Estimated Budget/Method of Payment, Exhibit C

1. Estimated Budget (Cost Proposal) – Clinical Laboratory Fee Schedule

Item #	Current Procedural Terminology (CPT) Code	Laboratory Test Description	2021 CMS Laboratory Fee Schedule, Medicare plus 10% (Contractor Information Only)	Contractor Fee Schedule (CMS Fee plus 10%)	Est. Two Year Volume	Unit Cost	Total Cost (Est. Vol. X Unit Cost)
1	86900, 86901	ABO Blood Group and Type (Rockleigh)	$6.58		20	$	$
2	86900, 86906	ABO Grouping w/RH-HR Genotype	$11.81		8	$	$
3	85004, 85048	Differential and Total WBC Count	$2.79		4	$	$
4	82024	ACTH, Plasma	$42.48		40	$	$
5	87252, 87253	Acyclovir, Serum or Plasma	$50.90		4	$	$
6	82040	Albumin	$5.45		4	$	$
7	82088	Aldosterone	$44.83		4	$	$
8	84075	Alkaline Phosphatase	$5.70		4	$	$
9	86003	Allergen, Bing Cherry	$5.74		10	$	$
10	86003	Allergen, Mango	$5.74		10	$	$
11	86003 (x5)	Allergen, Citrus: Grapefruit, Lemon, Lime, Orange, Tangerine	$28.71		40	$	$
12	86003 (x3)	Allergen, Berry: Blueberry, Raspberry, Strawberry	$17.23		40	$	$
13	86003 (x7)	Allergen, Fish: Codfish, Halibut, Mackerel, Perch, Salmon, Trout, Tuna	$40.19		100	$	$
14	86003 (x5)	Allergen, Fruit: Apple, Banana, Grape, Peach, Pear	$6.58		40	$	$
15	86003 (x6)	Allergen, Grain: Barley, Whole Grain, Corn, Oat, Rice, Rye, Wheat	$11.81		40	$	$
16	86003 (x3)	Allergen, Meat: Beef, Chicken, Pork	$17.23		40	$	$
17	86003 (x7)	Allergen, Nut: Almond, Brazil, Cashew, Hazelnut/Filbert, Peanut, Pecan, Walnut	$40.19		120	$	$
	Subtotal [Sum of Total Cost Column Exhibit B, Page 47 (Item # 1 – 17)]:						**$**

Item #	Current Procedural Terminology (CPT) Code	Laboratory Test Description	2021 CMS Laboratory Fee Schedule, Medicare plus 10% (Contractor Information Only)	Contractor Fee Schedule (CMS Fee plus 10%)	Est. Two Year Volume	Unit Cost	Total Cost (Est. Vol. X Unit Cost)
18	86003 (x6)	Allergen, Shellfish: Clam, Crab, Lobster, Oyster, Scallop, Shrimp	$34.45		120	$	$
19	86003 (x10)	Allergen, Vegetable: Bean, Kidney Bean, Carrot, Green Bean, Green Pea, Onions, White Potato, Soybean, Summer Squash, Tomato	$57.40		40	$	$
20	86003 (x7)	Allergen, Vegetable: Broccoli, Cabbage, Cauliflower, Celery, Cucumber, Lettuce, Spinach	$40.19		40	$	$
21	86003	Allergen, Banana	$5.74		16	$	$
22	86003	Allergen, Pineapple	$5.74		8	$	$
23	86003	Allergen, Black Pepper	$5.74		8	$	$
24	86003	Allergen, Chili Pepper	$5.74		4	$	$
25	86003	Allergen, Green Bell Pepper	$5.74		4	$	$
27	86003	Allergen, Codfish	$5.74		4	$	$
28	86003	Allergen, Peanut	$5.74		10	$	$
29	86003	Allergen, Shrimp	$5.74		4	$	$
30	86003	Allergen, Tuna	$5.74		4	$	$
31	86003	Allergen, Salmon	$5.74		4	$	$
32	86003	Allergen, Haddock	$5.74		4	$	$
33	86003	Allergen, Pine Nut	$5.74		4	$	$
34	86003	Allergen, Cashew	$5.74		4	$	$
35	86003	Allergen, Almond	$5.74		4	$	$
36	86003	Allergen, Pecan	$5.74		4	$	$
37	86003	Allergen, Hazelnut/Filbert	$5.74		4	$	$
38	86003	Allergen, Brazil Nut	$5.74		4	$	$
39	86003	Allergen, Coconut	$5.74		10	$	$
40	86003	Allergen, Onions	$5.74		16	$	$
41	86003	Allergen, Lobster	$5.74		4	$	$
42	86003	Allergen, Mushroom	$5.74		16	$	$
	Subtotal [Sum of Total Cost Column Exhibit B, Page 48 (Item # 18 – 42)]:						**$**

