

Division of Health Care Financing & Policy
SB278 Section 16 from the 2011 Legislative Session
Physician Rates Reporting
Laboratory Rate Comparison

Procedure Code	Description	Nevada Medicaid Rates	2019 Medicare Lab Rates	Medicaid vs. Medicare Lab Rates
36415	Routine venipuncture	\$3.98	\$3.00	\$0.98
78267	Breath tst attain/anal c-14	\$11.94	\$11.06	\$0.88
78268	Breath test analysis c-14	\$102.44	\$94.41	\$8.03
80047	METABOLIC PANEL IONIZED CA	\$5.77	\$13.73	(\$7.96)
80048	METABOLIC PANEL TOTAL CA	\$5.77	\$9.40	(\$3.63)
80051	ELECTROLYTE PANEL	\$4.79	\$7.79	(\$3.00)
80053	COMPREHEN METABOLIC PANEL	\$7.21	\$11.74	(\$4.53)
80055	OBSTETRIC PANEL	\$32.56	\$53.12	(\$20.56)
80061	LIPID PANEL	\$9.14	\$14.88	(\$5.74)
80069	Renal function panel	\$5.93	\$9.65	(\$3.72)
80074	Acute hepatitis panel	\$32.50	\$52.93	(\$20.43)
80076	Hepatic function panel	\$5.57	\$9.08	(\$3.51)
80150	Assay of amikacin	\$10.28	\$16.75	(\$6.47)
80156	Assay carbamazepine total	\$9.94	\$16.18	(\$6.24)
80157	Assay carbamazepine free	\$9.05	\$14.73	(\$5.68)
80158	ASSAY OF CYCLOSPORINE	\$12.32	\$20.06	(\$7.74)
80162	Assay of digoxin total	\$9.06	\$14.75	(\$5.69)
80164	Assay dipropylacetic acid tot	\$9.25	\$15.05	(\$5.80)
80168	Assay of ethosuximide	\$11.15	\$18.15	(\$7.00)
80170	Assay of gentamicin	\$11.18	\$18.20	(\$7.02)
80173	Assay of haloperidol	\$9.94	\$16.18	(\$6.24)
80176	Assay of lidocaine	\$10.02	\$16.32	(\$6.30)
80178	Assay of lithium	\$4.51	\$7.35	(\$2.84)
80184	Assay of phenobarbital	\$7.81	\$15.30	(\$7.49)
80185	Assay of phenytoin total	\$9.05	\$14.73	(\$5.68)
80186	Assay of phenytoin free	\$9.39	\$15.29	(\$5.90)
80188	Assay of primidone	\$11.30	\$18.44	(\$7.14)
80190	Assay of procainamide	\$11.43	\$60.00	(\$48.57)
80192	Assay of procainamide	\$11.43	\$18.61	(\$7.18)
80194	Assay of quinidine	\$9.96	\$16.22	(\$6.26)
80195	Assay of sirolimus	\$9.37	\$15.26	(\$5.89)
80197	Assay of tacrolimus	\$9.37	\$15.26	(\$5.89)
80198	Assay of theophylline	\$9.65	\$15.71	(\$6.06)
80200	Assay of tobramycin	\$11.00	\$17.92	(\$6.92)
80201	Assay of topiramate	\$8.14	\$13.24	(\$5.10)
80202	Assay of vancomycin	\$9.25	\$15.05	(\$5.80)
80299	Quantitative assay drug	\$9.34	\$18.64	(\$9.30)

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80305	DRUG TEST PRSMV DIR OPT OBS	\$7.48	\$12.60	(\$5.12)
80306	DRUG TEST PRSMV INSTRMNT	\$9.98	\$17.14	(\$7.16)
80307	DRUG TEST PRSMV CHEM ANLYZR	\$39.91	\$64.65	(\$24.74)
80400	Acth stimulation panel	\$22.25	\$36.24	(\$13.99)
80402	Acth stimulation panel	\$59.32	\$96.62	(\$37.30)
80406	Acth stimulation panel	\$53.38	\$86.95	(\$33.57)
80408	Aldosterone suppression eval	\$85.61	\$139.44	(\$53.83)
80410	Calcitonin stimul panel	\$54.80	\$29.77	\$25.03
80412	Crh stimulation panel	\$224.85	\$801.62	(\$576.77)
80414	Testosterone response	\$35.23	\$57.37	(\$22.14)
80415	Estradiol response panel	\$38.12	\$62.09	(\$23.97)
80416	Renin stimulation panel	\$90.02	\$209.32	(\$119.30)
80417	Renin stimulation panel	\$30.01	\$48.88	(\$18.87)
80418	Pituitary evaluation panel	\$395.36	\$643.84	(\$248.48)
80420	DEXAMETHASONE PANEL	\$49.15	\$161.88	(\$112.73)
80422	Glucagon tolerance panel	\$31.43	\$51.19	(\$19.76)
80424	Glucagon tolerance panel	\$34.45	\$56.11	(\$21.66)
80426	Gonadotropin hormone panel	\$101.24	\$164.90	(\$63.66)
80428	Growth hormone panel	\$45.50	\$74.12	(\$28.62)
80430	Growth hormone panel	\$53.54	\$129.33	(\$75.79)
80432	Insulin suppression panel	\$92.16	\$165.61	(\$73.45)
80434	Insulin tolerance panel	\$69.02	\$285.03	(\$216.01)
80435	Insulin tolerance panel	\$70.27	\$114.45	(\$44.18)
80436	Metyrapone panel	\$62.19	\$101.29	(\$39.10)
80438	TRH STIMULATION PANEL	\$34.39	\$56.01	(\$21.62)
80439	TRH STIMULATION PANEL	\$45.85	\$74.68	(\$28.83)
81000	Urinalysis nonauto w/scope	\$2.16	\$4.02	(\$1.86)
81001	Urinalysis auto w/scope	\$2.16	\$3.52	(\$1.36)
81002	URINALYSIS NONAUTO W/O SCOPE	\$1.75	\$3.48	(\$1.73)
81003	Urinalysis auto w/o scope	\$1.53	\$2.49	(\$0.96)
81005	Urinalysis	\$1.48	\$2.41	(\$0.93)
81007	Urine screen for bacteria	\$0.66	\$29.98	(\$29.32)
81015	Microscopic exam of urine	\$2.08	\$3.39	(\$1.31)
81020	URINALYSIS GLASS TEST	\$2.52	\$4.70	(\$2.18)
81025	Urine pregnancy test	\$4.32	\$8.61	(\$4.29)
81050	Urinalysis volume measure	\$2.05	\$3.64	(\$1.59)
82009	Test for acetone/ketones	\$3.08	\$5.02	(\$1.94)
82010	Acetone assay	\$5.58	\$9.08	(\$3.50)
82013	Acetylcholinesterase assay	\$7.62	\$12.41	(\$4.79)
82016	Acylcarnitines qual	\$9.46	\$16.49	(\$7.03)
82017	Acylcarnitines quant	\$11.51	\$18.74	(\$7.23)
82024	Assay of acth	\$26.35	\$42.91	(\$16.56)
82030	ASSAY OF ADP & AMP	\$17.60	\$28.67	(\$11.07)

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82040	Assay of serum albumin	\$3.38	\$5.50	(\$2.12)
82042	OTHER SOURCE ALBUMIN QUAN EA	\$3.53	\$7.78	(\$4.25)
82043	UR ALBUMIN QUANTITATIVE	\$3.95	\$6.42	(\$2.47)
82044	UR ALBUMIN SEMIQUANTITATIVE	\$3.12	\$6.23	(\$3.11)
82045	Albumin ischemia modified	\$23.16	\$37.71	(\$14.55)
82075	Assay of breath ethanol	\$8.22	\$30.00	(\$21.78)
82085	Assay of aldolase	\$6.62	\$10.79	(\$4.17)
82088	Assay of aldosterone	\$27.80	\$45.28	(\$17.48)
82103	Alpha-1-antitrypsin total	\$9.17	\$14.93	(\$5.76)
82104	Alpha-1-antitrypsin pheno	\$9.87	\$16.07	(\$6.20)
82105	ALPHA-FETOPROTEIN SERUM	\$11.42	\$18.64	(\$7.22)
82106	ALPHA-FETOPROTEIN AMNIOTIC	\$11.42	\$18.64	(\$7.22)
82107	Alpha-fetoprotein I3	\$25.35	\$71.57	(\$46.22)
82108	Assay of aluminum	\$17.38	\$28.31	(\$10.93)
82120	Amines vaginal fluid qual	\$2.57	\$5.99	(\$3.42)
82127	Amino acid single qual	\$9.46	\$15.41	(\$5.95)
82128	AMINO ACIDS MULT QUAL	\$9.46	\$15.41	(\$5.95)
82131	Amino acids single quant	\$11.51	\$22.98	(\$11.47)
82135	Assay aminolevulinic acid	\$11.23	\$18.28	(\$7.05)
82136	AMINO ACIDS QUANT 2-5	\$11.51	\$19.61	(\$8.10)
82139	AMINO ACIDS QUAN 6 OR MORE	\$11.51	\$18.74	(\$7.23)
82140	Assay of ammonia	\$9.94	\$16.19	(\$6.25)
82143	Amniotic fluid scan	\$4.69	\$9.35	(\$4.66)
82150	Assay of amylase	\$4.42	\$7.20	(\$2.78)
82154	Androstanediol glucuronide	\$19.67	\$32.04	(\$12.37)
82157	Assay of androstenedione	\$19.97	\$32.53	(\$12.56)
82160	Assay of androsterone	\$17.06	\$27.78	(\$10.72)
82163	Assay of angiotensin ii	\$14.00	\$22.80	(\$8.80)
82164	Angiotensin i enzyme test	\$9.96	\$16.22	(\$6.26)
82172	Assay of apolipoprotein	\$10.57	\$21.09	(\$10.52)
82175	Assay of arsenic	\$12.95	\$21.08	(\$8.13)
82180	ASSAY OF ASCORBIC ACID	\$6.74	\$10.98	(\$4.24)
82190	Atomic absorption	\$10.17	\$16.56	(\$6.39)
82232	Assay of beta-2 protein	\$11.04	\$17.97	(\$6.93)
82239	Bile acids total	\$11.69	\$19.03	(\$7.34)
82240	Bile acids cholyglycine	\$18.13	\$29.53	(\$11.40)
82247	Bilirubin total	\$3.42	\$5.57	(\$2.15)
82248	Bilirubin direct	\$3.42	\$5.57	(\$2.15)
82252	Fecal bilirubin test	\$3.11	\$5.06	(\$1.95)
82261	Assay of biotinidase	\$11.51	\$18.74	(\$7.23)
82270	Occult blood feces	\$2.22	\$4.38	(\$2.16)
82271	Occult blood other sources	\$2.22	\$5.32	(\$3.10)
82272	Occult bld feces 1-3 tests	\$2.22	\$4.23	(\$2.01)

