

January 2026

Dear Physician:

Christian Hospital Department of Laboratories is committed to possessing the reliability, honesty, trustworthiness and high degree of business integrity expected of a participant in federally funded healthcare programs. As part of this commitment, our policy concerning profiles and panels is to provide physicians with the flexibility to choose appropriate tests to assure that the convenience of ordering profiles and panels does not distance physicians from making deliberate decisions regarding which tests are truly medically necessary.

To demonstrate our commitment, we provide an annual notice to each of our physician clients advising them that if they order tests for Medicare or Medicaid beneficiaries, they should only order those tests that are medically necessary for each patient. The United States Department of Health and Human Services, Office of Inspector General, takes the position that a physician who orders medically unnecessary tests may be subject to civil penalties. Any clinical laboratory that conforms its conduct to meet the Model Compliance Plan for clinical laboratories established by the Office of the Inspector General as we do, must provide this type of annual notice to its clients.

Explanation of Attachments

As part of this commitment to the government and to you, attached to this letter are lists of the standard organ or disease panels, reflex tests, confirmation tests and profiles available at Christian Hospital Department of Laboratories. The attachment is structured as follows:

1. Attachment 1 lists the American Medical Association's (AMA) organ or disease panels effective January 1, 2026

The panels are broken out to show the individual test components by name and by CPT code. For your information and convenience, please visit these payers' websites to obtain their current fee schedules:

- Medicare (http://www.cms.hhs.gov/ClinicalLabFeeSched/02_clinlab.asp#TopOfPage)
- Illinois Medicaid (<https://www.illinois.gov/hfs/MedicalProviders/MedicaidReimbursement/Pages/Practitioner.aspx>)
- Missouri Medicaid or MO Health Net (<https://dss.mo.gov/mhd/providers/fee-for-service-providers.htm>).
- Local and National Coverage Determinations applicable for Barnes-Jewish Hospital can be accessed on the WPS Medicare website under topic center policies:
https://www.wpsgha.com/wps/portal/mac/site/home/!ut/p/z1/04_Sj9CPyksy0xPLMnMz0vMAfjo8ziAzw8zDwMLQx8_I18DQwcf3CjF0tfLzMTUz1wwkpiAJKG-A

The implementation of PAMA required Medicare to pay the weighted median of private payer rates for each separate HCPCS code. Organ or Disease Oriented panels are panels that consist of groups of specified tests. Laboratories shall report the panel tests where appropriate and not report separately the tests that make up that panel. All Medicare coverage rules apply.

The Medicare standard systems must calculate the correct payment amount. The only acceptable Medicare definition for the component tests included in the CPT codes for organ or disease-oriented panels is the American Medical Association (AMA) definition of component tests. CMS will not pay for the panel code unless all of the tests in the definition are performed and are medically necessary.

2. Attachment 2 lists our standard tests and profiles that contain a confirmation or a reflex test(s). The list shows the initial test name, the CPT code, the criteria for performing the confirmation or reflex test(s), and the name and CPT code for the confirmation or reflex test(s).
3. Attachments 3 and 4 list certain standard profiles in which every test component is essential to providing a medically valid result. The profiles are broken out to show the individual test components by name and by CPT code.

CPT Coding

Christian Hospital Department of Laboratories bills its test procedures to third party payers, such as Medicare, Medicaid and private insurance, at the same fee it bills patients and in accordance with any specific CPT coding required by the payer. The CPT codes listed in this letter are from the 2026 edition of the Physicians' Current Procedural Terminology, a publication of the AMA. CPT codes are provided for the information of our clients; however, correct coding often varies from one payer to another. Therefore, these codes should not be used without confirming with the appropriate payer that their use is appropriate in each case.

MO HealthNet

Christian Hospital as a MO HealthNet enrolled hospital may bill for outpatient laboratory services if the services are performed:

- in their hospital's laboratory.
- by an independent laboratory enrolled as a MO HealthNet provider under an arrangement which documents that the hospital is responsible for billing the services provided by the independent laboratory.
- by an independent laboratory not enrolled as a MO HealthNet provider under an arrangement which documents that the hospital is responsible for billing the services provided by the independent laboratory.

Providers need to keep a copy of this documentation as well as the appropriate CLIA certification on file and be able to provide upon request.