Item #	Current Procedural Terminology (CPT) Code	Laboratory Test Description	2021 CMS Laboratory Fee Schedule, Medicare plus 10% (Contractor Information Only)	Contractor Fee Schedule (CMS Fee plus 10%)	Est. Two Year Volume	Unit Cost	Total Cost (Est. Vol. X Unit Cost)
43	86003	Allergen, Crab	$5.74		4	$	$
44	86003	Allergen, Clam	$5.74		4	$	$
45	86003	Allergen, Egg (whole)	$5.74		24	$	$
46	86003	Allergen, Walnut	$5.74		4	$	$
47	86003	Allergen, Whitefish	$5.74		28	$	$
48	86003	Allergen, Tomato	$5.74		4	$	$
49	86003	Allergen, Sunflower Seed	$5.74		4	$	$
50	86003	Allergen, Corn	$5.74		4	$	$
51	86003	Allergen, Gluten	$5.74		16	$	$
52	86003	Allergen, Beef	$5.74		4	$	$
53	86003	Allergen, Pork	$5.74		4	$	$
54	86003	Allergen, Chicken	$5.74		4	$	$
55	86003	Allergen, Catfish	$5.74		4	$	$
56	86003	Allergen, Red Kidney	$5.74		16	$	$
57	86003	Allergen, Lentil	$5.74		16	$	$
58	86003	Allergen, Split Pea	$5.74		16	$	$
59	86003	Allergen, Pinto Bean	$5.74		16	$	$
60	86003	Allergen, White Bean	$5.74		16	$	$
61	86003	Allergen, Barley	$5.74		16	$	$
62	86003	Allergen, Soybean	$5.74		16	$	$
63	86003	Allergen, Pomegranate	$5.74		4	$	$
64	80145, 82397	Adalimumab+AB (Serial Monitor)	$57.96		2	$	$
65	82105	Alpha Fetoprotein, Tumor Marker	$18.45		236	$	$
66	82103	Alpha-1-Antitrypsin	$14.78		20	$	$
67	80299	Amitriptyline	$20.50		40	$	$
68	82140	Ammonia, Blood	$16.03		12	$	$
69	82150	Amylase	$7.13		96	$	$
70	86038	ANA by IFA, IgG	$13.30		56	$	$
71	82164	Angiotensin-Converting Enzyme	$16.06		4	$	$
72	86905	Antibody ID, RBC (Prenatal Only)	$4.212		4	$	$
73	86225	Anti-dsDNA Antibodies	$15.11		4	$	$
	Subtotal [Sum of Total Cost Column Exhibit B, Page 49 (Item # 43 – 73)]:						**$**

