86386	NUCLEAR MATRIX PROTEIN 22	\$17.42		
86403	PARTICLE AGGLUT ANTBDY SCRNB	\$10.06		
86406	PARTICLE AGGLUT ANTBDY TITR	\$10.50		
86430	RHEUMATOID FACTOR TEST QUAL	\$5.60		
86431	RHEUMATOID FACTOR QUANT	\$5.60		
86480	TB TEST CELL IMMUN MEASURE	\$61.21		
86481	TB AG RESPONSE T-CELL SUSP	\$80.00		
86590	STREPTOKINASE ANTIBODY	\$10.91		
86592	SYPHILIS TEST NON-TREP QUAL	\$4.21		
86593	SYPHILIS TEST NON-TREP QUANT	\$4.35		
86602	ANTIBODY; ACTINOMYCES	\$10.04		
86603	ADENOVIRUS ANTIBODY	\$12.71		
86606	ANTIBODY; ASPIRIGILLUS	\$14.87		
86609	ANTIBODY; BACTERIUM, NOT ELSEWHERE SPECIFIED	\$12.72		
86611	SYPHILIS TEST; QUALITATIVE; BARTONELLA	\$10.04		
86612	BLASTOMYCES ANTIBODY	\$12.74		
86615	BORDETELLA ANTIBODY	\$13.02		
86617	Borrelia burgdorferi (Lyme disease) confirmatory test (eg, Western blot or immunoblot)	\$15.30		
86618	ANTIBODY; BORELLIA BUFGDORFERI (LYME DISEASE)	\$16.81		
86619	ANTIBODY; BORRELIA (RELAPSING FEVER)	\$13.21		
86622	ANTIBODY; BRUCELLA	\$8.82		
86625	ANTIBODY; CAMPYLOBACTER	\$12.96		
86628	ANTIBODY; CANDIDA	\$11.85		
86631	ANTIBODY; CHLAMYDIA	\$11.68		
86632	ANTIBODY,; CHLAMYDIA, IGM	\$12.52		

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

Procedure Code	Procedure Description	Rate Effective for		
		1/1/2018		
86635	COCCIDIOIDES ANTIBODY	\$11.33		
86638	ANTIBODY; COXIELLA BRUNETII (Q FEVER)	\$11.97		
86641	ANTIBODY; CRYPTOCOCCUS	\$14.23		
86644	ANTIBODY; CYTOMEGALOVIRUS (CMV)	\$14.21		
86645	CMV ANTIBODY IGM	\$16.64		
86648	ANTIBODY; DIPHERIA	\$15.01		
86651	ENCEPHALITIS CALIFORN ANTBDY	\$13.02		
86652	ENCEPHALTIS EAST EQNE ANBDY	\$13.02		
86653	ENCEPHALTIS ST LOUIS ANTBDY	\$13.02		
86654	ENCEPHALTIS WEST EQNE ANTBDY	\$13.02		
86658	ANTIBODY; ENTEROVIRUS (EG, COXSACKIE, ECHO, POLIO)	\$12.86		
86663	ANTIBODY; EPSTEIN-BARR (EB) VIRUS, EARLY ANTIGEN (EA)	\$12.96		
86664	EPSTEIN-BARR NUCLEAR ANTIGEN	\$15.10		
86665	EPSTEIN-BARR CAPSID VCA	\$17.92		
86666	SYPHILIS TEST; QUALITATIVE; EHRlichia	\$10.04		
86668	ANTIBODY; FRANCISELLA TULARENSIS	\$11.32		
86671	FUNGUS NES ANTIBODY	\$12.10		
86674	ANTIBODY; GIARDIA LAMBLIA	\$14.53		
86677	HELICOBACTER PYLORI ANTIBODY	\$14.32		
86682	ANTIBODY; HELMINTH, NOT ELSEWHERE SPECIFIED	\$12.84		
86684	HEMOPHILUS INFLUENZA ANTIBDY	\$15.64		
86687	HTLV-I ANTIBODY	\$8.28		
86688	HTLV-II ANTIBODY	\$13.83		
86689	HTLV/HIV CONFIRMJ ANTIBODY	\$19.12		
86692	HEPATITIS DELTA AGENT ANTBDY	\$16.95		
86694	HERPES SIMPLEX NES ANTBDY	\$14.21		
