

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

Procedure Code	Procedure Description	Rate Effective for	
		1/1/2018	1/1/2019
80047	METABOLIC PANEL IONIZED CA	\$10.98	\$10.98
80048	METABOLIC PANEL TOTAL CA	\$8.35	\$7.52
80051	ELECTROLYTE PANEL	\$6.92	\$6.23
80053	COMPREHEN METABOLIC PANEL	\$10.43	\$9.39
80055	OBSTETRIC PANEL	\$47.21	\$42.49
80061	LIPID PANEL	\$13.22	\$11.90
80069	RENAL FUNCTION PANEL	\$8.57	\$7.72
80074	ACUTE HEPATITIS PANEL	\$47.04	\$42.34
80076	HEPATIC FUNCTION PANEL	\$8.07	\$7.26
80081	OBSTETRIC PANEL	\$73.93	\$66.54
80150	ASSAY OF AMIKACIN	\$14.88	\$13.40
80155	DRUG ASSAY CAFFEINE	\$30.85	\$30.85
80156	ASSAY CARBAMAZEPINE TOTAL	\$14.38	\$12.94
80157	ASSAY CARBAMAZEPINE FREE	\$13.08	\$11.78
80158	DRUG ASSAY CYCLOSPORINE	\$17.82	\$16.04
80159	DRUG ASSAY CLOZAPINE	\$18.26	\$16.44
80162	ASSAY OF DIGOXIN TOTAL	\$13.11	\$11.80
80163	ASSAY OF DIGOXIN FREE	\$13.11	\$11.80
80164	ASSAY DIPROPYLACETIC ACD TOT	\$13.37	\$12.04
80165	DIPROPYLACETIC ACID FREE	\$13.37	\$12.04
80168	ASSAY OF ETHOSUXIMIDE	\$16.13	\$14.52
80169	DRUG ASSAY EVEROLIMUS	\$13.56	\$12.20
80170	ASSAY OF GENTAMICIN	\$16.17	\$14.56
80171	DRUG SCREEN QUANT GABAPENTIN	\$17.33	\$17.33
80173	ASSAY OF HALOPERIDOL	\$14.38	\$12.94
80175	DRUG SCREEN QUAN LAMOTRIGINE	\$13.08	\$11.78
80176	ASSAY OF LIDOCAINE	\$14.51	\$13.05
80177	DRUG SCR N QUAN LEVETIRACETAM	\$13.08	\$11.78
80178	ASSAY OF LITHIUM	\$6.52	\$5.88
80180	DRUG SCR N QUAN MYCOPHENOLATE	\$17.82	\$16.04
80183	DRUG SCR N QUAN OXCARBAZEPIN	\$13.08	\$11.78
80184	ASSAY OF PHENOBARBITAL	\$12.24	\$12.24
80185	ASSAY OF PHENYTOIN TOTAL	\$13.08	\$11.78
80186	ASSAY OF PHENYTOIN FREE	\$13.59	\$12.23
80188	ASSAY OF PRIMIDONE	\$16.38	\$14.75
80190	PROCAINAMIDE	\$48.00	\$48.00
80192	ASSAY OF PROCAINAMIDE	\$16.54	\$14.88
80194	ASSAY OF QUINIDINE	\$14.42	\$12.97
80195	ASSAY OF SIROLIMUS	\$13.56	\$12.20
80197	ASSAY OF TACROLIMUS	\$13.56	\$12.20
80198	ASSAY OF THEOPHYLLINE	\$13.96	\$12.56
80199	DRUG SCREEN QUANT TIAGABINE	\$21.68	\$21.68
80200	ASSAY OF TOBRAMYCIN	\$15.92	\$14.33
80201	ASSAY OF TOPIRAMATE	\$11.77	\$10.59
80202	ASSAY OF VANCOMYCIN	\$13.37	\$12.04
80203	DRUG SCREEN QUANT ZONISAMIDE	\$13.08	\$11.78
80299	QUANTITATIVE ASSAY DRUG	\$14.91	\$14.91
80305	DRUG TEST PRSMV DIR OPT OBS	\$10.76	\$10.08
80306	DRUG TEST PRSMV INSTRMNT	\$14.36	\$13.71
80307	DRUG TEST PRSMV CHEM ANLYZR	\$57.46	\$51.72
80400	ACTH STIMULATION PANEL	\$32.21	\$28.99
80402	ACTH STIMULATION PANEL	\$85.88	\$77.29
80406	ACTH STIMULATION PANEL	\$77.29	\$69.56
80408	ALDOSTERONE SUPPRESSION EVAL	\$123.95	\$111.55
80410	CALCITONIN STIMUL PANEL	\$26.46	\$23.81
80412	CRH STIMULATION PANEL	\$641.29	\$641.29
80414	TESTOSTERONE RESPONSE	\$51.00	\$45.89
80415	ESTRADIOL RESPONSE PANEL	\$55.19	\$49.67
80416	RENIN STIMULATION PANEL	\$167.45	\$167.45
80417	RENIN STIMULATION PANEL	\$43.44	\$39.10
80418	PITUITARY EVALUATION PANEL	\$572.34	\$515.07
80420	DEXAMETHASONE PANEL	\$129.50	\$129.50
80422	GLUCAGON TOLERANCE PANEL	\$45.50	\$40.95
80424	GLUCAGON TOLERANCE PANEL	\$49.87	\$44.88
80426	GONADOTROPIN HORMONE PANEL	\$146.57	\$131.92
80428	GROWTH HORMONE PANEL	\$65.88	\$59.29
80430	GROWTH HORMONE PANEL	\$103.46	\$103.46
80432	INSULIN SUPPRESSION PANEL	\$133.43	\$132.48
80434	INSULIN TOLERANCE PANEL	\$228.02	\$228.02
80435	INSULIN TOLERANCE PANEL	\$101.74	\$91.56
80436	METYRAPONE PANEL	\$90.04	\$81.03

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Procedure Code	Procedure Description	Rate Effective for	
		1/1/2018	1/1/2019
80438	TRH STIMULATION PANEL	\$49.79	\$44.80
80439	TRH STIMULATION PANEL	\$66.38	\$59.74
81000	URINALYSIS NONAUTO W/SCOPE	\$3.21	\$3.21
81001	URINALYSIS AUTO W/SCOPE	\$3.13	\$2.81
81002	URINALYSIS,BY DIP STICK/TABLET REAGENT FOR...:NON-AUTOMATED,W/OUT MICROSCOPY(CLIA WAIVER LIST)	\$2.78	\$2.78
81003	URINALYSIS AUTO W/O SCOPE	\$2.21	\$1.99
81005	URINALYSIS	\$2.13	\$1.92
81007	URINE SCREEN FOR BACTERIA	\$23.98	\$23.98
81015	URINALYSIS MICROSCOPIC ONLY (PPMP CLIA LIST)	\$3.00	\$2.71
81020	URINALYSIS GLASS TEST	\$3.76	\$3.76
81025	URINE PREGNANCY TEST, BY VISUAL COLOR COMPARISON METHODS(CLIA WAIVER LIST)	\$6.88	\$6.88
81050	URINALYSIS VOLUME MEASURE	\$2.96	\$2.91
81105	HPA-1 GENOTYPING	\$120.71	\$108.64
81106	HPA-2 GENOTYPING	\$120.71	\$108.64
81107	HPA-3 GENOTYPING	\$120.71	\$108.64
81108	HPA-4 GENOTYPING	\$120.71	\$108.64
81109	HPA-5 GENOTYPING	\$120.71	\$108.64
81110	HPA-6 GENOTYPING	\$120.71	\$108.64
81111	HPA-9 GENOTYPING	\$120.71	\$108.64
81112	HPA-15 GENOTYPING	\$120.71	\$108.64
81120	IDH1 COMMON VARIANTS	\$154.60	\$154.60
81121	IDH2 COMMON VARIANTS	\$236.63	\$236.63
81161	DMD DUP/DELET ANALYSIS	\$223.20	\$223.20
81162	BRCA1&2 SEQ & FULL DUP/DEL	\$1,802.34	\$1,622.11
81163	BRCA1&2 GENE FULL SEQ ALYS	\$0.00	\$374.40
81164	BRCA1&2 GEN FUL DUP/DEL ALYS	\$0.00	\$467.38
81165	BRCA1 GENE FULL SEQ ALYS	\$0.00	\$226.30
81166	BRCA1 GENE FULL DUP/DEL ALYS	\$0.00	\$241.08
81167	BRCA2 GENE FULL DUP/DEL ALYS	\$0.00	\$226.30
81170	ABL1 GENE	\$240.00	\$240.00
81171	AFF2 GENE DETC ABNOR ALLELES	\$0.00	\$109.60
81172	AFF2 GENE CHARAC ALLELES	\$0.00	\$219.86
81173	AR GENE FULL GENE SEQUENCE	\$0.00	\$241.08
81174	AR GENE KNOWN FAMIL VARIANT	\$0.00	\$148.16
81175	ASXL1 FULL GENE SEQUENCE	\$565.61	\$541.20
81176	ASXL1 GENE TARGET SEQ ALYS	\$238.91	\$215.01
81177	ATN1 GENE DETC ABNOR ALLELES	\$0.00	\$109.60
81178	ATXN1 GENE DETC ABNOR ALLELE	\$0.00	\$109.60
81179	ATXN2 GENE DETC ABNOR ALLELE	\$0.00	\$109.60
81180	ATXN3 GENE DETC ABNOR ALLELE	\$0.00	\$109.60
81181	ATXN7 GENE DETC ABNOR ALLELE	\$0.00	\$109.60
81182	ATXN8OS GEN DETC ABNOR ALLEL	\$0.00	\$109.60
81183	ATXN10 GENE DETC ABNOR ALLEL	\$0.00	\$109.60
81184	CACNA1A GEN DETC ABNOR ALLEL	\$0.00	\$109.60
81185	CACNA1A GENE FULL GENE SEQ	\$0.00	\$677.02
81186	CACNA1A GEN KNOWN FAMIL VRNT	\$0.00	\$148.16
81187	CNBP GENE DETC ABNOR ALLELE	\$0.00	\$109.60
81188	CSTB GENE DETC ABNOR ALLELE	\$0.00	\$109.60
81189	CSTB GENE FULL GENE SEQUENCE	\$0.00	\$219.86
81190	CSTB GENE KNOWN FAMIL VRNT	\$0.00	\$148.16
81200	ASPA GENE	\$37.80	\$37.80
81201	APC GENE FULL SEQUENCE	\$624.00	\$624.00
81202	APC GENE KNOWN FAM VARIANTS	\$224.00	\$224.00
81203	APC GENE DUP/DELET VARIANTS	\$160.00	\$160.00
81204	AR GENE CHARAC ALLELES	\$0.00	\$109.60
81205	BCKDHB GENE	\$75.99	\$75.99
81206	BCR/ABL1 GENE MAJOR BP	\$161.93	\$145.74
81207	BCR/ABL1 GENE MINOR BP	\$143.04	\$128.74
81208	BCR/ABL1 GENE OTHER BP	\$171.69	\$171.69
81209	BLM GENE	\$31.44	\$31.44
81210	BRAF GENE	\$140.32	\$140.32
81211	BRCA1&2 SEQ & COM DUP/DEL	\$1,916.67	\$0.00
81212	BRCA1&2 185&538&6174 VAR	\$352.00	\$352.00
81213	BRCA1&2 UNCOM DUP/DEL VAR	\$442.40	\$0.00
81214	BRCA1 FULL SEQ & COM DUP/DEL	\$1,041.13	\$0.00
81215	BRCA1 GENE KNOWN FAM VARIANT	\$300.20	\$300.20
81216	BRCA2 GENE FULL SEQUENCE	\$148.09	\$148.09
81217	BRCA2 GENE KNOWN FAM VARIANT	\$300.20	\$300.20
81218	CEBPA GENE FULL SEQUENCE	\$238.91	\$215.01
81219	CALR GENE COM VARIANTS	\$120.12	\$108.11
81220	CFTR GENE COM VARIANTS	\$445.28	\$445.28

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Procedure Code	Procedure Description	Rate Effective for	
		1/1/2018	1/1/2019
81221	CFTR GENE KNOWN FAM VARIANTS	\$77.77	\$77.77
81222	CFTR GENE DUP/DELET VARIANTS	\$348.05	\$348.05
81223	CFTR GENE FULL SEQUENCE	\$399.20	\$399.20
81224	CFTR GENE INTRON POLY T	\$135.00	\$135.00
81225	CYP2C19 GENE COM VARIANTS	\$233.08	\$233.08
81226	CYP2D6 GENE COM VARIANTS	\$360.72	\$360.72
81227	CYP2C9 GENE COM VARIANTS	\$139.84	\$139.84
81228	CYTOGEN MICRARRAY COPY NMBR	\$720.00	\$720.00
81229	CYTOGEN M ARRAY COPY NO&SNP	\$928.00	\$928.00
81230	CYP3A4 GENE COMMON VARIANTS	\$139.84	\$139.84
81231	CYP3A5 GENE COMMON VARIANTS	\$139.84	\$139.84
81232	DPYD GENE COMMON VARIANTS	\$139.84	\$139.84
81233	BTK GENE COMMON VARIANTS	\$0.00	\$140.32
81234	DMPK GENE DETC ABNOR ALLELE	\$0.00	\$109.60
81235	EGFR GENE COM VARIANTS	\$259.66	\$259.66
81236	EZH2 GENE FULL GENE SEQUENCE	\$0.00	\$38.05
81237	EZH2 GENE COMMON VARIANTS	\$0.00	\$153.60
81238	F9 FULL GENE SEQUENCE	\$480.00	\$480.00
81239	DMPK GENE CHARAC ALLELES	\$0.00	\$109.60
81240	F2 GENE	\$52.55	\$52.55
81241	F5 GENE	\$60.35	\$58.69
81242	FANCC GENE	\$29.29	\$29.29
81243	FMR1 GENE DETECTION	\$45.63	\$45.63
81244	FMR1 GENE CHARACTERIZATION	\$35.91	\$35.91
81245	FLT3 GENE	\$132.40	\$132.40
81246	FLT3 GENE ANALYSIS	\$66.40	\$66.40
81247	G6PD GENE ALYS CMN VARIANT	\$139.84	\$139.84
81248	G6PD KNOWN FAMILIAL VARIANT	\$300.20	\$300.20
81249	G6PD FULL GENE SEQUENCE	\$480.00	\$480.00
81250	G6PC GENE	\$46.79	\$46.79
81251	GBA GENE	\$37.80	\$37.80
81252	GJB2 GENE FULL SEQUENCE	\$80.89	\$80.89
81253	GJB2 GENE KNOWN FAM VARIANTS	\$49.21	\$49.21
81254	GJB6 GENE COM VARIANTS	\$28.00	\$28.00
81255	HEXA GENE	\$41.16	\$41.16
81256	HFE GENE	\$64.55	\$58.09
81257	HBA1/HBA2 GENE	\$81.80	\$81.80
81258	HBA1/HBA2 GENE FAM VRNT	\$300.20	\$300.20
81259	HBA1/HBA2 FULL GENE SEQUENCE	\$480.00	\$480.00
81260	IKBKAP GENE	\$31.44	\$31.44
81261	IGH GENE REARRANGE AMP METH	\$195.54	\$175.99
81262	IGH GENE REARRANG DIR PROBE	\$54.84	\$54.84
81263	IGH VARI REGIONAL MUTATION	\$290.88	\$261.79
81264	IGK REARRANGEABN CLONAL POP	\$147.48	\$138.18
81265	STR MARKERS SPECIMEN ANAL	\$212.39	\$191.15
81266	STR MARKERS SPEC ANAL ADDL	\$243.84	\$243.84
81267	CHIMERISM ANAL NO CELL SELEC	\$204.89	\$184.40
81268	CHIMERISM ANAL W/CELL SELECT	\$257.56	\$231.80
81269	HBA1/HBA2 GENE DUP/DEL VRNTS	\$161.92	\$161.92
81270	JAK2 GENE	\$90.53	\$81.48
81271	HTT GENE DETC ABNOR ALLELES	\$0.00	\$109.60
81272	KIT GENE TARGETED SEQ ANALYS	\$263.60	\$263.60
81273	KIT GENE ANALYS D816 VARIANT	\$99.89	\$99.89
81274	HTT GENE CHARAC ALLELES	\$0.00	\$219.86
81275	KRAS GENE VARIANTS EXON 2	\$154.60	\$154.60
81276	KRAS GENE ADDL VARIANTS	\$154.60	\$154.60
81280	LONG QT SYND GENE FULL SEQ	\$332.86	\$0.00
81281	LONG QT SYND KNOWN FAM VAR	\$228.00	\$0.00
81282	LONG QT SYN GENE DUP/DLT VAR	\$1,000.00	\$0.00
81283	IFNL3 GENE	\$60.35	\$58.69
81284	FXN GENE DETC ABNOR ALLELES	\$0.00	\$109.60
81285	FXN GENE CHARAC ALLELES	\$0.00	\$219.86
81286	FXN GENE FULL GENE SEQUENCE	\$0.00	\$219.86
81287	MGMT GENE METHYLATION ANAL	\$99.71	\$99.71
81288	MLH1 GENE	\$153.85	\$153.85
81289	FXN GENE KNOWN FAMIL VARIANT	\$0.00	\$148.16
81290	MCOLN1 GENE	\$31.44	\$31.44
81291	MTHFR GENE	\$52.27	\$52.27
81292	MLH1 GENE FULL SEQ	\$540.32	\$540.32
81293	MLH1 GENE KNOWN VARIANTS	\$264.80	\$264.80
81294	MLH1 GENE DUP/DELETE VARIANT	\$161.92	\$161.92

