



**Certification Page  
Regular and Emergency Rules**  
Revised May 2014

**Emergency Rules** *(After completing all of Sections 1 and 2, proceed to Section 5 below)*

**Regular Rules**

<b>1. General Information</b>			
a. Agency/Board Name <b>Department of Health</b>			
b. Agency/Board Address <b>208 South College Drive</b>	c. City <b>Cheyenne</b>	d. Zip Code <b>82002</b>	
e. Name of Contact Person <b>Sarah Buss</b>	f. Contact Telephone Number <b>307-777-6066</b>		
g. Contact Email Address <b>sarah.buss@wyo.gov</b>	h. Adoption Date <b>November 20, 2015</b>		
i. Program <b>Public Health Laboratory</b>			
<b>2. Rule Type and Information:</b> For each chapter listed, indicate if the rule is New, Amended, or Repealed.			
If "New," provide the Enrolled Act numbers and years enacted:			
c. Provide the Chapter Number, Short Title, and Rule Type of Each Chapter being Created/Amended/Repealed <i>(Please use the Additional Rule Information form for more than 10 chapters, and attach it to this certification)</i>			
Chapter Number: <b>1</b>	Chapter Name: <b>Public Health Laboratory Testing Fees</b>	<input type="checkbox"/> New	<input checked="" type="checkbox"/> Amended <input type="checkbox"/> Repealed
Chapter Number:	Chapter Name:	<input type="checkbox"/> New	<input type="checkbox"/> Amended <input type="checkbox"/> Repealed
Chapter Number:	Chapter Name:	<input type="checkbox"/> New	<input type="checkbox"/> Amended <input type="checkbox"/> Repealed
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Chapter Number:	Chapter Name:	<input type="checkbox"/> New	<input type="checkbox"/> Amended <input type="checkbox"/> Repealed
Chapter Number:	Chapter Name:	<input type="checkbox"/> New	<input type="checkbox"/> Amended <input type="checkbox"/> Repealed
Chapter Number:	Chapter Name:	<input type="checkbox"/> New	<input type="checkbox"/> Amended <input type="checkbox"/> Repealed
d. <input checked="" type="checkbox"/> The Statement of Reasons is attached to this certification.			
e. If applicable, describe the <b>emergency</b> which requires promulgation of these rules without providing notice or an opportunity for a public hearing:			

**3. State Government Notice of Intended Rulemaking**

a. Date on which the Notice of Intent containing all of the information required by W.S. 16-3-103(a) was filed with the **Secretary of State**: July 28, 2015  
b. Date on which the Notice of Intent and proposed rules in strike and underscore format and a clean copy were provided to the **Legislative Service Office**: July 28, 2015  
c. Date on which the Notice of Intent and proposed rules in strike and underscore format and a clean copy were provided to the **Attorney General**: July 28, 2015

**4. Public Notice of Intended Rulemaking**

a. Notice was mailed 45 days in advance to all persons who made a timely request for advance notice.  Yes  No  N/A  
b. A public hearing was held on the proposed rules.  Yes  No

If "Yes:"	Date:	Time:	City:	Location:

**5. Final Filing of Rules**

a. Date on which the Certification Page with original signatures and final rules were sent to the **Attorney General's Office for the Governor's signature**: November 20, 2015  
b. Date on which final rules were sent to the **Legislative Service Office**: November 20, 2015  
c. Date on which a PDF of the final rules was electronically sent to the **Secretary of State**: November 20, 2015

**6. Agency/Board Certification**

The undersigned certifies that the foregoing information is correct.

Signature of Authorized Individual  
(Blue ink as per Rules on Rules, Section 7)

Printed Name of Signatory

Thomas O. Forslund

Signatory Title

Director

Date of Signature

November 20, 2015

**7. Governor's Certification**

I have reviewed these rules and determined that they:

- 1. Are within the scope of the statutory authority delegated to the adopting agency;
- 2. Appear to be within the scope of the legislative purpose of the statutory authority; and, if emergency rules,
- 3. Are necessary and that I concur in the finding that they are an emergency.

Therefore, I approve the same.

Governor's Signature

Date of Signature

**Attorney General:** 1. Statement of Reasons; 2. Original Certification Page; 3. Summary of Comments (regular rules); 4. Hard copy of rules: clean and strike/underscore; and 5. Memo to Governor documenting emergency (for emergency rules only).