86695	HERPES SIMPLEX TYPE 1 TEST	\$13.02		
86696	HERPES SIMPLEX TYPE 2 TEST	\$19.12		
86698	HISTOPLASMA ANTIBODY	\$12.34		
86701	HIV-1ANTIBODY	\$8.77		
86702	HIV-2 ANTIBODY	\$13.35		
86703	HIV-1/HIV-2 1 RESULT ANTBDY	\$13.53		
86704	HEP B CORE ANTIBODY TOTAL	\$11.90		
86705	HEP B CORE ANTIBODY IGM	\$11.63		
86706	HEP B SURFACE ANTIBODY	\$10.60		
86707	HEPATITIS BE ANTIBODY	\$11.42		
86708	HEPATITIS A ANTIBODY	\$12.23		
86709	HEPATITIS A IGM ANTIBODY	\$11.12		
86710	ANTIBODY; INFLUENZA VIRUS	\$13.38		
86711	JOHN CUNNINGHAM ANTIBODY	\$14.21		
86713	ANTIBODY; LEGIONELLA	\$15.11		
86717	ANTIBODY; LEISHMANIA	\$12.09		
86720	LEPTOSPIRA ANTIBODY	\$13.02		
86723	LISTERIA MONOCYTOGENES	\$13.02		
86727	ANTIBODY; LYMPHOCYTIC CHORIOMENINGITIS	\$12.71		
86732	ANTIBODY; MUCORMYCOSIS	\$13.02		
86735	ANTIBODY; MUMPS	\$12.88		
86738	ANTIBODY; MYCOPLASMA	\$13.07		
86741	ANTIBODY; NEISSERIA MENINGITIDIS	\$13.02		
86744	ANTIBODY; NORCARDIA	\$13.02		
86747	ANTIBODY; PARVOVIRUS	\$14.84		
86750	ANTIBODY; PLASMODIUM (MALARIA)	\$13.02		
86753	PROTOZOA ANTIBODY NOS	\$12.23		
86756	ANTIBODY; RESPIRATORY SYNCYTIAL VIRUS	\$12.72		
86757	RICKETTSSIA ANTIBODY	\$19.12		
86759	ROTAVIRUS ANTIBODY	\$14.58		
86762	ANTIBODY; RUBELLA	\$14.21		
86765	ANTIBODY; RUBEOLA	\$12.72		
86768	ANTIBODY; SALMONELLA	\$13.02		
86771	ANTIBODY; SHIGELLA	\$19.58		
86774	ANTIBODY; TETANUS	\$14.61		

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

Procedure Code	Procedure Description	Rate Effective for		
		1/1/2018		
86777	ANTIBODY; TOXOPLASMA	\$14.21		
86778	TOXOPLASMA ANTIBODY IGM	\$14.22		
86780	TREPONEMA PALLIDUM	\$13.07		
86784	ANTIBODY; TRICHINELLA	\$12.40		
86787	ANTIBODY; VARICELLA-ZOSTER	\$12.72		
86788	WEST NILE VIRUS AB IGM	\$16.64		
86789	WEST NILE VIRUS ANTIBODY	\$14.21		
86790	ANTIBODY; VIRUS, NOT ELSEWHERE SPECIFIED	\$12.72		
86793	ANTIBODY; YERSINIA	\$13.02		
86800	THYROGLOBULIN ANTIBODY	\$15.71		
86803	HEPATITIS C AB TEST	\$14.08		
86804	HEP C AB TEST CONFIRM	\$15.30		
86805	LYMPHOCYTOTOXICITY ASSAY, VISUAL CROSSMATCH WITH TITRATION	\$151.60		
86806	LYMPHOCYTOTOXICITY ASSAY, VISUAL CROSSMATCH WITHOUT TITRATION	\$47.00		
86807	SERUM SCREENING FOR CYTOTOXIC PERCENT REACTIVE ANTIBODY (PRA) STANDARD METHOD	\$62.92		
86808	SERUM SCREENING FOR CYTOTOXIC PERCENT REACTIVE ANTIBODY (PRA) QUICK METHOD	\$29.31		
86812	HLA TYPING A B OR C	\$25.48		
86813	HLA TYPING A B OR C	\$57.28		
86816	HLA TYPING DR/DQ	\$27.51		
86817	HLA TYPING DR/DQ	\$84.91		