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

Procedure Code	Procedure Description	Rate Effective for	
		1/1/2018	1/1/2019
81295	MSH2 GENE FULL SEQ	\$305.36	\$305.36
81296	MSH2 GENE KNOWN VARIANTS	\$270.18	\$270.18
81297	MSH2 GENE DUP/DELETE VARIANT	\$170.64	\$170.64
81298	MSH6 GENE FULL SEQ	\$513.48	\$513.48
81299	MSH6 GENE KNOWN VARIANTS	\$246.40	\$246.40
81300	MSH6 GENE DUP/DELETE VARIANT	\$190.40	\$190.40
81301	MICROSATELLITE INSTABILITY	\$285.98	\$278.84
81302	MECP2 GENE FULL SEQ	\$422.29	\$422.29
81303	MECP2 GENE KNOWN VARIANT	\$96.00	\$96.00
81304	MECP2 GENE DUP/DELET VARIANT	\$120.00	\$120.00
81305	MYD88 GENE P.LEU265PRO VRNT	\$0.00	\$140.32
81306	NUDT15 GENE COMMON VARIANTS	\$0.00	\$233.09
81310	NPM1 GENE	\$197.21	\$197.21
81311	NRAS GENE VARIANTS EXON 2&3	\$236.63	\$236.63
81312	PABPN1 GENE DETC ABNOR ALLEL	\$0.00	\$109.60
81313	PCA3/KLK3 ANTIGEN	\$204.04	\$204.04
81314	PDGFRA GENE	\$263.60	\$263.60
81315	PML/RARALPHA COM BREAKPOINTS	\$204.75	\$184.28
81316	PML/RARALPHA 1 BREAKPOINT	\$204.75	\$184.28
81317	PMS2 GENE FULL SEQ ANALYSIS	\$565.61	\$541.20
81318	PMS2 KNOWN FAMILIAL VARIANTS	\$264.80	\$264.80
81319	PMS2 GENE DUP/DELET VARIANTS	\$162.80	\$162.80
81320	PLCG2 GENE COMMON VARIANTS	\$0.00	\$109.60
81321	PTEN GENE FULL SEQUENCE	\$480.00	\$480.00
81322	PTEN GENE KNOWN FAM VARIANT	\$42.28	\$38.04
81323	PTEN GENE DUP/DELET VARIANT	\$240.00	\$240.00
81324	PMP22 GENE DUP/DELET	\$606.68	\$606.68
81325	PMP22 GENE FULL SEQUENCE	\$615.66	\$615.66
81326	PMP22 GENE KNOWN FAM VARIANT	\$42.28	\$38.04
81328	SLCO1B1 GENE COM VARIANTS	\$139.84	\$139.84
81329	SMN1 GENE DOS/DELETION ALYS	\$0.00	\$109.60
81330	SMPD1 GENE COMMON VARIANTS	\$37.60	\$37.60
81331	SNRPN/UBE3A GENE	\$40.85	\$40.85
81332	SERPINA1 GENE	\$43.11	\$38.80
81333	TGFBI GENE COMMON VARIANTS	\$0.00	\$109.60
81334	RUNX1 GENE TARGETED SEQ ALYS	\$263.60	\$527.21
81335	TPMT GENE COM VARIANTS	\$139.84	\$139.84
81336	SMN1 GENE FULL GENE SEQUENCE	\$0.00	\$241.08
81337	SMN1 GEN NOWN FAMIL SEQ VRNT	\$0.00	\$148.16
81340	TRB@ GENE REARRANGE AMPLIFY	\$206.33	\$185.70
81341	TRB@ GENE REARRANGE DIRPROBE	\$48.97	\$44.08
81342	TRG GENE REARRANGEMENT ANAL	\$199.00	\$179.10
81343	PPP2R2B GEN DETC ABNOR ALLEL	\$0.00	\$109.60
81344	TBP GENE DETC ABNOR ALLELES	\$0.00	\$109.60
81345	TERT GENE TARGETED SEQ ALYS	\$0.00	\$148.16
81346	TYMS GENE COM VARIANTS	\$139.84	\$139.84
81350	UGT1A1 GENE	\$187.20	\$187.20
81355	VKORC1 GENE	\$70.56	\$70.56
81361	HBB GENE COM VARIANTS	\$139.84	\$139.84
81362	HBB GENE KNOWN FAM VARIANT	\$300.20	\$300.20
81363	HBB GENE DUP/DEL VARIANTS	\$161.92	\$161.92
81364	HBB FULL GENE SEQUENCE	\$259.66	\$259.66
81370	HLA I & II TYPING LR	\$397.16	\$357.44
81371	HLA I & II TYPE VERIFY LR	\$323.61	\$323.61
81372	HLA I TYPING COMPLETE LR	\$322.87	\$322.87
81373	HLA I TYPING 1 LOCUS LR	\$109.98	\$101.94
81374	HLA I TYPING 1 ANTIGEN LR	\$71.84	\$64.66
81375	HLA II TYPING AG EQUIV LR	\$218.01	\$196.21
81376	HLA II TYPING 1 LOCUS LR	\$120.71	\$108.64
81377	HLA II TYPE 1 AG EQUIV LR	\$90.68	\$81.60
81378	HLA I & II TYPING HR	\$341.30	\$307.16
81379	HLA I TYPING COMPLETE HR	\$331.24	\$298.12
81380	HLA I TYPING 1 LOCUS HR	\$175.06	\$157.55
81381	HLA I TYPING 1 ALLELE HR	\$135.92	\$135.92
81382	HLA II TYPING 1 LOC HR	\$122.15	\$109.93
81383	HLA II TYPING 1 ALLELE HR	\$107.78	\$97.00
81400	MOPATH PROCEDURE LEVEL 1	\$51.16	\$51.16
81401	MOPATH PROCEDURE LEVEL 2	\$109.60	\$109.60
81402	MOPATH PROCEDURE LEVEL 3	\$120.26	\$120.26
81403	MOPATH PROCEDURE LEVEL 4	\$148.16	\$148.16
81404	MOPATH PROCEDURE LEVEL 5	\$219.86	\$219.86

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

Procedure Code	Procedure Description	Rate Effective for	
		1/1/2018	1/1/2019
81405	MOPATH PROCEDURE LEVEL 6	\$241.08	\$241.08
81406	MOPATH PROCEDURE LEVEL 7	\$226.30	\$226.30
81407	MOPATH PROCEDURE LEVEL 8	\$677.01	\$677.01
81408	MOPATH PROCEDURE LEVEL 9	\$1,600.00	\$1,600.00
81410	AORTIC DYSFUNCTION/DILATION	\$403.20	\$403.20
81411	AORTIC DYSFUNCTION/DILATION	\$1,080.15	\$1,080.15
81412	ASHKENAZI JEWISH ASSOC DIS	\$1,958.84	\$1,958.84
81413	CAR ION CHNNLPATH INC 10 GNS	\$577.68	\$519.91
81414	CAR ION CHNNLPATH INC 2 GNS	\$577.68	\$519.91
81415	EXOME SEQUENCE ANALYSIS	\$3,824.00	\$3,824.00
81416	EXOME SEQUENCE ANALYSIS	\$9,600.00	\$9,600.00
81417	EXOME RE-EVALUATION	\$256.00	\$256.00
81430	HEARING LOSS SEQUENCE ANALYS	\$1,300.00	\$1,300.00
81431	HEARING LOSS DUP/DEL ANALYS	\$543.65	\$543.65
81432	HRDTRY BRST CA-RLATD DSORDRS	\$670.66	\$603.60
81433	HRDTRY BRST CA-RLATD DSORDRS	\$433.51	\$390.16
81434	HEREDITARY RETINAL DISORDERS	\$478.32	\$478.32
81435	HEREDITARY COLON CA DSORDRS	\$577.68	\$519.91
81436	HEREDITARY COLON CA DSORDRS	\$577.68	\$519.91
81437	HEREDTRY NURONDCRN TUM DSRDR	\$433.51	\$390.16
81438	HEREDTRY NURONDCRN TUM DSRDR	\$433.51	\$390.16
81439	HRDTRY CARDMYPY GENE PANEL	\$577.68	\$519.91
81440	MITOCHONDRIAL GENE	\$2,659.20	\$2,659.20
81442	NOONAN SPECTRUM DISORDERS	\$1,714.88	\$1,714.88
81443	GENETIC TSTG SEVERE INH COND	\$0.00	\$1,958.85
81445	TARGETED GENOMIC SEQ ANALYS	\$478.32	\$478.32
81448	HRDTRY PERPH NEURPHY PANEL	\$577.68	\$519.91
81450	TARGETED GENOMIC SEQ ANALYS	\$607.62	\$607.62
81455	TARGETED GENOMIC SEQ ANALYS	\$2,335.68	\$2,335.68
81460	WHOLE MITOCHONDRIAL GENOME	\$1,029.60	\$1,029.60
81465	WHOLE MITOCHONDRIAL GENOME	\$748.80	\$748.80
81490	AUTOIMMUNE RHEUMATOID ARTHR	\$672.52	\$672.52
81493	COR ARTERY DISEASE MRNA	\$840.00	\$840.00
81500	ONCO (OVAR) TWO PROTEINS	\$208.40	\$208.40
81503	ONCO (OVAR) FIVE PROTEINS	\$717.60	\$717.60
81504	ONCOLOGY TISSUE OF ORIGIN	\$416.00	\$416.00
81506	ENDO ASSAY SEVEN ANAL	\$64.82	\$59.73
81508	FTL CGEN ABNOR TWO PROTEINS	\$43.44	\$43.44
81509	FTL CGEN ABNOR 3 PROTEINS	\$1,189.89	\$1,189.89
81510	FTL CGEN ABNOR THREE ANAL	\$44.43	\$44.43
81511	FTL CGEN ABNOR FOUR ANAL	\$122.80	\$122.80
81512	FTL CGEN ABNOR FIVE ANAL	\$55.61	\$55.61
81518	ONC BRST MRNA 11 GENES	\$0.00	\$3,098.40
81519	ONCOLOGY BREAST MRNA	\$3,098.40	\$3,098.40
81520	ONC BREAST MRNA 58 GENES	\$2,479.21	\$2,231.29
81521	ONC BREAST MRNA 70 GENES	\$3,098.40	\$3,098.40
81525	ONCOLOGY COLON MRNA	\$2,492.80	\$2,492.80
81528	ONCOLOGY COLORECTAL SCR	\$407.09	\$407.09
81535	ONCOLOGY GYNECOLOGIC	\$463.56	\$463.56
81536	ONCOLOGY GYNECOLOGIC	\$142.04	\$142.04
81538	ONCOLOGY LUNG	\$2,296.80	\$2,296.80
81539	ONCOLOGY PROSTATE PROB SCORE	\$608.00	\$608.00
81540	ONCOLOGY TUM UNKNOWN ORIGIN	\$3,000.00	\$3,000.00
81541	ONC PROSTATE MRNA 46 GENES	\$3,098.40	\$3,098.40
81545	ONCOLOGY THYROID	\$2,880.00	\$2,880.00
81595	CARDIOLOGY HRT TRNSPL MRNA	\$2,592.00	\$2,592.00
81596	NFCT DS CHRNC HCV 6 ASSAYS	\$0.00	\$57.75
82009	TEST FOR ACETONE/KETONES	\$4.46	\$4.01
82010	ACETONE ASSAY	\$8.07	\$7.26
82013	ACETYLCHOLINESTERASE ASSAY	\$11.03	\$9.92
82016	ACYLCARNITINES QUAL	\$13.70	\$13.19
82017	ACYLCARNITINES QUANT	\$16.66	\$14.99
82024	ASSAY OF ACTH	\$38.14	\$34.32
82030	ADENOSINE; 5'-MONOPHOSPHATE, CYCLIC (CYCLIC AMP)	\$25.48	\$22.93
82040	ASSAY OF SERUM ALBUMIN	\$4.88	\$4.40
82042	ASSAY OF URINE ALBUMIN	\$6.22	\$6.22
82043	MICROALBUMIN QUANTITATIVE	\$5.71	\$5.13
82044	MICROALBUMIN SEMIQUANT	\$4.98	\$4.98
82045	ALBUMIN ISCHEMIA MODIFIED	\$33.52	\$30.16
82075	ALCOHOL (ETHANOL);BREATH(EXEMPT FROM CLIA EDITING)	\$24.00	\$24.00
82085	ALDOLASE	\$9.59	\$8.63

