Missouri Baptist Medical Center
BJC HealthCare

January 2026

Dear Physician:

Missouri Baptist Medical Center 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 Missouri Baptist Medical Center 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 Missouri Baptist Medical Center 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_Sj9CPykssy0xPLMnMz0vMAfljo8ziAzw8zDwMLQx8_I18DQwcfd3CjF0tfLzMTUz1wwkpiAJKG-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
Missouri Baptist Medical Center 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
Missouri Baptist Medical Center 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
Missouri Baptist Medical Center may not charge Illinois Public Aid for outpatient laboratory testing that is forwarded to an independent referral laboratory for analysis and not performed by Missouri Baptist Medical Center Department of Laboratories unless Missouri Baptist Medical Center 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.

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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 regarding referral testing.

Laboratory Date of Service Policy
Missouri Baptist Medical Center 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. Missouri Baptist Medical Center Laboratory clinical consultant can be contacted as follows: Rhonda K. Cooke, MD (Clinical Pathologist 314-996-5489).

Thank you for your attention to this matter.
Missouri Baptist Medical Center Department of Laboratories
3015 N. Ballas Rd.
St. Louis, MO 63131
(314) 996-4522
(314) 996-4789 (fax)

Attachment(s)
- Attachment 1 – AMA Organ or Disease Panels
- Attachment 2 – MBMC Standard Reflex/Confirmation Tests
- Attachment 3 – MBMC Profiles
- Attachment 4 – MBMC Reference Profiles

AMA ORGAN OR DISEASE PANELS
2026

CPT CODE		DESCRIPTOR and COMPONENTS
80074		Acute Hepatitis Panel
	86709	Hepatitis A Antibody, IgM
	86705	Hepatitis B Core Antibody, IgM
	87340	Hepatitis B Surface Antigen
	86803	Hepatitis C Antibody
80048		Basic Metabolic Panel (8 tests)
	82310	Calcium, Total
	82374	Carbon Dioxide
	82435	Chloride
	82565	Creatinine
	82947	Glucose
	84132	Potassium
	84295	Sodium
	84520	Urea Nitrogen
80053		Comprehensive Metabolic Panel (14 tests)
	82040	Albumin
	84460	ALT (SGPT)
	84450	AST (SGOT)
	82247	Bilirubin, Total
	82310	Calcium, Total
	82374	Carbon Dioxide
	82435	Chloride
	82565	Creatinine
	82947	Glucose
	84075	Phosphatase, Alkaline
	84132	Potassium
	84155	Protein, Total
	84295	Sodium
	84520	Urea Nitrogen
80051		Electrolyte Panel
	82374	Carbon Dioxide
	82435	Chloride
	84132	Potassium
	84295	Sodium

AMA ORGAN OR DISEASE PANELS 2026

CPT CODE		DESCRIPTOR and COMPONENTS
		Hepatic Function Panel (7 tests)
	82040	Albumin
	84460	ALT (SGPT)
	84450	AST (SGOT)
80076	82247	Bilirubin, Total
	82248	Bilirubin, Direct
	84075	Phosphatase, Alkaline
	84155	Protein, Total
		Lipid Panel
80061	82465	Cholesterol, Serum Total
	83718	High Density Lipoprotein (HDL)
	84478	Triglycerides
		LDL – Calculated
		Chol/HDL ratio
80055		Obstetric Panel
	85025	Complete Blood Count (CBC)
	87340	Hepatitis B Surface Antigen
	86762	Rubella Antibody, IgG
	86592	RPR
		Type and Screen
	86900	ABO
	86901	Rh
	86850	Antibody Screen
80081		Obstetric Panel with HIV
	85025	Complete Blood Count (CBC)
	87340	Hepatitis B Surface Antigen
	86762	Rubella Antibody, IgG
	86592	RPR
	87389	HIV 1/2 Antibody + p24 Antigen
		Type and Screen
	86900	ABO
	86901	Rh
	86850	Antibody Screen
		Renal Function Panel (10 tests)
80069	82040	Albumin
	82310	Calcium, Total
	82374	Carbon Dioxide
	82435	Chloride
	82565	Creatinine
	82947	Glucose
	84100	Phosphorus, Inorganic (Phosphate)
	84132	Potassium
	84295	Sodium
	84520	Urea Nitrogen
		General Health Panel (3 tests)
80050	85025	Complete Blood Count (CBC)
	80053	Comprehensive Metabolic Panel
	84443	Thyroid Stimulating Hormone

AMA ORGAN OR DISEASE PANELS 2026
Urinalysis and Hematology

CPT CODE		DESCRIPTOR and COMPONENTS
		Complete Urinalysis
81001	81003	Urinalysis, Macroscopic
	81015	Urinalysis, Microscopic
		Complete Blood Count with Differential
85025	85048	White Blood Count
	85041	Red Blood
	85018	Count
	85014	Hemoglobin
	85049	Hematocrit
	N/A	Platelet Count
		Automated Differential
		Complete Blood Count without Differential
85027	85048	White Blood Count
	85041	Red Blood Count
	85018	Hemoglobin
	85014	Hematocrit
	85049	Platelet Count

BLOOD PRODUCTS

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
P9035	Platelet Pher Leukoreduced, Non-Irradiated
36430	Transfusion Blood/Component
P9100	Pathogen Test Platelet
P0937	Platelet Pher Leukoreduced, Irradiated
36430	Transfusion Blood/Component
P9100	Pathogen Test Platelet

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MBMC Laboratory Reflex/Confirmation Tests – 2026

Initial Test	CPT Code	Reflex Criteria	Reflex Test	CPT Code
ABO Type	86900	If ABO discrepancy, the following may be performed as required	Red Cross Antibody Investigation Antibody identification Antibody elution (if appropriate) Antiglobulin, direct (if appropriate) Each red cell antigen typing (if appropriate) Absorption (if appropriate) Rh phenotyping complete (if appropriate)	 86870 86860 86880 x 2 86905 86978 86906
Adalimumab Quantitative	80145	If the result is 8.0 mcg/mL or less	Adalimumab antibody	83520
ADAMTS13 Activity	85397	f the ADAMTS13 activity is less than 30%	Inhibitor titer	85335
Adenovirus DNA Detection by PCR, Qualitative	87798	If result is positive	Adenovirus DNA Detection by PCR, Quant	87799
Allergic Bronchopulmonary Aspergillosis (ABPA) Cascade	82785	If immunoglobulin E (IgE) is ≥417.00 IUnits/m If the *Aspergillus fumigatus* IgE is positive (>0.35 kUnits/L)	*Aspergillus fumigatus*, IgE Specific (M3) *Aspergillus fumigatus* IgG Antibodies	86003 86606
Alpha-1-Antitrypsin Phenotype	82103 82104	If MS proteotype and quantitation are discordant	Alpha-I -Antitrypsin Phenotype	82104
Antibody Screen, Blood	86850	If screen is positive, the following may be performed as required	Antibody identification Absorption Antibody elution Antigen Testing Crossmatch IgG Antigen Typing Unit Antibody Titer (prenatal only)	86870 86978 86860 86905 86922 86902 86886
Antinuclear Antibody (ANA) screen w/ reflex ENA and dsDNA	86038	If ANA qualitative result is positive	ANA titer ENA screen ds-DNA	86039 86235 86225
Antineutrophil Cytoplasmic Antibodies (ANCA)	86036	If screen is positive	ANCA titer MPO PR3	86037 83876 83520
CBC CTS Reflex for Pre-Op Cardiac Surgery	85025	If Hgb is < 13.0 g/dL then reflex orders will be generated on pre-op patients	Retic Count Iron Profile Ferritin Vitamin B12	85046 83540/83550 82728 82607
CBC with Differential	85025	If platelet count is < 50 x103 /uL	Immature Platelet Fraction (IPF)	85055
CBC without Differential	85027	If platelet count is < 50 x103 /uL	Immature Platelet Fraction (IPF)	85055