Additionally, MO HealthNet enrolled independent laboratories also have the choice to bill for outpatient laboratory services. However, laboratory services that are billed by the hospital cannot be billed by the independent laboratory and vice versa. This is considered duplicate billing and claims are subject to recoupment. (<https://mydss.mo.gov/media/pdf/laboratory-reimbursement>)

Illinois Public Aid

Barnes-Jewish Hospital may not charge Illinois Public Aid for outpatient laboratory testing that is forwarded to an independent referral laboratory for analysis and not performed by Barnes-Jewish Hospital Department of Laboratories unless Barnes-Jewish Hospital has a financial agreement with the independent referral laboratory

(<https://www.illinois.gov/hfs/SiteCollectionDocuments/LabPolicyTopicL21012Rev060118.pdf>)

If the independent referral laboratory is not an enrolled provider of Illinois Public Aid and/or there is no financial agreement, only the performing laboratory may submit claims for payment. To achieve compliance with this regulation, it is the responsibility of the physician or the submitting institution to provide the patient's complete insurance information to be forwarded to the performing laboratory for billing to the appropriate state department.

For organizations not doing business in Missouri or Illinois it is the responsibility of the submitting institution to validate the laws governing their state to ensure they comply with billing requirements in regard to referral testing.

Laboratory Date of Service Policy

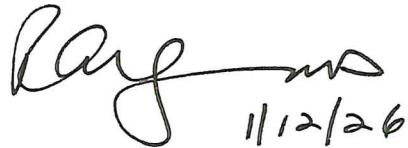
Christian Hospital Department of Laboratories follows the rules outlined in the CMS Laboratory Date of Service Policy. The policy can be found at <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/ClinicalLabFeeSched/Clinical-Lab-DOS-Policy>

Specifically, under 42 CFR 414.510(b)(5), in the case of a molecular pathology test performed by a laboratory other than a blood bank or center, a test designated by CMS as an ADLT under paragraph (1) of the definition of an advanced diagnostic laboratory test in 42 CFR 414.502, a test that is a cancer-related protein-based MAAA, or the test described by CPT code 81490,, the date of service of the test must be the date the test was performed. If all of the requirements are met, the DOS of the test must be the date the test was performed, which effectively unbundles the laboratory test from the hospital outpatient encounter. As a result, the test is not considered a hospital outpatient service for which the hospital must bill Medicare and for which the performing laboratory must seek payment from the hospital, but rather a laboratory test under the Clinical Laboratory Fee Schedule for which the performing laboratory must bill Medicare directly.

Please review carefully the panels listed in the Attachments. If you have any questions or would like to discuss this matter with us, please contact Customer Service at the address and phone number listed below. Christian Hospital Laboratory clinical consultant can be contacted as follows: Dr. Olaronke Akintola-Ogunremi, MD, Medical Director of Laboratories (Pathology Department 314-3653-5630).

Thank you:

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St. Louis, MO 63136
(314) 653-5630
(314) 653-4099 (fax)


11/12/26

Attachment(s)

- Attachment 1 - AMA Organ or Disease Panels
- Attachment 2 - Standard Reflex/Confirmation Tests
- Attachments 3 and 4 - Standard Profiles

AMA Organ or Disease Panels-2026

CPT CODE	Descriptors and Components	CPT CODE	Descriptors and Components
80074	<u>Acute Hepatitis Panel</u>	80061	<u>Lipid Panel</u>
86709	Hepatitis A Antibody, IgM	82465	Cholesterol, Serum Total
86705	Hepatitis B Core Antibody, IgM	83718	Cholesterol, High Density Lipoprotein
87340	Hepatitis B Surface Antigen	84478	(HDL)
86803	Hepatitis C Antibody		Triglycerides
80048	<u>Basic Metabolic Panel (Calcium, total)</u>	80076	<u>Hepatic Function Panel</u>
82310	Calcium, Total	82040	Albumin
82374	Carbon Dioxide	82247	Bilirubin, Total
82435	Chloride Creatinine	82248	Bilirubin, Direct
82565	Glucose	84075	Phosphatase, Alkaline
82947	Potassium	84155	Protein, total
84132	Sodium	84460	ALT(SGPT)
84295	Urea Nitrogen	84450	AST (AGOT)
80069	<u>Renal Function Panel</u>	80051	<u>Electrolyte Panel</u>
82040	Albumin	82374	Carbon Dioxide
82310	Calcium	82435	Chloride
82374	Carbon Dioxide	84132	Potassium
82435	Chloride Creatinine	84295	Sodium
82565	Glucose		
82947	Phosphorus, Inorganic (Phosphate)		
84100	Potassium		
84132	Sodium		
84295	Urea Nitrogen		
84520			