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

Procedure Code	Procedure Description	Rate Effective for	
		1/1/2018	1/1/2019
82088	ASSAY OF ALDOSTERONE	\$40.24	\$36.22
82103	ALPHA-1-ANTITRYPSIN TOTAL	\$13.27	\$11.94
82104	ALPHA-1-ANTITRYPSIN PHENO	\$14.28	\$12.85
82105	ALPHA-FETOPROTEIN SERUM	\$16.56	\$14.91
82106	ALPHA-FETOPROTEIN AMNIOTIC	\$16.56	\$14.91
82107	ALPHA-FETOPROTEIN L3	\$63.61	\$57.25
82108	ALUMINUM	\$25.16	\$22.64
82120	AMINES VAGINAL FLUID QUAL	\$4.79	\$4.79
82127	AMINO ACID SINGLE QUAL	\$13.70	\$12.32
82128	AMINO ACIDS MULT QUAL	\$13.70	\$12.32
82131	AMINO ACIDS SINGLE QUANT	\$18.38	\$18.38
82135	ASSAY AMINOLEVULINIC ACID	\$16.24	\$14.62
82136	AMINO ACIDS QUANT 2-5	\$16.66	\$15.68
82139	AMINO ACIDS QUAN 6 OR MORE	\$16.66	\$14.99
82140	AMMONIA	\$14.39	\$12.95
82143	AMNIOTIC FLUID SCAN (SPECTROPHOTOMETRIC)	\$7.48	\$7.48
82150	AMYLASE	\$6.40	\$5.76
82154	ANDROSTANEDIOL GLUCURONIDE	\$28.48	\$25.63
82157	ASSAY OF ANDROSTENEDIONE	\$28.91	\$26.02
82160	ANDROSTERONE	\$24.69	\$22.22
82163	ANGIOTENSIN II	\$20.27	\$18.24
82164	ANGIOTENSIN I ENZYME TEST	\$14.42	\$12.97
82172	ASSAY OF APOLIPOPROTEIN	\$16.87	\$16.87
82175	ARSENIC	\$18.73	\$16.86
82180	ASSAY OF ASCORBIC ACID	\$9.76	\$8.78
82190	ATOMIC ABSORPTION SPECTROSCOPY, EACH ANALYTE	\$14.72	\$13.24
82232	ASSAY OF BETA-2 PROTEIN	\$15.97	\$14.37
82239	BILE ACIDS TOTAL	\$16.91	\$15.22
82240	BILE ACIDS CHOLYLGLYCINE	\$26.24	\$23.62
82247	BILIRUBIN TOTAL	\$4.95	\$4.45
82248	BILIRUBIN DIRECT	\$4.95	\$4.45
82252	BILIRUBIN FECES, QUALITATIVE	\$4.50	\$4.04
82261	ASSAY OF BIOTINIDASE	\$16.66	\$14.99
82270	OCCULT BLOOD FECES	\$3.50	\$3.50
82271	OCCULT BLOOD OTHER SOURCES	\$4.25	\$4.25
82272	OCCULT BLD FECES 1-3 TESTS	\$3.38	\$3.38
82274	ASSAY TEST FOR BLOOD FECAL	\$15.71	\$14.13
82286	BRADYKININ	\$5.09	\$4.58
82300	CADMIUM	\$22.86	\$20.57
82306	VITAMIN D 25 HYDROXY	\$29.24	\$26.31
82308	ASSAY OF CALCITONIN	\$26.46	\$23.81
82310	CALCIUM; TOTAL	\$5.09	\$4.58
82330	ASSAY OF CALCIUM	\$13.50	\$12.16
82331	CALCIUM, BLOOD AFTER CALCIUM INFUSION TEST	\$10.67	\$10.67
82340	ASSAY OF CALCIUM IN URINE	\$5.95	\$5.36
82355	CALCULUS ANALYSIS QUAL	\$11.43	\$10.28
82360	CALCULUS ASSAY QUANT	\$12.71	\$11.44
82365	CALCULUS (STONE), QUANTITATIVE INFRARED SPECTROSCOPY	\$12.73	\$11.46
82370	X-RAY ASSAY CALCULUS	\$12.36	\$11.13
82373	ASSAY C-D TRANSFER MEASURE	\$17.83	\$16.04
82374	ASSAY BLOOD CARBON DIOXIDE	\$4.82	\$4.34
82375	ASSAY CARBOXYHB QUANT	\$12.16	\$10.95
82376	ASSAY CARBOXYHB QUAL	\$11.25	\$11.25
82378	CARCINOEMBRYONIC ANTIGEN	\$18.72	\$16.85
82379	ASSAY OF CARNITINE	\$16.66	\$14.99
82380	ASSAY OF CAROTENE	\$9.11	\$8.20
82382	ASSAY URINE CATECHOLAMINES	\$21.84	\$21.84
82383	ASSAY BLOOD CATECHOLAMINES	\$24.74	\$23.26
82384	ASSAY THREE CATECHOLAMINES	\$24.94	\$22.44
82387	CATHEPSIN-D	\$17.83	\$16.04
82390	CERULOPLASMIN	\$10.60	\$9.54
82397	CHEMILUMINESCENT ASSAY	\$13.94	\$12.55
82415	CHLORAMPHENICOL	\$12.51	\$11.26
82435	CHLORIDE; BLOOD	\$4.54	\$4.08
82436	CHLORIDE; URINE	\$4.96	\$4.60
82438	ASSAY OTHER FLUID CHLORIDES	\$4.82	\$4.34
82441	CHLORINATED HYDROCARBONS, SCREEN	\$5.93	\$5.33
82465	ASSAY BLD/SERUM CHOLESTEROL	\$4.29	\$3.87
82480	ASSAY SERUM CHOLINESTERASE	\$7.77	\$7.00
82482	ASSAY RBC CHOLINESTERASE	\$7.84	\$7.84
82485	ASSAY CHONDROITIN SULFATE	\$20.40	\$18.36

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

Procedure Code	Procedure Description	Rate Effective for	
		1/1/2018	1/1/2019
82495	CHROMIUM	\$20.03	\$18.02
82507	ASSAY OF CITRATE	\$27.46	\$24.71
82523	COLLAGEN CROSSLINKS	\$18.45	\$16.60
82525	COPPER	\$12.25	\$11.03
82528	CORTICOSTERONE	\$22.24	\$20.01
82530	CORTISOL FREE	\$16.50	\$14.85
82533	TOTAL CORTISOL	\$16.09	\$14.48
82540	CREATINE	\$4.57	\$4.12
82542	COL CHROMOTOGRAPHY QUAL/QUAN	\$19.27	\$19.27
82550	CREATINE KINASE (CK), (CPK); TOTAL	\$6.43	\$5.78
82552	ASSAY OF CPK IN BLOOD	\$13.22	\$11.90
82553	CREATINE MB FRACTION	\$11.40	\$10.26
82554	CREATINE ISOFORMS	\$11.72	\$10.55
82565	ASSAY OF CREATININE	\$5.06	\$4.55
82570	CREATININE; OTHER SOURCE	\$5.11	\$4.60
82575	CREATININE CLEARANCE	\$9.33	\$8.40
82585	CRYOFIBRINOGEN	\$11.31	\$11.31
82595	CRYOGLOBULIN	\$6.38	\$5.74
82600	CYANIDE	\$19.16	\$17.24
82607	VITAMIN B-12	\$14.88	\$13.40
82608	B-12 BINDING CAPACITY	\$14.14	\$12.72
82610	CYSTATIN C	\$14.81	\$14.81
82615	CYSTINE AND HOMOCYSTEINE, URINE QUALITATIVE	\$8.06	\$7.64
82626	DEHYDROEPIANDROSTERONE	\$24.96	\$22.46
82627	DEHYDROEPIANDROSTERONE	\$21.96	\$19.76
82633	DESOXYCORTICOSTERONE	\$30.60	\$27.54
82634	DEOXYCORTISOL	\$28.91	\$26.02
82638	DIBUCAINE NUMBER	\$12.09	\$10.88
82642	DIHYDROTESTOSTERONE	\$0.00	\$26.02
82652	VIT D 1 25-DIHYDROXY	\$38.02	\$34.22
82656	PANCREATIC ELASTASE FECAL	\$11.39	\$10.24
82657	ENZYME CELL ACTIVITY	\$17.83	\$17.73
82658	ENZYME CELL ACTIVITY RA	\$35.22	\$35.22
82664	ELECTROPHORETIC TECHNIQUE, NOT ELSEWHERE SPECIFIED	\$49.20	\$49.20
82668	ERYTHROPOIETIN	\$18.56	\$16.70
82670	ESTRADIOL	\$27.59	\$24.83
82671	ESTROGENS FRACTIONATED	\$31.90	\$28.71
82672	ASSAY OF ESTROGEN	\$21.42	\$19.28
82677	ESTRIOL	\$23.88	\$21.49
82679	ASSAY OF ESTRONE	\$24.64	\$22.18
82693	ETHYLENE GLYCOL	\$14.72	\$13.24
82696	ETIOCHOLANOLONE	\$23.29	\$20.99
82705	FATS/LIPIDS FECES QUAL	\$5.03	\$4.52
82710	FATS/LIPIDS FECES QUANT	\$16.60	\$14.93
82715	FAT DIFFERENTIAL, FECES, QUANTITATIVE	\$18.37	\$18.37
82725	FATTY ACIDS, NONESTERIFIED	\$15.01	\$15.01
82726	VERY LONG CHAIN FATTY ACIDS	\$17.83	\$16.04
82728	ASSAY OF FERRITIN	\$13.46	\$12.12
82731	FETAL FIBRONECTIN,CERVICOVAGINAL SECRETIONS, SEMI-QUANTITATIVE	\$63.61	\$57.25
82735	FLUORIDE	\$18.31	\$16.48
82746	ASSAY OF FOLIC ACID SERUM	\$14.52	\$13.07
82747	ASSAY OF FOLIC ACID RBC	\$17.10	\$15.40
82757	FRUCTOSE, SEMEN	\$17.12	\$15.40
82759	GALACTOKINASE, RBC	\$21.21	\$19.09
82760	GALACTOSE	\$11.05	\$9.95
82775	GALACTOSE-1-PHOSPHATE URIDYL TRANSFERASE QUANTITATIVE	\$20.80	\$18.72
82776	GALACTOSE-1-PHOSPHATE URIDYL TRANSFERASE SCREEN	\$9.39	\$9.39
82777	GALECTIN-3	\$35.40	\$35.40
82784	ASSAY IGA/IGD/IGG/IGM EACH	\$9.18	\$8.27
82785	ASSAY OF IGE	\$16.25	\$14.63
82787	IGG 1 2 3 OR 4 EACH	\$7.92	\$7.12
82800	GASES, BLOOD PH ONLY	\$8.80	\$8.80
82803	BLOOD GASES ANY COMBINATION	\$20.85	\$20.85
82805	BLOOD GASES W/O2 SATURATION	\$63.01	\$63.01
82810	BLOOD GASES O2 SAT ONLY	\$8.61	\$7.81
82820	HEMOGLOBIN-OXYGEN AFFINITY (PO2 FOR 50% HEMOGLOBINSATURATION WITH OXYGEN)	\$10.67	\$10.67
82930	GASTRIC ANALY W/PH EA SPEC	\$5.37	\$5.36
82938	GASTRIN AFTER SECRETIN STIMULATION	\$17.47	\$15.72
82941	GASTRIN	\$17.41	\$15.67
82943	GLUCAGON	\$14.11	\$12.70
82945	GLUCOSE OTHER FLUID	\$3.88	\$3.49

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

Procedure Code	Procedure Description	Rate Effective for	
		1/1/2018	1/1/2019
82946	GLUCAGON TOLERANCE TEST	\$14.88	\$14.21
82947	ASSAY GLUCOSE BLOOD QUANT	\$3.88	\$3.49
82948	GLUCOSE; BLOOD, REAGENT STRIP	\$4.03	\$4.03
82950	GLUCOSE POST GLUCOSE DOSE (INCLUDES GLUCOSE) (CLIA WAIVER LIST)	\$4.68	\$4.21
82951	GLUCOSE TOLERANCE TEST (GTT), THREE SPECIMENS (INCLUDES GLUCOSE) (CLIA WAIVER LIST)	\$12.71	\$11.44
82952	GTT-ADDED SAMPLES	\$3.87	\$3.48
82955	GLUCOSE-6-PHOSPHATE DEHYDROGENASE (G6PD) QUANTITATIVE	\$9.57	\$8.61
82960	GLUCOSE-6-PHOSPHATE DEHYDROGENASE (G6PD) SCREEN	\$5.97	\$5.37
82962	GLUCOSE BLOOD TEST	\$2.62	\$2.62
82963	GLUCOSIDASE, BETA	\$21.21	\$19.09
82965	GLUTAMATE DEHYDROGENASE	\$10.52	\$10.52
82977	GLUTAMYLTRANSFERASE, GAMMA (GGT)	\$7.11	\$6.40
82978	GLUTATHIONE	\$14.08	\$12.67
82979	ASSAY RBC GLUTATHIONE	\$9.32	\$8.39
82985	ASSAY OF GLYCATED PROTEIN	\$14.88	\$13.40
83001	ASSAY OF GONADOTROPIN (FSH)	\$18.35	\$16.52
83002	ASSAY OF GONADOTROPIN (LH)	\$18.28	\$16.45
83003	ASSAY GROWTH HORMONE (HGH)	\$16.46	\$14.81
83006	GROWTH STIMULATION GENE 2	\$60.48	\$60.48
83009	H PYLORI (C-13) BLOOD	\$66.52	\$59.87
83010	ASSAY OF HAPTOGLOBIN QUANT	\$12.42	\$11.17
83012	HAPTOGLOBIN; PHENOTYPES	\$21.51	\$21.51
83013	H PYLORI (C-13) BREATH	\$66.52	\$59.87
83014	H PYLORI DRUG ADMIN	\$7.76	\$6.98
83015	HEAVY METAL QUAL ANY ANAL	\$18.60	\$16.75
83018	HEAVY METAL QUANT EACH NES	\$21.69	\$19.52
83020	HEMOGLOBIN ELECTROPHORESIS	\$12.71	\$11.44
83021	HEMOGLOBIN CHROMOTOGRAPHY	\$17.83	\$16.04
83026	HEMOGLOBIN COPPER SULFATE	\$3.20	\$3.20
83030	FETAL HEMOGLOBIN CHEMICAL	\$8.59	\$8.59
83033	FETAL HEMOGLOBIN ASSAY QUAL	\$6.40	\$6.40
83036	GLYCOSYLATED HEMOGLOBIN TEST	\$9.59	\$8.63
83037	GLYCOSYLATED HB HOME DEVICE	\$9.59	\$8.63
83045	HEMOGLOBIN METHEMOGLOBIN, QUALITATIVE	\$5.19	\$5.19
83050	BLOOD METHEMOGLOBIN ASSAY	\$7.24	\$6.56
83051	ASSAY OF PLASMA HEMOGLOBIN	\$7.22	\$6.49
83060	HEMOGLOBIN SULFHEMOGLOBIN, QUANTITATIVE	\$8.16	\$7.35
83065	HEMOGLOBIN THERMOLABILE	\$7.20	\$7.20
83068	HEMOGLOBIN UNSTABLE, SCREEN	\$8.36	\$7.57
83069	HEMOGLOBIN URINE	\$3.90	\$3.51
83070	ASSAY OF HEMOSIDERIN QUAL	\$4.68	\$4.21
83080	b-HEXOSAMINIDASE, EACH ASSAY	\$16.66	\$14.99
83088	HISTAMINE	\$29.16	\$26.24
83090	ASSAY OF HOMOCYSTEINE	\$16.66	\$14.99
83150	ASSAY OF HOMOVANILLIC ACID	\$19.11	\$17.92
83491	ASSAY OF CORTICOSTEROIDS 17	\$17.31	\$15.57
83497	HYDROXYINDOLACETIC ACID, 5-(HIAA)	\$12.73	\$11.46
83498	ASSAY OF PROGESTERONE 17-D	\$26.83	\$24.15
83500	ASSAY FREE HYDROXYPROLINE	\$22.36	\$20.13
83505	ASSAY TOTAL HYDROXYPROLINE	\$24.00	\$21.60
83516	IMMUNOASSAY NONANTIBODY	\$11.39	\$10.24
83518	IMMUNOASSAY DIPSTICK	\$8.37	\$7.71
83519	RIA NONANTIBODY	\$14.72	\$14.72
83520	IMMUNOASSAY QUANT NOS NONAB	\$13.81	\$13.81
83525	INSULIN; TOTAL	\$11.28	\$10.16
83527	INSULIN; FREE	\$12.78	\$11.51
83528	INTRINSIC FACTOR	\$15.85	\$15.85
83540	ASSAY OF IRON	\$6.39	\$5.75
83550	IRON BINDING CAPACITY	\$8.63	\$7.76
83570	ISOCITRIC DEHYDROGENASE (IDH)	\$8.74	\$7.86
83582	KETOGENIC STEROIDS; FRACTIONATION	\$14.00	\$12.60
83586	ASSAY 17- KETOSTEROIDS	\$12.64	\$11.37
83593	FRACTIONATION KETOSTEROIDS	\$25.97	\$23.37
83605	LACTATE (LACTIC ACID)	\$10.55	\$9.49
83615	LACTATE (LD) (LDH) ENZYME	\$5.96	\$5.36
83625	ASSAY OF LDH ENZYMES	\$12.64	\$11.37
83630	LACTOFERRIN FECAL (QUAL)	\$19.39	\$17.44
83631	LACTOFERRIN FECAL (QUANT)	\$19.39	\$17.44
83632	LACTOGEN, HUMAN PLACENTAL (HPL) HUMAN CHORIONIC SOMATOMAMMOTROPIN	\$19.97	\$17.97
83633	LACTOSE, URINE QUALITATIVE	\$9.00	\$9.00
83655	ASSAY OF LEAD	\$11.96	\$10.76