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MBMC Laboratory Reflex/Confirmation Tests – 2026

Initial Test	CPT Code	Reflex Criteria	Reflex Test	CPT Code
Celiac Screen	86364 86258	tTG IgA and Gliadin IgA is found to have low IgA	tTG IgG Gladin Ab lgG	86364 86258
Cell Count reflex Differential, Body Fluid	89050	If white cells are >10 cells/mm in the cell count If a Body Fluid Differential is required and unidentified cells are seen, the specimen will be referred to Histology for review.	Body Fluid Differential	89051
Cell Count reflex Differential, CSF	89050	If white cells are >5 cells/mm If a CSF Differential is required and unidentified cells are seen, the specimen will be referred to Histology for review.	CSF Differential	89051
Clostridioides (Clostridium) difficile, Stool	87324 87449	If C.diff result is indeterminate (GDH neg / Toxin Positive)	*C. diff RT-PCR*	87493
Coccidioides Antibody Screen with Reflex	86635	If result is reactive	*Coccidioides* by complement fixation and immunodiffusion	86635 X3
Cord Blood Evaluation	86900 86901 86880	If positive may reflex to	Elution Antibody identification	86860 86870
Cryptococcus Antigen (CSF)	87899	If positive	Cryptococcus Titer	87899
Culture, Blood	87040	If blood culture is positive for either Gram-positive cocci, Gram- negative bacilli and/or yeast	Multiplex Gram-positive, Gram-negative and yeast organism nucleic acid direct probe technique	87150
Culture, Candida	87102	If request for Susceptibility	Susceptibility - Microdilution	87186
Culture, Mycology	87102	If request for Susceptibility	Susceptibility - Microdilution	87186
Cytology, Liquid Based PAP Reflex High Risk HPV and Geno 16 &18	88175	With diagnosis of atypical squamous cells of undetermined significance (ASC-US) or low-grade squamous intraepithelial lesion (LGSIL)	Human Papillomavirus (HPV) High Risk Group (includes genotypes 31,33, 35, 39, 45, 51, 52, 56, 58, 59, 66, 68) and Genotypes 16 & 18	87624
Direct Antiglobulin Test	86880	If screening is positive, if patient transfused in past 21 days or provider request	IgG and Anti C3 Elution Antibody Identification	86880x2 86860 86870
DNA (ds) Antibody, Crithidia IFA	86255	If positive	DNA (ds) Antibody Titer	86256
Drug Abuse Screen, Ur, Reflex Confirmation	80307	If screening is positive for amphetamines, cocaine metabolite, fentanyl, methadone, opiates, oxycodone, or phencyclidine, perform confirmation. If screening is positive for cannabinoids on obstetric or pediatric samples, perform confirmation.	Amphetamines Conf MS Urine, Cannabinoids Conf, Cocaine Metab Conf., Fentanyl Conf, Methadone Conf., Opiates Conf MS Ur, Phencyclidine Conf. These may identify one or more individual drugs within their class.	G0480
Drug Abuse Screen, Meconium 5, Reflex Confirmation	80307	If screening is positive for amphetamines, cocaine metabolite, opiates, phencyclidine, carboxy-THC, perform confirmation.	Amphetamines Amphetamines Cocaine Opiates Oxycodone Cannabinoids Phencyclidine	80324 80359 80353 80361 80365 80349 83992

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MBMC Laboratory Reflex/Confirmation Tests - 2026

Initial Test	CPT Code	Reflex Criteria	Reflex Test	CPT Code
Encephalopathy, Autoimmune/Paraneoplastic Evaluation, Serum	86255 x 21 86341 x 1	If IFA pattern suggests CRMP-5 IgG	CRMP-5 IgG WB/ IFA titer	84182/ 86256
		If IFA patterns suggest amphiphysin Ab	Amphiphysin IB/IFA titer	84182/ 86256
		If IFA pattern suggests AGNA-1 Ab	AGNA-1 IB/ IFA titer	84182/ 86256
		If IFA pattern suggests ANNA-1 Ab	ANNA-1 IB/ IFA titer	84182/ 86256
			ANNA-2 IB	84182
		If IFA pattern suggests ANNA-2 Ab	ANNA-2 IB/ IFA titer	84182/ 86256
			ANNA-1 IB	84182
		If IFA pattern suggests PCA-1 Ab	PCA-1 IB/ IFA titer	84182/ 86256
		If IFA pattern suggests PCA-Tr Ab	PCA-Tr IB/ IFA titer	84182/ 86256
		If IFA pattern suggests IgLON5 Ab	IgLON5 Ab CBA/ IFA titer	86255/ 86256
		If AMPA receptor Ab CBA is positive	AMPA receptor Ab IFA titer	86256
		If GABA-B receptor Ab is positive	GABA-B-receptor Ab IFA titer	86256
		If IFA pattern suggests GFAP Ab	GFAP CBA/ IFA titer	86255/ 86256
		If NMDA-R Ab CBA is positive	NMDA-R IFA titer	86256
		If IFA pattern suggests DPPX Ab	DPPX Ab CBA/ IFA titer	86255/ 86256
		If IFA pattern suggests mGluR1 Ab	mGluR1 Ab CBA/ IFA titer	86255/ 86256
		If IFA pattern suggests NIF Ab	alpha internexin CBA,	86255
			NIF heavy chain CBA	86255
			NIF light chain CBA	86255
			NIF IFA titer	86256
Encephalopathy, Autoimmune/Paraneoplastic Evaluation, Spinal Fluid	86255 x21 86341 x1	If IFA pattern suggests CRMP-5 IgG	CRMP-5 IgG WB/ IFA titer	84182/ 86256
		If IFA patterns suggest amphiphysin Ab	Amphiphysin IB/IFA titer	84182/ 86256
		If IFA pattern suggests AGNA-1 Ab	AGNA-1 IB/ IFA titer	84182/ 86256
		If IFA pattern suggests ANNA-1 Ab	ANNA-1 IB/ IFA titer	84182/ 86256
			ANNA-2 IB	84182
		If IFA pattern suggests ANNA-2 Ab	ANNA-2 IB/ IFA titer	84182/ 86256
			ANNA-1 IB	84182
		If IFA pattern suggests PCA-1 Ab	PCA-1 IB/ IFA titer	84182/ 86256
		If IFA pattern suggests PCA-2 Ab	PCA-2 IFA titer	86256
		If IFA pattern suggests PCA-Tr Ab	PCA-Tr IB/ IFA titer	84182/ 86256
		If IFA pattern suggests IgLON5 Ab	IgLON5 Ab CBA/ IFA titer	86255/ 86256
		If AMPA receptor Ab CBA is positive	AMPA receptor Ab IFA titer	86256
		If GABA-B receptor CBA Ab is positive	GABA-B-receptor Ab IFA titer	86256
		If IFA pattern suggests GFAP Ab	GFAP CBA/ IFA titer	86255/ 86256
		If NMDA-R Ab CBA is positive	NMDA-R IFA titer	86256
		If IFA pattern suggests DPPX Ab	DPPX Ab CBA/ IFA titer	86255/ 86256