86821	LYMPHOCYTE CULTURE MIXED	\$36.11		
86825	HLA X-MATH NON-CYTOTOXIC	\$87.59		
86826	HLA X-MATCH NONCYTOTOXC ADDL	\$29.22		
86828	HLA CLASS I&II ANTIBODY QUAL	\$51.35		
86829	HLA CLASS I/II ANTIBODY QUAL	\$51.35		
86830	HLA CLASS I PHENOTYPE QUAL	\$79.74		
86831	HLA CLASS II PHENOTYPE QUAL	\$68.35		
86832	HLA CLASS I HIGH DEFIN QUAL	\$259.00		
86833	HLA CLASS II HIGH DEFIN QUAL	\$260.64		
86834	HLA CLASS I SEMIQUANT PANEL	\$353.14		
86835	HLA CLASS II SEMIQUANT PANEL	\$318.97		
86850	ANTIBODY SCREEN, RBC, EACH SERUM TECHNIQUE	\$7.81		
86880	COOMBS TEST DIRECT	\$5.32		
86885	COOMBS TEST INDIRECT QUAL	\$5.65		
86886	COOMBS TEST INDIRECT TITER	\$5.11		
86900	BLOOD TYPING SEROLOGIC ABO	\$2.95		
86901	BLOOD TYPING SEROLOGIC RH(D)	\$2.95		
86902	BLOOD TYPE ANTIGEN DONOR EA	\$5.08		
86904	BLOOD TYPING PATIENT SERUM	\$13.07		
86905	BLOOD TYPING RBC ANTIGENS	\$3.78		
86906	BLD TYPING SEROLOGIC RH PHNT	\$7.65		
86940	HEMOLYSINS/AGGLUTININS AUTO	\$8.10		
86941	HEMOLYSINS AND AGGLUTININS, AUTO, SCREEN, EACH; INCUBATED	\$11.96		
87003	ANIMAL INOCULATION, SMALL ANIMAL WITH OBSERVATION AND DISSECTION	\$16.63		
87015	SPECIMEN INFECT AGNT CONCNTJ	\$6.59		
87040	BLOOD CULTURE FOR BACTERIA	\$10.19		
87045	FECES CULTURE AEROBIC BACT	\$9.32		
87046	STOOL CULTR AEROBIC BACT EA	\$9.32		
87070	CULTURE OTHR SPECIMN AEROBIC	\$8.51		
87071	CULTURE AEROBIC QUANT OTHER	\$9.32		
87073	CULTURE,BACTERIAL;QUANTITATIVE,ANEROBIC WITH ISOLATION & PRESUMPTIVE IDENT OF ISOLATES	\$9.32		
87075	CULTR BACTERIA EXCEPT BLOOD	\$9.35		
87076	CULTURE ANAEROBE IDENT EACH	\$7.97		
87077	CULTURE, BACTERIAL; AEROBIC ISOLATE, ADDITIONAL METHODS REQUIRED FOR DEFINITIVE IDENTIFICATION-SC	\$7.97		
87081	CULTURE, BACTERIAL, SCREENING ONLY, FOR SINGLE ORGANISMS	\$6.54		
87084	CULTURE OF SPECIMEN BY KIT	\$21.65		
87086	CULTURE, BACTERIAL, URINE QUANTITATIVE, COLONY COUNT	\$7.96		
87088	URINE BACTERIA CULTURE	\$7.99		
87101	SKIN FUNGI CULTURE	\$7.60		

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

Procedure Code	Procedure Description	Rate Effective for		
		1/1/2018		
87102	CULTURE, FUNGI, ISOLATION OTHER SOURCE (EXCEPT BLOOD)	\$8.30		
87103	CULTURE, FUNGI, ISOLATION BLOOD	\$16.36		
87106	FUNGI IDENTIFICATION YEAST	\$10.19		
87107	FUNGI IDENTIFICATION MOLD	\$10.19		
87109	MYCOPLASMA	\$15.20		
87110	CHLAMYDIA CULTURE	\$19.35		
87116	CULTURE, TUBERCLE OR OTHER ACID-FAST BACILLI (EG, TB, AFB, MYCOBACTERIA)	\$10.67		