**LSO:** 1. Statement of Reasons; 2. Copy of Certification Page; 3. Summary of Comments (regular rules); 4. Hard copy of rules: clean and strike/underscore; 5. Electronic copy of rules (PDFs) emailed to [Criss.Carlson@wyoleg.gov](mailto:Criss.Carlson@wyoleg.gov): clean and strike/underscore; and 6. Memo to Governor documenting emergency (for emergency rules only).

**SOS:** 1. PDF of clean copy of rules; and 2. Hard copy of Certification Page as delivered by the AG.

# **Public Health Laboratory Testing Fees**

## **Chapter 1**

### **Statement of Reasons**

The Wyoming Department of Health originally adopted this Rule pursuant to requirements in 2012 Wyoming Session Laws, Ch. 26, Section 048 Department of Health, Footnote 4, and the Wyoming Administrative Procedure Act at W.S. § 16-3-101 through 115. Chapter 26, Section 048, Footnote 4 of the 2012 Wyoming Session Laws states:

“4. The public health laboratory is authorized to charge fees for testing services provided to other state agencies, local law enforcement entities and other individuals or organizations. Notwithstanding W.S. § 9-4-204(t)(i)(A) the department is authorized to deposit all fees received pursuant to this footnote into a special revenue account and shall not charge fees until the department has promulgated rules and regulations establishing a fee schedule.”

To detect emerging infectious diseases (e.g. Enterovirus D68, Ebola, etc.) and new drugs of abuse (e.g. Spice), the public health laboratory must continually change its test menu. The fee schedule established in the current rule is outdated and does not include every test that the Wyoming Public Health Laboratory offers. Therefore, Chapter 1 of the Public Health Laboratory Testing Fee Rule requires amendment in order to establish a fee schedule for a more comprehensive set of laboratory tests.

The proposed Wyoming Public Health Laboratory fee schedule is based in part on the Centers for Medicare and Medicaid Services' Clinical Laboratory Fee Schedule, which defines the federally acceptable rate charged for specific laboratory tests offered in the US. When appropriate, the relevant Current Procedural Terminology (CPT) code has been provided in the proposed fee schedule, consistent with nationally accepted language.

## CHAPTER 1

### Rules and Regulations for Public Health Laboratory Testing Fees

#### General Provisions

Section 1. Authority. The Wyoming Department of Health is promulgating this Rule pursuant to requirements in 2012 Wyoming Session Laws, Chapter 26, Section 048, Department of Health, Footnote 4, and the Wyoming Administrative Procedure Act at W.S. § 16-3-101, et seq.

Section 2. Purpose and Applicability.

(a) These Rules establish the fees charged by the Public Health Laboratory for providing laboratory testing services to other State of Wyoming agencies, local law enforcement entities and other individuals or organizations.

(b) The Department may issue Manuals or Bulletins to providers and/or other affected parties to interpret the provisions of this Chapter. Such manuals or bulletins shall be consistent with and reflect the policies contained in the Chapter. The provisions contained in manuals or bulletins shall be subordinate to the provisions of this Chapter.

(c) The incorporation by reference of any external standard is intended to be the incorporation of that standard as it is in effect on the effective date of this Chapter.

Section 3. Definitions. The following definitions shall apply in the interpretation and enforcement of these rules, where the context in which words are used in these rules indicates that such is the intent, words in the singular number shall include the plural and vice versa. Throughout these rules gender pronouns are used interchangeably. The drafters have attempted to utilize each gender pronoun in equal numbers, in random distribution. Words in each gender include individuals of the other gender.

(a) “Facility” is defined as a location that submits samples to the public health laboratory for testing.

(b) “Public Health Laboratory” is defined as the Department of Health Public Health Laboratory located at 208 South College Drive, Cheyenne, WY 82002.

(c) “Submitter list” is defined as all submitting locations currently included in the Microbiology and Chemical laboratory information systems.

Section 4. Facilities and programs.

(a) Facilities and programs already on the submitter list that have submitted samples for Public Health Laboratory analysis will receive a monthly or quarterly invoice for all analytical services completed according to the fee schedule established in these rules.

(b) Only facilities and programs currently on the Public Health laboratory submitter list will be authorized to submit samples under this fee structure.