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MBMC Laboratory Reflex/Confirmation Tests – 2026

Initial Test	CPT Code	Reflex Criteria	Reflex Test	CPT Code
Encephalopathy, Autoimmune/Paraneoplastic Evaluation, Spinal Fluid - *continued*		If IFA pattern suggests mGluR1 Ab	mGluR1 Ab CBA/ IFA titer	86255/ 86256
		If IFA pattern suggests NIF Ab	alpha internexin CBA, NIF heavy chain CBA NIF light chain CBA NIF IFA titer	86255 86255 86255 86256
		If IFA pattern suggests neurochondrin Ab	Neurochondrin Ab CBA/ IFA titer	86255/ 86256
		If IFA pattern suggests septin-7 Ab	Septin-7 Ab CBA/ IFA titer	86255/ 86256
Extractable Nuclear Antigens (ENA) Screen	86235	If positive	Anti-RNP Ab; Anti-Sm Ab, Anti-SSA/Ro Ab; Anti-SSB/La Ab; Anti-Scl-70 Ab; and Anti-Jo-1 Ab	86235 x 6
Fetal RBC Screen	85461	If fetal screen is positive	Fetal Red Cell Percentage by Flow Cytometry	86356
		After hours testing when flow is not available	Kleihauer Betke Prep	85460
Ganglioside Antibodies Evaluation, Serum	83516 x5	If positive, appropriate titer will be performed	IgG Monos GM1 Titer	83520
			IgM Monos GM1 Titer	83520
			IgG Disialo GD1b Titer	83520
			IgM Disialo GD1b Titer	83520
Gliadin (Deamidated) Antibodies, IgA	86258	If IgA deficient	Gladin Ab IgG	86258
Glucose-6-Phosphate Dehydrogenase (G-6-PD) Screening	82960	Deficient G6PD screen	Dehydrogenase (G6PD) Quant, Erythrocytes	82955
Group B Strep Screen, Culture	87081	If positive and patient is Pen Allergic	Susceptibility - Microdilution	87186
Group B Strep Screen, PCR	87653	If positive and patient is Pen Allergic	Culture Susceptibility - Microdilution	87077 87186
Heavy Metals Screen, with Reflex, 24 Hour, Urine				
Arsenic	82175	If arsenic concentration is greater than or equal to 10 mcg/L	Arsenic Speciation	82175
Cadmium	82300			
Mercury	83825			
Lead	83655			
Hemoglobin Analysis	83020	If abnormal C or S fraction is identified first time patient	Acid Gel Electrophoresis	83020
		If other abnormal hemoglobin fraction is identified, first time patient	Acid Gel Electrophoresis Alkaline Gel Electrophoresis	83020 83020
Hepatitis B Surface Antigen	87340	If Hepatitis B Surface Antigen is reactive	Hepatitis B Surface Antigen Confirmation	87341
Hepatitis C Virus Antibody	86803	If Hepatitis C Virus Antibody is reactive	Hepatitis C Virus (HCV) RNA Detection and Quantitation by RT-PCR	87522
Hepatitis D virus (HDV) total antibodies by enzyme immunoassay	86692	If the result is equivocal or positive	HDV RNA detection/quantification	87523
HIT Antibodies (PF4-H)	86022	If positive	Seratonin Release Assay	86022
HIV-1 Genotypic Drug Resistance to Reverse Transcriptase, Protease, and Integrase Inhibitors	87798	Viral load of $\geq$ 1000 copies/mL within the last 30 days	HIV-I DNA Quantitative	87799
HIV-1/HIV-2 Antibody +p24 antigen	87389	If reactive	HIV 1 Differentiation Geenius HIV 2 Differentiation Geenius	86701 86702

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MBMC Laboratory Reflex/Confirmation Tests – 2026

Initial Test	CPT Code	Reflex Criteria	Reflex Test	CPT Code
HPV High Risk Screen and Geno 16 & 18 reflex Pap	G0476	If Human Papillomavirus (HPV) High Risk Group (includes genotypes 31,33, 35, 39, 45, 51, 52, 56, 58, 59, 66, 68) and/or Genotypes 16 & 18 is detected	Cytology, Liquid Based PAP	88175
Hu Antibody Screen with Reflex to Titer and Western Blot	86255	If Hu Antibody Screen, IFA is positive If Hu Antibody, WB is positive	Hu Antibody, Western Blot Hu Antibody Titer	84181 86256
Infliximab Quantitation	80230	If below 5.1 mcg/mL	Antibodies to Infliximab	82397
Lipid Panel	80061	If triglyceride is ≥ 400	Direct LDL	83721
Lupus Anticoagulant Panel with Reflexes Thrombin Time Russell viper venom time, diluted, screen Silica clotting time, screen	 85670 85613 85732	If either Screening test is abnormal	Russell viper venom time, diluted, 50:50 mix Russell viper venom time, diluted, confirmation Silica clotting time, 50:50 mix Silica clotting time, confirmation	85613 85613 85732 85732
Multiple Sclerosis (MS) Cascade, Serum and Spinal Fluid	83521	If kappa free light-chain is ≥0.0600 mg/dL	Oligoclonal banding	83916 x2
Myasthenia Gravis Evaluation with Muscle-Specific Kinase (MuSK) Reflex	83519	If acetylcholine receptor (AChR)-binding antibodies are greater than 0.02 nmol/L If AChR-binding antibodies are 0.02 nmol/L or less If unable to report AChR binding antibody due to interfering substances If unable to report AChR binding Ab due to interfering substances and AChR muscle modulating Ab is negative	AChR muscle modulating Ab MuSK autoantibody AChR muscle modulating Ab MuSK autoantibody	86255 83519 86255 83519
Myelin Oligodendrocyte Glycoprotein (MOG-IgG1) Fluorescence-Activated Cell Sorting (FACS) Assay	86363	If result is positive	MOG FACS Titer	86363
Myeloproliferative Neoplasm, CALR	81219	If the CALR result is negative or an in-frame CALR insertion or deletion is identified	MPL Exon 10 Sequencing	81339
Neurosyphilis IgG Antibody Index with VDRL, Serum and Spinal Fluid	86780	If the CSF screen is reactive, serum and CSF samples are tested	Neurosyphilis IgG Ab Index Albumin, Serum Treponema pallidum Albumin, CSF VDRL Titer, CSF	82784 x 2 82040 86780 x 2 82042 86593
Ova and Parasite Exam Cryptosporidium Giardia	 87328 87329	If the Cryptosporidium/Giardia testing is negative	Concentration Complex special stain for ova and parasites	87177 87209