Item #	Current Procedural Terminology (CPT) Code	Laboratory Test Description	2021 CMS Laboratory Fee Schedule, Medicare plus 10% (Contractor Information Only)	Contractor Fee Schedule (CMS Fee plus 10%)	Est. Two Year Volume	Unit Cost	Total Cost (Est. Vol. X Unit Cost)
74	86235 (x2)	Antiextractable Nuclear Antigens	$39.45		4	$	$
75	83516	Anti-glomerular BM Antibodies	$12.68		4	$	$
76	86235	Antiscleroderma-70 Antibodies	$19.72		4	$	$
77	85300, 85301	Antithrombin (AT) Deficiency Profile	$36.04		4	$	$
78	87081	Beta Strep Group A	$7.29		4	$	$
79	84703	Beta-Hcg, B-Subunit, Qualitative	$8.27		400	$	$
80	84702	Beta-Hcg, B-Subunit, Qualitative (Serial Monitor)	$16.56		8	$	$
81	86140	C Reactive Protein;	$5.70		100	$	$
82	86301	CA 19-9	$22.89		4	$	$
83	86304	CA-125	$22.89		4	$	$
84	82310	Calcium	$5.68		4	$	$
85	82340	Calcium, 24 Urine	$6.63		10	$	$
86	82360	Calculi (Stone) Analysis	$14.16		10	$	$
87	83993	Calprotectin, Fecal	$21.59		10	$	$
88	80156	Carbamazepine	$16.03		20	$	$
89	80156, 80161	Carbamazepine Epoxide & Total	$36.53		28	$	$
90	80157, 80156	Carbamazepine, Free & Total	$30.61		10	$	$
91	82378	Carcinoembryonic Antigen (CEA)	$20.86		16	$	$
92	82380	Carotene	$10.14		4	$	$
93	82384	Catecholamines, Fractionated	$27.78		4	$	$
94	82384, 84585	Catecholamines, Fractionated Urine, Free, 24 Hr.	$33.48		4	$	$
95	86361	CD4 Absolute and Percent	$29.46		100	$	$
	Subtotal [Sum of Total Cost Column Exhibit B, Page 50 (Item # 74 – 95)]:						**$**

Item #	Current Procedural Terminology (CPT) Code	Laboratory Test Description	2021 CMS Laboratory Fee Schedule, Medicare plus 10% (Contractor Information Only)	Contractor Fee Schedule (CMS Fee plus 10%)	Est. Two Year Volume	Unit Cost	Total Cost (Est. Vol. X Unit Cost)
96	86360	CD4; CD8 Profile	$51.68		20	$	$
97	82784, 83516 (x4)	Celiac Disease Antibody Profile	$60.96		8	$	$
98	82784, 83516, 86255	Celiac Disease Profile	$39.46		8	$	$
99	87491, 87591	Chlamydia/Gonococcus, NAA	$77.20		350	$	$
100	87491	Chlamydia Trachomatis, NAA	$38.60		40	$	$
101	87110, 87140	Chlamydia Trachomatis Culture	$27.69		10	$	$
102	87491, 87591, 87661	Chlamydia Trach/Neisseria Gon/Trichomonas Vaginalis, NAA	$115.80		150	$	$
103	82465	Cholesterol, Total	$4.79		10	$	$
104	80299	Chlorpromazine, Serum	$20.50		4	$	$
105	87324	Clostridium Difficile Toxins A&B	$13.18		24	$	$
106	80159	Clozapine	$22.17		10	$	$
107	86644	CMV, IgG Quantitative	$15.83		10	$	$
108	86160	Complement, C3, Serum	$13.20		4	$	$
109	86160	Complement, C4, Serum	$13.20		4	$	$
110	86880	Coombs, Direct	$5.93		20	$	$
111	82525	Copper, Serum	$13.65		4	$	$
112	82533	Cortisol AM	$17.93		80	$	$
113	86141	C-Reactive Protein, High Sensitivity	$14.25		80	$	$
114	82550	Creatine Kinase (CK), Total	$7.16		80	$	$
115	82565	Creatinine	$5.63		12	$	$
116	82575	Creatinine Clearance, Urine	$10.41		50	$	$
117	82570	Creatinine, 24 Hr. Urine	$5.70		12	$	$
118	86140	CRP, Quantitative	$5.70		10	$	$
119	82595	Cryoglobulin, Qualitative with Quantitative Reflex	$7.12		10	$	$
	Subtotal [Sum of Total Cost Column Exhibit B, Page 51 (Item # 96 – 119)]:						**$**