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

Procedure Code	Procedure Description	Rate Effective for	
		1/1/2018	1/1/2019
83661	L/S RATIO FETAL LUNG	\$21.71	\$19.54
83662	FOAM STABILITY FETAL LUNG	\$18.68	\$16.80
83663	FLUORO POLARIZE FETAL LUNG	\$18.68	\$16.80
83664	LAMELLAR BDY FETAL LUNG	\$18.68	\$16.80
83670	LEUCINE AMINOPEPTIDASE (LAP)	\$9.04	\$8.14
83690	LIPASE	\$6.80	\$6.12
83695	ASSAY OF LIPOPROTEIN(A)	\$12.78	\$11.51
83698	ASSAY LIPOPROTEIN PLA2	\$37.04	\$37.04
83700	LIOPRO BLD ELECTROPHORETIC	\$11.12	\$10.00
83701	LIOPROTEIN BLD HR FRACTION	\$27.08	\$27.08
83704	LIOPROTEIN BLD QUAN PART	\$31.16	\$28.04
83718	ASSAY OF LIPOPROTEIN	\$8.09	\$7.28
83719	LIPOPROTEIN, DIRECT MEASUREMENT;DIRECT MEASUREMENTVLDL CHOLESTEROL	\$11.48	\$10.34
83721	ASSAY OF BLOOD LIPOPROTEIN	\$9.42	\$8.48
83722	LIOPRTN DIR MEAS SD LDL CHL	\$0.00	\$28.05
83727	LUTEINIZING RELEASING FACTOR (LRH)	\$16.97	\$15.28
83735	MAGNESIUM	\$6.61	\$5.95
83775	ASSAY MALATE DEHYDROGENASE	\$7.28	\$6.55
83785	MANGANESE	\$24.29	\$21.86
83789	MASS SPECTROMETRY QUAL/QUAN	\$19.28	\$19.28
83825	MERCURY, QUANTITATIVE	\$16.05	\$14.44
83835	METANEPHRINES	\$16.73	\$15.05
83857	METHEMALBUMIN	\$10.60	\$9.54
83861	MICROFLUID ANALY TEARS	\$17.98	\$17.98
83864	MUCOPOLYSACCHARIDES, ACID; QUANTITATIVE	\$22.80	\$22.80
83872	ASSAY SYNOVIAL FLUID MUCIN	\$5.79	\$5.20
83873	ASSAY OF CSF PROTEIN	\$16.99	\$15.29
83874	MYOGLOBIN	\$12.76	\$11.48
83876	ASSAY MYELOPEROXIDASE	\$40.68	\$40.68
83880	ASSAY OF NATRIURETIC PEPTIDE	\$33.52	\$31.40
83883	ASSAY NEPHELOMETRY NOT SPEC	\$13.43	\$12.08
83885	NICKEL	\$24.20	\$21.78
83915	ASSAY OF NUCLEOTIDASE	\$11.01	\$9.91
83916	OLIGOCLONAL BANDS	\$21.91	\$21.91
83918	ORGANIC ACIDS TOTAL QUANT	\$18.88	\$18.88
83919	ORGANIC ACIDS QUAL EACH	\$16.24	\$14.62
83921	ORGANIC ACID SINGLE QUANT	\$16.96	\$16.96
83930	ASSAY OF BLOOD OSMOLALITY	\$6.52	\$5.88
83935	OSMOLALITY URINE	\$6.73	\$6.05
83937	OSTEOCALCIN (BONE G1A PROTEIN)	\$29.48	\$26.52
83945	OXALATE	\$12.71	\$11.56
83950	ONCOPROTEIN HER-2/NEU	\$63.61	\$57.25
83951	ONCOPROTEIN DCP	\$63.61	\$57.25
83970	PARATHORMONE (PARATHYROID HORMONE)	\$40.76	\$36.68
83986	ASSAY PH BODY FLUID NOS	\$3.53	\$3.18
83987	EXHALED BREATH CONDENSATE	\$3.53	\$3.18
83993	ASSAY FOR CALPROTECTIN FECAL	\$19.39	\$17.44
84030	PHENYLALANINE (PKU), BLOOD	\$5.43	\$4.88
84035	PHENYLKETONES, QUALITATIVE	\$3.61	\$3.25
84060	PHOSPHATASE, ACID; TOTAL	\$7.29	\$6.56
84066	ASSAY PROSTATE PHOSPHATASE	\$9.54	\$8.58
84075	PHOSPHATASE, ALKALINE	\$5.11	\$4.60
84078	PHOSPHATASE, ALKALINE, BLOOD HEAT STABLE (TOTAL NOT INCLUDED)	\$7.20	\$6.60
84080	PHOSPHATASE, ALKALINE; ISOENZYMES	\$14.60	\$13.14
84081	ASSAY PHOSPHATIDYLGLYCEROL	\$16.31	\$14.68
84085	PHOSPHOGLUCONATE, 6-, DEHYDROGENASE, RBC	\$9.32	\$8.39
84087	PHOSPHOHEXOSE ISOMERASE	\$10.19	\$9.17
84100	PHOSPHORUS INORGANIC (PHOSPHATE)	\$4.68	\$4.21
84105	PHOSPHORUS (PHOSPHATE) URINE	\$5.11	\$4.62
84106	PORPHOBILINOGEN, URINE QUALITATIVE	\$4.65	\$4.65
84110	PORPHOBILINOGEN, URINE QUANTITATIVE	\$8.33	\$7.50
84112	EVAL AMNIOTIC FLUID PROTEIN	\$78.48	\$78.48
84119	PORPHYRINS, URINE; QUALITATIVE	\$10.68	\$10.68
84120	PORPHYRINS, URINE; QUANTITATION AND FRACTIONATION	\$14.52	\$13.08
84126	PORPHYRINS, FECES; QUANTITATIVE	\$31.28	\$31.28
84132	ASSAY OF SERUM POTASSIUM	\$4.54	\$4.08
84133	POTASSIUM URINE	\$4.25	\$3.83
84134	PREALBUMIN	\$14.40	\$12.96
84135	PREGNANEDIOL	\$18.90	\$17.01
84138	PREGNANETRIOL	\$18.69	\$16.84
84140	PREGNENOLONE	\$20.41	\$18.37

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

Procedure Code	Procedure Description	Rate Effective for	
		1/1/2018	1/1/2019
84143	17-HYDROXYPREGNENOLONE	\$22.52	\$20.27
84144	ASSAY OF PROGESTERONE	\$20.60	\$18.54
84145	PROCALCITONIN (PCT)	\$26.46	\$23.81
84146	ASSAY OF PROLACTIN	\$19.13	\$17.22
84150	PROSTAGLANDIN, EACH	\$33.41	\$33.41
84152	ASSAY OF PSA COMPLEXED	\$18.16	\$16.35
84153	ASSAY OF PSA TOTAL	\$18.16	\$16.35
84154	ASSAY OF PSA FREE	\$18.16	\$16.35
84155	ASSAY OF PROTEIN SERUM	\$3.62	\$3.25
84156	ASSAY OF PROTEIN URINE	\$3.62	\$3.25
84157	ASSAY OF PROTEIN OTHER	\$3.62	\$3.25
84160	ASSAY OF PROTEIN ANY SOURCE	\$5.11	\$4.60
84163	PAPPA SERUM	\$14.87	\$13.38
84165	PROTEIN E-PHORESIS SERUM	\$10.60	\$9.54
84166	PROTEIN E-PHORESIS/URINE/CSF	\$17.60	\$15.84
84181	WESTERN BLOT, WITH INTERPRETATION AND REPORT, BLOOD OR OTHER BODY FLUID	\$16.81	\$15.13
84182	PROTEIN WESTERN BLOT TEST	\$23.36	\$23.36
84202	ASSAY RBC PROTOPORPHYRIN	\$14.16	\$12.75
84203	PROTOPORPHYRIN, RBC SCREEN	\$8.50	\$7.79
84206	PROINSULIN	\$21.35	\$21.35
84207	PYRIDOXAL PHOSPHATE (VITAMIN B-6)	\$27.75	\$24.97
84210	PYRUVATE	\$11.58	\$11.58
84220	PYRUVATE KINASE	\$9.32	\$8.39
84228	QUININE	\$11.48	\$10.34
84233	RECEPTOR ASSAY; ESTROGEN	\$70.30	\$70.30
84234	RECEPTOR ASSAY PROGESTERONE	\$64.08	\$57.67
84235	ASSAY OF ENDOCRINE HORMONE	\$56.98	\$56.98
84238	ASSAY NONENDOCRINE RECEPTOR	\$36.11	\$32.50
84244	RENIN	\$21.72	\$19.55
84252	RIBOFLAVIN (VITAMIN B-2)	\$19.98	\$17.99
84255	SELENIUM	\$25.21	\$22.69
84260	ASSAY OF SEROTONIN	\$30.60	\$27.54
84270	ASSAY OF SEX HORMONE GLOBUL	\$21.46	\$19.32
84275	SIALIC ACID	\$13.27	\$11.94
84285	SILICA	\$23.24	\$20.92
84295	ASSAY OF SERUM SODIUM	\$4.75	\$4.28
84300	SODIUM URINE	\$4.80	\$4.32
84302	ASSAY OF SWEAT SODIUM	\$4.80	\$4.32
84305	ASSAY OF SOMATOMEDIN	\$21.00	\$18.90
84307	SOMATOSTATIN	\$18.04	\$16.24
84311	SPECTROPHOTOMETRY	\$6.90	\$6.48
84315	SPECIFIC GRAVITY (EXCEPT URINE)	\$2.62	\$2.62
84375	CHROMATOGRAM ASSAY SUGARS	\$31.20	\$31.20
84376	SUGARS SINGLE QUAL	\$5.43	\$4.88
84377	SUGARS MULTIPLE QUAL	\$5.43	\$4.88
84378	SUGARS SINGLE QUANT	\$11.38	\$10.24
84379	SUGARS MULTIPLE QUANT	\$11.38	\$10.24
84392	ASSAY OF URINE SULFATE	\$4.68	\$4.39
84402	ASSAY OF FREE TESTOSTERONE	\$25.16	\$22.64
84403	ASSAY OF TOTAL TESTOSTERONE	\$25.49	\$22.94
84410	TESTOSTERONE BIOAVAILABLE	\$50.65	\$45.58
84425	THIAMINE (VITAMIN B-1)	\$20.96	\$18.87
84430	THIOCYANATE	\$11.48	\$10.34
84431	THROMBOXANE URINE	\$28.08	\$28.08
84432	ASSAY OF THYROGLOBULIN	\$15.86	\$14.27
84436	ASSAY OF TOTAL THYROXINE	\$6.78	\$6.10
84437	THYROXINE; REQUIRING ELUTION (EG, NEONATAL)	\$6.38	\$5.74
84439	ASSAY OF FREE THYROXINE	\$8.90	\$8.01
84442	ASSAY OF THYROID ACTIVITY	\$14.60	\$13.14
84443	ASSAY THYROID STIM HORMONE	\$16.60	\$14.93
84445	ASSAY OF TSI GLOBULIN	\$50.22	\$45.20
84446	ASSAY OF VITAMIN E	\$14.00	\$12.60
84449	TRANSCORTIN (CORTISOL BINDING GLOBULIN)	\$17.77	\$16.00
84450	TRANSFERASE; ASPARTATE AMINO (AST) (SGOT)	\$5.11	\$4.60
84460	TRANSFERASE; ALANINE AMINO (ALT) (SGPT)	\$5.23	\$4.71
84466	TRANSFERRIN	\$12.60	\$11.34
84478	ASSAY OF TRIGLYCERIDES	\$5.67	\$5.10
84479	ASSAY OF THYROID (T3 OR T4)	\$6.38	\$5.74
84480	ASSAY TRIIODOTHYRONINE (T3)	\$14.00	\$12.60
84481	FREE ASSAY (FT-3)	\$16.73	\$15.05
84482	T3 REVERSE	\$15.56	\$14.00

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

Procedure Code	Procedure Description	Rate Effective for	
		1/1/2018	1/1/2019
84484	ASSAY OF TROPONIN QUANT	\$9.97	\$9.97
84485	TRYPSIN, DUODENAL FLUID	\$7.11	\$6.40
84488	TRYPSIN; FECES, QUALITATIVE	\$7.20	\$6.48
84490	TRYPSIN; FECES, QUANTITATIVE, 24-HOUR COLLECTION	\$7.94	\$7.94
84510	TYROSINE	\$10.27	\$9.24
84512	ASSAY OF TROPONIN QUAL	\$8.07	\$8.07
84520	UREA NITROGEN; QUANTITATIVE	\$3.90	\$3.51
84525	UREA NITROGEN; SEMIQUANTITATIVE (EG, REAGENT STRIP TEST)	\$4.10	\$4.10
84540	UREA NITROGEN, URINE	\$4.68	\$4.44
84545	UREA NITROGEN, CLEARANCE	\$6.52	\$5.88
84550	URIC ACID; BLOOD	\$4.46	\$4.01
84560	URIC ACID; OTHER SOURCE	\$4.68	\$4.21
84577	UROBILINOGEN, FECES, QUANTITATIVE	\$16.60	\$14.93
84578	UROBILINOGEN, URINE QUALITATIVE	\$3.57	\$3.57
84580	UROBILINOGEN, URINE QUANTITATIVE, TIMED SPECIMEN	\$8.06	\$7.64
84583	UROBILINOGEN, URINE SEMIQUANTITATIVE	\$4.96	\$4.84
84585	ASSAY OF URINE VMA	\$15.30	\$13.77
84586	VASOACTIVE INTESTINAL PEPTIDE (VIP)	\$34.89	\$31.40
84588	VASOPRESSIN (ANTIDIURETIC HORMONE, ADH)	\$33.52	\$30.16
84590	VITAMIN A	\$11.46	\$10.32
84591	VITAMIN, NOT OTHERWISE SPECIFIED	\$13.64	\$13.64
84597	VITAMIN K	\$13.55	\$12.19
84600	VOLATILES(EG.ACETIC ANHYDRIDE,CARBON TETRACHLORIDE,DICHLOROETHANE,DICHLOROMETHANE,DIETHYLETHER,...)	\$15.88	\$14.29
84620	XYLOSE ABSORPTION TEST, BLOOD AND/OR URINE	\$11.70	\$10.52
84630	ASSAY OF ZINC	\$11.24	\$10.12
84681	ASSAY OF C-PEPTIDE	\$20.56	\$18.50
84702	GONADOTROPIN, CHORIONIC (HCG); QUANTITATIVE	\$14.87	\$13.38
84703	GONADOTROPIN, CHORIONIC QUALITATIVE (CLIA WAIVER LIST)	\$7.43	\$6.68
84704	HCG FREE BETAChain TEST	\$14.87	\$13.38
84830	OVULATION TESTS, BY VISUAL COLOR COMPARISON METHODFOR HUMAN LUTEINIZING HORMONE(CLIA WAIVER LIST)	\$10.16	\$10.16
85002	BLEEDING TIME TEST	\$4.45	\$4.00
85004	AUTOMATED DIFF WBC COUNT	\$6.38	\$5.74
85007	BL SMEAR W/DIFF WBC COUNT	\$3.39	\$3.05
85008	BL SMEAR W/O DIFF WBC COUNT	\$3.39	\$3.05
85009	MANUAL DIFF WBC COUNT B-COAT	\$4.05	\$4.05
85013	SPUN MICROHEMATOCRIT	\$5.60	\$5.60
85014	HEMATOCRIT	\$2.34	\$2.10
85018	HEMOGLOBIN	\$2.34	\$2.10
85025	COMPLETE CBC W/AUTO DIFF WBC	\$7.67	\$6.90
85027	COMPLETE CBC AUTOMATED	\$6.38	\$5.74
85032	MANUAL CELL COUNT EACH	\$4.25	\$3.83
85041	AUTOMATED RBC COUNT	\$2.98	\$2.68
85044	MANUAL RETICULOCYTE COUNT	\$4.25	\$3.83
85045	AUTOMATED RETICULOCYTE COUNT	\$3.94	\$3.55
85046	RETICYTE/HGB CONCENTRATE	\$5.50	\$4.95
85048	AUTOMATED LEUKOCYTE COUNT	\$2.50	\$2.25
85049	AUTOMATED PLATELET COUNT	\$4.42	\$3.97
85055	RETICULATED PLATELET ASSAY	\$28.59	\$28.59
85130	CHROMOGENIC SUBSTRATE ASSAY	\$11.74	\$10.56
85170	CLOT RETRACTION	\$13.04	\$13.04
85175	CLOT LYSIS TIME, WHOLE BLOOD DILUTION	\$16.29	\$16.29
85210	CLOT FACTOR II PROTHROM SPEC	\$12.82	\$11.54
85220	BLOOC CLOT FACTOR V TEST	\$17.43	\$15.68
85230	CLOT FACTOR VII PROCONVERTIN	\$17.68	\$15.91
85240	CLOT FACTOR VIII AHG 1 STAGE	\$17.68	\$15.91
85244	CLOT FACTOR VIII RELTD ANTGN	\$20.16	\$18.15
85245	CLOT FACTOR VIII VW RISTOCTN	\$22.65	\$20.39
85246	CLOT FACTOR VIII VW ANTIGEN	\$22.65	\$20.39
85247	CLOT FACTOR VIII MULTIMETRIC	\$22.65	\$20.39
85250	CLOT FACTOR IX PTC/CHRSTMAS	\$18.80	\$16.92
85260	CLOT FACTOR X STUART-POWER	\$17.68	\$15.91
85270	CLOT FACTOR XI PTA	\$17.68	\$15.91
85280	CLOT FACTOR XII HAGEMAN	\$19.11	\$17.20
85290	CLOT FACTOR XIII FIBRIN STAB	\$16.13	\$14.52
85291	CLOT FACTOR XIII FIBRIN SCRIN	\$8.78	\$7.90
85292	CLOT FACTOR FLETCHER FACT	\$18.69	\$16.83
85293	CLOT FACTOR WGHT KININOGEN	\$18.69	\$16.83
85300	ANTITHROMBIN III ACTIVITY	\$11.70	\$10.53
85301	ANTITHROMBIN III ANTIGEN	\$10.68	\$9.60
85302	CLOT INHIBIT PROT C ANTIGEN	\$11.86	\$10.68
85303	CLOT INHIBIT PROT C ACTIVITY	\$13.66	\$12.29