(c) Facilities and programs that are not currently on the Public Health Laboratory submitter list that are, or that may need to request laboratory testing services should contact the Public Health Laboratory for information and assistance to get on the submitter list.

Section 5. Fees.

(a) The Public Health Laboratory may increase individual fee assessments by up to twenty percent (20%) without a rule change, if it is determined that the costs of laboratory testing necessitates such increases. The Public Health Laboratory will notify all facilities and programs on the submitters list at least 90 days before any increase is effective. Increases in the fee assessments that are greater than twenty percent (20%) will require a rule change.

(b) The Public Health Laboratory reserves the option to enter into agreements with State Agency programs that would adjust or waive fees included in these rules and regulations.

(c) The Department of Health laboratory programs and specific tests affected by this fee schedule include:

- (i) Immunology
- (ii) Microbiology
- (iii) Molecular biology
- (iv) Drinking Water
- (v) Blood Alcohol
- (vi) Toxicology

Section 6. Fee Schedule for Services. The following fees shall apply for each test

request submitted:

<b>Chemistry</b>	
<b>Fee</b>	<b>Test Description</b>
\$14.00	Oral fluid collection kit and 4 drug screen w/confirmation
\$9.00	Urine analysis kit and 8 drug screen w/confirmation
\$9.50	Blood alcohol collection kit w/confirmation and 10 drug screen
\$90.00	20 drug blood screening panel w/alcohol screen and confirmation
\$9.00	Ethyl Glucuronide (ETG)
\$9.00	Methadone
\$9.00	Propoxyphene
\$8.00	Cotinine
\$23.00	Synthetic marijuana
\$23.00	Inhalants
\$23.00	Emerging drugs
\$9.00	Toxicology screen
\$9.00	Toxicology confirmation

<b>Microbiology</b>		
<b>Fee</b>	<b>Test Description</b>	<b>CPT code</b>
\$8.00	Drinking water total coliform	N/A
\$8.00	Drinking water <i>E. coli</i> screen	N/A
\$4.00	Occult blood feces	82270
\$20.00	Immunoassay for blood fecal	82274
\$15.00	Chemiluminescent assay	82397
\$45.00	Electrophoretic test	82664
\$10.00	Assay IgA/IgD/IgG/IgM each	82784
\$6.00	IgG 1 2 3 or 4 each	82787
\$15.00	Immunoassay nonAntibody	83516
\$10.00	Immunoassay dipstick	83518
\$15.00	Immunoassay quant nos nonab	83520
\$20.00	Western blot test	84181
\$20.00	Protein western blot test	84182
\$4.00	Bl smear w/o diff wbc count	85008
\$5.00	Chromogenic substrate assay	85130
\$15.00	Immunoglobulin assay	86023
\$5.00	Complement fixation each	86171
\$15.00	Fluorescent Antibody screen	86255
\$15.00	Fluorescent Antibody titer	86256
\$5.00	Heterophile Antibody screen	86308

\$5.00	Heterophile Antibody titer	86309
\$10.00	Heterophile Antibody absrbj	86310
\$15.00	Immunoassay infectious agent	86318
\$10.00	Particle agglut antbdy scrn	86403
\$10.00	Particle agglut antbdy titr	86406
\$40.00	Quantiferon Gold (Tb immun measure)	86480
\$3.00	Syphilis test non-trep qual	86592
\$5.00	Syphilis test non-trep quant	86593
\$6.00	Bacterium Antibody	86609
\$15.00	<i>Borrelia</i> Antibody	86619
\$15.00	CMV Antibody	86644
\$15.00	CMV Antibody IgM	86645
\$20.00	Diphtheria Antibody	86648
\$15.00	Encephalitis californ antbdy	86651
\$15.00	Encephaltis east eqne anbdy	86652
\$15.00	Encephaltis st louis antibody	86653
\$15.00	Encephaltis west eqne antbdy	86654
\$15.00	Epstein-barr Antibody	86663
\$15.00	Epstein-barr nuclear antigen	86664
\$15.00	Epstein-barr capsid vca	86665
\$10.00	<i>Francisella tularensis</i>	86668
\$6.00	Fungus nes Antibody	86671
\$15.00	<i>Helicobacter pylori</i> Antibody	86677
\$15.00	Helminth Antibody	86682
\$15.00	Herpes simplex nes antbdy	86694
\$15.00	HIV-1/hIV-2 1 result screen	86703
\$15.00	Hepatitis B Core Antibody total	86704
\$15.00	Hepatitis B Core Antibody IgM	86705
\$15.00	Hepatitis B Surface Antibody	86706
\$15.00	Hepatitis A Antibody total	86708
\$15.00	Hepatitis A Antibody IgM	86709
\$15.00	<i>Legionella</i> Antibody	86713
\$15.00	<i>Leishmania</i> Antibody	86717
\$15.00	<i>Leptospira</i> Antibody	86720
\$6.00	Mumps Antibody	86735
\$15.00	<i>Mycoplasma</i> Antibody	86738
\$15.00	<i>Neisseria meningitidis</i>	86741
\$15.00	Parvovirus Antibody	86747
\$14.00	Protozoa Antibody nos	86753
\$20.00	<i>Rickettsia</i> Antibody	86757