Procedure Code	Description	Nevada Medicaid Rates	2019 Medicare Lab Rates	Medicaid vs. Medicare Lab Rates
82274	Assay test for blood fecal	\$10.85	\$17.67	(\$6.82)
82286	Assay of bradykinin	\$4.70	\$5.73	(\$1.03)
82300	Assay of cadmium	\$15.79	\$25.72	(\$9.93)
82306	Vitamin d 25 hydroxy	\$20.00	\$32.89	(\$12.89)
82308	Assay of calcitonin	\$18.27	\$29.77	(\$11.50)
82310	Assay of calcium	\$3.52	\$5.73	(\$2.21)
82330	Assay of calcium	\$9.33	\$15.20	(\$5.87)
82331	Calcium infusion test	\$3.53	\$13.34	(\$9.81)
82340	Assay of calcium in urine	\$4.12	\$6.70	(\$2.58)
82355	Calculus analysis qual	\$7.90	\$12.86	(\$4.96)
82360	Calculus assay quant	\$8.78	\$14.30	(\$5.52)
82365	Calculus spectroscopy	\$8.80	\$14.33	(\$5.53)
82370	X-ray assay calculus	\$8.55	\$13.92	(\$5.37)
82373	Assay c-d transfer measure	\$12.32	\$20.06	(\$7.74)
82374	Assay blood carbon dioxide	\$3.34	\$5.43	(\$2.09)
82375	Assay carboxyhb quant	\$8.41	\$13.69	(\$5.28)
82376	Assay carboxyhb qual	\$4.00	\$14.07	(\$10.07)
82378	Carcinoembryonic antigen	\$12.94	\$21.07	(\$8.13)
82379	Assay of carnitine	\$11.51	\$18.74	(\$7.23)
82380	Assay of carotene	\$6.29	\$10.25	(\$3.96)
82382	Assay urine catecholamines	\$11.73	\$27.30	(\$15.57)
82383	Assay blood catecholamines	\$17.10	\$29.08	(\$11.98)
82384	Assay three catecholamines	\$17.23	\$28.06	(\$10.83)
82387	Assay of cathepsin-d	\$14.20	\$20.06	(\$5.86)
82390	Assay of ceruloplasmin	\$7.33	\$11.93	(\$4.60)
82397	Chemiluminescent assay	\$9.64	\$15.69	(\$6.05)
82415	Assay of chloramphenicol	\$8.65	\$14.08	(\$5.43)
82435	Assay of blood chloride	\$3.14	\$5.11	(\$1.97)
82436	Assay of urine chloride	\$3.43	\$5.75	(\$2.32)
82438	Assay other fluid chlorides	\$3.34	\$5.43	(\$2.09)
82441	Test for chlorohydrocarbons	\$4.10	\$6.67	(\$2.57)
82465	Assay bld/serum cholesterol	\$2.97	\$4.84	(\$1.87)
82480	ASSAY SERUM CHOLINESTERASE	\$5.38	\$8.75	(\$3.37)
82482	Assay rbc cholinesterase	\$5.24	\$9.81	(\$4.57)
82485	Assay chondroitin sulfate	\$14.09	\$22.95	(\$8.86)
82495	Assay of chromium	\$13.84	\$22.53	(\$8.69)
82507	Assay of citrate	\$18.97	\$30.89	(\$11.92)
82523	COLLAGEN CROSSLINKS	\$12.75	\$20.76	(\$8.01)
82525	Assay of copper	\$8.47	\$13.79	(\$5.32)
82528	Assay of corticosterone	\$15.36	\$25.02	(\$9.66)
82530	Cortisol free	\$11.40	\$18.57	(\$7.17)
82533	Total cortisol	\$11.12	\$18.11	(\$6.99)
82540	Assay of creatine	\$3.16	\$5.15	(\$1.99)

Procedure Code	Description	Nevada Medicaid Rates	2019 Medicare Lab Rates	Medicaid vs. Medicare Lab Rates
82542	COLUMN CHROMOTOGRAPHY QUANT	\$12.32	\$24.09	(\$11.77)
82550	Assay of ck (cpk)	\$4.44	\$7.23	(\$2.79)
82552	Assay of cpk in blood	\$9.14	\$14.88	(\$5.74)
82553	Creatine mb fraction	\$7.88	\$12.83	(\$4.95)
82554	Creatine isoforms	\$8.10	\$13.19	(\$5.09)
82565	Assay of creatinine	\$3.50	\$5.69	(\$2.19)
82570	Assay of urine creatinine	\$3.53	\$5.75	(\$2.22)
82575	Creatinine clearance test	\$6.45	\$10.51	(\$4.06)
82585	Assay of cryofibrinogen	\$5.86	\$14.14	(\$8.28)
82595	Assay of cryoglobulin	\$4.42	\$7.18	(\$2.76)
82600	Assay of cyanide	\$13.23	\$21.55	(\$8.32)
82607	Vitamin b-12	\$10.28	\$16.75	(\$6.47)
82608	B-12 binding capacity	\$9.77	\$15.91	(\$6.14)
82610	Cystatin c	\$9.27	\$18.52	(\$9.25)
82615	Test for urine cystines	\$5.57	\$9.55	(\$3.98)
82626	Dehydroepiandrosterone	\$17.24	\$28.08	(\$10.84)
82627	Dehydroepiandrosterone	\$15.17	\$24.71	(\$9.54)
82633	DESOXYCORTICOSTERONE	\$21.13	\$34.43	(\$13.30)
82634	DEOXYCORTISOL	\$19.97	\$32.53	(\$12.56)
82638	Assay of dibucaine number	\$8.36	\$13.61	(\$5.25)
82652	VIT D 1 25-DIHYDROXY	\$26.27	\$42.78	(\$16.51)
82656	Pancreatic elastase fecal	\$7.87	\$12.81	(\$4.94)
82657	Enzyme cell activity	\$12.32	\$22.17	(\$9.85)
82658	Enzyme cell activity ra	\$12.32	\$44.03	(\$31.71)
82664	ELECTROPHORETIC TEST	\$23.44	\$61.50	(\$38.06)
82668	Assay of erythropoietin	\$12.83	\$20.88	(\$8.05)
82670	Assay of estradiol	\$19.06	\$31.04	(\$11.98)
82671	Assay of estrogens	\$22.04	\$35.89	(\$13.85)
82672	Assay of estrogen	\$14.80	\$24.11	(\$9.31)
82677	Assay of estriol	\$16.50	\$26.87	(\$10.37)
82679	Assay of estrone	\$17.03	\$27.73	(\$10.70)
82693	Assay of ethylene glycol	\$10.16	\$16.56	(\$6.40)
82696	Assay of etiocholanolone	\$16.09	\$26.24	(\$10.15)
82705	Fats/lipids feces qual	\$3.47	\$5.66	(\$2.19)
82710	Fats/lipids feces quant	\$11.47	\$18.67	(\$7.20)
82715	Assay of fecal fat	\$11.74	\$22.97	(\$11.23)
82725	Assay of blood fatty acids	\$9.08	\$18.77	(\$9.69)
82726	Long chain fatty acids	\$12.32	\$20.06	(\$7.74)
82728	Assay of ferritin	\$9.30	\$15.15	(\$5.85)
82731	Assay of fetal fibronectin	\$25.35	\$71.57	(\$46.22)
82735	Assay of fluoride	\$12.65	\$20.60	(\$7.95)
82746	Assay of folic acid serum	\$10.03	\$16.34	(\$6.31)
82747	Assay of folic acid rbc	\$11.82	\$19.25	(\$7.43)

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82759	Assay of rbc galactokinase	\$14.66	\$23.87	(\$9.21)
82760	Assay of galactose	\$7.64	\$12.44	(\$4.80)
82775	Assay galactose transferase	\$14.37	\$23.41	(\$9.04)
82776	Galactose transferase test	\$5.72	\$11.74	(\$6.02)
82784	Assay iga/igd/igg/igm each	\$4.57	\$10.34	(\$5.77)
82785	Assay of ige	\$11.24	\$18.29	(\$7.05)
82787	Igg 1 2 3 or 4 each	\$5.47	\$8.91	(\$3.44)
82800	Blood ph	\$5.77	\$11.00	(\$5.23)
82803	Blood gases any combination	\$13.20	\$26.07	(\$12.87)
82805	Blood gases w/o2 saturation	\$19.36	\$78.77	(\$59.41)
82810	BLOOD GASES O2 SAT ONLY	\$5.96	\$9.77	(\$3.81)
82820	Hemoglobin-oxygen affinity	\$6.47	\$13.34	(\$6.87)
82930	Gastric analy w/ph ea spec	\$3.64	\$6.71	(\$3.07)
82938	Gastrin test	\$12.07	\$19.66	(\$7.59)
82941	Assay of gastrin	\$12.03	\$19.59	(\$7.56)
82943	Assay of glucagon	\$9.75	\$15.88	(\$6.13)
82945	Glucose other fluid	\$2.68	\$4.37	(\$1.69)
82946	Glucagon tolerance test	\$10.28	\$17.77	(\$7.49)
82947	Assay glucose blood quant	\$2.68	\$4.37	(\$1.69)
82948	Reagent strip/blood glucose	\$2.16	\$5.04	(\$2.88)
82950	Glucose test	\$3.24	\$5.27	(\$2.03)
82951	Glucose tolerance test (gtt)	\$7.11	\$14.30	(\$7.19)
82952	Gtt-added samples	\$2.68	\$4.36	(\$1.68)
82955	Assay of g6pd enzyme	\$6.61	\$10.77	(\$4.16)
82960	Test for g6pd enzyme	\$4.13	\$6.72	(\$2.59)
82962	Glucose blood test	\$1.23	\$3.28	(\$2.05)
82963	Assay of glucosidase	\$14.66	\$23.87	(\$9.21)
82965	Assay of gdh enzyme	\$5.28	\$13.15	(\$7.87)
82977	Assay of ggt	\$4.91	\$8.00	(\$3.09)
82978	Assay of glutathione	\$9.73	\$15.84	(\$6.11)
82979	Assay rbc glutathione	\$4.70	\$10.49	(\$5.79)
82985	Assay of glycated protein	\$10.28	\$16.76	(\$6.48)
83001	ASSAY OF GONADOTROPIN (FSH)	\$12.68	\$20.65	(\$7.97)
83002	ASSAY OF GONADOTROPIN (LH)	\$12.63	\$20.57	(\$7.94)
83003	Assay growth hormone (hgh)	\$11.38	\$18.52	(\$7.14)
83009	H pylori (c-13) blood	\$45.95	\$74.84	(\$28.89)
83010	Assay of haptoglobin quant	\$8.58	\$13.97	(\$5.39)
83012	Assay of haptoglobins	\$11.73	\$26.89	(\$15.16)
83013	H pylori (c-13) breath	\$45.95	\$74.84	(\$28.89)
83014	H pylori drug admin	\$5.37	\$8.73	(\$3.36)
83015	HEAVY METAL QUAL ANY ANAL	\$12.85	\$20.94	(\$8.09)
83018	HEAVY METAL QUANT EACH NES	\$14.98	\$24.41	(\$9.43)
83020	Hemoglobin electrophoresis	\$8.78	\$14.30	(\$5.52)