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Initial Test	CPT Code	Reflex Criteria	Reflex Test	CPT Code
Paraneoplastic, Autoantibody Evaluation, Serum	83519	If IFA pattern suggests AGNA-1 Ab	AGNA-1 IB/ IFA titer	84182/ 86256
	86596	If IFA patterns suggest amphiphysin Ab	Amphiphysin IB/ IFA titer	84182/ 86256
	86255 x 9	If IFA pattern suggests ANNA-1 Ab	ANNA-1 IB/ IFA titer	84182/ 86256
			ANNA-2 IB	84182
		If IFA pattern suggests ANNA-2 Ab	ANNA-2 IB/ IFA titer	84182/ 86256
			ANNA-1 IB	84182
		If IFA pattern suggests ANNA-3 Ab	ANNA-3 IFA titer	86256
		If IFA pattern suggests PCA-1 Ab	PCA-1 IB/ IFA titer	84182/ 86256
		If IFA pattern suggests PCA-2 Ab	PCA-2 IFA titer	86256
		If IFA pattern suggests PCA-Tr Ab	PCA-Tr IB/ IFA titer	84182/ 86256
		If CRMP IFA is positive	CRMP-5 IgG WB/ IFA titer	84182/ 86256
		If VGKC is above 0.00 nmol/L	LGI1-IgG CBA	86255
			CASPR2-IgG	86255
Paraneoplastic, Autoantibody Evaluation, Spinal Fluid	86255 x 9	If IFA pattern suggests AGNA-1 Ab	AGNA-1 IB/ IFA titer	84182/ 86256
		If IFA patterns suggest amphiphysin Ab	Amphiphysin IB/ IFA titer	84182/ 86256
		If IFA pattern suggests ANNA-1 Ab	ANNA-1 IB/ IFA titer	84182/ 86256
			ANNA-2 IB	84182
		If IFA pattern suggests ANNA-2 Ab	ANNA-2 IB/ IFA titer	84182/ 86256
			ANNA-1 IB	84182
		If IFA pattern suggests ANNA-3 Ab	ANNA-3 IFA titer	86256
		If IFA pattern suggests PCA-1 Ab	PCA-1 IB/ IFA titer	84182/ 86256
		If IFA pattern suggests PCA-2 Ab	PCA-2 IFA titer	86256
		If IFA pattern suggests PCA-Tr Ab	PCA-Tr IB/ IFA titer	84182/ 86256
		If IFA pattern suggests CRMP-5 IgG	CRMP-5 IgG WB/ IFA titer	84182/ 86256
Parathyroid Hormone (PTH) Reflex PTH Related Peptide	83970	When PTH intact is < 50 pg/mL	PTHrp	82397
Pediatric Autoimmune Encephalopathy/CNS Disorder Evaluation, Serum	86341	If IFA pattern suggests ANNA-1 Ab	ANNA-1 IB/ IFA titer	84182/ 86256
	86363		ANNA-2 IB	84182
	86053	If IFA pattern suggests PCA-Tr Ab	PCA-Tr IB/ IFA titer	84182/ 86256
-	86255	If NMDA-R Ab CBA is positive	NMDA-R IFA titer	86256
-	x 10	If GABA-B-R Ab CBA is positive	GABA-B-R IFA titer	86256
-		If IFA pattern suggests DPPX Ab	DPPX Ab CBA/ IFA titer	86255/ 86256

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MBMC Laboratory Reflex/Confirmation Tests – 2026

Initial Test	CPT Code	Reflex Criteria	Reflex Test	CPT Code
Pediatric Autoimmune Encephalopathy/CNS Disorder Evaluation, Serum - *Continued*		If IFA pattern suggests mGluR1 Ab	mGluR1 Ab CBA/ IFA titer	86255/ 86256
		If IFA pattern suggests GFAP Ab	GFAP Ab CBA/ IFA titer	86255/ 86256
		If NMO/AQP4-IgG FACS requires further investigation	NMO/AQP4-IgG FACS titration	86053
		If MOG FACS requires further investigation	MOG FACS titration	86363
		If IFA pattern suggests neurochondrin antibody	Neurochondrin Ab CBA/ IFA titer	86255/ 86256
Pediatric Autoimmune Encephalopathy/CNS Disorder Evaluation, Spinal Fluid	86255 x 10 86341 86053	If IFA pattern suggests ANNA-1 Ab	ANNA-1 IB/ IFA titer ANNA-2 IB	84182/ 86256 84182
		If IFA pattern suggests PCA-Tr Ab	PCA-Tr IB/ IFA titer	84182/ 86256
-		If NMDA-R Ab CBA is positive	NMDA-R IFA titer	86256
-		If GABA-B-R Ab CBA is positive	GABA-B-R IFA titer	86256
-		If IFA pattern suggests DPPX Ab	DPPX Ab CBA/ IFA titer	86255/ 86256
-		If IFA pattern suggests mGluR1 Ab	mGluR1 Ab CBA/ IFA titer	86255/ 86256
-		If IFA pattern suggests GFAP Ab	GFAP Ab CBA/ IFA titer	86255/ 86256
-		If NMO/AQP4-IgG FACS screen assay requires further investigation	NMO/AQP4-IgG FACS titration	86053
		If IFA pattern suggests neurochondrin antibody	Neurochondrin Ab CBA/ IFA titer	86255/ 86256
Protein Electrophoresis, Serum reflex Immunotyping	84165	If a paraprotein is detected and an immunofixation has not been performed within the last year, or if the protein electrophoresis pattern is different from previous, or If gamma globulin is < 0.9 g/dL on initial testing	Immunotyping, Serum	86334
Prothombin Time	85610	Low Delta mAbs (below 15)	Fibrinogen	85384
Q Fever Antibody Screen with Titer Reflex	86638	If the Q fever serology result is reactive	Q fever antibody confirmation	86638 x 4
Sepsis Lactate with Reflex	83605	If first result is > 2.0 then an additional sepsis test will reflex for 2 hours after the original collection time. If the second result is > 2.0 then an additional sepsis test will reflex for 4 hours after the original collection time.	Sepsis	83605x2
Stain, Acid-Fast	87206	If stain is positive on a respiratory specimen	Mycobacterium tuberculosis direct amplified probe technique Susceptibility - Microdilution Identification - PCR	87556 87186 87149
Stratify JCV Antibody (with Index) with Reflex to Inhibition Assay	86711	If the Index Value is between 0.20-0.40 (inclusive)	Stratify JCV™ Antibody Inhibition Assay	86711
Strep A Screen	87430	If screen is negative	Throat Culture	87081
Thyroglobulin, Tumor Marker Reflex	86800	If the thyroglobulin antibody result is negative (<1.8 IU/mL) If the thyroglobulin antibody result is positive (≥1.8 IU/mL)	Thyroglobulin performed by IA Thyroglobulin performed by MS	84432 84432