\$6.00	Rubella Antibody	86762
\$6.00	Rubeola Antibody	86765
\$15.00	<i>Toxoplasma</i> Antibody	86777
\$15.00	<i>Toxoplasma</i> Antibody IgM	86778
\$15.00	<i>Treponema pallidum</i>	86780
\$5.00	<i>Trichinella</i> Antibody	86784
\$6.00	Varicella-zoster Antibody	86787
\$20.00	West Nile virus ab IgM	86788
\$20.00	West Nile virus Antibody	86789
\$15.00	Virus Antibody nos	86790
\$20.00	Hepatitis C Antibody	86803
\$5.00	Specimen infect agnt concntj	87015
\$5.00	Feces culture aerobic bact	87045
\$5.00	Stool cultr aerobic bact ea	87046
\$5.00	Culture othr specimn aerobic	87070
\$5.00	Culture aerobic quant other	87071
\$5.00	Culture bacteria anaerobic	87073
\$5.00	Cultr bacteria except blood	87075
\$10.00	Culture anaerobe ident each	87076
\$10.00	Culture aerobic identify	87077
\$5.00	Culture screen only	87081
\$10.00	Culture of specimen by kit	87084
\$5.00	Urine culture/colony count	87086
\$5.00	Skin fungi culture	87101
\$5.00	Fungus isolation culture	87102
\$5.00	Fungi identification yeast	87106
\$5.00	Fungi identification mold	87107
\$5.00	<i>Mycoplasma</i>	87109
\$10.00	<i>Mycobacteria</i> culture	87116
\$10.00	Mycobacteric identification	87118
\$25.00	DNA/RNA direct probe	87149
\$40.00	DNA/RNA amplified probe	87150
\$50.00	Culture type pulse field gel (PFGE)	87152
\$50.00	DNA/RNA sequencing	87153
\$4.00	Macroscopic exam arthropod	87168
\$4.00	Macroscopic exam parasite	87169
\$4.00	Pinworm exam	87172
\$5.00	Tissue homogenization cultr	87176
\$8.00	Ova and parasites smears	87177
\$5.00	Microbe susceptible diffuse	87181