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83021	Hemoglobin chromatography	\$12.32	\$20.06	(\$7.74)
83026	Hemoglobin copper sulfate	\$1.62	\$4.01	(\$2.39)
83030	Fetal hemoglobin chemical	\$5.64	\$10.74	(\$5.10)
83033	Fetal hemoglobin assay qual	\$4.07	\$8.00	(\$3.93)
83036	Glycosylated hemoglobin test	\$6.62	\$10.79	(\$4.17)
83037	Glycosylated hb home device	\$6.62	\$10.79	(\$4.17)
83045	Blood methemoglobin test	\$3.38	\$6.49	(\$3.11)
83050	Blood methemoglobin assay	\$5.00	\$8.20	(\$3.20)
83051	Assay of plasma hemoglobin	\$4.99	\$8.12	(\$3.13)
83060	Blood sulfhemoglobin assay	\$5.64	\$9.19	(\$3.55)
83065	Assay of hemoglobin heat	\$4.70	\$9.00	(\$4.30)
83068	Hemoglobin stability screen	\$5.77	\$9.47	(\$3.70)
83069	Assay of urine hemoglobin	\$2.70	\$4.39	(\$1.69)
83070	Assay of hemosiderin qual	\$3.24	\$5.27	(\$2.03)
83080	Assay of b hexosaminidase	\$11.51	\$18.74	(\$7.23)
83088	Assay of histamine	\$20.15	\$32.81	(\$12.66)
83090	Assay of homocystine	\$11.51	\$18.74	(\$7.23)
83150	Assay of homovanillic acid	\$13.20	\$22.41	(\$9.21)
83491	ASSAY OF CORTICOSTEROIDS 17	\$11.95	\$19.47	(\$7.52)
83497	Assay of 5-hiaa	\$8.80	\$14.33	(\$5.53)
83498	ASSAY OF PROGESTERONE 17-D	\$18.54	\$30.19	(\$11.65)
83500	Assay free hydroxyproline	\$15.45	\$25.17	(\$9.72)
83505	Assay total hydroxyproline	\$16.59	\$27.01	(\$10.42)
83516	Immunoassay nonantibody	\$7.87	\$12.81	(\$4.94)
83518	Immunoassay dipstick	\$5.78	\$9.64	(\$3.86)
83519	Ria nonantibody	\$9.22	\$18.40	(\$9.18)
83520	Immunoassay quant nos nonab	\$8.83	\$17.27	(\$8.44)
83525	Assay of insulin	\$7.80	\$12.70	(\$4.90)
83527	Assay of insulin	\$8.84	\$14.39	(\$5.55)
83528	Assay of intrinsic factor	\$10.85	\$19.82	(\$8.97)
83540	Assay of iron	\$3.89	\$7.19	(\$3.30)
83550	Iron binding test	\$4.78	\$9.71	(\$4.93)
83570	Assay of idh enzyme	\$6.04	\$9.83	(\$3.79)
83582	Assay of ketogenic steroids	\$9.67	\$15.75	(\$6.08)
83586	ASSAY 17- KETOSTEROIDS	\$8.74	\$14.22	(\$5.48)
83593	FRACTIONATION KETOSTEROIDS	\$17.94	\$29.22	(\$11.28)
83605	Assay of lactic acid	\$7.29	\$11.87	(\$4.58)
83615	Lactate (ld) (ldh) enzyme	\$4.12	\$6.71	(\$2.59)
83625	Assay of ldh enzymes	\$8.73	\$14.22	(\$5.49)
83630	Lactoferrin fecal (qual)	\$13.39	\$21.81	(\$8.42)
83631	Lactoferrin fecal (quant)	\$13.39	\$21.81	(\$8.42)
83632	Placental lactogen	\$13.79	\$22.47	(\$8.68)
83633	Test urine for lactose	\$3.75	\$11.25	(\$7.50)

Procedure Code	Description	Nevada Medicaid Rates	2019 Medicare Lab Rates	Medicaid vs. Medicare Lab Rates
83655	Assay of lead	\$8.26	\$13.45	(\$5.19)
83661	L/s ratio fetal lung	\$15.00	\$24.43	(\$9.43)
83662	Foam stability fetal lung	\$12.91	\$21.01	(\$8.10)
83663	Fluoro polarize fetal lung	\$12.91	\$21.01	(\$8.10)
83664	Lamellar bdy fetal lung	\$12.91	\$21.01	(\$8.10)
83670	Assay of lap enzyme	\$6.25	\$10.18	(\$3.93)
83690	Assay of lipase	\$4.70	\$7.65	(\$2.95)
83695	Assay of lipoprotein(a)	\$8.83	\$14.39	(\$5.56)
83698	Assay lipoprotein pla2	\$23.16	\$46.31	(\$23.15)
83700	Lipopro bld electrophoretic	\$7.68	\$12.51	(\$4.83)
83701	Lipoprotein bld hr fraction	\$16.93	\$33.86	(\$16.93)
83704	LIPOPROTEIN BLD QUAN PART	\$21.52	\$35.06	(\$13.54)
83718	Assay of lipoprotein	\$5.59	\$9.10	(\$3.51)
83719	Assay of blood lipoprotein	\$7.94	\$12.93	(\$4.99)
83721	Assay of blood lipoprotein	\$6.51	\$10.60	(\$4.09)
83727	Assay of lrh hormone	\$11.73	\$19.10	(\$7.37)
83735	Assay of magnesium	\$4.57	\$7.44	(\$2.87)
83775	Assay malate dehydrogenase	\$5.03	\$8.19	(\$3.16)
83785	Assay of manganese	\$16.78	\$27.33	(\$10.55)
83789	MASS SPECTROMETRY QUANT	\$12.32	\$24.11	(\$11.79)
83825	Assay of mercury	\$11.09	\$18.06	(\$6.97)
83835	Assay of metanephrines	\$11.56	\$18.82	(\$7.26)
83857	Assay of methemalbumin	\$7.33	\$11.93	(\$4.60)
83861	Microfluid analy tears	\$11.27	\$22.48	(\$11.21)
83864	Mucopolysaccharides	\$13.59	\$28.50	(\$14.91)
83872	Assay synovial fluid mucin	\$4.00	\$6.51	(\$2.51)
83873	ASSAY OF CSF PROTEIN	\$11.74	\$19.12	(\$7.38)
83874	Assay of myoglobin	\$8.81	\$14.35	(\$5.54)
83876	Assay myeloperoxidase	\$23.16	\$50.86	(\$27.70)
83880	Assay of natriuretic peptide	\$23.16	\$39.26	(\$16.10)
83883	ASSAY NEPHELOMETRY NOT SPEC	\$9.27	\$15.11	(\$5.84)
83885	Assay of nickel	\$16.72	\$27.23	(\$10.51)
83915	Assay of nucleotidase	\$7.61	\$12.39	(\$4.78)
83916	Oligoclonal bands	\$13.72	\$27.39	(\$13.67)
83918	Organic acids total quant	\$11.23	\$23.60	(\$12.37)
83919	Organic acids qual each	\$11.23	\$18.28	(\$7.05)
83921	Organic acid single quant	\$11.23	\$21.21	(\$9.98)
83930	Assay of blood osmolality	\$4.51	\$7.35	(\$2.84)
83935	Assay of urine osmolality	\$4.65	\$7.57	(\$2.92)
83937	Assay of osteocalcin	\$20.36	\$33.16	(\$12.80)
83945	Assay of oxalate	\$8.78	\$14.45	(\$5.67)
83950	Oncoprotein her-2/neu	\$25.35	\$71.57	(\$46.22)
83951	Oncoprotein dcp	\$25.35	\$71.57	(\$46.22)

Procedure Code	Description	Nevada Medicaid Rates	2019 Medicare Lab Rates	Medicaid vs. Medicare Lab Rates
83970	Assay of parathormone	\$28.16	\$45.86	(\$17.70)
83986	Assay ph body fluid nos	\$2.44	\$3.98	(\$1.54)
83993	Assay for calprotectin fecal	\$13.39	\$21.81	(\$8.42)
84030	ASSAY OF BLOOD PKU	\$3.75	\$6.11	(\$2.36)
84035	Assay of phenylketones	\$2.50	\$4.07	(\$1.57)
84060	Assay acid phosphatase	\$5.04	\$8.21	(\$3.17)
84066	ASSAY PROSTATE PHOSPHATASE	\$6.59	\$10.73	(\$4.14)
84075	Assay alkaline phosphatase	\$3.53	\$5.75	(\$2.22)
84078	Assay alkaline phosphatase	\$4.57	\$8.26	(\$3.69)
84080	Assay alkaline phosphatases	\$10.09	\$16.43	(\$6.34)
84081	Assay phosphatidylglycerol	\$11.27	\$18.35	(\$7.08)
84085	ASSAY OF RBC PG6D ENZYME	\$4.60	\$10.49	(\$5.89)
84087	Assay phosphohexose enzymes	\$7.05	\$11.47	(\$4.42)
84100	Assay of phosphorus	\$3.23	\$5.27	(\$2.04)
84105	Assay of urine phosphorus	\$3.53	\$5.78	(\$2.25)
84106	Test for porphobilinogen	\$2.92	\$5.82	(\$2.90)
84110	Assay of porphobilinogen	\$5.76	\$9.38	(\$3.62)
84112	Eval amniotic fluid protein	\$25.35	\$98.11	(\$72.76)
84119	Test urine for porphyrins	\$5.88	\$13.36	(\$7.48)
84120	Assay of urine porphyrins	\$10.04	\$16.35	(\$6.31)
84126	Assay of feces porphyrins	\$17.38	\$39.11	(\$21.73)
84132	Assay of serum potassium	\$3.14	\$5.11	(\$1.97)
84133	Assay of urine potassium	\$2.94	\$4.79	(\$1.85)
84134	Assay of prealbumin	\$9.95	\$16.21	(\$6.26)
84135	Assay of pregnanediol	\$13.05	\$21.27	(\$8.22)
84138	Assay of pregnanetriol	\$12.92	\$21.05	(\$8.13)
84140	Assay of pregnenolone	\$14.11	\$22.97	(\$8.86)
84143	Assay of 17-hydroxypregнено	\$15.57	\$25.34	(\$9.77)
84144	Assay of progesterone	\$14.23	\$23.18	(\$8.95)
84146	Assay of prolactin	\$13.22	\$21.53	(\$8.31)
84150	Assay of prostaglandin	\$17.03	\$41.77	(\$24.74)
84152	Assay of psa complexed	\$12.55	\$20.44	(\$7.89)
84153	Assay of psa total	\$12.55	\$20.44	(\$7.89)
84154	Assay of psa free	\$12.55	\$20.44	(\$7.89)
84155	ASSAY OF PROTEIN SERUM	\$2.50	\$4.07	(\$1.57)
84156	ASSAY OF PROTEIN URINE	\$2.50	\$4.07	(\$1.57)
84157	ASSAY OF PROTEIN OTHER	\$2.50	\$4.07	(\$1.57)
84160	Assay of protein any source	\$3.53	\$5.75	(\$2.22)
84163	Pappa serum	\$9.58	\$16.73	(\$7.15)
84165	PROTEIN E-PHORESIS SERUM	\$7.33	\$11.93	(\$4.60)
84166	PROTEIN E-PHORESIS/URINE/CSF	\$12.17	\$19.81	(\$7.64)
84181	Western blot test	\$11.62	\$18.92	(\$7.30)
84182	Protein western blot test	\$12.28	\$29.21	(\$16.93)