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MBMC Laboratory Reflex/Confirmation Tests – 2026

Initial Test	CPT Code	Reflex Criteria	Reflex Test	CPT Code
Thyroid Function Cascade	84443	If TSH < 0.30 or > 4.2 uIU/mL If FT4 result is < 1.7 ng/dL and TSH is <0.3 uIU/mL	Free T4 Free T3	84439 84481
Tissue Transglutaminase (tTG), IgA, Autoantibody	86364	tTG IgA deficient	tTG IgG	86364
Urinalysis	81003	Urine microscopic performed on any of the following criteria: leukocyte esterase trace or greater; nitrite any positive; protein 1+ or greater; blood trace or greater; ascorbic acid any positive	Urine Microscopic	81001
Urine Reflex Culture	81003	Urine microscopic performed on any of the following criteria: leukocyte esterase trace or greater; nitrite any positive; protein 1+ or greater; blood trace or greater; ascorbic acid any positive Urine culture performed if greater than 10 WBCs are present in microscopic	Urine Microscopic Urine Culture	81001 87086
Vasculitis Antibody Screen	83876 83520	If MPO or PR3 are ≥1 AI	Antineutrophil cytoplasmic antibodies (ANCA)	86036 86037
Volatiles Screen, Serum	84600	If positive	Acetone Quantitation Ethanol Quantitation Methanol Quantitation Isopropanol Quantitation	84600 84600 84600 84600
von Willebrand Activity	85245	If screen result is < 55%	VWF GPIbM Activity	85397

MBMC Laboratory Profiles - 2026

Test Name	Components	CPT Code
24 Hour Urine-Timed Measurement	Urine timed measurement is performed per 24 hour collection	81050
ABO/Rh	ABO Typing	86900
	Rh Typing	86901
ABO/Rh Type and DAT (Direct Antiglobulin Test), Newborn	ABO Typing	86900
	Rh Typing	86901
	DAT	86880
Albumin Creatinine Ratio, Urine	Albumin, urine	82043
	Creatinine, urine	82570
	Microalbumin/Creatinine Ratio (calculated)	
Bilirubin, Total and Direct	Bilirubin, total	82247
	Bilirubin, direct	82248
Chlamydia trachomatis and Neisseria gonorrhoeae DNA (CT/NG)	CT Amplified Probe	87491
	NG Amplified Probe	87591
Clostridioides (Clostridium) difficile, Stool	Toxin A/B	87449
	Glutamate dehydrogenase (GDH)	87324
Cord Blood Evaluation	ABO Typing	86900
	Rh Typing	86901
	DAT	86880
Cortrosyn® Stimulation Test	ACTH Stimulation Panel Cortisol	80400
	Cortisol	82533x2
Creatinine Clearance, 24 Hour	Creatinine, blood	82565
	Creatinine, urine	82570
Cryptococcal Antigen (CSF)	Cryptococcal Antigen	87899
	Mycology Culture	87102
Culture, Blood	Blood Culture	87040
	Susceptibility (based on organism isolated)	
	...Disk Diffusion	87184
	...Enzyme Detection	87185
	...Microdilution	87186
	…CARBA5	87185
	…PBP2A	87147
	Identification	
	…Definitive ID, Aerobe	87077
	…Definitive ID, Anaerobe	87076
	…Definitive ID, Yeast	87106
	…Definitive ID, Mold	87107
Culture, Candida	Candida Culture	87102
	Identification	
	Definitive ID, yeast	87106
Culture, Enteric (Stool)	Culture, Salmonella and Shigella	87045
	Culture, Campylobacter, E. coli 0157, Yersinia	87046x3
	Shigatoxin	87427
	Based on organism isolated: Definitive ID, aerobic	87077
	Susceptibility (based on organism isolated)	
	...Disk Diffusion	87184
	...Microdilution	87186

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Test Name	Components	CPT Code
Culture, Fungal (Mycology)	Mycology Culture, Other	87102
	Mycology Culture, Hair/Skin/Nail	87101
	Identification	
	Yeast Identification	87106
	Mold Identification	87107
Culture, Fungal (Mycology) (CSF)	Mycology Culture	87102
	Cryptococcal Antigen	87899
	Identification	
	Yeast Identification	87106
	Mold Identification	87107
Culture, Mycobacteriology	Mycobacteriology Culture	87116
	Concentration (based on specimen type) Acid-Fast Stain (based on specimen type)	87015
Culture, Routine	Routine Aerobe Culture	87070
	Anaerobe Culture (based on specimen source)	87075
	Gram Stain (based on specimen source)	87205
	Homogenization (tissue specimen only)	87176
	Susceptibility (based on organism isolated)	
	...Disk Diffusion	87184
	...Enzyme Detection	87185
	...Microdilution	87186
	…CARBA5	87185
	…PBP2A	87147
	Identification	
	…Definitive ID, Aerobe	87077
	…Definitive ID, Anaerobe	87076
	…Definitive ID, Yeast	87106
	…Definitive ID, Mold	87107
	…Presumptive ID, Aerobe	87071
	…Presumptive ID, Anaerobe	87075
	…Presumptive ID, Yeast	87102
Culture, Urine	Routine Aerobe Culture, Urine	
	…no growth or polymicrobial growth	87086
	Susceptibility (based on organism isolated)	
	...Disk Diffusion	87184
	...Enzyme Detection	87185
	...Microdilution	87186
	…CARBA5	87185
	…PBP2A	87147
	Identification	
	…Definitive ID, Aerobe	87077
	…Definitive ID, Anaerobe	87076
	…Definitive ID, Yeast	87106
	…Definitive ID, Mold	87107
	…Presumptive ID, Aerobe	87071
	…Presumptive ID, Anaerobe	87075
	…Presumptive ID, Yeast	87102

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Test Name	Components	CPT Code
DIC Screen	Protime	85610
	PTT	85730
	Platelet Count	85049
	Fibrinogen	85384
	D-Dimer	85379
	Blood Film	85008
Drug Abuse Screen, Ur	Amphetamines, barbiturates, benzodiazepines, cannbinoids (THC), cocaine, methadone, opiates, oxycodone, phencyclidine (PCP), and fentanyl.	80307
Giardia and Cryptosporidium Antigen	Cryptosporidium Antigen	87328
	Giardia Antigen	87329
Glucose Tolerance, Gestational, 3 Hour (100g)	Glucose tolerance - 3 specimens	82951
	Glucose tolerance, each additional specimen	82952
Glucose Tolerance, 2 Hour (75g)	Glucose	82947
	Glucose, post glucose dose	82950
Hemoglobin a1c	Hemoglobin a1c	83036
	Estimated average Glucose	
Hemoglobin and Hematocrit	Hemoglobin	85018
	Hematocrit	85014
Immunoglobulin Profile	IgG, IgA, IgM	82784 x3
Influenza A/B, RSV, and COVID 19 PCR	Influenza A/B, RSV, and COVID 19 PCR	241U
Iron Profile	Iron	83540
	Iron Binding Capacity	83550
	% Iron Saturation	
Lactose Tolerance	Lactose: fasting, 15 min, 30 min	82951
	Lactose: each additional specimen	82952
Mercury/Creatinine Ratio, Random, Urine	Mercury, urine	83825
	Creatinine, urine	82570
Pap and HPV HR with Genotyping 16 &18	Thin Prep	88175
	HPV HR with Geno 16&18	87626
Pneumonia Panel	*Ainetobacter calcoaceticus-baumanni complex, Enterobacter cloacae complex*	PLA 0528U
	Escherichia coli, Haemophilus influenzae	87070
	Klebsiella aerogenes, Klebsiella oxytoca,Klebsiella pneumonia group	87205
	Moraxella catarrhalis, Proteus spp., Pseudomonas aeruginosa	
	Serratia marcescens, Staphylococcus aureus, Streptococcus agalactiae	
	Streptococcus pneumoniae, Streptococcus pyogenes, Chlamydia pneumoniae	
	Legionella pneumophila, Mycoplasma pneumoniae	
	Adenovirus, Coronavirus, Human Metapneumovirus	
	Human Rhinovirus/Enterovirus, Influenza A, Influenza B	
	Parainfluenza Virus, Respiratory Syncytial Virus (RSV)	
	CTX-M, IMP, KPC, mecA/C and MREJ, NDM	
	OXA-48- like, VIM	

