



LABORATORY SERVICES
 1225 NE SECOND AVENUE
 PORTLAND, OR 97232
 (503) 413-1234 or (877) 270-5566

ADVANCE BENEFICIARY NOTICE (ABN) BILLING INFORMATION SHEET

TEST NAME	CPT	FEE
Blood Counts (Whole Blood Cellular Analysis)		
CBC (Complete Blood Count w/Auto Diff)	85025	\$24.88
ABC (Automated Blood Cell Count)	85027	\$22.25
Hemoglobin & Hematocrit (H&H)	85014	\$30.30
Hematocrit (blood or body fluid)	85014	\$15.50
Hemoglobin	85018	\$14.50
Platelet Count (blood or body fluid)	85049	\$14.60
Differential Only (manual)	85007	\$15.75
Manual Percent Neutrophils	85007	\$15.75
Eosinophil Count, Total	85048	\$23.70
Thyroid Testing		
T3 Uptake	84479	\$25.36
T4, Total (Thyroxine)	84436	\$23.70
T4, Free	84439	\$40.40
TSH (Thyroid Stimulating Hormone)	84443	\$54.25
TSH with Reflex (to FT4)	84443	\$94.65
Thyroid Panel (T7)	84436 84479	\$93.80
Lipids Testing		
Lipid Profile	80061	\$43.20
Lipid Profile w/Reflex (to LDL direct)	80061	\$85.95
Cholesterol (serum or body fluid)	82465	\$19.13
Triglyceride (serum or body fluid)	84478	\$20.25
HDL Cholesterol	83718	\$74.00
LDL Cholesterol, direct	83721	\$42.75
NMR LipoProfile	83704	\$95.00
VAP Cholesterol	83701	\$55.00
Misc. Chemistry Testing		
B-Type Natriuretic Peptide (BNP)	83880	\$150.75
Collagen Crosslinks (NTX)	82523	\$120.40
Digoxin	80162	\$45.80
Fructosamine	82985	\$42.20
Gamma GT (glutamyl transferase)	82977	\$24.00
Glucose (blood or body fluid)	82947	\$18.00
Glucose (Fasting or 2hr pp-non ob)	82947	\$18.00
Glucose, Urine (random or timed)	82945	\$14.10
HCG Quantitative	84702	\$58.30
Hemoglobin A1c (glycosylated)	83036	\$36.00
Hepatitis Acute Panel	80074	\$160.00
Vitamin D, 25-Hydroxy	82306	\$98.00
Vitamin D, 1,25-Dihydroxy	82652	\$141.00
Fecal Occult Blood Group	82272	\$11.70

TEST NAME	CPT	FEE
Urinalysis & Urine Culture		
Urinalysis	81001	\$18.50
Urine Culture only, if negative	87088	\$35.30
Urinalysis with C&S if indicated*	81001	\$18.50
*May reflex to Culture+; include CPT's & Pricing below		
Urine Culture, if positive	87088	\$35.30
Organism ID, each organism	87077	\$17.80
Antibiotic Sensitivity (MIC or KB), each	87186	\$27.70
Combined cost for positive culture, one organism:		\$80.80
Combined cost for positive culture, two organism:		\$126.30
HIV Testing		
HIV 1,2,0 Combined Antibodies	86703	\$45.00
HIV Western Blot Confirmation	86689	\$131.00
HIV RNA by PCR UltraQuant.	87536	\$258.00
HIV Rapid Antibody	86701	\$102.00
HIV-1 DNA PCR, Qualitative	87535	\$258.86
HTLV I/II Antibody Western Blot	86689	\$259.24
Iron Studies		
Iron, Serum	83540	\$34.50
IBC (Iron Binding Capacity)	83550	\$31.50
Ferritin	82728	\$34.50
Transferrin	84466	\$52.90
PSA Testing		
PSA, Total	84153	\$57.75
PSA, Free	84154	\$102.25
PSA Annual Screen*	G0103	\$57.75
*(V76.44 must be supplied to receive annual screening benefit)		
Coagulation Testing		
PT-INR (Prothrombin Time)	85610	\$18.00
PTT (Partial Thromboplastin time)	85730	\$23.00
Tumor Antigens		
AFP (Alphafetoprotein)	82105	\$73.30
CA 27.29 Antigen	86300	\$57.80
Cancer Antigen 19-9 (CA-GI)	86301	\$63.00
Cancer Antigen 125 (CA-125)	86304	\$55.50
Cancer Antigen-Breast (CA 15-3)	86300	\$65.00
CEA	82378	\$61.80
Tests that always require signed ABN		
Fecal Leukocyte Estimation*	87205	\$15.00
Apolipoprotein A-1 (or B)*	82172	\$54.53
Procalcitonin (PCT)*	84145	\$83.50
*Per Medicare - Not Proven Effective, Not Medically Reasonable and Necessary		