87118	CULTURE, MYCOBACTERIA, DEFINITIVE IDENTIFICATION OF EACH ORGANISM	\$11.68		
87140	CULTURE, TYPING FLUORESCENT METHOD, EACH ANTISERUM	\$5.50		
87143	CULTURE TYPING GLC/HPLC	\$12.36		
87147	CULTURE TYPE IMMUNOLOGIC	\$5.11		
87149	DNA/RNA DIRECT PROBE	\$19.80		
87150	DNA/RNA AMPLIFIED PROBE	\$34.66		
87152	CULTURE,TYPING; IDENTIFICATION BY PULSE FIELD GEL TYPING	\$6.19		
87153	DNA/RNA SEQUENCING	\$113.93		
87158	CULTURE TYPING ADDED METHOD	\$6.19		
87164	DARK FIELD EXAMINATION	\$10.60		
87166	DARK FIELD EXAMINATION, ANY SOURCE (EG, PENILE, VAGINAL, ORAL, SKIN)	\$11.16		
87168	MACROSCOPIC EXAM ARTHROPOD	\$4.21		
87169	MACROSCOPIC EXAM PARASITE	\$4.21		
87172	PINWORM EXAM	\$4.21		
87176	TISSUE HOMOGENIZATION CULTR	\$5.80		
87177	OVA AND PARASITES, DIRECT SMEARS, CONCENTRATION AND IDENTIFICATION	\$8.79		
87181	MICROBE SUSCEPTIBLE DIFFUSE	\$4.68		
87184	MICROBE SUSCEPTIBLE DISK	\$6.80		
87185	MICROBE SUSCEPTIBLE ENZYME	\$4.68		
87186	MICROBE SUSCEPTIBLE MIC	\$8.53		
87187	MICROBE SUSCEPTIBLE MLC	\$32.13		
87188	MICROBE SUSCEPT MACROBROTH	\$6.56		
87190	MICROBE SUSCEPT MYCOBACTERI	\$5.84		
87197	BACTERICIDAL LEVEL SERUM	\$14.84		
87205	SMEAR GRAM STAIN	\$4.21		
87206	SMEAR FLUORESCENT/ACID STAI	\$5.32		
87207	SMEAR SPECIAL STAIN	\$5.92		
87209	SMEAR COMPLEX STAIN	\$17.75		
87210	SMEAR WET MOUNT SALINE/INK	\$4.65		
87220	TISSUE EXAM FOR FUNGI	\$4.21		
87230	ASSAY TOXIN OR ANTITOXIN	\$19.49		
87250	VIRUS INOCULATE EGGS/ANIMAL	\$19.32		
87252	VIRUS INOCULATION TISSUE	\$25.74		
87253	VIRUS INOCULATE TISSUE ADDL	\$19.95		
87254	VIRUS INOCULATION SHELL VIA	\$19.32		
87255	GENET VIRUS ISOLATE HSV	\$33.44		
87260	ADENOVIRUS AG IF	\$11.84		
87265	PERTUSSIS AG IF	\$11.84		
87267	ENTEROVIRUS ANTIBODY DFA	\$11.84		
87269	GIARDIA AG IF	\$11.84		
87270	CHLAMYDIA TRACHOMATIS AG IF	\$11.84		
87271	CYTOMEGALOVIRUS DFA	\$11.84		
87272	CRYPTOSPORIDIUM AG IF	\$11.84		
87273	HERPES SIMPLEX 2 AG IF	\$11.84		
87274	HERPES SIMPLEX 1 AG IF	\$11.84		
87275	INFLUENZA B AG IF	\$11.84		
87276	INFLUENZA A AG IF	\$12.85		
87278	LEGION PNEUMOPHILIA AG IF	\$12.48		
87279	PARAINFLUENZA AG IF	\$13.14		
87280	RESPIRATORY SYNCYTIAL AG IF	\$11.84		
87281	PNEUMOCYSTIS CARINII AG IF	\$11.84		
87283	RUBEOLA AG IF	\$48.64		
87285	TREPONEMA PALLIDUM AG IF	\$11.84		
87290	VARICELLA ZOSTER AG IF	\$11.84		

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

Procedure Code	Procedure Description	Rate Effective for		
		1/1/2018		
87299	ANTIBODY DETECTION NOS IF	\$12.88		