Item #	Current Procedural Terminology (CPT) Code	Laboratory Test Description	2021 CMS Laboratory Fee Schedule, Medicare plus 10% (Contractor Information Only)	Contractor Fee Schedule (CMS Fee plus 10%)	Est. Two Year Volume	Unit Cost	Total Cost (Est. Vol. X Unit Cost)
120	87040	Culture, Blood	$11.35		50	$	$
121	87075	Culture, Bacterial Except Blood	$10.42		20	$	$
122	87101	Culture, Fungus	$8.48		4	$	$
123	87101	Culture, Fungus, Yeast Only	$8.48		4	$	$
124	87070	Culture, Genital	$9.48		80	$	$
125	87255	Culture, Herpes Simplex Virus (HSV)	$37.25		4	$	$
126	87070	Culture, Sputum, Lower Respiratory	$9.48		4	$	$
127	87045, 87046, 87427	Culture, Stool (Formed & Liquid)	$33.95		10	$	$
128	87070	Culture, Throat (Upper Respiratory Culture)	$9.48		20	$	$
129	87086	Culture, Urine	$8.88		80	$	$
130	87070	Culture, Wound, Aerobic, General	$9.48		140	$	$
132	86200	Cyclic Citrullinated Peptide Antibody, IgG	$14.25		8	$	$
133	86200	Cytopathy, Cerv/Vag Requiring Phys	$16.67		10	$	$
134	80299	Desipramine, Serum	$20.50		10	$	$
135	80162	Digoxin	$14.61		8	$	$
136	80185	Dilantin, Total (Phenytoin)	$14.58		76	$	$
137	82248	Direct Bilirubin	$5.52		4	$	$
138	80299	Doxepin (Sinequan, Adapin®)	$20.50		4	$	$
139	85379	D-Dimer	$11.20		10	$	$
140	80051	Electrolyte Panel	$7.71		4	$	$
141	86663, 86664, 86665	Epstein Barr Virus Panel	$51.21		4	$	$
142	86665	Epstein Barr Virus, IgM	$19.95		4	$	$
143	82668	Erythropoietin (ARUP)	$20.67		4	$	$
144	82670	Estradiol	$30.73		100	$	$
	Subtotal [Sum of Total Cost Column Exhibit B, Page 52 (Item # 120 – 144)]:						**$**

Item #	Current Procedural Terminology (CPT) Code	Laboratory Test Description	2021 CMS Laboratory Fee Schedule, Medicare plus 10% (Contractor Information Only)	Contractor Fee Schedule (CMS Fee plus 10%)	Est. Two Year Volume	Unit Cost	Total Cost (Est. Vol. X Unit Cost)
145	85210	Factor II, Activity (Prothrombin)	$14.28		4	$	$
146	81241	Factor V Leiden (F5) R506Q, Mutation	$80.71		4	$	$
147	80101 (x14)	Drug Screen-14, Urine-Pain Management: Amphetamine; Barbiturate; Benzodiazepines; Buprenorphine Cannabinoid; Cocaine; Fentanyl; Meperidine; Methadone; Opiates; Oxycodone/Oxymor-phone; Phencyclidine; Propoxyphene; Tramadol	$68.35		10	$	$
148	81241	Factor V Leiden	$80.71		4	$	$
149	85220	Factor A Activity	$19.42		4	$	$
150	86038	FANA (ARUP)	$13.30		4	$	$
151	82705	Fecal Fat, Qualitative	$5.61		4	$	$
152	82728	Ferritin	$14.99		1,752	$	$
153	82746	Folate, Serum	$16.17		50	$	$
154	83001	Follicle Stimulating Hormone (FSH)	$20.44		8	$	$
155	86780	FTA/ABS, Serum	$14.56		10	$	$
156	82977	Glutamyl Transferase (GGT)	$7.92		10	$	$
157	80170	Gentamicin Trough, Serum	$18.02		4	$	$
158	80170	Gentamicin Peak, Serum (Level)	$18.02		4	$	$
159	87329	Giardia Lamblia, Direct Detect EIA	$13.18		10	$	$
160	87328, 87329	Giardia/ Cryptosporidium, EIA	$28.38		10	$	$
161	87177, 87209, 87329	Giardia EIA, OVA & Parasite	$42.75		10	$	$
162	82951	Glucose Tolerance Test, Gestational	$14.16		4	$	$
	Subtotal [Sum of Total Cost Column Exhibit B, Page 53 (Item # 145 – 162)]:						**$**