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

Procedure Code	Procedure Description	Rate Effective for	
		1/1/2018	1/1/2019
85305	CLOT INHIBIT PROT S TOTAL	\$11.46	\$10.32
85306	CLOT INHIBIT PROT S FREE	\$15.13	\$13.62
85307	ASSAY ACTIVATED PROTEIN C	\$15.13	\$13.62
85335	FACTOR INHIBITOR TEST	\$12.71	\$11.44
85337	THROMBOMODULIN	\$13.81	\$13.81
85345	COAGULATION TIME LEE & WHITE	\$4.25	\$3.83
85347	COAGULATION TIME ACTIVATED	\$4.20	\$3.78
85348	COAGULATION TIME OTR METHOD	\$3.68	\$3.59
85360	EUGLOBULIN LYSIS	\$8.30	\$7.47
85362	FIBRIN(OGEN) DEGRADATION (SPLIT) PRODUCTS (FDP)(FSP); AGGLUTINATION SLIDE, SEMIQUANTITATIVE	\$6.80	\$6.12
85366	FIBRIN(OGEN) DEGRADATION (SPLIT) PRODUCTS (FDP) (FSP); PARACOAGULATION	\$64.36	\$64.36
85370	FIBRIN(OGEN) DEGRADATION (SPLIT) PRODUCTS (FDP) (FSP); QUANTITATIVE	\$11.21	\$10.09
85378	FIBRIN DEGRADE SEMIQUANT	\$7.77	\$7.77
85379	FIBRIN DEGRADATION QUANT	\$10.04	\$9.04
85380	FIBRIN DEGRADJ D-DIMER	\$10.04	\$9.04
85384	FIBRINOGEN ACTIVITY	\$8.39	\$7.77
85385	FIBRINOGEN ANTIGEN	\$11.56	\$11.56
85390	FIBRINOLYSINS SCREEN I&R	\$12.38	\$12.38
85397	COAGULATION AND FIBRINOLYSIS, FUNCTIONAL ACTIVITY, NOT OTHERWISE SPECIFIED (EG,	\$24.68	\$24.68
85400	FIBRINOLYTIC FACTORS AND INHIBITORS; PLASMIN	\$7.60	\$6.84
85410	FIBRINOLYTIC ANTIPLASMIN	\$7.60	\$6.84
85415	FIBRINOLYTIC PLASMINOGEN	\$16.97	\$15.28
85420	FIBRINOLYTIC PLASMINOGEN	\$6.44	\$5.80
85421	FIBRINOLYTIC MECHANISMS PLASMINOGEN, ANTIGENIC ASSAY	\$10.05	\$9.05
85441	HEINZ BODIES DIRECT	\$4.14	\$3.73
85445	HEINZ BODIES INDUCED	\$6.73	\$6.05
85460	HEMOGLOBIN FETAL	\$7.64	\$6.87
85461	HEMOGLOBIN FETAL	\$7.48	\$7.48
85475	HEMOLYSIN ACID	\$8.76	\$7.88
85520	HEPARIN ASSAY	\$12.92	\$11.64
85525	HEPARIN NEUTRALIZATION	\$11.69	\$10.52
85530	HEPARIN-PROTAMINE TOLERANCE TEST	\$12.92	\$11.64
85536	IRON STAIN, PERIPHERAL BLOOD	\$6.38	\$5.74
85540	LEUKOCYTE ALKALINE PHOSPHATASE WITH COUNT	\$8.49	\$7.64
85547	MECHANICAL FRAGILITY, RBC	\$8.49	\$7.64
85549	MURAMIDASE	\$18.52	\$16.66
85555	OSMOTIC FRAGILITY, RBC; UNINCUBATED	\$6.60	\$5.97
85557	OSMOTIC FRAGILITY, RBC; INCUBATED	\$13.19	\$11.87
85576	PLATELET; AGGREGATION (IN VITRO), EACH AGENT	\$21.21	\$19.92
85597	PHOSPHOLIPID PLTLT NEUTRALIZ	\$17.75	\$15.97
85598	HEXAGNAL PHOSPH PLTLT NEUTRL	\$17.75	\$15.97
85610	PROTHROMBIN TIME (CLIA WAIVER LIST)	\$3.88	\$3.49
85611	PROTHROMBIN TIME; SUBSTITUTION, PLASMA FRACTIONS, EACH	\$3.89	\$3.50
85612	VIPER VENOM PROTHROMBIN TIME	\$13.99	\$13.99
85613	RUSSELL VIPER VENOM DILUTED	\$9.46	\$8.51
85635	REPTILASE TEST	\$9.72	\$8.75
85651	RBC SED RATE NONAUTOMATED	\$3.50	\$3.41
85652	RBC SED RATE AUTOMATED	\$2.66	\$2.40
85660	SICKLING OF RBC, REDUCTION, SLIDE METHOD	\$5.44	\$4.89
85670	THROMBIN TIME PLASMA	\$5.69	\$5.12
85675	THROMBIN TIME TITER	\$6.76	\$6.08
85705	THROMBOPLASTIN INHIBITION; TISSUE	\$9.51	\$8.56
85730	THROMBOPLASTIN TIME PARTIAL	\$5.93	\$5.33
85732	THROMBOPLASTIN TIME PARTIAL	\$6.38	\$5.74
85810	VISCOSITY	\$11.52	\$10.37
86000	AGGLUTININS FEBRILE ANTIGEN	\$6.89	\$6.20
86001	ALLERGEN SPECIFIC IGG	\$6.25	\$6.25
86003	ALLERGEN SPECIFIC IGE	\$5.15	\$4.64
86005	ALLERGEN SPECIFIC IGE	\$7.87	\$7.08
86008	ALLG SPEC IGE RECOMB EA	\$17.71	\$15.94
86021	ANTIBODY IDENTIFICATION LEUKOCYTE ANTIBODIES	\$14.87	\$13.38
86022	ANTIBODY IDENTIFICATION PLATELET ANTIBODIES	\$18.14	\$16.32
86023	IMMUNOGLOBULIN ASSAY	\$12.30	\$11.07
86038	ANTINUCLEAR ANTIBODIES	\$11.93	\$10.74
86039	ANTINUCLEAR ANTIBODIES (ANA)	\$11.02	\$9.92
86060	ANTISTREPTOLYSIN O TITER	\$7.20	\$6.48
86063	ANTISTREPTOLYSIN O SCREEN	\$5.69	\$5.12
86140	C-REACTIVE PROTEIN	\$5.11	\$4.60
86141	C-REACTIVE PROTEIN HS	\$12.78	\$11.51
86146	BETA-2 GLYCOPROTEIN ANTIBODY	\$25.13	\$22.62
86147	CARDIOLIPIN ANTIBODY EA IG	\$25.13	\$22.62

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

Procedure Code	Procedure Description	Rate Effective for	
		1/1/2018	1/1/2019
86148	ANTI-PHOSPHOLIPID ANTIBODY	\$15.87	\$14.28
86152	CELL ENUMERATION & ID	\$242.67	\$218.40
86155	CHEMOTAXIS ASSAY, SPECIFY METHOD	\$15.79	\$14.20
86156	COLD AGGLUTININ SCREEN	\$6.61	\$6.45
86157	COLD AGGLUTININ TITER	\$7.96	\$7.16
86160	COMPLEMENT ANTIGEN	\$11.84	\$10.66
86161	COMPLEMENT/FUNCTION ACTIVITY	\$11.84	\$10.66
86162	COMPLEMENT TOTAL (CH50)	\$20.07	\$18.06
86171	COMPLEMENT FIXATION EACH	\$9.88	\$8.89
86200	CCP ANTIBODY	\$12.78	\$11.51
86215	DEOXYRIBONUCLEASE ANTIBODY	\$13.08	\$11.77
86225	DNA ANTIBODY NATIVE	\$13.57	\$12.21
86226	DNA ANTIBODY SINGLE STRAND	\$11.96	\$10.76
86235	EXTRACTABLE NUCLEAR ANTIGEN,ANTIBODY TO,ANY METHOD(EG,NRNP,SS-A,SS-B,SM,RNP,SC170,J01),EACH ANTIBODY	\$17.71	\$15.94
86255	FLUORESCENT ANTIBODY SCREEN	\$11.90	\$10.71
86256	FLUORESCENT ANTIBODY TITER	\$11.90	\$10.71
86277	GROWTH HORMONE, HUMAN (HGH), ANTIBODY	\$15.54	\$13.99
86280	HEMAGGLUTINATION INHIBITION TEST (HAI)	\$8.09	\$7.28
86294	IMMUNOASSAY TUMOR QUAL	\$20.45	\$20.45
86300	IMMUNOASSAY TUMOR CA 15-3	\$20.56	\$18.50
86301	IMMUNOASSAY TUMOR CA 19-9	\$20.56	\$18.50
86304	IMMUNOASSAY TUMOR CA 125	\$20.56	\$18.50
86305	HUMAN EPIDIDYMIS PROTEIN 4	\$20.56	\$18.50
86308	HETEROPHILE ANTIBODY SCREEN	\$5.11	\$4.60
86309	HETEROPHILE ANTIBODY TITER	\$6.38	\$5.74
86310	HETEROPHILE ANTIBODY ABSRBJ	\$7.28	\$6.55
86316	IMMUNOASSAY TUMOR OTHER	\$20.56	\$18.50
86317	IMMUNOASSAY INFECTIOUS AGENT	\$14.80	\$13.32
86318	IMMUNOASSAY INFECTIOUS AGENT	\$14.47	\$14.47
86320	IMMUNOELECTROPHORESIS: SERUM	\$23.93	\$23.93
86325	IMMUNOELECTROPHORESIS; OTHER FLUIDS (EG, URINE CEREBROSPINAL FLUID) WITH CONCENTRATION	\$22.08	\$19.88
86327	IMMUNOELECTROPHORESIS CROSSED (2 DIMENSIONAL ASSAY)	\$23.93	\$23.93
86329	IMMUNODIFFUSION NES	\$13.87	\$12.48
86331	IMMUNODIFFUSION OUCHTERLONY	\$11.83	\$10.64
86332	IMMUNE COMPLEX ASSAY	\$24.07	\$21.66
86334	IMMUNOFIX E-PHORESIS SERUM	\$22.07	\$19.86
86335	IMMUNIFIX E-PHORSIS/URINE/CSF	\$28.98	\$26.08
86336	INHIBIN A	\$15.39	\$13.85
86337	INSULIN ANTIBODIES	\$21.14	\$19.03
86340	INTRINSIC FACTOR ANTIBODY	\$14.88	\$13.40
86341	ISLET CELL ANTIBODY	\$19.54	\$18.85
86343	LEUKOCYTE HISTAMINE RELEASE TEST (LHR)	\$12.30	\$11.07
86344	LEUKOCYTE PHAGOCYTOSIS	\$8.31	\$8.31
86352	CELL FUNCTION ASSAY W/STIM	\$134.18	\$120.76
86353	LYMPHOCYTE TRANSFORMATION, MITOGEN (PHYTOMITOGEN) OR INDUCED BLASTOGENESIS	\$48.42	\$43.57
86355	B CELLS TOTAL COUNT	\$37.26	\$33.53
86356	MONONUCLEAR CELL ANTIGEN	\$26.44	\$23.80
86357	NK CELLS TOTAL COUNT	\$37.26	\$33.53
86359	T CELLS TOTAL COUNT	\$37.26	\$33.53
86360	T CELL ABSOLUTE COUNT/RATIO	\$46.40	\$41.76
86361	T CELL ABSOLUTE COUNT	\$26.44	\$23.80
86367	STEM CELLS TOTAL COUNT	\$62.22	\$62.22
86376	MICROSOMAL ANTIBODY EACH	\$14.36	\$12.93
86382	NEUTRALIZATION TEST VIRAL	\$16.70	\$15.03
86384	NITROBLUE TETRAZOLIUM DYE TEST (NTD)	\$11.24	\$10.88
86386	NUCLEAR MATRIX PROTEIN 22	\$17.42	\$17.42
86403	PARTICLE AGGLUT ANTBDY SCRIN	\$10.06	\$9.23
86406	PARTICLE AGGLUT ANTBDY TITR	\$10.50	\$9.45
86430	RHEUMATOID FACTOR TEST QUAL	\$5.60	\$5.04
86431	RHEUMATOID FACTOR QUANT	\$5.60	\$5.04
86480	TB TEST CELL IMMUN MEASURE	\$61.21	\$55.09
86481	TB AG RESPONSE T-CELL SUSP	\$80.00	\$80.00
86485	SKIN TEST CANDIDA	\$19.52	\$25.69
86486	SKIN TEST NOS ANTIGEN	\$3.89	\$13.73
86490	SKIN TEST COCCIDIOIDOMYCOSIS (EXEMPT FROM CLIA EDITING)	\$70.17	\$44.72
86510	HISTOPLASMOSIS SKIN TEST	\$5.00	\$44.72
86580	SKIN TEST TUBERCULOSIS, INTRADERMAL (EXEMPT FROM CLIA EDITING)	\$6.37	\$13.73
86590	STREPTOKINASE ANTIBODY	\$10.91	\$10.12
86592	SYPHILIS TEST NON-TREP QUAL	\$4.21	\$3.80
86593	SYPHILIS TEST NON-TREP QUANT	\$4.35	\$3.91
86602	ANTIBODY; ACTINOMYCES	\$10.04	\$9.04