80053	<u>Comprehensive Metabolic Panel</u>	80055	<u>Obstetric Panel</u>
82040	Albumin	85025	Complete Blood Count (CBC)
84460	ALT (SGPT)	87340	Hepatitis B Surface Antigen
84450	AST (SCOT)	86762	Rubella Antibody, IgG
82247	Bilirubin, Total	86592	RPR
82310	Calcium, Total	86900	ABO
82374	Carbon Dioxide	86901	Rh
82435	Chloride	86850	Antibody Screen
82565	Creatinine	80081	<u>Obstetric Panel with HIV</u>
82947	Glucose	85025	Complete Blood Count (CBC)
84075	Phosphatase, Alkaline	87340	Hepatitis B Surface Antigen
84132	Potassium	86762	Rubella Antibody, IgG
84155	Protein, Total	86592	RPR
84295	Sodium	86900	ABO
84520	Urea Nitrogen	86901	Rh
		86850	Antibody Screen
		87389	HIV-1 Ag w/ HIV-1 and HIV-2 Ab
81001	<u>Complete Urinalysis</u>	85025	<u>Complete Blood Count (CBC)</u> — Includes automated differential
81003	Urinalysis, Macroscopic	85048	White Blood Count
81015	Urinalysis, Microscopic	85041	Red Blood Count
		85018	Hemoglobin
		85014	Hematocrit
		85049	Platelet Count
		N/A	Automated Differential
85027	<u>CBC</u> - No automated differential		
85048	White Blood Count		
85041	Red Blood Count		
85018	Hemoglobin		
85014	Hematocrit		

85049	Platelet Count		
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Blood Products 2026

In order to comply with FDA guidance for the prevention of bacterial contamination in platelets, the Red Cross, which serves as the primary blood supplier for all BJC hospitals, will begin providing only two platelet products starting June 1, 2021: pathogen-reduced (PR) platelets and large-volume delayed-sampling (LVDS) platelets. The FDA considers these products to be equivalent in meeting the universal indication for prevention of bacterial contamination in all patients.”

CPT CODE	DESCRIPTOR and COMPONENTS
P9073 36430	Platelet, Pheresis, Pathogen Reduced Transfusion Blood/Component
P9037 36430	Platelet Pher Leukoreduced, Irradiated Transfusion Blood/Component

STANDARD REFLEX/CONFIRMATION TESTS - 2026

Performed at Christian Hospital and Northwest HealthCare

Initial Test	CPT Code	Reflex Criteria	Reflex Test	CPT Code
ABO/RH Type and Screen	86900 86901	If there is an ABO discrepancy, an Antibody screen and antibody ID panel will be performed.	Antibody screen Antibody ID Panel	86850 86870
Acute Hepatitis Panel	80074	Positive HBsAg then reflex to HBsAg Neutralization. If positive Hep C ab	Hepatitis B Surface Antigen Neutralization Hep C RNA	87341 87522

Antibody Screen, Blood	86850	If Screen is positive an Antibody ID panel and Coombs Direct will be done. Possible additional testing: Pre-warm Ab screen &/or Ab ID Ab screen &/or Ab ID Ab screen Ag typing for at least 2 units.	Antibody ID panel Coombs, Direct Prewarm Ab screen Ab ID Ab screen Antigen type on unit	86870 86880 86850 86870 86850 86978 86850 86886 86902
PTH with PTHRP reflex	83970	If PTH is <50, PTHRP is ordered	PTH related peptide	82397
Coombs, Direct	86880	If Coombs Direct is positive, both Anti-C3 and Anti-IgG are performed possible elution, antibody screen and/or ID.	Anti-C3 Anti-IgG Possible additional testing: Elution Antibody screen Antibody ID	86880 86880 86860 86850 86870
Crossmatch (Routine)	86920	If antibody screen is positive, full crossmatch is done. If patient has a history of positive antibody screen, full crossmatch is done.	Immediate Spin Technique Incubation Technique Anti-globulin Technique	86920 86921 86922
Cryptococcus Antigen	86403	Titer will be performed if positive	Cryptococcus Antigen Titer	82397
Drug Screen with Confirmation, Urine	80307	If screening is positive for amphetamines, cocaine metabolites, fentanyl, methadone, opiates, oxycodone, or phencyclidine, confirmation testing is performed.	Amphetamines Conf Urine, Cocaine Metab Conf, Fentanyl Conf Urine, Methadone Conf, Opiates Conf Urine, Oxycodone Conf Urine, Phencyclidine Conf. Benzodiazepine	80325, 80359, G0480, 80353, 80354, 80358, 80361, 80365,