Item #	Current Procedural Terminology (CPT) Code	Laboratory Test Description	2021 CMS Laboratory Fee Schedule, Medicare plus 10% (Contractor Information Only)	Contractor Fee Schedule (CMS Fee plus 10%)	Est. Two Year Volume	Unit Cost	Total Cost (Est. Vol. X Unit Cost)
163	82947	Glucose, Serum	$4.32		8	$	$
164	82950	Glucose Tolerance Test, 2-Hr.	$5.23		4	$	$
166	82947, 82950	Glucose Tolerance Test, 2-Hr. (Oral WHO Protocol)	$9.55		8	$	$
167	87070, 87075, 87205	Gram Stain-Anaerobic/Aerobic	$34.08		8	$	$
168	80173	Haloperidol	$17.36		8	$	$
169	83010	Haptoglobin	$13.84		8	$	$
171	86677	Helicobacter Pylori Antibody, IgG	$18.54		104	$	$
172	81256	Hemochromatosis Hereditary DNA Analysis	$71.90		16	$	$
173	83020	Hemoglobin Electrophoresis	$14.16		20	$	$
174	83036	Hemoglobin A1C	$10.68		3,212	$	$
175	85014	Hematocrit	$2.61		20	$	$
176	85025	Hemogram, Complete Blood Count (CBC) w/Diff	$8.55		1590	$	$
177	85027	Hemogram, Complete (CBC) w/o Diff	$8.55		10	$	$
178	80076	Hepatic Function Panel	$8.99		72	$	$
179	87517	Hepatitis B DNA, Quantitative PCR/Viral Load	$47.12		20	$	$
180	87517	Hepatitis BS Antibody Hepatitis B DNA, Quantitative PCR/Viral Load	$47.12		5	$	$
181	86803	Hepatitis C Antibody	$15.70		20	$	$
182	87522	Hepatitis C Virus RNA by PCR (Quantitative)	$47.12		300	$	$
183	87522	Hepatitis C Virus, RT-PCR, Quant (Graph)	$47.12		4	$	$
184	87902	Hepatitis C (HCV), Genotype, Non-Reflex	$283.20		40	$	$
185	80074	Hepatitis Panel, Acute	$52.39		4	$	$
186	87536	HIV-1 RNA PCR (Non-Graph)	$93.61		72	$	$
	Subtotal [Sum of Total Cost Column Exhibit B, Page 54 (Item # 163 – 186)]:						**$**

Item #	Current Procedural Terminology (CPT) Code	Laboratory Test Description	2021 CMS Laboratory Fee Schedule, Medicare plus 10% (Contractor Information Only)	Contractor Fee Schedule (CMS Fee plus 10%)	Est. Two Year Volume	Unit Cost	Total Cost (Est. Vol. X Unit Cost)
187	*	HIV GenoSure® MG Genotype	**$		20	$	$
188	81374	HLA-B27	$81.76		4	$	$
189	81377, 81383	Celiac Disease HLA DQ Association	$224.26		4	$	$
190	83090	Homocysteine, Plasma	$19.71		4	$	$
191	84702	Human Chorionic Gonadotropin (HCG Quant)	$16.56		4	$	$
192	82784 (x3), 84155, 84165, 86334,	IFE and PE, Serum	$71.12		4	$	$
193	80299	Imipramine (Tofranil®), Serum	$20.50		4	$	$
194	82784	Immunoglobulin A, Quant	$10.23		20	$	$
195	82784	Immunoglobulin G, Quant	$10.23		20	$	$
196	82784 (x3), 82785	Immunoglobulins A/E/G/M, Serum	$48.80		4	$	$
197	82784	Immunoglobulin M, Quant	$10.23		4	$	$
198	82784 (x3)	Immunoglobulins (A,G, M)	$30.69		4	$	$
199	86340	Intrinsic Factor Blocking AB	$16.59		20	$	$
200	83540, 83550	Iron-Total, TIBC & Saturation	$16.73		472	$	$
201	80177	Keppra (Levetiracetam) Serum or Plasma	$14.58		10	$	$
202	80352	K2 Spice, Blood	**$		40	$	$
203	80307	K2 Spice, Urine	$68.35		40	$	$
204	83615	Lactic Dehydrogenase (LDH)	$6.64		16	$	$
205	80175	Lamotrigine (Lamictal®), Serum	$14.58		4	$	$
206	83655	Lead, Blood (Adult)	$13.32		4	$	$
207	83655, 84202	Lead, Standard Profile, Whole Blood	$29.11		10	$	$
	Subtotal [Sum of Total Cost Column Exhibit B, Page 55 (Item # 187 – 207)]:						**$**