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Test Name	Components	CPT Code
Protein Creatinine Ratio, Urine	Total Protein, Urine Creatinine, urine Protein Creatinine Ratio, calculated	84150 85270
Protein Electrophoresis 24 Hour Urine with Immunotyping	Volume measurement for timed collection Electrophoresis Immunofixation	81050 84166 86335
Respiratory Pathogen Multiplex PCR	Bordetella pertussis, Bordetella parapertussis, Chlamydophila pneumoniae, Mycoplasma pneumoniae, Adenovirus, Coronavirus HKU1, Coronavirus NL63, Coronavirus 229E, Coronavirus OC43, Influenza A, Influenza A subtype H1, Influenza A subtype H3, Influenza A subtype 2009 H1N1, Influenza B, Metapneumovirus, Parainfluenza 1, Parainfluenza 2, Parainfluenza 3, Parainfluenza 4, RSV, Rhinovirus/Enterovirus, SARS-CoV-2	0202U
Retic Count	Retic % of total red cells, Retic absolute and Retic Hemoglobin Equivalent	85046
Rh Immune Globulin Evaluation Request	Eligibility Antibody Screen, if applicable Fetal RBC Screen, if applicable ABO Typing, if applicable Rh Typing, if applicable	 86850 85461 86900 86901
Transfusion Reaction Workup	DAT ABO Typing Rh Typing	86078
Type and Screen	Antibody Screen ABO Typing Rh Typing	86850 86900 86901
Vaginitis Panel	Candida group Candida glabrata/krusei Trichomonas DNA Bacterial vaginosis	85151

MBMC Reference Laboratory Profiles – 2026

Test Name	Performing Laboratory	Components	CPT Code
ADAMTS13 Activity and Inhibitor Profile	Mayo Clinic Laboratories	ADAMTS13 Activity Assay ADAMTS13 Interpretation	85397
Anti-phospholipid Screen	Barnes-Jewish Hospital Laboratory	Cardiolipin Antibody IgG Cardiolipin Antibody IgM Beta-2 Glycoprotein Antibody IgG Beta-2 Glycoprotein Antibody IgM	86147 86147 86146 86146
Antiphosphilipid Syndrome Marker Analysis	Barnes-Jewish Hospital Laboratory	 Lupus Anticoaglant w/Reflexes Cardiolipin Antibody IgG & IgM Beta 2 Glycoprotien IgG & IgM	85670,85613, 85732 86147x2 86146x2
CD19	Barnes-Jewish Hospital Laboratory	CD19 Percentage CD19 Absolute	86355
CD20	Barnes-Jewish Hospital Laboratory	CD20 Percentage CD20 Absolute	86355
CD4 (Helper/Inducer T-Cells)	Barnes-Jewish Hospital Laboratory	CD4 Percentage CD4 Absolute	86361
Celiac Genetics	Prometheus Laboratories Inc.	Celiac Genetics	81382 x2
Celiac PLUS	Prometheus Laboratories Inc.	Celiac Genetics Deamidated gliadin peptide antibody IgG ELISA Deamidated gliadin peptide antibody IgA ELISA Tissue Transglutaminase (tTG), IgA Anti-endomysial IgA IFA Total serum IgA	81382 x2 86258 86258 86364 86231 82784
Celiac Screen	Barnes-Jewish Hospital Laboratory	Tissue Transglutaminase (tTG), IgA, Autoantibody Gliadin (Deamidated) Antibodies, IgA	86364 86258
Cerebrospinal Fluid IgG Index Profile, Serum and Spinal Fluid	Mayo Clinic Laboratories	IgG Index, CSF IgG, CSF Albumin, CSF IgG, S Albumin, S	 82784 82042 82784 82040
Cryoglobulin and Cryofibrinogen Panel, Serum and Plasma	Mayo Clinic Laboratories	Cryofibrinogen Cryoglobulin	82585 82595
Cytomegalovirus (CMV) Antibody, IgG and IgM, Serum	Barnes-Jewish Hospital Laboratory	CMV IgG CMV IgM	86644 86645
Diabetes Autoimmune Profile	Mayo Clinic Laboratories	Insulin Antibodies Anti GAD 65 Antibodies IA-2 Autoantibodies ZNT8 Antibodies Type 1 Diabetes Interpretation	86337 86341 86341 86341
Encephalopathy, Autoimmune/Paraneoplastic Evaluation, Serum	Mayo Clinic Laboratories	Medical interpretation AMPA-R Ab CBA, S Amphiphysin Ab, S Anti-Glial Nuclear Ab, Type 1 Anti-Neuronal Nuclear Ab, Type 1 Anti-Neuronal Nuclear Ab, Type 2 Anti-Neuronal Nuclear Ab, Type 3 CASPR2-IgG CBA, S CRMP-5-IgG, S DPPX Ab IFA, S GABA-B-R Ab CBA, S GAD65 Ab Assay, S GFAP IFA, S IgLON5 IFA, S LGI1-IgG CBA, S mGluR1 Ab IFA, S Neurochondrin IFA, S NIF IFA, S NMDA-R Ab CBA, S	 86255 86255 86255 86255 86255 86255 86255 86255 86255 86255 86255 86255 86255 86255 86255 86255 86255 86255