87300	AG DETECTION POLYVAL IF	\$11.84		
87301	ADENOVIRUS AG IA	\$11.84		
87305	ASPERGILLUS AG IA	\$11.84		
87320	CHYLMD TRACH AG IA	\$12.00		
87324	CLOSTRIDIUM AG IA	\$11.84		
87327	CRYPTOCOCCUS NEOFORM AG IA	\$11.84		
87328	CRYPTOSPORIDIUM AG IA	\$11.84		
87329	GIARDIA AG IA	\$11.84		
87332	CYTOMEGALOVIRUS AG IA	\$11.84		
87335	E COLI 0157 AG IA	\$11.84		
87336	ENTAMOEB HIST DISPR AG IA	\$12.80		
87337	ENTAMOEB HIST GROUP AG IA	\$11.84		
87338	HPYLORI STOOL IA	\$14.20		
87339	H PYLORI AG IA	\$12.80		
87340	HEPATITIS B SURFACE AG IA	\$10.20		
87341	HEPATITIS B SURFACE AG IA	\$10.20		
87350	HEPATITIS BE AG IA	\$11.38		
87380	HEPATITIS DELTA AG IA	\$16.20		
87385	HISTOPLASMA CAPSUL AG IA	\$11.84		
87389	HIV-1 AG W/HIV-1 & HIV-2 AB	\$23.78		
87390	HIV-1 AG IA	\$19.24		
87391	HIV-2 AG IA	\$17.52		
87400	INFLUENZA A/B AG IA	\$11.84		
87420	RESP SYNCYTIAL AG IA	\$11.84		
87425	ROTAVIRUS AG IA	\$11.84		
87427	SHIGA-LIKE TOXIN AG IA	\$11.84		
87430	STREP A AG IA	\$13.44		
87449	AG DETECT NOS IA MULT	\$11.84		
87450	AG DETECT NOS IA SINGLE	\$9.47		
87451	AG DETECT POLYVAL IA MULT	\$9.47		
87471	BARTONELLA DNA AMP PROBE	\$34.66		
87472	BARTONELLA DNA QUANT	\$42.30		
87475	LYME DIS DNA DIR PROBE	\$19.80		
87476	LYME DIS DNA AMP PROBE	\$34.66		
87480	CANDIDA DNA DIR PROBE	\$19.80		
87481	CANDIDA DNA AMP PROBE	\$34.66		
87482	CANDIDA DNA QUANT	\$44.59		
87483	CNS DNA AMP PROBE TYPE 12-25	\$411.64		
87485	CHYLMD PNEUM DNA DIR PROBE	\$19.80		
87486	CHYLMD PNEUM DNA AMP PROBE	\$34.66		
87487	CHYLMD PNEUM DNA QUANT	\$42.30		
87490	CHYLMD TRACH DNA DIR PROBE	\$19.80		
87491	CHYLMD TRACH DNA AMP PROBE	\$34.66		
87492	CHYLMD TRACH DNA QUANT	\$42.77		
87493	C DIFF AMPLIFIED PROBE	\$34.66		
87495	CYTOMEG DNA DIR PROBE	\$24.02		
87496	CYTOMEG DNA AMP PROBE	\$34.66		
87497	CYTOMEG DNA QUANT	\$42.30		
87498	ENTEROVIRUS PROBE&REVRS TRNS	\$34.66		
87500	VANOMYCIN DNA AMP PROBE	\$34.66		
87501	INFLUENZA DNA AMP PROB 1+	\$50.68		
87502	INFLUENZA DNA AMP PROBE	\$84.04		
87503	INFLUENZA DNA AMP PROB ADDL	\$23.37		
87505	NFCT AGENT DETECTION GI	\$126.70		
87506	IADNA-DNA/RNA PROBE TQ 6-11	\$210.79		
87507	IADNA-DNA/RNA PROBE TQ 12-25	\$411.64		
87510	GARDNER VAG DNA DIR PROBE	\$19.80		
87511	GARDNER VAG DNA AMP PROBE	\$34.66		
87512	GARDNER VAG DNA QUANT	\$41.24		
87516	HEPATITIS B DNA AMP PROBE	\$34.66		

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

Procedure Code	Procedure Description	Rate Effective for		