Procedure Code	Description	Nevada Medicaid Rates	2019 Medicare Lab Rates	Medicaid vs. Medicare Lab Rates
84202	Assay rbc protoporphyrin	\$9.79	\$15.94	(\$6.15)
84203	Test rbc protoporphyrin	\$5.87	\$9.74	(\$3.87)
84206	Assay of proinsulin	\$12.15	\$26.69	(\$14.54)
84207	Assay of vitamin b-6	\$19.17	\$31.22	(\$12.05)
84210	Assay of pyruvate	\$7.41	\$14.48	(\$7.07)
84220	Assay of pyruvate kinase	\$6.44	\$10.49	(\$4.05)
84228	Assay of quinine	\$7.94	\$12.93	(\$4.99)
84233	Assay of estrogen	\$25.35	\$87.88	(\$62.53)
84234	Assay of progesterone	\$21.37	\$72.09	(\$50.72)
84235	Assay of endocrine hormone	\$35.70	\$71.23	(\$35.53)
84238	Assay nonendocrine receptor	\$24.95	\$40.63	(\$15.68)
84244	Assay of renin	\$15.01	\$24.44	(\$9.43)
84252	Assay of vitamin b-2	\$13.81	\$22.49	(\$8.68)
84255	Assay of selenium	\$17.42	\$28.37	(\$10.95)
84260	Assay of serotonin	\$21.13	\$34.43	(\$13.30)
84270	Assay of sex hormone globul	\$14.83	\$24.15	(\$9.32)
84275	Assay of sialic acid	\$9.17	\$14.93	(\$5.76)
84285	Assay of silica	\$16.06	\$26.15	(\$10.09)
84295	Assay of serum sodium	\$3.28	\$5.35	(\$2.07)
84300	Assay of urine sodium	\$3.32	\$5.40	(\$2.08)
84302	Assay of sweat sodium	\$3.32	\$5.40	(\$2.08)
84305	Assay of somatomedin	\$14.50	\$23.63	(\$9.13)
84307	Assay of somatostatin	\$12.47	\$20.31	(\$7.84)
84311	Spectrophotometry	\$4.77	\$8.10	(\$3.33)
84315	Body fluid specific gravity	\$1.72	\$3.28	(\$1.56)
84375	Chromatogram assay sugars	\$13.38	\$39.00	(\$25.62)
84376	Sugars single qual	\$3.75	\$6.11	(\$2.36)
84377	Sugars multiple qual	\$3.75	\$6.11	(\$2.36)
84378	Sugars single quant	\$7.87	\$12.81	(\$4.94)
84379	Sugars multiple quant	\$7.87	\$12.81	(\$4.94)
84392	Assay of urine sulfate	\$3.24	\$5.49	(\$2.25)
84402	Assay of free testosterone	\$17.37	\$28.30	(\$10.93)
84403	Assay of total testosterone	\$17.61	\$28.68	(\$11.07)
84425	Assay of vitamin b-1	\$14.48	\$23.59	(\$9.11)
84430	Assay of thiocyanate	\$7.94	\$12.93	(\$4.99)
84432	Assay of thyroglobulin	\$10.96	\$17.84	(\$6.88)
84436	Assay of total thyroxine	\$4.69	\$7.63	(\$2.94)
84437	Assay of neonatal thyroxine	\$4.42	\$7.18	(\$2.76)
84439	Assay of free thyroxine	\$6.15	\$10.02	(\$3.87)
84442	Assay of thyroid activity	\$10.09	\$16.43	(\$6.34)
84443	ASSAY THYROID STIM HORMONE	\$11.47	\$18.67	(\$7.20)
84445	Assay of tsi globulin	\$34.69	\$56.51	(\$21.82)
84446	Assay of vitamin e	\$9.67	\$15.75	(\$6.08)

Procedure Code	Description	Nevada Medicaid Rates	2019 Medicare Lab Rates	Medicaid vs. Medicare Lab Rates
84449	Assay of transcortin	\$12.28	\$20.00	(\$7.72)
84450	TRANSFERASE (AST) (SGOT)	\$3.53	\$5.75	(\$2.22)
84460	ALANINE AMINO (ALT) (SGPT)	\$3.61	\$5.89	(\$2.28)
84466	Assay of transferrin	\$8.71	\$14.18	(\$5.47)
84478	Assay of triglycerides	\$3.92	\$6.38	(\$2.46)
84479	Assay of thyroid (t3 or t4)	\$4.42	\$7.18	(\$2.76)
84480	ASSAY TRIIODOTHYRONINE (T3)	\$9.67	\$15.75	(\$6.08)
84481	FREE ASSAY (FT-3)	\$11.56	\$18.82	(\$7.26)
84482	T3 REVERSE	\$10.75	\$17.51	(\$6.76)
84484	Assay of troponin quant	\$6.71	\$12.47	(\$5.76)
84485	ASSAY DUODENAL FLUID TRYPSIN	\$5.13	\$8.00	(\$2.87)
84488	TEST FECES FOR TRYPSIN	\$4.98	\$8.11	(\$3.13)
84490	ASSAY OF FECES FOR TRYPSIN	\$5.19	\$9.93	(\$4.74)
84510	Assay of tyrosine	\$7.10	\$11.56	(\$4.46)
84512	Assay of troponin qual	\$5.26	\$10.09	(\$4.83)
84520	Assay of urea nitrogen	\$2.70	\$4.39	(\$1.69)
84525	Urea nitrogen semi-quant	\$2.57	\$5.13	(\$2.56)
84540	Assay of urine/urea-n	\$3.24	\$5.56	(\$2.32)
84545	Urea-n clearance test	\$4.51	\$7.35	(\$2.84)
84550	ASSAY OF BLOOD/URIC ACID	\$3.08	\$5.02	(\$1.94)
84560	Assay of urine/uric acid	\$3.24	\$5.27	(\$2.03)
84577	ASSAY OF FECES/UROBILINOGEN	\$8.52	\$18.67	(\$10.15)
84578	TEST URINE UROBILINOGEN	\$2.22	\$4.47	(\$2.25)
84580	ASSAY OF URINE UROBILINOGEN	\$4.84	\$9.55	(\$4.71)
84583	ASSAY OF URINE UROBILINOGEN	\$3.43	\$6.05	(\$2.62)
84585	Assay of urine vma	\$10.57	\$17.22	(\$6.65)
84586	Assay of vip	\$24.10	\$39.26	(\$15.16)
84588	Assay of vasopressin	\$23.16	\$37.71	(\$14.55)
84590	Assay of vitamin a	\$7.92	\$12.90	(\$4.98)
84591	Assay of nos vitamin	\$7.92	\$17.06	(\$9.14)
84597	Assay of vitamin k	\$9.36	\$15.24	(\$5.88)
84600	Assay of volatiles	\$10.97	\$17.87	(\$6.90)
84620	Xylose tolerance test	\$8.08	\$13.16	(\$5.08)
84630	Assay of zinc	\$7.77	\$12.65	(\$4.88)
84681	Assay of c-peptide	\$14.20	\$23.13	(\$8.93)
84702	CHORIONIC GONADOTROPIN TEST	\$9.58	\$16.73	(\$7.15)
84703	Chorionic gonadotropin assay	\$5.13	\$8.36	(\$3.23)
84704	HCG FREE BETACHAIN TEST	\$9.58	\$16.73	(\$7.15)
84830	Ovulation tests	\$6.84	\$12.70	(\$5.86)
85002	Bleeding time test	\$3.08	\$5.01	(\$1.93)
85004	Automated diff wbc count	\$4.42	\$7.18	(\$2.76)
85007	Bl smear w/diff wbc count	\$2.35	\$3.82	(\$1.47)
85008	Bl smear w/o diff wbc count	\$2.35	\$3.82	(\$1.47)

Procedure Code	Description	Nevada Medicaid Rates	2019 Medicare Lab Rates	Medicaid vs. Medicare Lab Rates
85009	Manual diff wbc count b-coat	\$2.54	\$5.07	(\$2.53)
85013	Spun microhematocrit	\$1.62	\$7.00	(\$5.38)
85014	Hematocrit	\$1.62	\$2.63	(\$1.01)
85018	Hemoglobin	\$1.62	\$2.63	(\$1.01)
85025	COMPLETE CBC W/AUTO DIFF WBC	\$5.31	\$8.63	(\$3.32)
85027	COMPLETE CBC AUTOMATED	\$4.42	\$7.18	(\$2.76)
85032	Manual cell count each	\$2.94	\$4.79	(\$1.85)
85041	AUTOMATED RBC COUNT	\$2.06	\$3.35	(\$1.29)
85044	MANUAL RETICULOCYTE COUNT	\$2.94	\$4.79	(\$1.85)
85045	AUTOMATED RETICULOCYTE COUNT	\$2.73	\$4.44	(\$1.71)
85046	RETICYTE/HGB CONCENTRATE	\$3.81	\$6.19	(\$2.38)
85048	Automated leukocyte count	\$1.73	\$2.82	(\$1.09)
85049	AUTOMATED PLATELET COUNT	\$3.06	\$4.97	(\$1.91)
85055	Reticulated platelet assay	\$12.35	\$35.74	(\$23.39)
85130	Chromogenic substrate assay	\$8.11	\$13.21	(\$5.10)
85170	BLOOD CLOT RETRACTION	\$2.47	\$16.30	(\$13.83)
85175	BLOOD CLOT LYSIS TIME	\$3.11	\$20.37	(\$17.26)
85210	CLOT FACTOR II PROTHROM SPEC	\$8.86	\$14.43	(\$5.57)
85220	BLOOC CLOT FACTOR V TEST	\$12.04	\$19.61	(\$7.57)
85230	CLOT FACTOR VII PROCONVERTIN	\$12.22	\$19.89	(\$7.67)
85240	Clot factor viii ahg 1 stage	\$12.22	\$19.89	(\$7.67)
85244	Clot factor viii reltd antgn	\$13.93	\$22.69	(\$8.76)
85245	Clot factor viii vw ristoctn	\$15.65	\$25.49	(\$9.84)
85246	Clot factor viii vw antigen	\$15.65	\$25.49	(\$9.84)
85247	Clot factor viii multimetric	\$15.65	\$25.49	(\$9.84)
85250	Clot factor ix ptc/chrstmas	\$12.99	\$21.16	(\$8.17)
85260	Clot factor x stuart-power	\$12.22	\$19.89	(\$7.67)
85270	Clot factor xi pta	\$12.22	\$19.89	(\$7.67)
85280	Clot factor xii hageman	\$13.20	\$21.50	(\$8.30)
85290	Clot factor xiii fibrin stab	\$11.15	\$18.15	(\$7.00)
85291	Clot factor xiii fibrin scrn	\$6.07	\$9.88	(\$3.81)
85292	Clot factor fletcher fact	\$12.92	\$21.04	(\$8.12)
85293	Clot factor wght kininogen	\$12.92	\$21.04	(\$8.12)
85300	Antithrombin iii activity	\$8.09	\$13.17	(\$5.08)
85301	Antithrombin iii antigen	\$7.38	\$12.01	(\$4.63)
85302	CLOT INHIBIT PROT C ANTIGEN	\$8.20	\$13.35	(\$5.15)
85303	Clot inhibit prot c activity	\$9.44	\$15.37	(\$5.93)
85305	Clot inhibit prot s total	\$7.92	\$12.90	(\$4.98)
85306	Clot inhibit prot s free	\$10.46	\$17.03	(\$6.57)
85307	Assay activated protein c	\$10.46	\$17.03	(\$6.57)
85335	Factor inhibitor test	\$8.78	\$14.30	(\$5.52)
85337	Thrombomodulin	\$4.83	\$17.27	(\$12.44)
85345	Coagulation time lee & white	\$2.94	\$4.79	(\$1.85)