\$5.00	Microbe susceptible disk	87184
\$10.00	Microbe susceptible mic	87186
\$10.00	Microbe susceptible mlc	87187
\$3.00	Smear fluorescent/acid stai	87206
\$5.00	Smear special stain	87207
\$15.00	Smear complex stain	87209
\$3.00	Smear wet mount saline/ink	87210
\$25.00	Assay toxin or antitoxin	87230
\$15.00	<i>Cryptosporidium</i> ag if	87272
\$15.00	<i>Legionella micdadei</i> ag if	87277
\$15.00	<i>Legion pneumophilia</i> ag if	87278
\$15.00	<i>Pneumocystis carinii</i> ag if	87281
\$16.32	Antibody detection nos if	87299
\$15.00	Adenovirus ag eia	87301
\$15.00	<i>Aspergillus</i> ag eia	87305
\$15.00	<i>Chylmd trach</i> ag eia	87320
\$15.00	<i>Cryptococcus neoform</i> ag eia	87327
\$15.00	<i>Cryptosporidium</i> ag eia	87328
\$15.00	<i>Giardia</i> ag eia	87329
\$15.00	Cytomegalovirus ag eia	87332
\$15.00	<i>E. coli</i> 0157 ag eia	87335
\$15.00	<i>H. pylori</i> stool eia	87338
\$15.00	<i>H. pylori</i> ag eia	87339
\$15.00	Hepatitis B Surface Antigen	87340
\$15.00	<i>Histoplasma capsul</i> ag eia	87385
\$15.00	Influenza A/B ag eia	87400
\$15.00	Resp syncytial ag eia	87420
\$15.00	Rotavirus ag eia	87425
\$15.00	Shiga-like toxin ag eia	87427
\$15.00	Ag detect nos eia mult	87449
\$13.00	Ag detect nos eia single	87450
\$13.00	Ag detect polyval eia mult	87451
\$40.00	<i>Bartonella</i> DNA amp probe	87471
\$40.00	Lyme dis DNA amp probe	87476
\$40.00	<i>Candida</i> DNA amp probe	87481
\$40.00	<i>Chylmd pneum</i> DNA amp probe	87486
\$12.00	<i>Chylmd trach</i> DNA amp probe	87491
\$14.00	<i>Chylmd trach</i> and <i>N. gono</i> DNA amp probe	87491
\$40.00	<i>C. diff</i> amplified probe	87493
\$40.00	Cytomeg DNA amp probe	87496

\$40.00	Enterovirus probe&revrs trns	87498
\$20.00	Influenza DNA amp prob 1+	87501
\$20.00	Influenza DNA amp probe	87502
\$100.00	Nfct agent detection gi	87505
\$150.00	IaDNA-DNA/RNA probe tq 6-11	87506
\$250.00	IaDNA-DNA/RNA probe tq 12-25	87507
\$40.00	Hepatitis B DNA amp probe	87516
\$50.00	Hepatitis B DNA quant	87517
\$25.00	Hepatitis C RNA dir probe	87520
\$40.00	Hepatitis C probe&rvrs trnsc	87521
\$55.00	Hepatitis C revrs trnscrp	87522
\$45.00	Hsv DNA amp probe	87529
\$45.00	HIV-1 probe&reverse trnscrpj	87535
\$115.00	HIV-1 quant&revrse trnscrpj	87536
\$25.00	<i>Legion pneumo</i> DNA dir prob	87540
\$40.00	<i>Legion pneumo</i> DNA amp prob	87541
\$56.82	<i>Legion pneumo</i> DNA quant	87542
\$20.00	<i>Mycobacteria</i> DNA dir probe	87550
\$40.00	<i>Mycobacteria</i> DNA amp probe	87551
\$20.00	<i>M.tuberculo</i> DNA dir probe	87555
\$40.00	<i>M.tuberculo</i> DNA amp probe	87556
\$20.00	<i>M.avium-intra</i> DNA dir prob	87560
\$40.00	<i>M.avium-intra</i> DNA amp prob	87561
\$40.00	<i>M.pneumon</i> DNA amp probe	87581
\$12.00	<i>N.gonorrhoeae</i> DNA amp prob	87591
\$45.00	HPV low-risk types	87623
\$45.00	HPV high-risk types	87624
\$45.00	HPV types 16 & 18 only	87625
\$100.00	Resp virus 3-11 targets	87631
\$150.00	Resp virus 6-11 targets	87632
\$200.00	Resp virus 12-25 targets	87633
\$47.76	<i>Staph a</i> DNA amp probe	87640
\$47.76	Mr- <i>Staph</i> DNA amp probe	87641
\$27.29	<i>Strep A</i> DNA dir probe	87650
\$47.76	<i>Strep A</i> DNA amp probe	87651
\$47.76	<i>Strep B</i> DNA amp probe	87653
\$45.00	<i>Trichomonas vaginalis</i> amplif	87661
\$25.00	Detect agent nos DNA dir	87797
\$35.00	Pertussis (PCR)	87798
\$40.00	Norovirus molecular	87798