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Test Name	Performing Laboratory	Components	CPT Code
Encephalopathy, Autoimmune/Paraneoplastic Evaluation, Serum - *continued*		Purkinje Cell Cytoplasmic Ab Type 1	86255
		Purkinje Cell Cytoplasmic Ab Type 2	86255
		Purkinje Cell Cytoplasmic Ab Type Tr	86255
		Septin-7 IFA, S	86341
Encephalopathy, Autoimmune/Paraneoplastic Evaluation, Spinal Fluid	Mayo Clinic Laboratories	Encephalopathy, Interpretation, CSF	
		AMPA-R Ab CBA, CSF	86255
		Amphiphysin Ab, CSF	86255
		Anti-Glial Nuclear Ab, Type 1	86255
		Anti-Neuronal Nuclear Ab, Type 1	86255
		Anti-Neuronal Nuclear Ab, Type 2	86255
		Anti-Neuronal Nuclear Ab, Type 3	86255
		CASPR2-IgG CBA, CSF	86255
		CRMP-5-IgG, CSF	86255
		DPPX Ab IFA, CSF	86255
		GABA-B-R Ab CBA, CSF	86255
		GAD65 Ab Assay, CSF	86255
		GFAP IFA, CSF	86255
		IgLON5 IFA, CSF	86255
		LGI1-IgG CBA, CSF	86255
		mGluR1 Ab IFA, CSF	86255
		Neurochondrin IFA, CSF	86255
		NIF IFA, CSF	86255
		NMDA-R Ab CBA, CSF	86255
		Purkinje Cell Cytoplasmc Ab Type Tr	86255
		Purkinje Cell Cytoplasmic Ab Type 1	86255
		Purkinje Cell Cytoplasmic Ab Type 2	86255
		Septin-7 IFA, CSF	86341
Epstein-Barr Viral Antibody Panel, Serum	Barnes-Jewish Hospital Laboratory	Epstein Barr Virus IgG	86665
		Epstein Barr Virus IgM	86665
		Epstein Barr Virus NA	86664
Fatty Acid Profile, Comprehensive (C8-C26)	Mayo Clinic Laboratories	Octanoic Acid, C8:0	82542
		Decenoic Acid, C10:1	
		Decanoic Acid, C10:0	
		Lauroleic Acid, C12:1	
		Lauric Acid, C12:0	
		Tetradecadienoic Acid, C14:2	
		Myristoleic Acid, C14:1	
		Myristic Acid, C14:0	
		Hexadecadienoic Acid, C16:2	
		Hexadecenoic Acid, C16:1w9	
		Palmitoleic Acid, C16:1w7	
		Palmitic Acid, C16:0	
		g-Linolenic Acid, C18:3w6	
		a-Linolenic Acid, C18:3w3	
		Linoleic Acid, C18:2w6	
		Oleic Acid, C18:1w9	
		Vaccenic Acid, C18:1w7	
		Stearic Acid, C18:0	
		EPA, C20:5w3	
		Arachidonic Acid, C20:4w6	
		Mead Acid, C20:3w9	
		h-g-Linolenic Acid, C20:3w6	
		Arachidic Acid, C20:0	
		DHA, C22:6w3	

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Test Name	Performing Laboratory	Components	CPT Code
Fatty Acid Profile, Comprehensive (C8-C26) - *continued*		DPA, C22:5w6 DPA, C22:5w3 DTA, C22:4w6 Docosenoic Acid, C22:1 Docosanoic Acid, C22:0 Nervonic Acid, C24:1w9 Tetracosanoic Acid, C24:0 Hexacosenoic Acid, C26:1 Hexacosanoic Acid, C26:0 Pristanic Acid, C15:0(CH3)4 Phytanic Acid, C16:0(CH3)4 Triene Tetraene Ratio Total Saturated Total Monounsaturated Total Polyunsaturated Total w3 Total w6 Total Fatty Acids Interpretation	
Fatty Acid Profile, Essential, Plasma	Mayo Clinic Laboratories	Lauric Acid, C12:0 Myristic Acid, C14:0 Hexadecenoic Acid, C16:1w9 Palmitoleic Acid, C16:1w7 Palmitic Acid, C16:0 g-Linolenic Acid, C18:3w6 a-Linolenic Acid, C18:3w3 Linoleic Acid, C18:2w6 Oleic Acid, C18:1w9 Vaccenic Acid, C18:1w7 Stearic Acid, C18:0 EPA, C20:5w3 Arachidonic Acid, C20:4w6 Mead Acid, C20:3w9 h-g-Linolenic, C20:3w6 Arachidic Acid, C20:0 DHA, C22:6w3 DPA, C22:5w6 DPA, C22:5w3 DTA, C22:4w6 Docosenoic Acid, C22:1 Nervonic Acid, C24:1w9 Triene Tetraene Ratio Total Saturated Acid Total Monounsaturated Acid Total Polyunsaturated Acid Total w3 Total w6 Total Fatty Acids Interpretation (PFAPE)	82725

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Test Name	Performing Laboratory	Components	CPT Code
Fatty Acid Profile, Peroxisomal (C22-C26), Serum	Mayo Clinic Laboratories	C22:0 C24:0 C26:0 C24:0/C22:0 C26:0/C22:0 Pristanic Acid Phytanic Acid Pristanic/Phytanic Comment	82726
Hexosaminidase A and Total Hexosaminidase, Serum	Mayo Clinic Laboratories	Beta–hexosaminidase A and B	83080 x 2
Immune Competence Assessment	Barnes-Jewish Hospital Laboratory	B-cells, total count Natural killer cells, total count T-cells, total count T-cells CD4+CD8 with ratio	86355 86357 86359 86360
Immune Deficiency Assessment	Barnes-Jewish Hospital Laboratory	T-cells CD4+CD8 with ratio	86360
Immunoglobulin Free Light Chains, Serum	Barnes-Jewish Hospital Laboratory	Kappa free light chain Lambda FLC Kappa/lambda FLC ratio	83521 83521
Inflammatory Bowel Disease Serology Panel	Mayo Clinic Laboratories	Cytoplasmic Neutrophilic Ab IBD Saccharomyces cerevisiae Ab, IgA Saccharomyces cerevisiae Ab, IgG	86036 86671 86671
Lupus Anticoagulant Panel with Reflexes	Barnes-Jewish Hospital Laboratory	Thrombin Time Russell viper venom time, diluted, screen Silica clotting time, screen	85670 85613 85732
Lymphocyte Subpop 7	Barnes-Jewish Hospital Laboratory	B-cells, total count Natural killer cells, total count T-cells, total count T-cells CD4+CD8 with ratio Mononuclear cell antigen, quantitative	86355 86357 86359 86360 86356 x 2
Lymphocyte Subpop 13	Barnes-Jewish Hospital Laboratory	B-cells, total count Natural killer cells, total count T-cells, total count T-cells CD4+CD8 with ratio Mononuclear cell antigen, quantitative	86355x2 86357x2 86359 86360 86356 x 6
Mercury/Creatinine Ratio, Random, Urine - HGUCR	Mayo Clinic Laboratories	Mercury/Creatinine Ratio Creatinine, Random	83825 82570
Multiple Sclerosis (MS) Cascade, Serum and Spinal Fluid	Mayo Clinic Laboratories	Kappa Free Light Chain, CSF Additional Sample for Reflex	83521
Myasthenia Gravis Evaluation with Muscle-Specific Kinase (MuSK) Reflex, Serum	Mayo Clinic Laboratories	MG with MuSK Interpretation Ach Receptor (Muscle) Binding Antibody	83519