Procedure Code	Description	Nevada Medicaid Rates	2019 Medicare Lab Rates	Medicaid vs. Medicare Lab Rates
85347	Coagulation time activated	\$2.91	\$4.73	(\$1.82)
85348	Coagulation time otr method	\$2.54	\$4.49	(\$1.95)
85360	Euglobulin lysis	\$5.73	\$9.34	(\$3.61)
85362	Fibrin degradation products	\$3.88	\$7.65	(\$3.77)
85366	Fibrinogen test	\$5.72	\$80.46	(\$74.74)
85370	Fibrinogen test	\$7.75	\$12.62	(\$4.87)
85378	Fibrin degrade semiquant	\$4.87	\$9.72	(\$4.85)
85379	Fibrin degradation quant	\$6.95	\$11.31	(\$4.36)
85384	Fibrinogen activity	\$5.79	\$9.72	(\$3.93)
85385	Fibrinogen antigen	\$5.79	\$14.46	(\$8.67)
85390	Fibrinolysins screen i&r	\$3.53	\$15.48	(\$11.95)
85397	Clotting funct activity	\$15.65	\$30.86	(\$15.21)
85400	Fibrinolytic plasmin	\$6.04	\$8.56	(\$2.52)
85410	Fibrinolytic antiplasmin	\$5.26	\$8.56	(\$3.30)
85415	Fibrinolytic plasminogen	\$11.73	\$19.10	(\$7.37)
85420	Fibrinolytic plasminogen	\$4.46	\$7.26	(\$2.80)
85421	Fibrinolytic plasminogen	\$6.95	\$11.32	(\$4.37)
85441	Heinz bodies direct	\$2.87	\$4.67	(\$1.80)
85445	Heinz bodies induced	\$4.65	\$7.57	(\$2.92)
85460	Hemoglobin fetal	\$5.28	\$8.59	(\$3.31)
85461	Hemoglobin fetal	\$4.53	\$9.36	(\$4.83)
85475	Hemolysin acid	\$6.06	\$9.86	(\$3.80)
85520	Heparin assay	\$8.93	\$14.55	(\$5.62)
85525	Heparin neutralization	\$8.08	\$13.15	(\$5.07)
85530	Heparin-protamine tolerance	\$9.67	\$14.55	(\$4.88)
85536	Iron stain peripheral blood	\$4.42	\$7.18	(\$2.76)
85540	Wbc alkaline phosphatase	\$5.87	\$9.56	(\$3.69)
85547	Rbc mechanical fragility	\$5.87	\$9.56	(\$3.69)
85549	Muramidase	\$12.80	\$20.83	(\$8.03)
85555	Rbc osmotic fragility	\$4.56	\$7.47	(\$2.91)
85557	Rbc osmotic fragility	\$9.12	\$14.84	(\$5.72)
85576	Blood platelet aggregation	\$14.66	\$24.91	(\$10.25)
85597	Phospholipid pltlt neutraliz	\$12.26	\$19.97	(\$7.71)
85598	Hexagnal phosph pltlt neutr	\$12.26	\$19.97	(\$7.71)
85610	PROTHROMBIN TIME	\$2.69	\$4.37	(\$1.68)
85611	PROTHROMBIN TEST	\$2.69	\$4.38	(\$1.69)
85612	Viper venom prothrombin time	\$6.53	\$17.49	(\$10.96)
85613	Russell viper venom diluted	\$6.53	\$10.64	(\$4.11)
85635	Reptilase test	\$6.72	\$10.94	(\$4.22)
85651	RBC SED RATE NONAUTOMATED	\$2.42	\$4.27	(\$1.85)
85652	RBC SED RATE AUTOMATED	\$1.85	\$3.00	(\$1.15)
85660	Rbc sickle cell test	\$3.77	\$6.12	(\$2.35)
85670	THROMBIN TIME PLASMA	\$3.94	\$6.41	(\$2.47)

Procedure Code	Description	Nevada Medicaid Rates	2019 Medicare Lab Rates	Medicaid vs. Medicare Lab Rates
85675	THROMBIN TIME TITER	\$4.67	\$7.61	(\$2.94)
85705	Thromboplastin inhibition	\$6.57	\$10.70	(\$4.13)
85730	Thromboplastin time partial	\$4.10	\$6.67	(\$2.57)
85732	Thromboplastin time partial	\$4.42	\$7.18	(\$2.76)
85810	Blood viscosity examination	\$7.96	\$12.97	(\$5.01)
86000	Agglutinins febrile antigen	\$4.76	\$7.76	(\$3.00)
86001	Allergen specific igg	\$3.56	\$7.82	(\$4.26)
86003	ALLG SPEC IGE CRUDE XTRC EA	\$3.56	\$5.80	(\$2.24)
86005	ALLG SPEC IGE MULTIALLG SCR	\$5.44	\$8.85	(\$3.41)
86008	Allg spec ige recomb ea	\$11.29	\$19.93	(\$8.64)
86021	Wbc antibody identification	\$7.74	\$16.73	(\$8.99)
86022	Platelet antibodies	\$12.53	\$20.41	(\$7.88)
86023	Immunoglobulin assay	\$5.40	\$13.84	(\$8.44)
86038	Antinuclear antibodies	\$8.25	\$13.43	(\$5.18)
86039	Antinuclear antibodies (ana)	\$7.62	\$12.40	(\$4.78)
86060	Antistreptolysin o titer	\$4.98	\$8.11	(\$3.13)
86063	Antistreptolysin o screen	\$3.94	\$6.41	(\$2.47)
86140	C-reactive protein	\$3.53	\$5.75	(\$2.22)
86141	C-reactive protein hs	\$8.83	\$14.39	(\$5.56)
86146	Beta-2 glycoprotein antibody	\$17.36	\$28.28	(\$10.92)
86147	Cardiolipin antibody ea ig	\$17.36	\$28.28	(\$10.92)
86148	Anti-phospholipid antibody	\$10.96	\$17.85	(\$6.89)
86155	Chemotaxis assay	\$10.91	\$17.76	(\$6.85)
86156	Cold agglutinin screen	\$4.57	\$8.07	(\$3.50)
86157	Cold agglutinin titer	\$5.50	\$8.96	(\$3.46)
86160	Complement antigen	\$8.19	\$13.33	(\$5.14)
86161	Complement/function activity	\$8.19	\$13.33	(\$5.14)
86162	Complement total (ch50)	\$13.86	\$22.58	(\$8.72)
86171	Complement fixation each	\$6.83	\$11.12	(\$4.29)
86200	Ccp antibody	\$8.83	\$14.39	(\$5.56)
86215	Deoxyribonuclease antibody	\$9.04	\$14.72	(\$5.68)
86225	Dna antibody native	\$9.37	\$15.27	(\$5.90)
86226	Dna antibody single strand	\$8.26	\$13.45	(\$5.19)
86235	Nuclear antigen antibody	\$11.42	\$19.93	(\$8.51)
86255	Fluorescent antibody screen	\$8.22	\$13.39	(\$5.17)
86256	Fluorescent antibody titer	\$8.22	\$13.39	(\$5.17)
86277	Growth hormone antibody	\$10.74	\$17.49	(\$6.75)
86280	Hemagglutination inhibition	\$5.59	\$9.10	(\$3.51)
86294	Immunoassay tumor qual	\$13.39	\$25.57	(\$12.18)
86300	Immunoassay tumor ca 15-3	\$14.20	\$23.13	(\$8.93)
86301	Immunoassay tumor ca 19-9	\$14.20	\$23.13	(\$8.93)
86304	Immunoassay tumor ca 125	\$14.20	\$23.13	(\$8.93)
86308	Heterophile antibody screen	\$3.53	\$5.75	(\$2.22)

Procedure Code	Description	Nevada Medicaid Rates	2019 Medicare Lab Rates	Medicaid vs. Medicare Lab Rates
86309	Heterophile antibody titer	\$4.42	\$7.18	(\$2.76)
86310	Heterophile antibody absrbj	\$5.03	\$8.19	(\$3.16)
86316	Immunoassay tumor other	\$14.20	\$23.13	(\$8.93)
86317	Immunoassay infectious agent	\$10.23	\$16.65	(\$6.42)
86318	Immunoassay infectious agent	\$8.83	\$18.09	(\$9.26)
86320	Serum immunoelectrophoresis	\$15.29	\$29.92	(\$14.63)
86325	Other immunoelectrophoresis	\$15.26	\$24.85	(\$9.59)
86327	Immunoelectrophoresis assay	\$15.48	\$29.92	(\$14.44)
86329	Immunodiffusion nes	\$9.58	\$15.61	(\$6.03)
86331	Immunodiffusion ouchterlony	\$8.18	\$13.31	(\$5.13)
86332	Immune complex assay	\$16.63	\$27.08	(\$10.45)
86334	Immunofix e-phoresis serum	\$15.24	\$24.83	(\$9.59)
86335	Immunifix e-phorsis/urine/csf	\$20.02	\$32.61	(\$12.59)
86336	Inhibin a	\$8.84	\$17.32	(\$8.48)
86337	Insulin antibodies	\$14.61	\$23.79	(\$9.18)
86340	Intrinsic factor antibody	\$10.28	\$16.75	(\$6.47)
86341	Islet cell antibody	\$13.50	\$23.57	(\$10.07)
86343	Leukocyte histamine release	\$8.51	\$13.84	(\$5.33)
86344	Leukocyte phagocytosis	\$5.45	\$10.39	(\$4.94)
86353	Lymphocyte transformation	\$33.45	\$54.47	(\$21.02)
86355	B cells total count	\$25.73	\$41.92	(\$16.19)
86356	Mononuclear cell antigen	\$12.35	\$29.75	(\$17.40)
86357	Nk cells total count	\$25.73	\$41.92	(\$16.19)
86359	T CELLS TOTAL COUNT	\$25.73	\$41.92	(\$16.19)
86360	T cell absolute count/ratio	\$32.05	\$52.20	(\$20.15)
86361	T cell absolute count	\$12.35	\$29.75	(\$17.40)
86367	STEM CELLS TOTAL COUNT	\$25.73	\$77.78	(\$52.05)
86376	Microsomal antibody each	\$9.93	\$16.17	(\$6.24)
86382	Neutralization test viral	\$11.54	\$18.79	(\$7.25)
86384	Nitroblue tetrazolium dye	\$7.77	\$13.61	(\$5.84)
86403	Particle agglut antbdy scrn	\$6.95	\$11.54	(\$4.59)
86406	Particle agglut antbdy titr	\$7.26	\$11.82	(\$4.56)
86430	Rheumatoid factor test qual	\$3.87	\$6.30	(\$2.43)
86431	Rheumatoid factor quant	\$3.87	\$6.30	(\$2.43)
86480	Tb test cell immun measure	\$42.28	\$68.87	(\$26.59)
86481	Tb ag response t-cell susp	\$51.11	\$100.00	(\$48.89)
86590	Streptokinase antibody	\$7.54	\$12.66	(\$5.12)
86592	Syphilis test non-trep qual	\$2.91	\$4.75	(\$1.84)
86593	Syphilis test non-trep quant	\$3.00	\$4.89	(\$1.89)
86602	Antinomyces antibody	\$6.95	\$11.31	(\$4.36)
86603	Adenovirus antibody	\$8.78	\$14.30	(\$5.52)
86606	Aspergillus antibody	\$10.27	\$16.73	(\$6.46)
86609	Bacterium antibody	\$8.79	\$14.31	(\$5.52)