\$40.00	Detect agent nos DNA amp	87798
\$55.00	Detect agent nos DNA quant	87799
\$50.00	Detect agnt mult DNA direc	87800
\$95.00	Detect agnt mult DNA ampli	87801
\$16.32	<i>Strep B</i> assay w/optic	87802
\$30.00	HIV antigen w/HIV antibodies	87806
\$15.00	RSV assay w/optic	87807
\$15.00	Adenovirus assay w/optic	87809
\$6.00	Group A <i>Strep</i> assay	87880
\$16.32	Agent nos assay w/optic	87899
\$300.00	Genotype DNA/RNA Hep C	87902
\$250.00	Genotype DNA Hepatitis B	87912
\$26.88	Protein analysis w/probe	88372
\$15.00	HIV-1/HIV-2 confirm	86703-92

## CHAPTER 1

### Rules and Regulations for Public Health Laboratory Testing Fees

#### General Provisions

Section 1. Authority. The Wyoming Department of Health is promulgating this Rule pursuant to requirements in 2012 Wyoming Session Laws, Chapter 26, Section 048, Department of Health, Footnote 4, and the Wyoming Administrative Procedure Act at W.S. § 16-3-101, et seq.

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(b) “Public Health Laboratory” is defined as the Department of Health Public Health Laboratory located at 208 South College Drive, Cheyenne, WY 82002.

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samples for Public Health Laboratory analysis will receive a monthly or quarterly invoice for all analytical services completed according to the fee schedule established in these rules.

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(c) Facilities and programs that are not currently on the Public Health Laboratory submitter list that are, or that may need to request laboratory testing services should contact the Public Health Laboratory for information and assistance to get on the submitter list.

Section 5. Fees.

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(b) The Public Health Laboratory reserves the option to enter into agreements with State Agency programs that would adjust or waive fees included in these rules and regulations.

(c) The Department of Health laboratory programs and specific tests affected by this fee schedule include:

(i) Immunology: ~~Viral serology. Chlamydia/Gonorrhea, Hepatitis B, HIV;~~

(ii) Microbiology: ~~Stool screen, bacterial l6s ID. Mycobacteriology, Quantiferon, Group A Strep;~~

(iii) Molecular biology: ~~West Nile Virus IgM. Norovirus. Influenza: PFGE;~~

(iv) Drinking Water: ~~Bacteriological testing;~~

(v) Blood Alcohol: ~~Blood alcohol kits;~~

(vi) Toxicology: ~~Toxicology screen and confirmation. synthetic marijuana and emerging drugs. ETG. oral fluid drug toxicology.~~

Section 6. Fee Schedule for Services. The following fees shall apply for each test

request submitted:

(a) Viral serology for vaccine status (IgG), each viral antigen (Rubella, Rubeola, Mumps, Chickenpox):	\$6.00
(b) Chlamydia and gonorrhea NAAT:	\$14.00
(c) Chlamydia or gonorrhea only NAAT:	\$12.00
(d) Hepatitis B antibody IgG (immune status):	\$15.00
(e) Hepatitis B markers (HbsAb, HbcIgM, HbsAg) for acute or chronic diagnosis:	\$45.00
(f) Hepatitis C antibody EIA:	\$20.00
(g) HIV antibody EIA:	\$15.00
(h) Stool screen and identification of bacterial pathogens:	\$25.00
(i) Bacterial ID by 16s rDNA:	\$35.00
(j) Mycobacteria smear and culture:	\$40.00
(k) Quantiferon TB screen:	\$40.00
(l) Group A streptococcus antiIgEn test:	\$6.00
(m) West Nile Virus <u>IgM</u> :	\$20.00
(n) Norovirus PCR:	\$40.00
(o) Pertussis screen by PCR:	\$35.00
(p) Influenza PCR:	\$20.00
(r) Pulsed field gel electrophoresis (PFGE):	\$40.00
(s) Drinking water coliform and E. coli screen:	\$8.00
(t) Blood alcohol collection kit:	\$9.50
(u) Drug toxicology screen and confirmation (methamphetamine, cocaine, opiates, benzodiazepines, cannabinoids, methadone, propoxyphene, barbituates):	\$9.00