		1/1/2018		
87517	HEPATITIS B DNA QUANT	\$42.30		
87520	HEPATITIS C RNA DIR PROBE	\$24.97		
87521	HEPATITIS C PROBE&RVRS TRNSC	\$34.66		
87522	HEPATITIS C REVRS TRNSCRPJ	\$42.30		
87525	HEPATITIS G DNA DIR PROBE	\$23.84		
87526	HEPATITIS G DNA AMP PROBE	\$34.66		
87527	HEPATITIS G DNA QUANT	\$41.24		
87528	HSV DNA DIR PROBE	\$19.80		
87529	HSV DNA AMP PROBE	\$34.66		
87530	HSV DNA QUANT	\$42.30		
87531	HHV-6 DNA DIR PROBE	\$46.40		
87532	HHV-6 DNA AMP PROBE	\$34.66		
87533	HHV-6 DNA QUANT	\$41.24		
87534	HIV-1 DNA DIR PROBE	\$19.80		
87535	HIV-1 PROBE&REVERSE TRNSCRPJ	\$34.66		
87536	HIV-1 QUANT&REVRSE TRNSCRPJ	\$84.04		
87537	HIV-2 DNA DIR PROBE	\$19.80		
87538	HIV-2 PROBE&REVRSE TRNSCRIPJ	\$34.66		
87539	HIV-2 QUANT&REVRSE TRNSCRIPJ	\$46.89		
87540	LEGION PNEUMO DNA DIR PROB	\$19.80		
87541	LEGION PNEUMO DNA AMP PROB	\$34.66		
87542	LEGION PNEUMO DNA QUANT	\$41.24		
87550	MYCOBACTERIA DNA DIR PROBE	\$19.80		
87551	MYCOBACTERIA DNA AMP PROBE	\$38.59		
87552	MYCOBACTERIA DNA QUANT	\$42.30		
87555	M.TUBERCULO DNA DIR PROBE	\$21.50		
87556	M.TUBERCULO DNA AMP PROBE	\$34.66		
87557	M.TUBERCULO DNA QUANT	\$42.30		
87560	M.AVIUM-INTRA DNA DIR PROB	\$21.83		
87561	M.AVIUM-INTRA DNA AMP PROB	\$34.66		
87562	M.AVIUM-INTRA DNA QUANT	\$42.30		
87580	M.PNEUMON DNA DIR PROBE	\$19.80		
87581	M.PNEUMON DNA AMP PROBE	\$34.66		
87582	M.PNEUMON DNA QUANT	\$242.09		
87590	N.GONORRHOEAE DNA DIR PROB	\$21.50		
87591	N.GONORRHOEAE DNA AMP PROB	\$34.66		
87592	N.GONORRHOEAE DNA QUANT	\$42.30		
87623	HPV LOW-RISK TYPES	\$34.66		
87624	HPV HIGH-RISK TYPES	\$34.66		
87625	HPV TYPES 16 & 18 ONLY	\$34.66		
87631	RESP VIRUS 3-5 TARGETS	\$126.70		
87632	RESP VIRUS 6-11 TARGETS	\$210.79		
87633	RESP VIRUS 12-25 TARGETS	\$411.64		
87640	STAPH A DNA AMP PROBE	\$34.66		
87641	MR-STAPH DNA AMP PROBE	\$34.66		
87650	STREP A DNA DIR PROBE	\$19.80		
87651	STREP A DNA AMP PROBE	\$34.66		
87652	STREP A DNA QUANT	\$41.24		
87653	STREP B DNA AMP PROBE	\$34.66		
87660	TRICHOMONAS VAGIN DIR PROBE	\$19.80		
87661	TRICHOMONAS VAGINALIS AMPLIF	\$34.66		
87797	DETECT AGENT NOS DNA DIR	\$24.02		
87798	DETECT AGENT NOS DNA AMP	\$34.66		
87799	DETECT AGENT NOS DNA QUANT	\$42.30		
87800	DETECT AGNT MULT DNA DIREC	\$39.62		
87801	DETECT AGNT MULT DNA AMPLI	\$69.32		
87802	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY W/DIRECT OPTICAL OBSERVATION;STREPTOCOCCUS,GROUP B	\$11.84		
87803	CLOSTRIDIUM TOXIN A W/OPTIC	\$12.80		