Procedure Code	Description	Nevada Medicaid Rates	2019 Medicare Lab Rates	Medicaid vs. Medicare Lab Rates
86611	Bartonella antibody	\$6.95	\$11.31	(\$4.36)
86612	Blastomyces antibody	\$8.80	\$14.34	(\$5.54)
86615	Bordetella antibody	\$9.00	\$14.65	(\$5.65)
86617	Lyme disease antibody	\$10.57	\$17.21	(\$6.64)
86618	Lyme disease antibody	\$11.62	\$18.92	(\$7.30)
86619	Borrelia antibody	\$9.13	\$14.86	(\$5.73)
86622	Brucella antibody	\$6.10	\$9.92	(\$3.82)
86625	Campylobacter antibody	\$8.95	\$14.58	(\$5.63)
86628	Candida antibody	\$8.19	\$13.34	(\$5.15)
86631	Chlamydia antibody	\$8.07	\$13.14	(\$5.07)
86632	Chlamydia igm antibody	\$8.66	\$14.09	(\$5.43)
86635	Coccidioides antibody	\$7.83	\$12.75	(\$4.92)
86638	Q fever antibody	\$8.27	\$13.47	(\$5.20)
86641	Cryptococcus antibody	\$9.83	\$16.01	(\$6.18)
86644	Cmv antibody	\$9.82	\$15.99	(\$6.17)
86645	Cmv antibody igm	\$11.49	\$18.72	(\$7.23)
86648	Diphtheria antibody	\$10.38	\$16.90	(\$6.52)
86651	Encephalitis californ antbdy	\$9.00	\$14.65	(\$5.65)
86652	Encephaltis east eqne anbdy	\$9.00	\$14.65	(\$5.65)
86653	Encephaltis st louis antibody	\$9.00	\$14.65	(\$5.65)
86654	Encephaltis west eqne antbdy	\$9.00	\$14.65	(\$5.65)
86658	Enterovirus antibody	\$8.89	\$14.47	(\$5.58)
86663	Epstein-barr antibody	\$8.95	\$14.58	(\$5.63)
86664	Epstein-barr nuclear antigen	\$10.44	\$16.99	(\$6.55)
86665	Epstein-barr capsid vca	\$12.38	\$20.16	(\$7.78)
86666	Ehrlichia antibody	\$6.95	\$11.31	(\$4.36)
86668	Francisella tularensis	\$7.10	\$14.16	(\$7.06)
86671	Fungus nes antibody	\$8.36	\$13.62	(\$5.26)
86674	Giardia lamblia antibody	\$10.04	\$16.35	(\$6.31)
86677	Helicobacter pylori antibody	\$9.90	\$16.85	(\$6.95)
86682	Helminth antibody	\$8.88	\$14.45	(\$5.57)
86684	Hemophilus influenza antibody	\$10.81	\$17.60	(\$6.79)
86687	HTLV-I ANTIBODY	\$5.73	\$9.32	(\$3.59)
86688	HTLV-II ANTIBODY	\$9.56	\$15.56	(\$6.00)
86689	HTLV/HIV CONFIRMJ ANTIBODY	\$13.20	\$21.51	(\$8.31)
86692	Hepatitis delta agent antbdy	\$11.71	\$19.07	(\$7.36)
86694	Herpes simplex nes antbdy	\$9.82	\$15.99	(\$6.17)
86695	HERPES SIMPLEX TYPE 1 TEST	\$9.00	\$14.65	(\$5.65)
86696	HERPES SIMPLEX TYPE 2 TEST	\$13.20	\$21.51	(\$8.31)
86698	Histoplasma antibody	\$8.53	\$13.88	(\$5.35)
86701	Hiv-1antibody	\$6.06	\$9.87	(\$3.81)
86702	Hiv-2 antibody	\$9.22	\$15.02	(\$5.80)
86703	Hiv-1/hiv-2 1 result antbdy	\$9.35	\$15.23	(\$5.88)

Procedure Code	Description	Nevada Medicaid Rates	2019 Medicare Lab Rates	Medicaid vs. Medicare Lab Rates
86704	Hep b core antibody total	\$8.22	\$13.39	(\$5.17)
86705	Hep b core antibody igm	\$8.04	\$13.08	(\$5.04)
86706	Hep b surface antibody	\$7.33	\$11.93	(\$4.60)
86707	Hepatitis be antibody	\$7.89	\$12.85	(\$4.96)
86708	HEPATITIS A TOTAL ANTIBODY	\$8.45	\$13.76	(\$5.31)
86709	Hepatitis a igm antibody	\$7.68	\$12.51	(\$4.83)
86710	Influenza virus antibody	\$9.25	\$15.06	(\$5.81)
86713	Legionella antibody	\$10.44	\$17.00	(\$6.56)
86717	Leishmania antibody	\$8.36	\$13.61	(\$5.25)
86720	Leptospira antibody	\$9.00	\$16.20	(\$7.20)
86723	Listeria monocytogenes	\$9.00	\$14.65	(\$5.65)
86727	Lymph choriomeningitis ab	\$8.78	\$14.30	(\$5.52)
86732	Mucormycosis antibody	\$9.00	\$15.00	(\$6.00)
86735	Mumps antibody	\$8.90	\$14.50	(\$5.60)
86738	Mycoplasma antibody	\$9.04	\$14.71	(\$5.67)
86741	Neisseria meningitidis	\$9.00	\$14.65	(\$5.65)
86744	Nocardia antibody	\$9.00	\$15.99	(\$6.99)
86747	Parvovirus antibody	\$10.26	\$16.70	(\$6.44)
86750	Malaria antibody	\$9.00	\$14.65	(\$5.65)
86753	Protozoa antibody nos	\$8.45	\$13.76	(\$5.31)
86756	Respiratory virus antibody	\$8.79	\$15.89	(\$7.10)
86757	Rickettsia antibody	\$13.20	\$21.51	(\$8.31)
86759	Rotavirus antibody	\$9.00	\$18.23	(\$9.23)
86762	Rubella antibody	\$9.82	\$15.99	(\$6.17)
86765	Rubeola antibody	\$8.79	\$14.31	(\$5.52)
86768	Salmonella antibody	\$9.00	\$14.65	(\$5.65)
86771	Shigella antibody	\$9.00	\$24.48	(\$15.48)
86774	Tetanus antibody	\$10.10	\$16.44	(\$6.34)
86777	Toxoplasma antibody	\$9.82	\$15.99	(\$6.17)
86778	Toxoplasma antibody igm	\$9.83	\$16.01	(\$6.18)
86784	Trichinella antibody	\$8.57	\$13.96	(\$5.39)
86787	Varicella-zoster antibody	\$8.79	\$14.31	(\$5.52)
86788	West nile virus ab igm	\$11.49	\$18.72	(\$7.23)
86789	West nile virus antibody	\$9.82	\$15.99	(\$6.17)
86790	Virus antibody nos	\$8.79	\$14.31	(\$5.52)
86793	Yersinia antibody	\$9.00	\$14.65	(\$5.65)
86794	Zika virus igm antibody	\$10.56	\$18.72	(\$8.16)
86800	Thyroglobulin antibody	\$10.85	\$17.67	(\$6.82)
86803	Hepatitis c ab test	\$9.74	\$15.85	(\$6.11)
86804	Hep c ab test confirm	\$10.57	\$17.21	(\$6.64)
86805	Lymphocytotoxicity assay	\$35.67	\$189.51	(\$153.84)
86806	Lymphocytotoxicity assay	\$32.47	\$52.88	(\$20.41)
86807	Cytotoxic antibody screening	\$17.45	\$78.65	(\$61.20)

Procedure Code	Description	Nevada Medicaid Rates	2019 Medicare Lab Rates	Medicaid vs. Medicare Lab Rates
86808	Cytotoxic antibody screening	\$17.45	\$32.98	(\$15.53)
86812	Hla typing a b or c	\$17.61	\$28.67	(\$11.06)
86813	Hla typing a b or c	\$28.56	\$64.44	(\$35.88)
86816	Hla typing dr/dq	\$19.01	\$30.95	(\$11.94)
86817	Hla typing dr/dq	\$28.56	\$106.14	(\$77.58)
86821	Lymphocyte culture mixed	\$28.56	\$40.62	(\$12.06)
86850	RBC ANTIBODY SCREEN	\$5.21	\$9.77	(\$4.56)
86880	Coombs test direct	\$3.67	\$5.99	(\$2.32)
86885	Coombs test indirect qual	\$3.91	\$6.36	(\$2.45)
86886	Coombs test indirect titer	\$3.53	\$5.75	(\$2.22)
86900	Blood typing serologic abo	\$2.04	\$3.32	(\$1.28)
86901	Blood typing serologic rh(d)	\$2.04	\$3.32	(\$1.28)
86902	Blood type antigen donor ea	\$2.61	\$6.35	(\$3.74)
86904	Blood typing patient serum	\$6.49	\$16.34	(\$9.85)
86905	Blood typing rbc antigens	\$2.61	\$4.25	(\$1.64)
86906	Bld typing serologic rh phnt	\$5.29	\$8.61	(\$3.32)
86940	Hemolysins/agglutinins auto	\$5.60	\$9.11	(\$3.51)
86941	Hemolysins/agglutinins	\$8.26	\$13.45	(\$5.19)
87003	SMALL ANIMAL INOCULATION	\$11.49	\$18.71	(\$7.22)
87015	Specimen infect agnt concntj	\$4.56	\$7.42	(\$2.86)
87040	Blood culture for bacteria	\$7.05	\$11.47	(\$4.42)
87045	Feces culture aerobic bact	\$6.44	\$10.49	(\$4.05)
87046	Stool cultr aerobic bact ea	\$6.44	\$10.49	(\$4.05)
87070	Culture othr specimn aerobic	\$5.88	\$9.57	(\$3.69)
87071	Culture aerobic quant other	\$6.44	\$10.49	(\$4.05)
87073	Culture bacteria anaerobic	\$6.44	\$10.49	(\$4.05)
87075	Cultr bacteria except blood	\$6.46	\$10.52	(\$4.06)
87076	Culture anaerobe ident each	\$5.52	\$8.97	(\$3.45)
87077	Culture aerobic identify	\$5.52	\$8.97	(\$3.45)
87081	Culture screen only	\$4.53	\$7.36	(\$2.83)
87084	Culture of specimen by kit	\$5.88	\$27.07	(\$21.19)
87086	URINE CULTURE/COLONY COUNT	\$5.51	\$8.97	(\$3.46)
87088	Urine bacteria culture	\$5.53	\$8.99	(\$3.46)
87101	SKIN FUNGI CULTURE	\$5.26	\$8.56	(\$3.30)
87102	Fungus isolation culture	\$5.73	\$9.34	(\$3.61)
87103	Blood fungus culture	\$6.15	\$20.46	(\$14.31)
87106	FUNGI IDENTIFICATION YEAST	\$7.05	\$11.47	(\$4.42)
87107	Fungi identification mold	\$7.05	\$11.47	(\$4.42)
87109	Mycoplasma	\$10.50	\$17.10	(\$6.60)
87110	Chlamydia culture	\$13.37	\$21.77	(\$8.40)
87116	Mycobacteria culture	\$7.37	\$12.00	(\$4.63)
87118	Mycobacteric identification	\$7.47	\$14.61	(\$7.14)
87140	Culture type immunofluoresc	\$3.81	\$6.19	(\$2.38)