Item #	Current Procedural Terminology (CPT) Code	Laboratory Test Description	2021 CMS Laboratory Fee Schedule, Medicare plus 10% (Contractor Information Only)	Contractor Fee Schedule (CMS Fee plus 10%)	Est. Two Year Volume	Unit Cost	Total Cost (Est. Vol. X Unit Cost)
208	82570, 83655	Lead, Urine	$19.02		10	$	$
209	87278	Legionella pneumophila DFA	$17.16		20	$	$
210	86713	Legionella pneumophila Antibody	$16.83		20	$	$
211	*88305	Level IV Surgical Pathology	**$		20	$	$
212	83690	Lipase	$7.58		92	$	$
213	80061	Lipid Profile	$14.73		3,538	$	$
214	80178	Lithium	$7.27		404	$	$
215	83516	Liver Antigen (SLA) IgG Antibody	$12.68		4	$	$
216	86376	Liver-Kidney (LKM) Microsome-1 AB, IgG	$16.01		4	$	$
217	85613, 85670,85705, 85732	Lupus Anticoagulant Comprehensive	$34.60		4	$	$
218	85597, 85598, 85610, 85613 (x2), 85670, 85730,85732 (x2), 86146 (x3), 86147 (x2)	Lupus Anticoagulant Profile (Esoterix)	$232.56		4	$	$
219	83002	Luteinizing Hormone	$20.37		20	$	$
220	86617 (x2)	Lyme Disease, Line Blot	$34.08		40	$	$
221	86618	Lyme Disease Antibody	$18.73		40	$	$
222	86618, 86617 (x2)	Lyme AB w/ Reflex to Blot	$52.81		40	$	$
223	83735	Magnesium, Serum	$7.37		264	$	$
224	80359	MDMA (Ecstacy), Urine	**$		40	$	$
225	80048	Metabolic Panel (8), Basic	$9.31		84	$	$
	Subtotal [Sum of Total Cost Column Exhibit B, Page 56 (Item # 208 – 225)]:						**$**

Item #	Current Procedural Terminology (CPT) Code	Laboratory Test Description	2021 CMS Laboratory Fee Schedule, Medicare plus 10% (Contractor Information Only)	Contractor Fee Schedule (CMS Fee plus 10%)	Est. Two Year Volume	Unit Cost	Total Cost (Est. Vol. X Unit Cost)
226	80053	Metabolic Panel, Comprehensive: ALT/SGPT: A:G Ratio; Albumin; Alkaline Phosphatase; AST/SGOT; Billirubin, Total; BUN; BUN: Creatinine Ratio; Calcium; Carbon Dioxide, Total; Chloride; Creatinine; Globulin, Total; Glucose; Potassium; Protein, Total; Sodium Metabolic Panel, Basic	$11.62		3,336	$	$
227	83835	Metanephrines, Fractionated, Quantitative, 24 Hr. Urine	$18.63		4	$	$
228	83921	Methylmalonic Acid, Serum	$23.33		4	$	$
229	82043	Albumin, 24-Hour Urine	$6.36		300	$	$
230	86381	Mitochondrial M2 Antibody	**		4	$	$
231	86308	Mono Test, Qualitative	$5.70		4	$	$
232	86738 (x2)	Mycoplasma Pneumoniae AB, G/M	$14.56		4	$	$
233	83874	Myoglobin, Serum	$14.21		10	$	$
234	83874	Myoglobin, Urine	$14.21		10	$	$
235	80299	Nortriptyline	$20.50		8	$	$
236	83880	NT-proBNP	$43.19		8	$	$
237	80299	Olanzapine (Zyprexa®)	$20.50		8	$	$
238	83930	Osmolality, Serum	$7.27		16	$	$
239	83935	Osmolality, Urine	$7.50		16	$	$
240	87177, 87209	Ova & Parasites	$29.57		40	$	$
246	80183	Oxcarbazepine	$14.58		4	$	$
247	88142	Gyn Pat Test, Liquid-Based	$22.29		300	$	$
	Subtotal [Sum of Total Cost Column Exhibit B, Page 57 (Item # 226 – 247)]:						**$**

