

MDHHS
OPPS Carrier Priced Laboratory Codes
 January 2016

Code	Pre Reduction Factor Fee	Status Indicator	Short Description	OPPS Post Reduction Factor Fee	PA
81170	\$272.83	AL	Abl1 gene	\$143.51	
81200	\$164.75	AL	ASPA GENE	\$86.66	Y
81201	M	AL	APC GENE FULL SEQUENCE	M	Y
81202	M	AL	APC GENE KNOWN FAM VARIANTS	M	Y
81203	M	AL	APC GENE DUP/DELET VARIANTS	M	Y
81205	\$146.33	AL	BCKDHB GENE	\$76.97	Y
81209	\$70.13	AL	BLM GENE	\$36.89	Y
81216	\$77.78	AL	BRCA2 GENE FULL SEQUENCE	\$40.91	Y
81218	\$272.83	AL	Cebpa gene full sequence	\$143.51	
81219	\$137.18	AL	Calr gene com variants	\$72.16	
81220	\$878.71	AL	CFTR GENE COM VARIANTS	\$462.20	
81221	M	AL	CFTR GENE KNOWN FAM VARIANTS	M	
81222	M	AL	CFTR GENE DUP/DELET VARIANTS	M	
81223	M	AL	CFTR GENE FULL SEQUENCE	M	
81224	\$61.29	AL	CFTR GENE INTRON POLY T	\$32.24	
81242	\$109.49	AL	FANCC GENE	\$57.59	
81250	\$109.49	AL	G6PC GENE	\$57.59	Y
81251	\$220.01	AL	GBA GENE	\$115.73	Y
81255	\$293.69	AL	HEXA GENE	\$154.48	Y
81257	\$158.65	AL	HBA1/HBA2 GENE	\$83.45	Y
81266	M	AL	STR MARKERS SPEC ANAL ADDL	M	
81272	\$272.83	AL	Kit gene targeted seq analys	\$143.51	Y
81273	\$103.39	AL	Kit gene analys d816 variant	\$54.38	Y
81276	\$163.27	AL	Kras gene addl variants	\$85.88	Y
81280	M	AL	LONG QT SYND GENE FULL SEQ	M	Y
81281	M	AL	LONG QT SYND KNOWN FAM VAR	M	Y
81282	M	AL	LONG QT SYN GENE DUP/DLT VAR	M	Y
81290	\$88.55	AL	MCOLN1 GENE	\$46.58	Y
81311	\$244.91	AL	Nras gene variants exon 2&3	\$128.82	Y
81314	\$272.83	AL	Pdgfra gene	\$143.51	Y
81330	\$146.33	AL	SMPD1 GENE COMMON VARIANTS	\$76.97	Y
81331	M	AL	SNRPN/UBE3A GENE	M	Y
81400	\$63.81	AL	MOPATH PROCEDURE LEVEL 1	\$33.56	Y
81401	\$63.81	AL	MOPATH PROCEDURE LEVEL 2	\$33.56	Y
81402	M	AL	MOPATH PROCEDURE LEVEL 3	M	Y
81403	\$219.51	AL	MOPATH PROCEDURE LEVEL 4	\$115.46	Y
81404	M	AL	MOPATH PROCEDURE LEVEL 5	M	Y
81405	M	AL	MOPATH PROCEDURE LEVEL 6	M	Y
81406	\$204.77	AL	MOPATH PROCEDURE LEVEL 7	\$107.71	Y

Key: AL-Carrier Priced; PA-Prior Authorization; M-Manual Priced; *-Healthy Michigan Plan only

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The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

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81407	M	AL	MOPATH PROCEDURE LEVEL 8	M	Y
81408	M	AL	MOPATH PROCEDURE LEVEL 9	M	Y
81528*	\$420.81	AL	Oncology colorectal scr	\$221.35	
81535	\$402.13	AL	Oncology gynecologic	\$211.52	Y
81536	\$147.02	AL	Oncology gynecologic	\$77.33	Y

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