Procedure Code	Description	Nevada Medicaid Rates	2019 Medicare Lab Rates	Medicaid vs. Medicare Lab Rates
87143	Culture typing glc/hplc	\$8.55	\$13.92	(\$5.37)
87147	Culture type immunologic	\$3.43	\$5.75	(\$2.32)
87149	Dna/rna direct probe	\$13.68	\$22.28	(\$8.60)
87152	Culture type pulse field gel	\$3.57	\$7.74	(\$4.17)
87158	Culture typing added method	\$3.57	\$7.74	(\$4.17)
87164	Dark field examination	\$7.33	\$11.93	(\$4.60)
87166	Dark field examination	\$7.71	\$12.56	(\$4.85)
87168	Macroscopic exam arthropod	\$2.91	\$4.75	(\$1.84)
87169	Macroscopic exam parasite	\$2.91	\$4.75	(\$1.84)
87172	Pinworm exam	\$2.91	\$4.75	(\$1.84)
87176	Tissue homogenization cultr	\$4.02	\$6.54	(\$2.52)
87177	Ova and parasites smears	\$6.07	\$9.89	(\$3.82)
87181	MICROBE SUSCEPTIBLE DIFFUSE	\$1.15	\$5.27	(\$4.12)
87184	MICROBE SUSCEPTIBLE DISK	\$4.71	\$7.66	(\$2.95)
87185	MICROBE SUSCEPTIBLE ENZYME	\$1.15	\$5.27	(\$4.12)
87186	MICROBE SUSCEPTIBLE MIC	\$5.90	\$9.61	(\$3.71)
87187	MICROBE SUSCEPTIBLE MLC	\$7.07	\$40.17	(\$33.10)
87188	MICROBE SUSCEPT MACROBROTH	\$4.53	\$7.38	(\$2.85)
87190	MICROBE SUSCEPT MYCOBACTERI	\$3.43	\$7.31	(\$3.88)
87197	Bactericidal level serum	\$10.25	\$16.69	(\$6.44)
87205	Smear gram stain	\$2.91	\$4.75	(\$1.84)
87206	Smear fluorescent/acid stai	\$3.67	\$5.99	(\$2.32)
87207	Smear special stain	\$4.09	\$6.66	(\$2.57)
87209	Smear complex stain	\$12.26	\$19.97	(\$7.71)
87210	Smear wet mount saline/ink	\$2.91	\$5.82	(\$2.91)
87220	Tissue exam for fungi	\$2.91	\$4.75	(\$1.84)
87230	Assay toxin or antitoxin	\$13.47	\$21.93	(\$8.46)
87250	VIRUS INOCULATE EGGS/ANIMAL	\$13.34	\$21.73	(\$8.39)
87252	Virus inoculation tissue	\$17.78	\$28.97	(\$11.19)
87253	Virus inoculate tissue addl	\$13.78	\$22.45	(\$8.67)
87254	Virus inoculation shell via	\$13.34	\$21.73	(\$8.39)
87255	Genet virus isolate hsv	\$23.10	\$37.62	(\$14.52)
87260	Adenovirus ag if	\$8.18	\$14.43	(\$6.25)
87265	Pertussis ag if	\$8.18	\$13.32	(\$5.14)
87269	Giardia ag if	\$8.18	\$13.61	(\$5.43)
87270	Chlamydia trachomatis ag if	\$8.18	\$13.32	(\$5.14)
87271	Cytomegalovirus dfa	\$8.18	\$13.42	(\$5.24)
87272	Cryptosporidium ag if	\$8.18	\$13.32	(\$5.14)
87273	Herpes simplex 2 ag if	\$8.18	\$13.32	(\$5.14)
87274	Herpes simplex 1 ag if	\$8.18	\$13.32	(\$5.14)
87275	Influenza b ag if	\$8.18	\$13.32	(\$5.14)
87276	Influenza a ag if	\$8.18	\$16.07	(\$7.89)
87278	Legion pneumophilia ag if	\$8.18	\$15.60	(\$7.42)

Procedure Code	Description	Nevada Medicaid Rates	2019 Medicare Lab Rates	Medicaid vs. Medicare Lab Rates
87279	Parainfluenza ag if	\$8.18	\$16.43	(\$8.25)
87280	Respiratory syncytial ag if	\$8.18	\$13.42	(\$5.24)
87281	Pneumocystis carinii ag if	\$8.18	\$13.32	(\$5.14)
87283	Rubeola ag if	\$8.18	\$60.80	(\$52.62)
87285	Treponema pallidum ag if	\$8.18	\$13.32	(\$5.14)
87290	Varicella zoster ag if	\$8.18	\$13.42	(\$5.24)
87299	Antibody detection nos if	\$8.18	\$16.10	(\$7.92)
87300	Ag detection polyval if	\$8.18	\$13.32	(\$5.14)
87301	ADENOVIRUS AG EIA	\$8.18	\$13.32	(\$5.14)
87305	ASPERGILLUS AG IA	\$8.18	\$13.32	(\$5.14)
87320	CHYLM D TRACH AG EIA	\$8.18	\$15.00	(\$6.82)
87324	CLOSTRIDIUM AG EIA	\$8.18	\$13.32	(\$5.14)
87327	CRYPTOCOCCUS NEOFORM AG EIA	\$8.18	\$13.42	(\$5.24)
87328	CRYPTOSPORIDIUM AG EIA	\$8.18	\$13.82	(\$5.64)
87329	GIARDIA AG EIA	\$8.18	\$13.32	(\$5.14)
87332	CYTOMEGALOVIRUS AG EIA	\$8.18	\$13.32	(\$5.14)
87335	E COLI 0157 AG IA	\$8.18	\$13.32	(\$5.14)
87336	ENTAMOEB HIST DISPR AG EIA	\$8.18	\$16.00	(\$7.82)
87337	ENTAMOEB HIST GROUP AG EIA	\$8.18	\$13.32	(\$5.14)
87338	HPYLORI STOOL IA	\$8.19	\$15.98	(\$7.79)
87339	H PYLORI AG EIA	\$8.18	\$16.00	(\$7.82)
87340	HEPATITIS B SURFACE AG EIA	\$7.05	\$11.48	(\$4.43)
87341	HEPATITIS B SURFACE AG EIA	\$7.05	\$11.48	(\$4.43)
87350	HEPATITIS BE AG EIA	\$7.87	\$12.81	(\$4.94)
87380	HEPATITIS DELTA AG EIA	\$11.20	\$18.36	(\$7.16)
87385	HISTOPLASMA CAPSUL AG EIA	\$8.18	\$13.32	(\$5.14)
87390	HIV-1 AG EIA	\$12.03	\$24.06	(\$12.03)
87391	HIV-2 AG EIA	\$12.03	\$21.90	(\$9.87)
87400	INFLUENZA A/B AG IA	\$8.18	\$14.13	(\$5.95)
87420	RESP SYNCYTIAL AG EIA	\$8.18	\$13.91	(\$5.73)
87425	ROTAVIRUS AG EIA	\$8.18	\$13.32	(\$5.14)
87427	SHIGA-LIKE TOXIN AG EIA	\$8.18	\$13.32	(\$5.14)
87430	STREP A AG IA	\$8.18	\$16.81	(\$8.63)
87449	AG DETECT NOS EIA MULT	\$8.18	\$13.32	(\$5.14)
87450	AG DETECT NOS EIA SINGLE	\$6.54	\$10.66	(\$4.12)
87451	AG DETECT POLYVAL EIA MULT	\$6.54	\$10.66	(\$4.12)
87471	Bartonella dna amp probe	\$23.94	\$38.99	(\$15.05)
87472	Bartonella dna quant	\$29.22	\$47.60	(\$18.38)
87475	LYME DIS DNA DIR PROBE	\$13.68	\$22.28	(\$8.60)
87476	Lyme dis dna amp probe	\$23.94	\$38.99	(\$15.05)
87480	Candida dna dir probe	\$13.68	\$22.28	(\$8.60)
87481	Candida dna amp probe	\$23.94	\$38.99	(\$15.05)
87482	Candida dna quant	\$28.48	\$55.74	(\$27.26)

Procedure Code	Description	Nevada Medicaid Rates	2019 Medicare Lab Rates	Medicaid vs. Medicare Lab Rates
87485	Chylmd pneum dna dir probe	\$13.68	\$22.28	(\$8.60)
87486	Chylmd pneum dna amp probe	\$23.94	\$38.99	(\$15.05)
87487	Chylmd pneum dna quant	\$29.22	\$47.60	(\$18.38)
87490	Chylmd trach dna dir probe	\$13.68	\$22.75	(\$9.07)
87491	Chylmd trach dna amp probe	\$23.94	\$38.99	(\$15.05)
87492	Chylmd trach dna quant	\$23.85	\$53.47	(\$29.62)
87495	Cytomeg dna dir probe	\$13.68	\$30.03	(\$16.35)
87496	Cytomeg dna amp probe	\$23.94	\$38.99	(\$15.05)
87497	CYTOMEG DNA QUANT	\$29.22	\$47.60	(\$18.38)
87498	Enterovirus probe&rvrs trns	\$23.94	\$38.99	(\$15.05)
87500	Vanomycin dna amp probe	\$23.94	\$38.99	(\$15.05)
87501	Influenza dna amp prob 1+	\$35.01	\$57.02	(\$22.01)
87502	Influenza dna amp probe	\$58.05	\$95.80	(\$37.75)
87503	Influenza dna amp prob addl	\$14.17	\$29.22	(\$15.05)
87510	Gardner vag dna dir probe	\$13.68	\$22.28	(\$8.60)
87511	Gardner vag dna amp probe	\$23.94	\$38.99	(\$15.05)
87512	Gardner vag dna quant	\$28.48	\$46.40	(\$17.92)
87516	Hepatitis b dna amp probe	\$23.94	\$38.99	(\$15.05)
87517	Hepatitis b dna quant	\$29.22	\$47.60	(\$18.38)
87520	Hepatitis c rna dir probe	\$13.68	\$31.22	(\$17.54)
87521	Hepatitis c probe&rvrs trnsc	\$23.94	\$38.99	(\$15.05)
87522	Hepatitis c rvrs trnscrpj	\$29.22	\$47.60	(\$18.38)
87525	Hepatitis g dna dir probe	\$13.68	\$29.80	(\$16.12)
87526	Hepatitis g dna amp probe	\$23.94	\$39.26	(\$15.32)
87527	Hepatitis g dna quant	\$28.48	\$46.40	(\$17.92)
87528	Hsv dna dir probe	\$13.68	\$22.28	(\$8.60)
87529	Hsv dna amp probe	\$23.94	\$38.99	(\$15.05)
87530	Hsv dna quant	\$29.22	\$47.60	(\$18.38)
87531	Hhv-6 dna dir probe	\$13.68	\$58.00	(\$44.32)
87532	Hhv-6 dna amp probe	\$23.94	\$38.99	(\$15.05)
87533	Hhv-6 dna quant	\$28.48	\$46.40	(\$17.92)
87534	Hiv-1 dna dir probe	\$13.68	\$22.28	(\$8.60)
87535	Hiv-1 probe&reverse trnscrpj	\$23.94	\$38.99	(\$15.05)
87536	Hiv-1 quant&revrse trnscrpj	\$58.05	\$94.55	(\$36.50)
87537	Hiv-2 dna dir probe	\$13.68	\$22.28	(\$8.60)
87538	Hiv-2 probe&revrse trnscripj	\$23.94	\$38.99	(\$15.05)
87539	Hiv-2 quant&revrse trnscripj	\$29.22	\$58.62	(\$29.40)
87540	Legion pneumo dna dir prob	\$13.68	\$22.28	(\$8.60)
87541	Legion pneumo dna amp prob	\$23.94	\$38.99	(\$15.05)
87542	Legion pneumo dna quant	\$28.48	\$46.40	(\$17.92)
87550	Mycobacteria dna dir probe	\$13.68	\$22.28	(\$8.60)
87551	Mycobacteria dna amp probe	\$23.94	\$48.24	(\$24.30)
87552	Mycobacteria dna quant	\$29.22	\$47.60	(\$18.38)