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

Procedure Code	Procedure Description	Rate Effective for	
		1/1/2018	1/1/2019
86603	ADENOVIRUS ANTIBODY	\$12.71	\$11.44
86606	ANTIBODY; ASPIRGILLUS	\$14.87	\$13.38
86609	ANTIBODY; BACTERIUM, NOT ELSEWHERE SPECIFIED	\$12.72	\$11.44
86611	SYPHILIS TEST; QUALITATIVE; BARTONELLA	\$10.04	\$9.04
86612	BLASTOMYCES ANTIBODY	\$12.74	\$11.47
86615	BORDETELLA ANTIBODY	\$13.02	\$11.72
86617	Borrelia burgdorferi (Lyme disease) confirmatory test (eg, Western blot or immunoblot)	\$15.30	\$13.76
86618	ANTIBODY; BORELLIA BUFGDORFERI (LYME DISEASE)	\$16.81	\$15.13
86619	ANTIBODY; BORRELIA (RELAPSING FEVER)	\$13.21	\$11.88
86622	ANTIBODY; BRUCELLA	\$8.82	\$7.93
86625	ANTIBODY; CAMPYLOBACTER	\$12.96	\$11.66
86628	ANTIBODY; CANDIDA	\$11.85	\$10.67
86631	ANTIBODY; CHLAMYDIA	\$11.68	\$10.51
86632	ANTIBODY.; CHLAMYDIA, IGM	\$12.52	\$11.27
86635	COCCIDIOIDES ANTIBODY	\$11.33	\$10.20
86638	ANTIBODY; COXIELLA BRUNETII (Q FEVER)	\$11.97	\$10.77
86641	ANTIBODY; CRYPTOOCOCCUS	\$14.23	\$12.80
86644	ANTIBODY; CYTOMEGALOVIRUS (CMV)	\$14.21	\$12.79
86645	CMV ANTIBODY IGM	\$16.64	\$14.97
86648	ANTIBODY; DIPHTHERIA	\$15.01	\$13.52
86651	ENCEPHALITIS CALIFORN ANTBODY	\$13.02	\$11.72
86652	ENCEPHALITIS EAST EQNE ANBDY	\$13.02	\$11.72
86653	ENCEPHALITIS ST LOUIS ANTBODY	\$13.02	\$11.72
86654	ENCEPHALITIS WEST EQNE ANTBODY	\$13.02	\$11.72
86658	ANTIBODY; ENTEROVIRUS (EG, COXSACKIE, ECHO, POLIO)	\$12.86	\$11.57
86663	ANTIBODY; EPSTEIN-BARR (EB) VIRUS, EARLY ANTIGEN (EA)	\$12.96	\$11.66
86664	EPSTEIN-BARR NUCLEAR ANTIGEN	\$15.10	\$13.59
86665	EPSTEIN-BARR CAPSID VCA	\$17.92	\$16.12
86666	SYPHILIS TEST; QUALITATIVE; EHRlichia	\$10.04	\$9.04
86668	ANTIBODY; FRANCISELLA TULARENSIS	\$11.32	\$11.32
86671	FUNGUS NES ANTIBODY	\$12.10	\$10.89
86674	ANTIBODY; GIARDIA LAMBLIA	\$14.53	\$13.08
86677	HELICOBACTER PYLORI ANTIBODY	\$14.32	\$13.48
86682	ANTIBODY; HELMINTH, NOT ELSEWHERE SPECIFIED	\$12.84	\$11.56
86684	HEMOPHILUS INFLUENZA ANTBODY	\$15.64	\$14.08
86687	HTLV-I ANTIBODY	\$8.28	\$7.45
86688	HTLV-II ANTIBODY	\$13.83	\$12.44
86689	HTLV/HIV CONFIRMJ ANTIBODY	\$19.12	\$17.20
86692	HEPATITIS DELTA AGENT ANTBODY	\$16.95	\$15.25
86694	HERPES SIMPLEX NES ANTBODY	\$14.21	\$12.79
86695	HERPES SIMPLEX TYPE 1 TEST	\$13.02	\$11.72
86696	HERPES SIMPLEX TYPE 2 TEST	\$19.12	\$17.20
86698	HISTOPLASMA ANTIBODY	\$12.34	\$11.10
86701	HIV-1 ANTIBODY	\$8.77	\$7.89
86702	HIV-2 ANTIBODY	\$13.35	\$12.01
86703	HIV-1/HIV-2 1 RESULT ANTBODY	\$13.53	\$12.18
86704	HEP B CORE ANTIBODY TOTAL	\$11.90	\$10.71
86705	HEP B CORE ANTIBODY IGM	\$11.63	\$10.46
86706	HEP B SURFACE ANTIBODY	\$10.60	\$9.54
86707	HEPATITIS BE ANTIBODY	\$11.42	\$10.28
86708	HEPATITIS A ANTIBODY	\$12.23	\$11.00
86709	HEPATITIS A IGM ANTIBODY	\$11.12	\$10.00
86710	ANTIBODY; INFLUENZA VIRUS	\$13.38	\$12.04
86711	JOHN CUNNINGHAM ANTIBODY	\$14.21	\$13.51
86713	ANTIBODY; LEGIONELLA	\$15.11	\$13.60
86717	ANTIBODY; LEISHMANIA	\$12.09	\$10.88
86720	LEPTOSPIRA ANTIBODY	\$13.02	\$12.96
86723	LISTERIA MONOCYTOGENES	\$13.02	\$11.72
86727	ANTIBODY; LYMPHOCYTIC CHORIOMENINGITIS	\$12.71	\$11.44
86732	ANTIBODY; MUCORMYCOSIS	\$13.02	\$12.00
86735	ANTIBODY; MUMPS	\$12.88	\$11.60
86738	ANTIBODY; MYCOPLASMA	\$13.07	\$11.76
86741	ANTIBODY; NEISSERIA MENINGITIDIS	\$13.02	\$11.72
86744	ANTIBODY; NORCARDIA	\$13.02	\$12.79
86747	ANTIBODY; PARVOVIRUS	\$14.84	\$13.36
86750	ANTIBODY; PLASMODIUM (MALARIA)	\$13.02	\$11.72
86753	PROTOZOA ANTIBODY NOS	\$12.23	\$11.00
86756	ANTIBODY; RESPIRATORY SYNCYTIAL VIRUS	\$12.72	\$12.71
86757	RICKETTSIA ANTIBODY	\$19.12	\$17.20
86759	ROTAVIRUS ANTIBODY	\$14.58	\$14.58
86762	ANTIBODY; RUBELLA	\$14.21	\$12.79

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

Procedure Code	Procedure Description	Rate Effective for	
		1/1/2018	1/1/2019
86765	ANTIBODY; RUBEOLA	\$12.72	\$11.44
86768	ANTIBODY; SALMONELLA	\$13.02	\$11.72
86771	ANTIBODY; SHIGELLA	\$19.58	\$19.58
86774	ANTIBODY; TETANUS	\$14.61	\$13.15
86777	ANTIBODY; TOXOPLASMA	\$14.21	\$12.79
86778	TOXOPLASMA ANTIBODY IGM	\$14.22	\$12.80
86780	TREPONEMA PALLIDUM	\$13.07	\$11.76
86784	ANTIBODY; TRICHINELLA	\$12.40	\$11.16
86787	ANTIBODY; VARICELLA-ZOSTER	\$12.72	\$11.44
86788	WEST NILE VIRUS AB IGM	\$16.64	\$14.97
86789	WEST NILE VIRUS ANTIBODY	\$14.21	\$12.79
86790	ANTIBODY; VIRUS, NOT ELSEWHERE SPECIFIED	\$12.72	\$11.44
86793	ANTIBODY; YERSINIA	\$13.02	\$11.72
86794	ZIKA VIRUS IGM ANTIBODY	\$16.64	\$14.97
86800	THYROGLOBULIN ANTIBODY	\$15.71	\$14.13
86803	HEPATITIS C AB TEST	\$14.08	\$12.68
86804	HEP C AB TEST CONFIRM	\$15.30	\$13.76
86805	LYMPHOCYTOTOXICITY ASSAY, VISUAL CROSSMATCH WITH TITRATION	\$151.60	\$151.60
86806	LYMPHOCYTOTOXICITY ASSAY, VISUAL CROSSMATCH WITHOUT TITRATION	\$47.00	\$42.30
86807	SERUM SCREENING FOR CYTOTOXIC PERCENT REACTIVE ANTIBODY (PRA) STANDARD METHOD	\$62.92	\$62.92
86808	SERUM SCREENING FOR CYTOTOXIC PERCENT REACTIVE ANTIBODY (PRA) QUICK METHOD	\$29.31	\$26.38
86812	HLA TYPING A B OR C	\$25.48	\$22.93
86813	HLA TYPING A B OR C	\$57.28	\$51.55
86816	HLA TYPING DR/DQ	\$27.51	\$24.76
86817	HLA TYPING DR/DQ	\$84.91	\$84.91
86821	LYMPHOCYTE CULTURE MIXED	\$36.11	\$32.49
86825	HLA X-MATH NON-CYTOTOXIC	\$87.59	\$87.59
86826	HLA X-MATCH NONCYTOTOXIC ADDL	\$29.22	\$29.22
86828	HLA CLASS I&II ANTIBODY QUAL	\$51.35	\$51.35
86829	HLA CLASS I/II ANTIBODY QUAL	\$51.35	\$51.35
86830	HLA CLASS I PHENOTYPE QUAL	\$79.74	\$76.41
86831	HLA CLASS II PHENOTYPE QUAL	\$68.35	\$65.50
86832	HLA CLASS I HIGH DEFIN QUAL	\$259.00	\$259.00
86833	HLA CLASS II HIGH DEFIN QUAL	\$260.64	\$260.64
86834	HLA CLASS I SEMIQUANT PANEL	\$353.14	\$317.83
86835	HLA CLASS II SEMIQUANT PANEL	\$318.97	\$287.08
86850	ANTIBODY SCREEN, RBC, EACH SERUM TECHNIQUE	\$7.81	\$7.81
86860	ANTIBODY ELUTION (RBC), EACH ELUTION	\$103.34	\$115.78
86870	ANTIBODY IDENTIFICATION, RBC ANTIBODIES, EACH PANEL FOR EACH SERUM TECHNIQUE	\$172.34	\$219.37
86880	COOMBS TEST DIRECT	\$5.32	\$4.79
86885	COOMBS TEST INDIRECT QUAL	\$5.65	\$5.08
86886	COOMBS TEST INDIRECT TITER	\$5.11	\$4.60
86900	BLOOD TYPING SEROLOGIC ABO	\$2.95	\$2.65
86901	BLOOD TYPING SEROLOGIC RH(D)	\$2.95	\$2.65
86902	BLOOD TYPE ANTIGEN DONOR EA	\$5.08	\$5.08
86904	BLOOD TYPING PATIENT SERUM	\$13.07	\$13.07
86905	BLOOD TYPING RBC ANTIGENS	\$3.78	\$3.40
86906	BLD TYPING SEROLOGIC RH PHNT	\$7.65	\$6.88
86920	COMPATIBILITY TEST SPIN	\$103.34	\$115.78
86921	COMPATIBILITY TEST INCUBATE	\$103.34	\$115.78
86922	COMPATIBILITY TEST ANTIGLOB	\$103.34	\$115.78
86927	PLASMA FRESH FROZEN	\$172.34	\$115.78
86930	FROZEN BLOOD PREP	\$172.34	\$219.37
86931	FROZEN BLOOD THAW	\$172.34	\$219.37
86932	FROZEN BLOOD FREEZE/THAW	\$25.44	\$25.69
86940	HEMOLYSINS/AGGLUTININS AUTO	\$8.10	\$7.28
86941	HEMOLYSINS AND AGGLUTININS, AUTO, SCREEN, EACH; INCUBATED	\$11.96	\$10.76
86945	IRRADIATION OF BLOOD PRODUCT, EACH UNIT (EXEMPT FROM CLIA EDITING)	\$25.44	\$25.69
86950	LEUKOCYTE TRANSFUSION (EXEMPT FROM CLIA EDITING)	\$103.34	\$115.78
86965	POOLING OF PLATELETS OR OTHER BLOOD PRODUCTS (EXEMPT FROM CLIA EDITING)	\$103.34	\$115.78
86970	RBC PRETX INCUBATJ W/CHEMICL	\$25.44	\$25.69
86971	RBC PRETX INCUBATJ W/ENZYMES	\$172.34	\$219.37
86972	RBC PRETX INCUBATJ W/DENSITY	\$103.34	\$115.78
86975	RBC SERUM PRETX INCUBJ DRUGS	\$25.44	\$25.69
86976	RBC SERUM PRETX ID DILUTION	\$13.98	\$13.73
86977	RBC SERUM PRETX INCUBJ/INHIB	\$103.34	\$115.78
86978	RBC PRETREATMENT SERUM	\$25.44	\$25.69
86999	UNLISTED TRANSFUSION MEDICINE PROCEDURE (EXEMPT FROM CLIA EDITING)	\$13.98	\$13.73
87003	ANIMAL INOCULATION, SMALL ANIMAL WITH OBSERVATION AND DISSECTION	\$16.63	\$14.96
87015	SPECIMEN INFECT AGNT CONCNTJ	\$6.59	\$5.93
87040	BLOOD CULTURE FOR BACTERIA	\$10.19	\$9.17