				80362, 83992
Endomysial Antibody	86255	Titer will be performed if positive	Endomysial Antibody titer	86256
Hepatitis B Surface Antigen	87340	If positive HBsAg then reflex to HBsAg Neutralization.	Hepatitis B Surface Antigen Neutralization	87341
HIV, Type 1 and 2 Antibodies +p24 Antigen	87389	All positives reflex to HIV-1 and HIV-2 differentiation	HIV-1 and HIV-2 Antibody Confirmation and Differentiation Serum	86701 86702
Primary HPV screening with reflex to Pap if abnormal	87624	If HPV is detected, Pap test will be performed	Pap test, preservative fluid, thin layer, with Screening by automated method	88175
Lipid Panel with Reflex to Direct LDL	80061	If Triglyceride result is > 400, then reflex to Direct LDL.	Direct LDL	83721
Pap test, preservative fluid thin layer	88145	If abnormal and requires physician interpretation will reflex to Physician Interpretation	Physician Interpretation	88141
Pap test, preservative fluid thin layer with Reflex to HPV	88145	If cytologic diagnosis of ASC-US and LSIL will reflex to High-Risk HPV RNA Detection.	High Risk HPV RNA Detection Physician Interpretation	87624 88141
Pap test, preservative fluid thin layer, with screening by automated method and rescreening	88175	If abnormal and requires physician interpretation will reflex to Physician Interpretation.	Physician Interpretation	88141
Pap test, preservative fluid thin layer, with screening by automated method and rescreening with Reflex to HPV	88175	If cytologic diagnosis of ASC-US and LSIL will Reflex to High-Risk HPV RNA Detection	High Risk HPV RNA Detection Physician Interpretation	87624 88141
Rapid Plasma Reagin (RPR)	86592	All reactive results receive a RPR quantitation and T. pallidum confirmation	RPR Titer T. pallidum confirmation	86593 86780

		if ordered as a reflex. If no previous Christian positive		
SPE Reflex	84165 84165*26	Reflex IFE, if positive result on SPE and > 1 year since last IFE or new patient. Serum Free Light chains reflexed if Gamma on SPE is less than or equal to 0.5	Immunofixation Serum Free Light chains	86334 83883*2
Thyroid Cascade	84443	FT4 is performed if TSH is outside the normal Reference interval (<0.30 mclUnits/mL or >4.2 mclUnits/mL). FT3 is performed if TSH is <0.3 and FT4 is normal or decreased (<1.7ng/dL)	Free T4 Free T3	84439 84481
Urine Dipstick Reflex to Microscopic	81003	If abnormal result is reported for protein, blood or leukocyte esterase. A microscopic review will be reflexed.	Microscopic Urinalysis	81015
Urine Dipstick Reflex to Microscopic with Culture Reflex	81003	If abnormal result is reported for protein, blood or leukocyte esterase. A microscopic review will be reflexed. If the abnormality is WBC/hpf, the specimen will be cultured.	Microscopic Urinalysis Urine Culture (See Urine Culture for other codes and further information)	81015 87086