Item #	Current Procedural Terminology (CPT) Code	Laboratory Test Description	2021 CMS Laboratory Fee Schedule, Medicare plus 10% (Contractor Information Only)	Contractor Fee Schedule (CMS Fee plus 10%)	Est. Two Year Volume	Unit Cost	Total Cost (Est. Vol. X Unit Cost)
248	88148	Pap Smear, Manual (Physician Read)	$17.60		12	$	$
249	87624, 88175	Pap Smear, Liquid Based, HPV, High and Low Risk	$67.87		40	$	$
250	85060	Peripheral Blood Smear-Hemopathology Consultation	**$		20	$	$
251	80184	Phenobarbital	$16.83		30	$	$
252	84100	Phosphorus	$5.21		64	$	$
253	84132	Potassium, Serum	$5.24		20	$	$
254	84134	Prealbumin	$16.05		4	$	$
255	84702	Pregnancy Serum HCG Quantitative	$16.56		400	$	$
256	84146	Prolactin	$21.32		60	$	$
257	84155, 84165	Protein Electrophoresis, Serum	$15.85		80	$	$
258	85302, 85303	Protein C Deficiency Profile	$28.43		4	X`	$
259	85305,85306	Protein S	$29.62		10	$	$
260	85305, 85306 (x2)	Protein S Deficiency Profile	$46.47		4	$	$
261	81240	Prothrombin (F2) G20210A Mutation	$72.26		4	$	$
262	83520	Prothrombin Fragment 1+2 MoAB	$19.00		4	$	$
263	85705	Prothrombin Time, Dilute	$10.59		10	$	$
264	85610	Prothrombin Time (PT)	$4.72		252	$	$
265	85610, 85730	PT and PTT-Activated	$11.33		88	$	$
266	85730	PTT-Activated	$6.61		12	$	$
267	84153	PSA (Annual Screening)	$20.23		500	$	$
268	83970	PTH Intact	$45.41		100	$	$
269	86480	QuantiFERON® TB Gold (In Tube)	$68.18		8	$	$
270	86038	R-Anti-Nuclear AB IgG	$13.30		8	$	$
	Subtotal [Sum of Total Cost Column Exhibit B, Page 58 (Item # 248 – 270)]:						**$**

Item #	Current Procedural Terminology (CPT) Code	Laboratory Test Description	2021 CMS Laboratory Fee Schedule, Medicare plus 10% (Contractor Information Only)	Contractor Fee Schedule (CMS Fee plus 10%)	Est. Two Year Volume	Unit Cost	Total Cost (Est. Vol. X Unit Cost)
271	80069	Renal Function Panel	$9.55		16	$	$
272	85045	Reticulocyte Count	$4.39		136	$	$
273	86431	Rheumatoid Factor	$6.24		120	$	$
274	86200, 86431	Rheumatoid Arthritis Profile	$20.48		20	$	$
276	86592	RPR with Reflex	$4.70		1,600	$	$
277	86762	Rubella Virus, IgG	$15.83		12	$	$
278	86235	Scleroderma AB IgG	$19.72		8	$	$
279	85652	Sedimentation Rate-ESR	$2.97		376	$	$
280	80299	Seroquel® (Quetiapine)	$20.50		50	$	$
281	84270	Sex Hormone Binding Globulin	$23.90		40	$	$
282	85660	Hemoglobin (Hgb) Solubility	$6.06		20	$	$
283	84450	AST/SGOT	$5.70		16	$	$
284	84460	ALT/SGPT	$5.83		16	$	$
285	86235 (x2)	Sjogren's AB, Anti-SS-A/-SS-B	$39.45		20	$	$
286	83516	Smooth Muscle Antibodies	$12.68		4	$	$
287	86592	RPR (Syphilis)Test w/ Confirmation	$4.70		8	$	$
288	84480	T_3, Total	$15.60		24	$	$
289	84479	T_3 Uptake	$7.12		60	$	$
290	80197	Tacrolimus (ARUP)	$15.10		16	$	$
291	84403	Testosterone, Total	$28.39		120	$	$
292	84402, 84403	Testosterone, Free, & Total Adult Male	$56.41		20	$	$
293	80198	Theophylline	$15.55		4	$	$
294	86376, 86800	Thyroid Antibodies	$33.51		4	$	$
295	84436, 84443, 84479, 84480	Thyroid Profile II, Comprehensive	$48.75		24	$	$
296	86376	Thyroid Peroxidase (TPO) Antibodies	$16.01		8	$	$
297	84436	Thyroxine (T_4)	$7.56		40	$	$
	Subtotal [Sum of Total Cost Column Exhibit B, Page 59 (Item # 271 – 297)]:						**$**

