



TEST	CPT CODE *	ESTIMATED COST **
Alpha Fetoprotein Tumor Marker	82105	\$198.00
B-type Natriuretic Peptide (PRO-BNP)	83880	175.00
Blood Counts (ICD- codes that DO NOT support Medicare medical necessity)	85014 Hematocrit 85018 Hemoglobin 85025 CBC w/ diff 85027 CBC w/o diff 85048 WBC Count 85049 Platelet Count	30.00 30.00 40.25 43.62 39.70 55.00
CA 19-9 Tumor Antigen by Immunoassay	86301	168.25
CA 15-3/ CA 27.29 Tumor Antigen by Immunoassay	86300 86300	168.25 168.25
CA 125 Tumor Antigen by Immunoassay	86304	168.46
Calcium, Ionized	82330	90.00
Calcium, Total	82310	84.25
Carcinoembryonic Antigen (CEA)	82378	220.00
Collagen Crosslinks, any methodology	82523	175.00
Fecal Occult Blood Test Screen, Immunochemical Assay (FIT)	82274	56.00
Gamma Glutamyl Transferase (GGT)	82977	60.63
Glucose Testing, Blood	82947	36.46
Glycosylated Hemoglobin/Glycated Protein	83036	69.00
Hepatitis Panel, Acute	80074	548.43
Hepatitis B Surface Antigen and Antibody	87340 Antigen 86706 Antibody	130.00 223.50
Human Chorionic Gonadotropin (HCG)	84702	90.00
Human Immunodeficiency Virus (HIV) Testing Diagnosis	86703	127.00
Human Immunodeficiency Virus (HIV) Testing Prognosis – RNA Quant	87536	713.75
Iron Studies, Serum	83540 Iron 82728 Ferritin 83550/83540 TIBC/Iron 84466 Transferrin	77.50 114.19 TIBC 26.10 Iron 77.50 154.00
Lipid Testing	80061 Lipid 82465 Cholesterol 84478 Triglycerides 83721 LDL	130.00 32.50 44.38 47.25
Magnesium	83735	79.00
Parathyroid Hormone (PTH)	83970	187.00

TEST	CPT CODE *	ESTIMATED COST **
Partial Thromboplastin Time (PTT)	85730	67.44
Phosphorus, Serum	84100	36.46
Prostate Specific Antigen	84153 PSA Screen	131.00
	84153 PSA, Diagnostic	131.00
Prothrombin Time (PT)	85610	33.00
Qualitative Drug Screen, Urine	80100 x 7	622.65
Sedimentation Rate, Erythrocyte (ESR)	85651	73.00
Thyroid Testing	84443 TSH	121.00
	84479 T3 Uptake	102.00
	84436 T4, Total	100.00
	84439 T4, Free	143.73
Treponema Antibody	86780	150.00
Troponin	84484	133.80
Urine Culture, Bacterial	87086	56.00 (Positive cultures will incur additional charges for additional testing performed.)
Vitamin D 25 OH	82306	230.00
Medicare Frequency and Other Limitations:		
Pap Smear	88175	With Imager 65.00
	88142	Without Imager 51.45
Prostate Specific Antigen	84153 PSA Screen	131.00
Fecal Occult Blood Test Screen, Immunochemical Assay (FIT)	82274	56.00

*The CPT codes provided are based on AMA guidelines and are informational use only. CPT coding is the responsibility of the billing party.

**Estimated cost of testing is subject to change and applies only to ALP Reference Lab patients.