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

Procedure Code	Procedure Description	Rate Effective for	
		1/1/2018	1/1/2019
87045	FECES CULTURE AEROBIC BACT	\$9.32	\$8.39
87046	STOOL CULTR AEROBIC BACT EA	\$9.32	\$8.39
87070	CULTURE OTHR SPECIMN AEROBIC	\$8.51	\$7.65
87071	CULTURE AEROBIC QUANT OTHER	\$9.32	\$8.39
87073	CULTURE,BACTERIAL;QUANTITATIVE,ANEROBIC WITH ISOLATION & PRESUMPTIVE IDENT OF ISOLATES	\$9.32	\$8.39
87075	CULTR BACTERIA EXCEPT BLOOD	\$9.35	\$8.41
87076	CULTURE ANAEROBE IDENT EACH	\$7.97	\$7.17
87077	CULTURE, BACTERIAL; AEROBIC ISOLATE, ADDITIONAL METHODS REQUIRED FOR DEFINITIVE IDENTIFICATION-SC	\$7.97	\$7.17
87081	CULTURE, BACTERIAL, SCREENING ONLY, FOR SINGLE ORGANISMS	\$6.54	\$5.88
87084	CULTURE OF SPECIMEN BY KIT	\$21.65	\$21.65
87086	CULTURE, BACTERIAL, URINE QUANTITATIVE, COLONY COUNT	\$7.96	\$7.17
87088	URINE BACTERIA CULTURE	\$7.99	\$7.19
87101	SKIN FUNGI CULTURE	\$7.60	\$6.84
87102	CULTURE, FUNGI, ISOLATION OTHER SOURCE (EXCEPT BLOOD)	\$8.30	\$7.47
87103	CULTURE, FUNGI, ISOLATION BLOOD	\$16.36	\$16.36
87106	FUNGI IDENTIFICATION YEAST	\$10.19	\$9.17
87107	FUNGI IDENTIFICATION MOLD	\$10.19	\$9.17
87109	MYCOPLASMA	\$15.20	\$13.68
87110	CHLAMYDIA CULTURE	\$19.35	\$17.41
87116	CULTURE, TUBERCLE OR OTHER ACID-FAST BACILLI (EG, TB, AFB, MYCOBACTERIA)	\$10.67	\$9.60
87118	CULTURE, MYCOBACTERIA, DEFINITIVE IDENTIFICATION OF EACH ORGANISM	\$11.68	\$11.68
87140	CULTURE, TYPING FLUORESCENT METHOD, EACH ANTISERUM	\$5.50	\$4.95
87143	CULTURE TYPING GLC/HPLC	\$12.36	\$11.13
87147	CULTURE TYPE IMMUNOLOGIC	\$5.11	\$4.60
87149	DNA/RNA DIRECT PROBE	\$19.80	\$17.82
87150	DNA/RNA AMPLIFIED PROBE	\$34.66	\$31.19
87152	CULTURE,TYPING; IDENTIFICATION BY PULSE FIELD GEL TYPING	\$6.19	\$6.19
87153	DNA/RNA SEQUENCING	\$113.93	\$102.53
87158	CULTURE TYPING ADDED METHOD	\$6.19	\$6.19
87164	DARK FIELD EXAMINATION	\$10.60	\$9.54
87166	DARK FIELD EXAMINATION, ANY SOURCE (EG, PENILE, VAGINAL, ORAL, SKIN)	\$11.16	\$10.04
87168	MACROSCOPIC EXAM ARTHROPOD	\$4.21	\$3.80
87169	MACROSCOPIC EXAM PARASITE	\$4.21	\$3.80
87172	PINWORM EXAM	\$4.21	\$3.80
87176	TISSUE HOMOGENIZATION CULTR	\$5.80	\$5.23
87177	OVA AND PARASITES, DIRECT SMEARS, CONCENTRATION AND IDENTIFICATION	\$8.79	\$7.91
87181	MICROBE SUSCEPTIBLE DIFFUSE	\$4.68	\$4.21
87184	MICROBE SUSCEPTIBLE DISK	\$6.80	\$6.12
87185	MICROBE SUSCEPTIBLE ENZYME	\$4.68	\$4.21
87186	MICROBE SUSCEPTIBLE MIC	\$8.53	\$7.68
87187	MICROBE SUSCEPTIBLE MLC	\$32.13	\$32.13
87188	MICROBE SUSCEPT MACROBROTH	\$6.56	\$5.90
87190	MICROBE SUSCEPT MYCOBACTERI	\$5.84	\$5.84
87197	BACTERICIDAL LEVEL SERUM	\$14.84	\$13.35
87205	SMEAR GRAM STAIN	\$4.21	\$3.80
87206	SMEAR FLUORESCENT/ACID STAI	\$5.32	\$4.79
87207	SMEAR SPECIAL STAIN	\$5.92	\$5.32
87209	SMEAR COMPLEX STAIN	\$17.75	\$15.97
87210	SMEAR WET MOUNT SALINE/INK	\$4.65	\$4.65
87220	TISSUE EXAM FOR FUNGI	\$4.21	\$3.80
87230	ASSAY TOXIN OR ANTITOXIN	\$19.49	\$17.54
87250	VIRUS INOCULATE EGGS/ANIMAL	\$19.32	\$17.38
87252	VIRUS INOCULATION TISSUE	\$25.74	\$23.17
87253	VIRUS INOCULATE TISSUE ADDL	\$19.95	\$17.96
87254	VIRUS INOCULATION SHELL VIA	\$19.32	\$17.38
87255	GENET VIRUS ISOLATE HSV	\$33.44	\$30.09
87260	ADENOVIRUS AG IF	\$11.84	\$11.54
87265	PERTUSSIS AG IF	\$11.84	\$10.65
87267	ENTEROVIRUS ANTIBODY DFA	\$11.84	\$10.73
87269	GIARDIA AG IF	\$11.84	\$10.88
87270	CHLAMYDIA TRACHOMATIS AG IF	\$11.84	\$10.65
87271	CYTOMEGALOVIRUS DFA	\$11.84	\$10.73
87272	CRYPTOSPORIDIUM AG IF	\$11.84	\$10.65
87273	HERPES SIMPLEX 2 AG IF	\$11.84	\$10.65
87274	HERPES SIMPLEX 1 AG IF	\$11.84	\$10.65
87275	INFLUENZA B AG IF	\$11.84	\$10.65
87276	INFLUENZA A AG IF	\$12.85	\$12.85
87278	LEGION PNEUMOPHILIA AG IF	\$12.48	\$12.48
87279	PARAINFLUENZA AG IF	\$13.14	\$13.14
87280	RESPIRATORY SYNCYTIAL AG IF	\$11.84	\$10.73
87281	PNEUMOCYSTIS CARINII AG IF	\$11.84	\$10.65



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

Procedure Code	Procedure Description	Rate Effective for	
		1/1/2018	1/1/2019
87283	RUBEOLA AG IF	\$48.64	\$48.64
87285	TREPONEMA PALLIDUM AG IF	\$11.84	\$10.65
87290	VARICELLA ZOSTER AG IF	\$11.84	\$10.73
87299	ANTIBODY DETECTION NOS IF	\$12.88	\$12.88
87300	AG DETECTION POLYVAL IF	\$11.84	\$10.65
87301	ADENOVIRUS AG IA	\$11.84	\$10.65
87305	ASPERGILLUS AG IA	\$11.84	\$10.65
87320	CHYLMD TRACH AG IA	\$12.00	\$12.00
87324	CLOSTRIDIUM AG IA	\$11.84	\$10.65
87327	CRYPTOCOCCUS NEOFORM AG IA	\$11.84	\$10.73
87328	CRYPTOSPORIDIUM AG IA	\$11.84	\$11.05
87329	GIARDIA AG IA	\$11.84	\$10.65
87332	CYTOMEGALOVIRUS AG IA	\$11.84	\$10.65
87335	E COLI 0157 AG IA	\$11.84	\$10.65
87336	ENTAMOEB HIST DISPR AG IA	\$12.80	\$12.80
87337	ENTAMOEB HIST GROUP AG IA	\$11.84	\$10.65
87338	HPYLORI STOOL IA	\$14.20	\$12.78
87339	H PYLORI AG IA	\$12.80	\$12.80
87340	HEPATITIS B SURFACE AG IA	\$10.20	\$9.18
87341	HEPATITIS B SURFACE AG IA	\$10.20	\$9.18
87350	HEPATITIS BE AG IA	\$11.38	\$10.24
87380	HEPATITIS DELTA AG IA	\$16.20	\$14.68
87385	HISTOPLASMA CAPSUL AG IA	\$11.84	\$10.65
87389	HIV-1 AG W/HIV-1 & HIV-2 AB	\$23.78	\$21.40
87390	HIV-1 AG IA	\$19.24	\$19.24
87391	HIV-2 AG IA	\$17.52	\$17.52
87400	INFLUENZA A/B AG IA	\$11.84	\$11.30
87420	RESP SYNCYTIAL AG IA	\$11.84	\$11.12
87425	ROTAVIRUS AG IA	\$11.84	\$10.65
87427	SHIGA-LIKE TOXIN AG IA	\$11.84	\$10.65
87430	STREP A AG IA	\$13.44	\$13.44
87449	AG DETECT NOS IA MULT	\$11.84	\$10.65
87450	AG DETECT NOS IA SINGLE	\$9.47	\$8.52
87451	AG DETECT POLYVAL IA MULT	\$9.47	\$8.52
87471	BARTONELLA DNA AMP PROBE	\$34.66	\$31.19
87472	BARTONELLA DNA QUANT	\$42.30	\$38.08
87475	LYME DIS DNA DIR PROBE	\$19.80	\$17.82
87476	LYME DIS DNA AMP PROBE	\$34.66	\$31.19
87480	CANDIDA DNA DIR PROBE	\$19.80	\$17.82
87481	CANDIDA DNA AMP PROBE	\$34.66	\$31.19
87482	CANDIDA DNA QUANT	\$44.59	\$44.59
87483	CNS DNA AMP PROBE TYPE 12-25	\$411.64	\$370.47
87485	CHYLMD PNEUM DNA DIR PROBE	\$19.80	\$17.82
87486	CHYLMD PNEUM DNA AMP PROBE	\$34.66	\$31.19
87487	CHYLMD PNEUM DNA QUANT	\$42.30	\$38.08
87490	CHYLMD TRACH DNA DIR PROBE	\$19.80	\$18.20
87491	CHYLMD TRACH DNA AMP PROBE	\$34.66	\$31.19
87492	CHYLMD TRACH DNA QUANT	\$42.77	\$42.77
87493	C DIFF AMPLIFIED PROBE	\$34.66	\$31.19
87495	CYTOMEG DNA DIR PROBE	\$24.02	\$24.02
87496	CYTOMEG DNA AMP PROBE	\$34.66	\$31.19
87497	CYTOMEG DNA QUANT	\$42.30	\$38.08
87498	ENTEROVIRUS PROBE&REVRS TRNS	\$34.66	\$31.19
87500	VANOMYCIN DNA AMP PROBE	\$34.66	\$31.19
87501	INFLUENZA DNA AMP PROB 1+	\$50.68	\$45.61
87502	INFLUENZA DNA AMP PROBE	\$84.04	\$76.64
87503	INFLUENZA DNA AMP PROB ADDL	\$23.37	\$23.37
87505	NFCT AGENT DETECTION GI	\$126.70	\$114.03
87506	IADNA-DNA/RNA PROBE TQ 6-11	\$210.79	\$210.39
87507	IADNA-DNA/RNA PROBE TQ 12-25	\$411.64	\$370.47
87510	GARDNER VAG DNA DIR PROBE	\$19.80	\$17.82
87511	GARDNER VAG DNA AMP PROBE	\$34.66	\$31.19
87512	GARDNER VAG DNA QUANT	\$41.24	\$37.12
87516	HEPATITIS B DNA AMP PROBE	\$34.66	\$31.19
87517	HEPATITIS B DNA QUANT	\$42.30	\$38.08
87520	HEPATITIS C RNA DIR PROBE	\$24.97	\$24.97
87521	HEPATITIS C PROBE&RVRS TRNSC	\$34.66	\$31.19
87522	HEPATITIS C REVRS TRNSCRPJ	\$42.30	\$38.08
87525	HEPATITIS G DNA DIR PROBE	\$23.84	\$23.84
87526	HEPATITIS G DNA AMP PROBE	\$34.66	\$31.40
87527	HEPATITIS G DNA QUANT	\$41.24	\$37.12

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

Procedure Code	Procedure Description	Rate Effective for	
		1/1/2018	1/1/2019
87528	HSV DNA DIR PROBE	\$19.80	\$17.82
87529	HSV DNA AMP PROBE	\$34.66	\$31.19
87530	HSV DNA QUANT	\$42.30	\$38.08
87531	HHV-6 DNA DIR PROBE	\$46.40	\$46.40
87532	HHV-6 DNA AMP PROBE	\$34.66	\$31.19
87533	HHV-6 DNA QUANT	\$41.24	\$37.12
87534	HIV-1 DNA DIR PROBE	\$19.80	\$17.82
87535	HIV-1 PROBE&REVERSE TRNSCRPJ	\$34.66	\$31.19
87536	HIV-1 QUANT&REVRSE TRNSCRPJ	\$84.04	\$75.64
87537	HIV-2 DNA DIR PROBE	\$19.80	\$17.82
87538	HIV-2 PROBE&REVRSE TRNSCRIPJ	\$34.66	\$31.19
87539	HIV-2 QUANT&REVRSE TRNSCRIPJ	\$46.89	\$46.89
87540	LEGION PNEUMO DNA DIR PROB	\$19.80	\$17.82
87541	LEGION PNEUMO DNA AMP PROB	\$34.66	\$31.19
87542	LEGION PNEUMO DNA QUANT	\$41.24	\$37.12
87550	MYCOBACTERIA DNA DIR PROBE	\$19.80	\$17.82
87551	MYCOBACTERIA DNA AMP PROBE	\$38.59	\$38.59
87552	MYCOBACTERIA DNA QUANT	\$42.30	\$38.08
87555	M.TUBERCULO DNA DIR PROBE	\$21.50	\$21.50
87556	M.TUBERCULO DNA AMP PROBE	\$34.66	\$33.34
87557	M.TUBERCULO DNA QUANT	\$42.30	\$38.08
87560	M.AVIUM-INTRA DNA DIR PROB	\$21.83	\$21.83
87561	M.AVIUM-INTRA DNA AMP PROB	\$34.66	\$31.19
87562	M.AVIUM-INTRA DNA QUANT	\$42.30	\$38.08
87580	M.PNEUMON DNA DIR PROBE	\$19.80	\$17.82
87581	M.PNEUMON DNA AMP PROBE	\$34.66	\$31.19
87582	M.PNEUMON DNA QUANT	\$242.09	\$242.09
87590	N.GONORRHOEAE DNA DIR PROB	\$21.50	\$21.50
87591	N.GONORRHOEAE DNA AMP PROB	\$34.66	\$31.19
87592	N.GONORRHOEAE DNA QUANT	\$42.30	\$38.08
87623	HPV LOW-RISK TYPES	\$34.66	\$31.19
87624	HPV HIGH-RISK TYPES	\$34.66	\$31.19
87625	HPV TYPES 16 & 18 ONLY	\$34.66	\$32.44
87631	RESP VIRUS 3-5 TARGETS	\$126.70	\$114.10
87632	RESP VIRUS 6-11 TARGETS	\$210.79	\$189.71
87633	RESP VIRUS 12-25 TARGETS	\$411.64	\$370.47
87634	RSV DNA/RNA AMP PROBE	\$69.32	\$62.39
87640	STAPH A DNA AMP PROBE	\$34.66	\$31.19
87641	MR-STAPH DNA AMP PROBE	\$34.66	\$31.19
87650	STREP A DNA DIR PROBE	\$19.80	\$17.82
87651	STREP A DNA AMP PROBE	\$34.66	\$31.19
87652	STREP A DNA QUANT	\$41.24	\$37.12
87653	STREP B DNA AMP PROBE	\$34.66	\$31.19
87660	TRICHOMONAS VAGIN DIR PROBE	\$19.80	\$17.82
87661	TRICHOMONAS VAGINALIS AMPLIF	\$34.66	\$31.19
87662	ZIKA VIRUS DNA/RNA AMP PROBE	\$50.68	\$45.61
87797	DETECT AGENT NOS DNA DIR	\$24.02	\$24.02
87798	DETECT AGENT NOS DNA AMP	\$34.66	\$31.19
87799	DETECT AGENT NOS DNA QUANT	\$42.30	\$38.08
87800	DETECT AGNT MULT DNA DIREC	\$39.62	\$35.65
87801	DETECT AGNT MULT DNA AMPLI	\$69.32	\$62.39
87802	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY W/DIRECT OPTICAL OBSERVATION;STREPTOCOCCUS,GROUP B	\$11.84	\$10.65
87803	CLOSTRIDIUM TOXIN A W/OPTIC	\$12.80	\$12.80
87804	INFLUENZA ASSAY W/OPTIC	\$13.24	\$13.24
87806	HIV ANTIGEN W/HIV ANTIBODIES	\$26.21	\$26.21
87807	RSV ASSAY W/OPTIC	\$11.84	\$10.65
87808	TRICHOMONAS ASSAY W/OPTIC	\$12.23	\$12.23
87809	ADENOVIRUS ASSAY W/OPTIC	\$17.40	\$17.40
87810	CHYLMD TRACH ASSAY W/OPTIC	\$28.23	\$28.23
87850	INFECTIOUS AGT DETECTION BY IMMUNOASSY WITH DIRECT OPTICAL OBSERVATION; NEISSERIA GONORRHOEAE	\$19.64	\$19.64
87880	STREP A ASSAY W/OPTIC	\$13.22	\$13.22
87899	AGENT NOS ASSAY W/OPTIC	\$12.85	\$12.85
87900	PHENOTYPE INFECT AGENT DRUG	\$128.73	\$115.86
87901	GENOTYPE DNA HIV REVERSE T	\$254.27	\$228.84
87902	GENOTYPE DNA/RNA HEP C	\$254.27	\$228.84
87903	PHENOTYPE DNA HIV W/CULTURE	\$482.62	\$434.36
87904	PHENOTYPE DNA HIV W/CLT ADD	\$25.74	\$23.17
87905	INFECTIOUS AGENT ENZYMATIC ACTIVITY OTHER THAN VIRUS (EG, SIALIDASE ACTIVITY IN	\$12.06	\$10.86
87906	GENOTYPE DNA/RNA HIV	\$127.13	\$114.42
87910	GENOTYPE CYTOMEGALOVIRUS	\$254.27	\$228.84
87912	GENOTYPE DNA HEPATITIS B	\$254.27	\$228.84