Item #	Current Procedural Terminology (CPT) Code	Laboratory Test Description	2021 CMS Laboratory Fee Schedule, Medicare plus 10% (Contractor Information Only)	Contractor Fee Schedule (CMS Fee plus 10%)	Est. Two Year Volume	Unit Cost	Total Cost (Est. Vol. X Unit Cost)
298	84439	Thyroxine (T_4), Free, Direct, Serum	$9.92		80	$	$
299	86364	Tissue Transglutamin-ase Antibody, IgA	**$		4	$	$
300	80201	Topiramate, Serum or Plasma	$13.11		10	$	$
301	82247	Total Bilirubin	$5.52		8	$	$
302	84155	Total Protein, Serum	$4.04		8	$	$
303	84156	Protein, Total, Quantitative 24 Hr.	$4.04		24	$	$
304	86777	Toxoplasma gondii, AB, IgG	$15.83		4	$	$
305	86780	Treponema Pallidum Antibody	$14.56		20	$	$
306	84443	Thyroid-Stimulating Hormone (TSH)	$18.48		3,860	$	$
307	87661	Trichomonas (Standalone Test)	$38.60		20	$	$
308	84480	Triiodothyronine, T_3	$15.60		4	$	$
309	84439, 84443	TSH & Free T_4	$28.40		100	$	$
310	84520	Urea Nitrogen, Blood	$4.35		12	$	$
311	84550	Uric Acid, Serum	$4.97		116	$	$
312	81025	Urine HCG (1st AM Void)	$9.47		4	$	$
313	83497	Urine, 24 Hr., 5-HIAA, Quantitative	$14.19		4	$	$
314	81001	Urinalysis, Complete w/ Micro	$3.49		16	$	$
315	81001, 87086	*Urinalysis, Complete w/ Micro, w/ Reflex	$12.36		600	$	$
316	80164	Valproic Acid	$14.89		348	$	$
317	80202	Vancomycin (Peak)	$14.89		4	$	$
318	80202	Vancomycin (Trough)	$14.89		60	$	$
319	82607	Vitamin B12	$16.59		60	$	$
320	82607, 82746	Vitamin B12 & Folate	$32.76		712	$	$
321	82180	Vitamin C	$10.88		4	$	$
	Subtotal [Sum of Total Cost Column Exhibit B, Page 60 (Item # 298 – 321)]:						**$**

Item #	Current Procedural Terminology (CPT) Code	Laboratory Test Description	2021 CMS Laboratory Fee Schedule, Medicare plus 10% (Contractor Information Only)	Contractor Fee Schedule (CMS Fee plus 10%)	Est. Two Year Volume	Unit Cost	Total Cost (Est. Vol. X Unit Cost)
322	82306	Vitamin D25-Hydroxy (D3 Metabolite)	$32.56		20	$	$
323	86256 (x3)	Antineutrophil Cytoplasmic Antibodies (ANCA)	**$		4	$	$
324	87186	Microbe Susceptible mic	$9.52		340	$	$
325	81596	Liver Fibrosis Test	$193.81		240	$	$
326	80299	Aripiprazole	$20.50		10	$	$
327	80342	Risperidone	**$		10	$	$
328	80299	Paliperidone	$20.50		10	$	$
	Subtotal [Sum of Total Cost Column Exhibit B, Page 61 (Item # 322 – 328)]:						**$**
*Contractor to provide CPT Code **Contractor to provide pricing with explanation							