87804	INFLUENZA ASSAY W/OPTIC	\$13.24		
87806	HIV ANTIGEN W/HIV ANTIBODIES	\$26.21		

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

Procedure Code	Procedure Description	Rate Effective for		
		1/1/2018		
87807	RSV ASSAY W/OPTIC	\$11.84		
87808	TRICHOMONAS ASSAY W/OPTIC	\$12.23		
87809	ADENOVIRUS ASSAY W/OPTIC	\$17.40		
87810	CHYLM D TRACH ASSAY W/OPTIC	\$28.23		
87850	INFECTIOUS AGT DETECTION BY IMMUNOASSY WITH DIRECT OPTICAL OBSERVATION; NEISSERIA GONORRHOEAE	\$19.64		
87880	STREP A ASSAY W/OPTIC	\$13.22		
87899	AGENT NOS ASSAY W/OPTIC	\$12.85		
87900	PHENOTYPE INFECT AGENT DRUG	\$128.73		
87901	GENOTYPE DNA HIV REVERSE T	\$254.27		
87902	GENOTYPE DNA/RNA HEP C	\$254.27		
87903	PHENOTYPE DNA HIV W/CULTURE	\$482.62		
87904	PHENOTYPE DNA HIV W/CLT ADD	\$25.74		
87905	INFECTIOUS AGENT ENZYMATIC ACTIVITY OTHER THAN VIRUS (EG, SIALIDASE ACTIVITY IN	\$12.06		
87906	GENOTYPE DNA/RNA HIV	\$127.13		
87910	GENOTYPE CYTOMEGALOVIRUS	\$254.27		
87912	GENOTYPE DNA HEPATITIS B	\$254.27		
88130	SEX CHROMATIN IDENTIFICATION BARR BODIES	\$17.75		
88140	SEX CHROMATIN IDENTIFICATION PERIPHERAL BLOOD SMEAR, POLYMORPHONUCLEAR "DRUMSTICKS"	\$7.88		
88142	CYTOPATH C/V THIN LAYER	\$20.00		
88143	CYTOPATHOLOGY, CERVICAL OR VAGINAL(ANY RPTING SYS), COLLECTED ...WITH MAN SCREENINGS AND RESCREEN...	\$20.00		
88147	CYTOPATH C/V AUTOMATED	\$40.44		
88148	CYTOPATH C/V AUTO RESCREEN	\$15.00		
88150	CYTOPATH C/V MANUAL	\$11.72		
88152	CYTOPATH C/V AUTO REDO	\$22.11		
88153	CYTOPATH C/V REDO	\$19.22		
88155	CYTOPATH C/V INDEX ADD-ON	\$11.72		
88164	CYTOPATH TBS C/V MANUAL	\$11.72		
88165	CYTOPATH TBS C/V REDO	\$33.77		
88166	CYTOPATH TBS C/V AUTO REDO	\$11.72		
88167	CYTOPATH TBS C/V SELECT	\$11.72		
88174	CYTOPATH C/V AUTO IN FLUID	\$21.10		
88175	CYTOPATH C/V AUTO FLUID REDO	\$26.16		
88230	TISSUE CULTURE LYMPHOCYTE	\$115.05		
88233	TISSUE CULTURE SKIN/BIOPSY	\$138.99		
88235	TISSUE CULTURE PLACENTA	\$145.44		
88237	TISSUE CULTURE BONE MARROW	\$124.74		
88239	TISSUE CULTURE TUMOR	\$145.69		
88240	CELL CRYOPRESERVE/STORAGE	\$10.45		
88241	THAWING AND EXPANSION OF FROZEN CELLS. EACH ALIQUOT	\$9.97		
88245	CHROMOSOME ANALYSIS 20-25	\$171.04		
88248	CHROMOSOME ANALYSIS 50-100	\$171.04		
88249	CHROMOSOME ANALYSIS 100	\$171.04		
88261	CHROMOSOME ANALYSIS 5	\$211.47		
88262	CHROMOSOME ANALYSIS 15-20	\$123.10		
88263	CHROMOSOME ANALYSIS 45	\$148.43		
88264	CHROMOSOME ANALYSIS 20-25	\$123.10		
88267	CHROMOSOME ANALYS PLACENTA	\$177.56		