Procedure Code	Description	Nevada Medicaid Rates	2019 Medicare Lab Rates	Medicaid vs. Medicare Lab Rates
87555	M.tuberculo dna dir probe	\$13.68	\$26.88	(\$13.20)
87556	M.tuberculo dna amp probe	\$23.94	\$41.68	(\$17.74)
87557	M.tuberculo dna quant	\$29.22	\$47.60	(\$18.38)
87560	M.avium-intra dna dir prob	\$13.68	\$27.29	(\$13.61)
87561	M.avium-intra dna amp prob	\$23.94	\$38.99	(\$15.05)
87562	M.avium-intra dna quant	\$29.22	\$47.60	(\$18.38)
87580	M.pneumon dna dir probe	\$13.68	\$22.28	(\$8.60)
87581	M.pneumon dna amp probe	\$23.94	\$38.99	(\$15.05)
87582	M.pneumon dna quant	\$28.48	\$302.62	(\$274.14)
87590	N.gonorrhoeae dna dir prob	\$13.68	\$26.88	(\$13.20)
87591	N.gonorrhoeae dna amp prob	\$23.94	\$38.99	(\$15.05)
87592	N.gonorrhoeae dna quant	\$29.22	\$47.60	(\$18.38)
87623	Hpv low-risk types	\$23.88	\$38.99	(\$15.11)
87624	Hpv high-risk types	\$23.88	\$38.99	(\$15.11)
87625	Hpv types 16 & 18 only	\$23.88	\$40.55	(\$16.67)
87634	Rsv dna/rna amp probe	\$43.90	\$77.99	(\$34.09)
87640	Staph a dna amp probe	\$23.94	\$38.99	(\$15.05)
87641	MR-STAPH DNA AMP PROBE	\$23.94	\$38.99	(\$15.05)
87650	STREP A DNA DIR PROBE	\$13.68	\$22.28	(\$8.60)
87651	STREP A DNA AMP PROBE	\$23.94	\$38.99	(\$15.05)
87652	STREP A DNA QUANT	\$28.48	\$46.40	(\$17.92)
87653	STREP B DNA AMP PROBE	\$23.94	\$38.99	(\$15.05)
87660	Trichomonas vagin dir probe	\$13.68	\$22.28	(\$8.60)
87662	Zika virus dna/rna amp probe	\$32.05	\$57.02	(\$24.97)
87797	Detect agent nos dna dir	\$13.68	\$30.03	(\$16.35)
87798	Detect agent nos dna amp	\$23.94	\$38.99	(\$15.05)
87799	Detect agent nos dna quant	\$29.22	\$47.60	(\$18.38)
87800	Detect agnt mult dna direc	\$27.36	\$44.57	(\$17.21)
87801	Detect agnt mult dna ampli	\$47.88	\$77.99	(\$30.11)
87802	STREP B ASSAY W/OPTIC	\$8.18	\$13.32	(\$5.14)
87803	Clostridium toxin a w/optic	\$8.18	\$16.00	(\$7.82)
87804	Influenza assay w/optic	\$8.18	\$16.55	(\$8.37)
87807	Rsv assay w/optic	\$8.18	\$13.32	(\$5.14)
87808	Trichomonas assay w/optic	\$8.18	\$15.29	(\$7.11)
87809	Adenovirus assay w/optic	\$8.18	\$21.76	(\$13.58)
87810	Chylmd trach assay w/optic	\$8.18	\$35.29	(\$27.11)
87850	N. gonorrhoeae assay w/optic	\$8.18	\$24.56	(\$16.38)
87880	STREP A ASSAY W/OPTIC	\$8.18	\$16.53	(\$8.35)
87899	Agent nos assay w/optic	\$8.18	\$16.07	(\$7.89)
87900	Phenotype infect agent drug	\$88.91	\$144.83	(\$55.92)
87901	Genotype dna hiv reverse t	\$175.61	\$286.05	(\$110.44)
87902	Genotype dna/rna hep c	\$175.61	\$286.05	(\$110.44)
87903	Phenotype dna hiv w/culture	\$333.32	\$542.95	(\$209.63)

Procedure Code	Description	Nevada Medicaid Rates	2019 Medicare Lab Rates	Medicaid vs. Medicare Lab Rates
87904	Phenotype dna hiv w/clt add	\$17.78	\$28.97	(\$11.19)
87905	Sialidase enzyme assay	\$8.34	\$13.58	(\$5.24)
87906	Genotype dna/rna hiv	\$87.81	\$143.03	(\$55.22)
88130	Sex chromatin identification	\$10.27	\$19.97	(\$9.70)
88140	Sex chromatin identification	\$5.46	\$8.88	(\$3.42)
88142	Cytopath c/v thin layer	\$13.82	\$22.51	(\$8.69)
88143	Cytopath c/v thin layer redo	\$13.82	\$23.04	(\$9.22)
88147	Cytopath c/v automated	\$7.77	\$50.56	(\$42.79)
88148	Cytopath c/v auto rescreen	\$10.37	\$16.88	(\$6.51)
88150	Cytopath c/v manual	\$7.21	\$14.99	(\$7.78)
88152	Cytopath c/v auto redo	\$7.21	\$27.64	(\$20.43)
88153	Cytopath c/v redo	\$7.21	\$24.03	(\$16.82)
88155	Cytopath c/v index add-on	\$4.09	\$14.65	(\$10.56)
88164	Cytopath tbs c/v manual	\$7.21	\$14.99	(\$7.78)
88165	Cytopath tbs c/v redo	\$7.21	\$42.22	(\$35.01)
88166	Cytopath tbs c/v auto redo	\$7.21	\$14.99	(\$7.78)
88167	Cytopath tbs c/v select	\$7.21	\$14.99	(\$7.78)
88174	Cytopath c/v auto in fluid	\$14.58	\$25.37	(\$10.79)
88175	Cytopath c/v auto fluid redo	\$18.07	\$29.44	(\$11.37)
88230	Tissue culture lymphocyte	\$79.47	\$129.44	(\$49.97)
88233	Tissue culture skin/biopsy	\$96.00	\$156.36	(\$60.36)
88235	Tissue culture placenta	\$100.45	\$163.63	(\$63.18)
88237	Tissue culture bone marrow	\$86.16	\$143.75	(\$57.59)
88239	Tissue culture tumor	\$100.63	\$163.91	(\$63.28)
88240	CELL CRYOPRESERVE/STORAGE	\$6.89	\$13.07	(\$6.18)
88241	Frozen cell preparation	\$6.89	\$12.09	(\$5.20)
88245	Chromosome analysis 20-25	\$101.55	\$192.42	(\$90.87)
88248	Chromosome analysis 50-100	\$118.13	\$192.42	(\$74.29)
88249	Chromosome analysis 100	\$118.13	\$192.42	(\$74.29)
88261	Chromosome analysis 5	\$120.56	\$264.34	(\$143.78)
88262	Chromosome analysis 15-20	\$85.02	\$138.49	(\$53.47)
88263	Chromosome analysis 45	\$102.52	\$166.99	(\$64.47)
88264	Chromosome analysis 20-25	\$85.02	\$144.61	(\$59.59)
88267	Chromosome analys placenta	\$122.63	\$199.75	(\$77.12)
88269	Chromosome analys amniotic	\$113.46	\$184.81	(\$71.35)
88271	Cytogenetics dna probe	\$14.61	\$23.80	(\$9.19)
88272	Cytogenetics 3-5	\$18.27	\$40.70	(\$22.43)
88273	Cytogenetics 10-30	\$21.92	\$35.70	(\$13.78)
88274	Cytogenetics 25-99	\$23.75	\$42.38	(\$18.63)
88275	Cytogenetics 100-300	\$27.40	\$51.19	(\$23.79)
88280	Chromosome karyotype study	\$17.12	\$33.47	(\$16.35)
88283	Chromosome banding study	\$34.18	\$76.22	(\$42.04)
88285	Chromosome count additional	\$12.96	\$26.91	(\$13.95)

Procedure Code	Description	Nevada Medicaid Rates	2019 Medicare Lab Rates	Medicaid vs. Medicare Lab Rates
88289	Chromosome study additional	\$9.76	\$38.26	(\$28.50)
88371	Protein western blot tissue	\$10.07	\$24.70	(\$14.63)
88372	PROTEIN ANALYSIS W/PROBE	\$15.52	\$26.22	(\$10.70)
88720	Bilirubin total transcut	\$3.42	\$5.57	(\$2.15)
88740	TRANSCUTANEOUS CARBOXYHB	\$3.42	\$9.37	(\$5.95)
88741	TRANSCUTANEOUS METHB	\$3.42	\$9.37	(\$5.95)
89050	Body fluid cell count	\$3.23	\$5.25	(\$2.02)
89051	Body fluid cell count	\$3.76	\$6.12	(\$2.36)
89055	LEUKOCYTE ASSESSMENT FECAL	\$2.91	\$4.75	(\$1.84)
89060	Exam synovial fluid crystals	\$4.88	\$7.95	(\$3.07)
89125	SPECIMEN FAT STAIN	\$2.36	\$5.88	(\$3.52)
89160	Exam feces for meat fibers	\$2.52	\$4.85	(\$2.33)
89190	Nasal smear for eosinophils	\$3.24	\$5.79	(\$2.55)
89310	Semen analysis w/count	\$5.87	\$9.57	(\$3.70)
G0433	Elisa hiv-1/hiv-2 screen	\$9.64	\$18.29	(\$8.65)
G0435	Oral hiv-1/hiv-2 screen	\$8.43	\$13.32	(\$4.89)
G0480	DRUG TEST DEF 1-7 CLASSES	\$75.94	\$114.43	(\$38.49)
G0481	ABLE TO IDDEF 8-14 CLASSES	\$116.84	\$156.59	(\$39.75)
G0482	DRUG TEST DEF 15-21 CLASSES	\$157.72	\$198.74	(\$41.02)
G0483	DRUG TEST DEF 22+ CLASSES	\$204.46	\$246.92	(\$42.46)

Footnote:

(1) Laboratory and pathology codes 80000-89999 are reimbursed at 50% of the Medicare 2014 Clinical Lab Fee Schedule