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Test Name	Performing Laboratory	Components	CPT Code
MyoMarker 3 Profile Esoterix Endocrinology	Esoterix Endocrinology	Anti-Jo-1 Ab	83516
		Anti-PL-7 Ab	83516
		Anti-PL-12 Ab	83516
		Anti-EJ Ab	83516
		Anti-OJ Ab	83516
		Anti-SRP Ab	83516
		Anti-Mi-2-Ab	83516
		Anti-TIF-1gamma Ab	83516
		Anti-MDA-5 Ab (CADM-140)	83516
		Anti-NXP-2 (P140) Ab	86235
		Anti-PM/Scl-100 Ab	86235
		Anti-Ku Ab	86235
		Anti-SS-A 52kD Ab, IgG	86235
		Anti-U1 RNP Ab	86235
		Anti-U2 RNP Ab	86235
		Anti-U3 RNP (Fibrillarin)	86235
Norovirus RNA Detection by PCR	Barnes-Jewish Hospital Laboratory	Norovirus Serogroup I	87798
		Norovirus Serogroup II	87798
Pain Management Drug Profile, Urine	Quest Diagnostics Employer Solutions	Creatinine	82570
		Oxidant	84311
		pH	83686
		6-acetylemorphine	80301 (HCPCS G0431)
		Amphetamines	80301 (HCPCS G0431)
		Barbiturates	80301 (HCPCS G0431)
		Benzodiazepines	80301 (HCPCS G0431)
		Marijuana metabolite	80301 (HCPCS G0431)
		Cocaine metabolite	80301 (HCPCS G0431)
		Ethyl glucuronide (EtG)	80301 (HCPCS G0431)
		Ethyl sulfate (EtS)	80301 (HCPCS G0431)
		Methadone metabolite	80301 (HCPCS G0431)
		Opiates	80301 (HCPCS G0431)
		Oxycodone	80301 (HCPCS G0431)
		Phencyclidine	80301 (HCPCS G0431)

MBMC Reference Laboratory Profiles – 2026

Test Name	Performing Laboratory	Components	CPT Code
Paraneoplastic, Autoantibody Evaluation, Serum	Mayo Clinic Laboratories	Interpretive Comments	
		Amphiphysin Ab, S	86255
		Anti-Glial Nuclear Ab, Type 1	86255
		Anti-Neuronal Nuclear Ab, Type 1	86255
		Anti-Neuronal Nuclear Ab, Type 2	86255
		Anti-Neuronal Nuclear Ab, Type 3	86255
		CRMP-5-IgG, S	83519
		Neuronal (V-G) K+ Channel Ab, S	86596
		P/Q-Type Calcium Channel Ab	86255
		Purkinje Cell Cytoplasmic Ab Type 1	86255
		Purkinje Cell Cytoplasmic Ab Type 2	86255
		Purkinje Cell Cytoplasmic Ab Type Tr	86255
Paraneoplastic, Autoantibody Evaluation, Spinal Fluid	Mayo Clinic Laboratories	Paraneoplastic Interpretation, CSF	
		Amphiphysin Ab, CSF	86255
		Anti-Glial Nuclear Ab, Type 1	86255
		Anti-Neuronal Nuclear Ab, Type 1	86255
		Anti-Neuronal Nuclear Ab, Type 2	86255
		Anti-Neuronal Nuclear Ab, Type 3	86255
		CRMP-5-IgG, CSF	86255
		Purkinje Cell Cytoplasmic Ab Type 1	86255
		Purkinje Cell Cytoplasmic Ab Type 2	86255
		Purkinje Cell Cytoplasmic Ab Type Tr	86255
Parasite Exam, blood	Barnes-Jewish Hospital Laboratory	Malaria Giemsa Stain	87207
		Malaria antigen	87899
Paroxysmal Nocturnal Hemoglobinuria (PNH) Profile	Barnes-Jewish Hospital Laboratory	CD59-RBC membrane inhibitor of reactive lysis (MIRL)	88184
		CD59-WBC MIRL	88185
		Fluorescent-labeled inactive toxin aerolysis (FLAER)	88185
Partial Thromboplastin Time (PTT), 50:50 Mix, Plasma	Barnes-Jewish Hospital Laboratory	PTT activated straight	85730
		PTT activated 50:50	85732
		PTT 1 Hour activated 50:50	85732
Pediatric Autoimmune Encephalopathy/CNS Disorder Evaluation, Serum	Mayo Clinic Laboratories	Peds Autoimmune CNS Interp, S	
		Anti-Neuronal Nuclear Ab, Type 1	86255
		CASPR2-IgG CBA, S	86255
		DPPX Ab IFA, S	86255
		GABA-B-R Ab CBA, S	86255
		GAD65 Ab Assay, S	86255
		GFAP IFA, S	86255
		LGI1-IgG CBA, S	86255
		mGluR1 Ab IFA, S	86255
		MOG FACS, S	86363
		Neurochondrin IFA, S	86255
		NMDA-R Ab CBA, S	86255
		NMO/AQP4 FACS, S	86053
		Purkinje Cell Cytoplasmic Ab Type Tr	86341

MBMC Reference Laboratory Profiles – 2026

Test Name	Performing Laboratory	Components	CPT Code
Pediatric Autoimmune Encephalopathy/CNS Disorder Evaluation, Spinal Fluid	Mayo Clinic Laboratories	Peds Autoimmune CNS Interp, CSF	
		Anti-Neuronal Nuclear Ab, Type 1	86255
		CASPR2-IgG CBA, CSF	86255
		DPPX Ab IFA, CSF	86255
		GABA-B-R Ab CBA, CSF	86255
		GAD65 Ab Assay, CSF	86255
		GFAP IFA, CSF	86255
		LGI1-IgG CBA, CSF	86255
		mGluR1 Ab IFA, CSF	86255
		Neurochondrin IFA, CSF	86255
		NMDA-R Ab CBA, CSF	86255
		NMO/AQP4 FACS, CSF	86053
		Purkinje Cell Cytoplasmic Ab Type Tr	86341
Platelet Function Screen	Barnes-Jewish Hospital Laboratory	Collagen/Epinephrine	85576
		Collagen/ADP	85576
Prothrombin Time (PT), 50:50 Mix, Plasma	Barnes-Jewish Hospital Laboratory	Prothrombin Time	85610
		Prothrombin Time Fractionation	85611
Streptococcal Antibodies Profile	Mayo Clinic Laboratories	Antistrep-O Titer, S	86060
		Anti-Dnase B Titer, S	86215
Supersaturation Profile, 24 Hour, Urine	Mayo Clinic Laboratories	Calcium	82340
		Chloride	82436
		Citrate excretion	82507
		Creatinine	82570
		Magnesium	83735
		Osmolality	83935
		Oxalate	83945
		pH	83986
		Phosphorus	84105
		Potassium	84133
		Sodium	84300
		Sulfate	84392
		Uric acid	84560
		Ammonium	82140
		Urea Nitrogen	84540
Toxoplasma Antibodies, IgG and IgM, Serum	Barnes-Jewish Hospital Laboratory	*Toxoplasma* IgG	86777
		Toxoplasma IgM	86778
Volatiles Screen, Serum	Barnes-Jewish Hospital Laboratory	Acetone	84600
		Ethanol	
		Isopropanol	
		Methanol	