88269	CHROMOSOME ANALYS AMNIOTIC	\$164.27		
88271	CYTOGENETICS DNA PROBE	\$21.15		
88272	CYTOGENETICS 3-5	\$32.56		
88273	CYTOGENETICS 10-30	\$31.72		
88274	CYTOGENETICS 25-99	\$34.38		
88275	CYTOGENETICS 100-300	\$40.95		
88280	CHROMOSOME KARYOTYPE STUDY	\$26.77		
88283	CHROMOSOME ANALYSIS ADDITIONAL SPECIALIZED BANDING TECHNIQUE (EG, NOR, C-BANDING)	\$67.75		
88285	CHROMOSOME COUNT ADDITIONAL	\$21.52		
88289	CHROMOSOME STUDY ADDITIONAL	\$34.00		
88371	PROTEIN WESTERN BLOT TISSUE	\$21.95		

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

Procedure Code	Procedure Description	Rate Effective for		
		1/1/2018		
88372	PROTEIN ANALYSIS W/PROBE	\$22.46		
88720	BILIRUBIN, TOTAL, TRANSCUTANEOUS	\$4.95		
88738	HGB QUANT TRANSCUTANEOUS	\$4.95		
88740	HEMOGLOBIN, QUANTITATIVE, TRANSCUTANEOUS, PER DAY; CARBOXYHEMOGLOBIN	\$7.49		
88741	HEMOGLOBIN, QUANTITATIVE, TRANSCUTANEOUS, PER DAY; METHEMOGLOBIN	\$7.49		
89050	CELL COUNT, MISCELLANEOUS BODY FLUIDS (EG, CEREBROSPINAL FLUID, JOINT FLUID), EXCEPT BLOOD	\$4.66		
89051	BODY FLUID CELL COUNT	\$5.44		
89055	LEUKOCYTE ASSESSMENT FECAL	\$4.21		
89060	EXAM SYNOVIAL FLUID CRYSTALS	\$7.06		
89125	SPECIMEN FAT STAIN	\$4.70		
89160	MEAT FIBERS, FECES	\$3.88		
89190	NASAL SMEAR FOR EOSINOPHILS	\$4.68		
89300	SEMEN ANALYSIS W/HUHNER	\$8.82		
89310	SEMEN ANALYSIS W/COUNT	\$8.50		
89320	SEMEN ANAL VOL/COUNT/MOT	\$11.90		
89321	SEMEN ANAL SPERM DETECTION	\$11.90		
89322	SEMEN ANAL STRICT CRITERIA	\$15.30		
89325	SPERM ANTIBODIES	\$10.54		
89329	SPERM EVALUATION TEST	\$19.34		
89330	EVALUATION CERVICAL MUCUS	\$9.76		
89331	RETROGRADE EJACULATION ANAL	\$19.34		
G0027	SEMEN ANALYSIS	\$6.42		
G0103	PSA SCREENING	\$18.16		
G0123	SCREEN CERV/VAG THIN LAYER	\$20.00		
G0143	SCR C/V CYTO, THINLAYER, RESCR	\$21.64		
G0144	SCR C/V CYTO, THINLAYER, RESCR	\$35.17		
G0145	SCR C/V CYTO, THINLAYER, RESCR	\$26.16		
G0147	SCR C/V CYTO, AUTOMATED SYS	\$11.72		
G0148	SCR C/V CYTO, AUTOSYS, RESCR	\$25.55		
G0306	CBC/DIFFWBC W/O PLATELET	\$7.67		
G0307	CBC WITHOUT PLATELET	\$6.38		
G0328	FECAL BLOOD SCR IMMUNOASSAY	\$15.71		
G0480	DEFINITIVE DRUG TESTING 1-7 CLASSES, PER DAY	\$91.54		
G0481	DEFINITIVE DRUG TESTING 8-14 CLASSES, PER DAY	\$125.27		
G0482	DEFINITIVE DRUG TESTING 15-21 CLASSES, PER DAY	\$158.99		
G0483	DEFINITIVE DRUG TESTING 22+ CLASSES, PER DAY	\$197.53		
G0659	DRUG TEST DEF SIMPLE ALL CL	\$57.46		
	*Manually priced lab services are not included on this fee schedule			