Standard Profiles- 2026

Performed at Christian Hospital and Northwest HealthCare

Test Name	Components	CPT Code
ABO/Rh	ABO Typing Rh Typing	86900 86901
Direct Coombs (Direct Antiglobulin Profile)	Direct Coombs IgG Direct Coombs C3	86880 86880
Electrolyte Panel, Blood	Sodium Potassium Chloride Carbon Dioxide	84295 84132 82435 82374
Flow Cytometry Tissue/Fluid Triage Panel	CD2, CD3, CD5, CD56, CD4, CD64, CD8, CD30, CD45, CD7, Kappa, Lambda, CD38, CD19, CD10, CD34, CD20	88184 88185
Flow Cytometry Peripheral Blood Triage Panel	CD2, CD3, CD5, CD56, CD4, CD64, CD8, CD14, CD45, CD7, Kappa, Lambda, CD38, CD19, CD10, CD34, CD20	88184 88185 x16
Flow Cytometry Bone Marrow Triage Panel	CD2, CD3, CD5, CD56, CD64, CD8, CD14, CD45, CD7, Kappa, Lambda, CD38, CD19, CD10, CD34, CD20, CD36, CD16, CD11b, CD13 CD4	88184 88185
GC and Chlamydia Amplified DNA	GC and Chlamydia Amplified DNA	87591 87491
Glucose Tolerance	Glucose, First Three Specimens Glucose, Each Additional	82951 82952
Hemoglobin & Hematocrit	Hemoglobin Hematocrit	85018 85014
Immunofixation Electrophoresis	Immunofixation Electrophoresis Interpretation	86334 86334-26

Urine Protein Electrophoresis with Immunofixation Electrophoresis and Interpretation, Urine	Urine immunofixation Interpretation	86335 86335 *26
Immunoglobulin Free Light Chains	Kappa Free Light Chains Lambda Free light Chains Ka a/Lambda FLC ratio	83521 *2
Influenza A and B, RSV & COVID PCR	Influenza A RNA, Influenza B RNA, RSV RNA, COVID RNA	0241U
T and B Cell Count	Natural Killer Cells, Total Count B cells, Total Count T cells, Total Count Absolute CD4 and CD8 Count w/Ratio	86357 86355 86359 86360
Total and Direct Bilirubin	Bilirubin, Total Bilirubin, Direct	82247 82248
Type and Screen, Blood	Antibody Screen RBC ABO Typing Rh Typing	86850 86900 86901
24 Hour Urine Protein Electrophoresis with Immunofixation and Interpretation	Protein Fractionation and Quantitation Urine Immunofixation Volume Measurement Interpretation	84166 86335 81050
Urine Timed Chemistry Tests	All timed urine chemistry tests may also include a volume measurement char e	81050
Whole Blood Lyses with Glucose	Sodium, whole blood Potassium, whole blood Chloride, whole blood Calcium, Ionized, whole blood Glucose, whole blood	80051 82947
Random Urine Microalbumin/Creatinine Ratio	Urine Albumin Urine Creatinine Microalbumin/Creatinine Ratio	82043 82570

Respiratory Pathogen Multiplex PCR	Bordetella pertussis, Bordetella parapertussis, Chlamydophila pneumoniae, Mycoplasma pneumoniae, Adenovirus, Coronavirus HKU1, Coronavirus NL63, Coronavirus 229E, Coronavirus OC43, Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2), Influenza A, Influenza A subtype H1, Influenza A subtype H3, Influenza A subtype 2009 H1, Influenza B, Metapneumovirus, Parainfluenza 1, Parainfluenza 4, RSV and Rhinovirus/Enterovirus, Parainfluenza 2 & 3	0202U
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Standard Profiles- Performed at Reference Laboratory 2026

Test Name	Performing Laboratory	CPT Codes	Components
Alkaline Phosphatase, Total and Isoenzymes, Serum	Mayo Clinic Laboratories	84075 84080	Alkaline Phosphatase, Total Alkaline Phosphatase, Isoenzymes
Cortisol/Cortisone, Free, Random, Urine	Mayo Clinic Laboratories	82530, 82542, 82570	Cortisol Free CC/MS Non-Drug NOS (INT Creatinine
Celiac Disease Comprehensive Cascade, Serum and Whole Blood	Mayo Clinic Laboratories	82784	HLA 11 Type 1 Locus LR EA Gamma globulin IGA EA
Celiac Screen, Serum	Barnes Jewish Hospital Laboratory	86364 86258	Anti TTG IgA Gliadin AB IgA
Chlamydia trachomatis and Neisseria gonorrhoeae, Nucleic Acid Amplification, Varies	Mayo Clinic Laboratories	87491 87591	Chlamydia trachomatis Neisseria gonorrhoeae
Chromosome Analysis, Hematologic Disorders, Bone Marrow	Mayo Clinic Laboratories	88237 88291	Tissue culture for neoplastic disorders; bone marrow, blood, Interpretation and report
Cryptococcal Antigen (CSF)	Barnes Jewish Hospital Laboratory	87899	Cryptococcal Antigen
Stain, Fungal (Mycology)	Barnes Jewish Hospital Laboratory	87102	Fungal Culture
Culture, Fungal (Mycology)	Barnes Jewish Hospital Laboratory	87206	Fungal Stain