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

Procedure Code	Procedure Description	Rate Effective for	
		1/1/2018	1/1/2019
88104	CYTOPATH FL NONGYN SMEARS	\$34.00	\$32.10
88106	CYTOPATH FL NONGYN FILTER	\$34.82	\$34.59
88108	CYTOPATH CONCENTRATE TECH	\$29.57	\$29.33
88112	CYTOPATH CELL ENHANCE TECH	\$31.24	\$30.16
88120	CYTP URNE 3-5 PROBES EA SPEC	\$451.89	\$420.87
88121	CYTP URINE 3-5 PROBES CMPTR	\$375.64	\$335.40
88125	CYTOPATHOLOGY, FORENSIC (EG, SPERM)	\$9.69	\$9.70
88130	SEX CHROMATIN IDENTIFICATION BARR BODIES	\$17.75	\$15.97
88140	SEX CHROMATIN IDENTIFICATION PERIPHERAL BLOOD SMEAR, POLYMORPHONUCLEAR "DRUMSTICKS"	\$7.88	\$7.10
88142	CYTOPATH C/V THIN LAYER	\$20.00	\$18.00
88143	CYTOPATHOLOGY, CERVICAL OR VAGINAL(ANY RPTING SYS), COLLECTED ...WITH MAN SCREENINGS AND RESCREEN...	\$20.00	\$18.43
88147	CYTOPATH C/V AUTOMATED	\$40.44	\$40.44
88148	CYTOPATH C/V AUTO RESCREEN	\$15.00	\$13.50
88150	CYTOPATH C/V MANUAL	\$11.72	\$11.99
88152	CYTOPATH C/V AUTO REDO	\$22.11	\$22.11
88153	CYTOPATH C/V REDO	\$19.22	\$19.22
88155	CYTOPATH C/V INDEX ADD-ON	\$11.72	\$11.72
88160	CYTOPATH SMEAR OTHER SOURCE	\$35.92	\$34.86
88161	CYTOPATH SMEAR OTHER SOURCE	\$31.51	\$31.54
88162	CYTOPATH SMEAR OTHER SOURCE	\$44.80	\$44.01
88164	CYTOPATH TBS C/V MANUAL	\$11.72	\$11.99
88165	CYTOPATH TBS C/V REDO	\$33.77	\$33.77
88166	CYTOPATH TBS C/V AUTO REDO	\$11.72	\$11.99
88167	CYTOPATH TBS C/V SELECT	\$11.72	\$11.99
88172	CYTP DX EVAL FNA 1ST EA SITE	\$16.04	\$15.23
88173	CYTOPATH EVAL FNA REPORT	\$63.85	\$62.81
88174	CYTOPATH C/V AUTO IN FLUID	\$21.10	\$20.29
88175	CYTOPATH C/V AUTO FLUID REDO	\$26.16	\$23.55
88177	CYTP FNA EVAL EA ADDL	\$6.08	\$5.52
88182	FLOW CYTOMETRY CELL CYCLE OR DNA ANALYSIS	\$71.61	\$73.90
88184	FLOWCYTOMETRY/ TC 1 MARKER	\$52.25	\$219.37
88185	FLOWCYTOMETRY/TC ADD-ON	\$23.48	\$19.08
88230	TISSUE CULTURE LYMPHOCYTE	\$115.05	\$103.55
88233	TISSUE CULTURE SKIN/BIOPSY	\$138.99	\$125.08
88235	TISSUE CULTURE PLACENTA	\$145.44	\$130.90
88237	TISSUE CULTURE BONE MARROW	\$124.74	\$115.00
88239	TISSUE CULTURE TUMOR	\$145.69	\$131.12
88240	CELL CRYOPRESERVE/STORAGE	\$10.45	\$10.45
88241	THAWING AND EXPANSION OF FROZEN CELLS. EACH ALIQUOT	\$9.97	\$9.67
88245	CHROMOSOME ANALYSIS 20-25	\$171.04	\$153.93
88248	CHROMOSOME ANALYSIS 50-100	\$171.04	\$153.93
88249	CHROMOSOME ANALYSIS 100	\$171.04	\$153.93
88261	CHROMOSOME ANALYSIS 5	\$211.47	\$211.47
88262	CHROMOSOME ANALYSIS 15-20	\$123.10	\$110.79
88263	CHROMOSOME ANALYSIS 45	\$148.43	\$133.59
88264	CHROMOSOME ANALYSIS 20-25	\$123.10	\$115.68
88267	CHROMOSOME ANALYS PLACENTA	\$177.56	\$159.80
88269	CHROMOSOME ANALYS AMNIOTIC	\$164.27	\$147.84
88271	CYTOGENETICS DNA PROBE	\$21.15	\$19.04
88272	CYTOGENETICS 3-5	\$32.56	\$32.56
88273	CYTOGENETICS 10-30	\$31.72	\$28.56
88274	CYTOGENETICS 25-99	\$34.38	\$33.90
88275	CYTOGENETICS 100-300	\$40.95	\$40.95
88280	CHROMOSOME KARYOTYPE STUDY	\$26.77	\$26.77
88283	CHROMOSOME ANALYSIS ADDITIONAL SPECIALIZED BANDING TECHNIQUE (EG, NOR, C-BANDING)	\$67.75	\$60.97
88285	CHROMOSOME COUNT ADDITIONAL	\$21.52	\$21.52
88289	CHROMOSOME STUDY ADDITIONAL	\$34.00	\$30.60
88300	SURGICAL PATH GROSS	\$9.41	\$8.87
88302	TISSUE EXAM BY PATHOLOGIST	\$18.52	\$18.55
88304	TISSUE EXAM BY PATHOLOGIST	\$22.67	\$22.42
88305	TISSUE EXAM BY PATHOLOGIST	\$23.22	\$23.52
88307	TISSUE EXAM BY PATHOLOGIST	\$139.80	\$143.28
88309	TISSUE EXAM BY PATHOLOGIST	\$195.07	\$201.08
88311	DECALCIFICATION PROC(LIST SEPARATELY IN ADDN TO CODE FOR SURG PATHOLOGY EXAM)(EXEMPT FROM CLIA EDIT)	\$7.20	\$6.93
88312	SPECIAL STAINS GROUP 1	\$54.71	\$56.98
88313	SPECIAL STAINS GROUP 2	\$45.60	\$47.03
88314	HISTOCHEMICAL STAINS ADD-ON	\$48.64	\$53.94
88319	ENZYME HISTOCHEMISTRY	\$47.52	\$54.49
88323	CONSULTATION AND REPORT ON REFERRED MATERIAL REQUIRING PREPARATION OF SLIDES	\$25.71	\$20.76
88331	PATH CONSULT INTRAOP 1 BLOC	\$25.44	\$25.74
88332	PATH CONSULT INTRAOP ADDL	\$16.60	\$16.89

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

Procedure Code	Procedure Description	Rate Effective for	
		1/1/2018	1/1/2019
88333	INTRAOP CYTO PATH CONSULT 1	\$19.36	\$19.65
88334	INTRAOP CYTO PATH CONSULT 2	\$12.43	\$12.99
88341	IMMUNOHISTO ANTB ADDL SLIDE	\$49.71	\$49.49
88342	IMMUNOHISTO ANTB 1ST STAIN	\$56.92	\$54.77
88344	IMMUNOHISTO ANTIBODY SLIDE	\$105.52	\$102.88
88346	IMMUNOFLUOR ANTB 1ST STAIN	\$44.49	\$56.98
88348	ELECTRON MICROSCOPY DIAGNOSTIC	\$210.59	\$219.67
88350	IMMUNOFLUOR ANTB ADDL STAIN	\$33.41	\$37.32
88355	ANALYSIS SKELETAL MUSCLE	\$37.31	\$38.18
88356	ANALYSIS NERVE	\$73.54	\$75.00
88358	ANALYSIS TUMOR	\$36.76	\$59.75
88360	TUMOR IMMUNOHISTOCHEM/MANUAL	\$68.80	\$65.55
88361	TUMOR IMMUNOHISTOCHEM/COMPUT	\$75.70	\$66.38
88362	NERVE TEASING PREPARATIONS	\$74.90	\$74.70
88364	INSITU HYBRIDIZATION (FISH)	\$75.42	\$75.51
88365	INSITU HYBRIDIZATION (FISH)	\$105.25	\$102.88
88366	INSITU HYBRIDIZATION (FISH)	\$155.52	\$155.96
88367	INSITU HYBRIDIZATION AUTO	\$56.09	\$57.53
88368	INSITU HYBRIDIZATION MANUAL	\$61.34	\$65.83
88369	M/PHMTRC ALYSISHQUANT/SEMIQ	\$59.68	\$60.85
88371	PROTEIN WESTERN BLOT TISSUE	\$21.95	\$19.76
88372	PROTEIN ANALYSIS W/PROBE	\$22.46	\$20.97
88373	M/PHMTRC ALYS ISHQUANT/SEMIQ	\$39.49	\$36.77
88374	M/PHMTRC ALYS ISHQUANT/SEMIQ	\$234.23	\$218.45
88377	M/PHMTRC ALYS ISHQUANT/SEMIQ	\$269.06	\$250.83
88380	MICRODISSECTION LASER	\$63.30	\$60.60
88381	MICRODISSECTION MANUAL	\$75.72	\$99.86
88387	TISS EXAM MOLECULAR STUDY	\$4.72	\$5.28
88388	TISS EX MOLECUL STUDY ADD-ON	\$7.76	\$8.60
88720	BILIRUBIN, TOTAL, TRANSCUTANEOUS	\$4.95	\$4.45
88738	HGB QUANT TRANSCUTANEOUS	\$4.95	\$4.45
88740	HEMOGLOBIN, QUANTITATIVE, TRANSCUTANEOUS, PER DAY; CARBOXYHEMOGLOBIN	\$7.49	\$7.49
88741	HEMOGLOBIN, QUANTITATIVE, TRANSCUTANEOUS, PER DAY; METHEMOGLOBIN	\$7.49	\$7.49
89050	CELL COUNT, MISCELLANEOUS BODY FLUIDS (EG, CEREBROSPINAL FLUID, JOINT FLUID), EXCEPT BLOOD	\$4.66	\$4.20
89051	BODY FLUID CELL COUNT	\$5.44	\$4.89
89055	LEUKOCYTE ASSESSMENT FECAL	\$4.21	\$3.80
89060	EXAM SYNOVIAL FLUID CRYSTALS	\$7.06	\$6.36
89125	SPECIMEN FAT STAIN	\$4.70	\$4.70
89160	MEAT FIBERS, FECES	\$3.88	\$3.88
89190	NASAL SMEAR FOR EOSINOPHILS	\$4.68	\$4.63
89220	SPUTUM SPECIMEN COLLECTION	\$12.72	\$115.78
89230	COLLECT SWEAT FOR TEST	\$2.79	\$40.78
89300	SEMEN ANALYSIS W/HUHNER	\$8.82	\$7.93
89310	SEMEN ANALYSIS W/COUNT	\$8.50	\$7.65
89320	SEMEN ANAL VOL/COUNT/MOT	\$11.90	\$10.71
89321	SEMEN ANAL SPERM DETECTION	\$11.90	\$10.71
89322	SEMEN ANAL STRICT CRITERIA	\$15.30	\$13.77
89325	SPERM ANTIBODIES	\$10.54	\$9.48
89329	SPERM EVALUATION TEST	\$19.34	\$17.40
89330	EVALUATION CERVICAL MUCUS	\$9.76	\$8.79
89331	RETROGRADE EJACULATION ANAL	\$19.34	\$17.40
0011M	ONC PRST 8 CA MRNA 12 GEN ALG	\$0.00	\$608.00
0012M	ONC MRNA 5 GEN RSK URTHL CA	\$0.00	\$608.00
0013M	ONC MRNA 5 GEN RECR URTHL CA	\$0.00	\$608.00
0036U	XOME TUM & NML SPEC SEQ ALYS	\$0.00	\$3,824.00
0037U	TRGT GEN SEQ DNA 324 GENES	\$0.00	\$2,800.00
0038U	VITAMIN D SRM MICROSAMP QUAN	\$0.00	\$26.31
0039U	DNA ANTB 2STRAND HI AVIDITY	\$0.00	\$12.22
0040U	BCR/ABL1 GENE MAJOR BP QUAN	\$0.00	\$364.36
0045U	ONC BRST DUX CARC IS 12 GENE	\$0.00	\$3,098.40
0046U	FLT3 GENE ITD VARIANTS QUAN	\$0.00	\$132.41
0047U	ONC PRST8 MRNA 17 GENE ALG	\$0.00	\$3,098.40
0049U	NPM1 GENE ANALYSIS QUAN	\$0.00	\$197.22
0051U	RX MNTR LC-MS/MS UR 31 PNL	\$0.00	\$164.50
0052U	LPOPRTN BLD W/5 MAJ CLASSES	\$0.00	\$27.09
0054U	RX MNTR 14+ DRUGS & SBSTS	\$0.00	\$132.42
0058U	ONC MERKEL CLL CARC SRM QUAN	\$0.00	\$287.08
0059U	ONC MERKEL CLL CARC SRM +/-	\$0.00	\$287.08
0060U	TWN ZYG GEN SEQ ALYS CHRMS2	\$0.00	\$607.24
0061U	TC MEAS 5 BMRK SFDI M-S ALYS	\$0.00	\$22.28
G0027	SEMEN ANALYSIS	\$6.42	\$5.78

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

Procedure Code	Procedure Description	Rate Effective for	
		1/1/2018	1/1/2019
G0103	PSA SCREENING	\$18.16	\$16.35
G0123	SCREEN CERV/VAG THIN LAYER	\$20.00	\$18.00
G0143	SCR C/V CYTO, THINLAYER, RESCR	\$21.64	\$21.64
G0144	SCR C/V CYTO, THINLAYER, RESCR	\$35.17	\$35.17
G0145	SCR C/V CYTO, THINLAYER, RESCR	\$26.16	\$23.55
G0147	SCR C/V CYTO, AUTOMATED SYS	\$11.72	\$11.99
G0148	SCR C/V CYTO, AUTOSYS, RESCR	\$25.55	\$25.55
G0306	CBC/DIFFWBC W/O PLATELET	\$7.67	\$6.90
G0307	CBC WITHOUT PLATELET	\$6.38	\$5.74
G0328	FECAL BLOOD SCRNM IMMUNOASSAY	\$15.71	\$14.44
G0480	DEFINITIVE DRUG TESTING 1-7 CLASSES, PER DAY	\$91.54	\$91.54
G0481	DEFINITIVE DRUG TESTING 8-14 CLASSES, PER DAY	\$125.27	\$125.27
G0482	DEFINITIVE DRUG TESTING 15-21 CLASSES, PER DAY	\$158.99	\$158.99
G0483	DEFINITIVE DRUG TESTING 22+ CLASSES, PER DAY	\$197.53	\$197.53
G0659	DRUG TEST DEF SIMPLE ALL CL	\$57.46	\$51.72
P2028	CEPHALIN FLOCCULATION, BLOOD	\$4.88	\$4.40
P2029	CONGO RED, BLOOD	\$4.88	\$4.40
P2031	HAIR ANALYSIS	\$4.88	\$4.40
P2033	THYMOL TURBIDITY, BLOOD	\$4.88	\$4.40
P2038	MUCOPROTEIN BLOOD	\$4.88	\$4.40
P3000	SCREENING PAP SMEAR, CERVICAL OR VAGINAL, UP TO 3 SMEARS, BY TECH UNDER PHYS. SUPERV.	\$11.72	\$11.99
P9612	CATHETERIZATION FOR COLLECTION OF SPECIMEN; SINGLE PATIENT, ALL PLACES OF SERVICE	\$2.40	\$2.40
P9615	CATHETERIZATION FOR COLLECTION OF SPECIMEN; MULTIPLE PATIENTS	\$2.40	\$2.40
Q0111	WET MOUNTS, INCLUDING PREPARATIONS OF VAGINAL, CERVICAL, OR SKIN SPECIMENS (PPMP CLIA LIST)	\$11.72	\$11.99
Q0112	POTASSIUM HYDROXIDE PREPS	\$4.66	\$4.66
Q0113	PINWORM EXAMINATIONS (PPMP CLIA LIST)	\$4.21	\$3.80
Q0114	FERN TEST (PPMP CLIA LIST)	\$7.79	\$7.79
Q0115	POST-COITAL DIRECT, QUALITATIVE EXAMINATIONS OF VAGINAL OR CERVICAL MUCOUS (PPMP CLIA LIST)	\$20.00	\$20.00

\*This fee schedule includes all lab services that are covered as Outpatient services.