Culture, Candida (yeast)	Barnes Jewish Hospital Laboratory	87102 87186 87106	Candida Culture (yeast) Susceptibility (based on organism isolation) Yeast Identification
Cytomegalovirus (CMV), IgG, and IgM	Barnes Jewish Hospital Laboratory	86644 86645	CMV, IgG CMV, IgM
Culture, Mycobacteriology	Barnes Jewish Hospital Laboratory	87116 87206	Mycobacteriology Culture Concentration Acid-Fast Stain (based on specimen type) PCR if appropriate
Culture, Routine	Barnes Jewish Hospital Laboratory	87070 87075 87181 87184 87185 87186 87205	Culture, aerobic (non-stool, rectal swab, or urine). Culture anaerobic (if appropriate) Susceptibility, agar diffusion (if appropriate) Susceptibility, disk diffusion (if appropriate) Susceptibility, enzyme detection (if appropriate) Susceptibility, microdilution (if appropriate) Gram Stain (if appropriate)
Culture, stool	Barnes Jewish Hospital Laboratory	87045 87046 87899 87181 87184	Stool culture Culture, stool (additional pathogen) (if appropriate) Shiga toxin (if appropriate) Susceptibility; agar diffusion (if appropriate) Susceptibility, agar diffusion (if appropriate)
Culture, Urine	Barnes Jewish Hospital Laboratory	87086 87181 87184 87185 87186	Urine culture Susceptibility agar diffusion (if appropriate) Susceptibility agar diffusion (if appropriate) Susceptibility, enzyme detection (if appropriate) Susceptibility, microdilution (if appropriate)
Culture, blood	Barnes Jewish Hospital Laboratory	87040	Blood culture
Epstein Barr Virus (EBV) Antibody Panel, Serum	Barnes Jewish Hospital Laboratory	86665*2 86664	EBV Viral Capsid Antigen, IgG and IgM Ab EBV Nuclear antigen, Ab

Heavy Metal/Creatine Ratio, with reflex, random urine	Mayo Clinic Laboratories	82175 82300 82570 83655 83825	Arsenic Cadmium Creatinine, Urine Lead Mercury Quant.
Immune Competence Assessment	Barnes Jewish Hospital Laboratory	86359 86360 86355 86357	CD3 CD4, CD8, CD4/CD8 ration CD19 CD16+CD56
Lupus Anticoagulant Panel	Barnes Jewish Hospital Laboratory	85670 85613 85732 85613	Thrombin Time dRVVT Screen SCT screen, SCT 50.50, SCT confirmation dRVVT 50.50, dRVVT confirmation
Parasites, Malaria and/or Babesia	Barnes Jewish Hospital Laboratory	87207 87899	Malaria Stain Malaria Antigen
Ova and Parasite Screen	Barnes Jewish Hospital Laboratory	87328 87329	Cryptosporidium Antigen Giardia Antigen
Partial Thromboplastin Time (PTT) 50.50 MIX	Barnes Jewish Hospital Laboratory	85730 75732 85732	PTT Activated Straight PTT Activated 50.50 PTT 1 hour Activated 50.50
Parasites: Complete Ova and Parasite	Mayo Clinic Laboratories	87177 87209	Concentration (any type) for infectious agents Smear-Primary source with interpretation
Measles (Rubeola) Virus antibody, IgM and IgG, serum	Mayo Clinic Laboratories	86765*2	Rubeola Ab
SS-A and SS-B Antibodies, IgG, serum	Mayo Clinic Laboratories	86235*2	ENA Ab any method EA Ab
Stain, Acid Fast	Barnes Jewish Hospital Laboratory	87206 87116	Acid Fast Stain Mycobacteriology Culture
Thalassemia and hemoglobinopathy Evaluation, blood and serum	Mayo Clinic Laboratories	82728 83020*2	Ferritin Hgb Variant, A2 and F Quantitation

		83021	HPLC Hgb Variant
Toxoplasma IgG and IgM	Barnes Jewish Hospital Laboratory	86777	Toxoplasma, IgG
		86778	Toxoplasma, IgM
Phenytoin, Total and Free, Serum	Mayo Clinic Laboratories	80185	Phenytoin, Total
		80186	Phenytoin, Free