(v) Synthetic marijuana and emerging drugs: \$23.00

(w) Ethyl Glucuronide (ETG): \$9.00

(x) Oral fluid for drug toxicology screen: \$14.00

	<b><u>Chemistry</u></b>
<b><u>Fee</u></b>	<b><u>Test Description</u></b>
\$14.00	<u>Oral fluid collection kit and 4 drug screen w/confirmation</u>
\$9.00	<u>Urine analysis kit and 8 drug screen w/confirmation</u>
\$9.50	<u>Blood alcohol collection kit w/confirmation and 10 drug screen</u>
\$90.00	<u>20 drug blood screening panel w/alcohol screen and confirmation</u>
\$9.00	<u>Ethyl Glucuronide (ETG)</u>
\$9.00	<u>Methadone</u>
\$9.00	<u>Propoxyphene</u>
\$8.00	<u>Cotinine</u>
\$23.00	<u>Synthetic marijuana</u>
\$23.00	<u>Inhalants</u>
\$23.00	<u>Emerging drugs</u>
\$9.00	<u>Toxicology screen</u>
\$9.00	<u>Toxicology confirmation</u>

	<b><u>Microbiology</u></b>	
<b><u>Fee</u></b>	<b><u>Test Description</u></b>	<b><u>CPT code</u></b>
\$8.00	<u>Drinking water total coliform</u>	<u>N/A</u>
\$8.00	<u>Drinking water <i>E. coli</i> screen</u>	<u>N/A</u>
\$4.00	<u>Occult blood feces</u>	<u>82270</u>
\$20.00	<u>Immunoassay for blood fecal</u>	<u>82274</u>
\$15.00	<u>Chemiluminescent assay</u>	<u>82397</u>
\$45.00	<u>Electrophoretic test</u>	<u>82664</u>
\$10.00	<u>Assay IgA/IgD/IgG/IgM each</u>	<u>82784</u>
\$6.00	<u>IgG 1 2 3 or 4 each</u>	<u>82787</u>
\$15.00	<u>Immunoassay nonAntibody</u>	<u>83516</u>
\$10.00	<u>Immunoassay dipstick</u>	<u>83518</u>
\$15.00	<u>Immunoassay quant nos nonab</u>	<u>83520</u>
\$20.00	<u>Western blot test</u>	<u>84181</u>
\$20.00	<u>Protein western blot test</u>	<u>84182</u>
\$4.00	<u>Bl smear w/o diff wbc count</u>	<u>85008</u>
\$5.00	<u>Chromogenic substrate assay</u>	<u>85130</u>
\$15.00	<u>Immunoglobulin assay</u>	<u>86023</u>
\$5.00	<u>Complement fixation each</u>	<u>86171</u>

\$15.00	<u>Fluorescent Antibody screen</u>	86255
\$15.00	<u>Fluorescent Antibody titer</u>	86256
\$5.00	<u>Heterophile Antibody screen</u>	86308
\$5.00	<u>Heterophile Antibody titer</u>	86309
\$10.00	<u>Heterophile Antibody absrbj</u>	86310
\$15.00	<u>Immunoassay infectious agent</u>	86318
\$10.00	<u>Particle agglut antbdy scrn</u>	86403
\$10.00	<u>Particle agglut antbdy titr</u>	86406
\$40.00	<u>Quantiferon Gold (Tb immun measure)</u>	86480
\$3.00	<u>Syphilis test non-trep qual</u>	86592
\$5.00	<u>Syphilis test non-trep quant</u>	86593
\$6.00	<u>Bacterium Antibody</u>	86609
\$15.00	<u><i>Borrelia</i> Antibody</u>	86619
\$15.00	<u>CMV Antibody</u>	86644
\$15.00	<u>CMV Antibody IgM</u>	86645
\$20.00	<u>Diphtheria Antibody</u>	86648
\$15.00	<u>Encephalitis californ antbdy</u>	86651
\$15.00	<u>Encephaltis east eqne anbdy</u>	86652
\$15.00	<u>Encephaltis st louis antbdy</u>	86653
\$15.00	<u>Encephaltis west eqne antbdy</u>	86654
\$15.00	<u>Epstein-barr Antibody</u>	86663
\$15.00	<u>Epstein-barr nuclear antIgen</u>	86664
\$15.00	<u>Epstein-barr capsid vca</u>	86665
\$10.00	<u><i>Francisella tularensis</i></u>	86668
\$6.00	<u>Fungus nes Antibody</u>	86671
\$15.00	<u><i>Helicobacter pylori</i> Antibody</u>	86677
\$15.00	<u>Helminth Antibody</u>	86682
\$15.00	<u>Herpes simplex nes antbdy</u>	86694
\$15.00	<u>HIV-1/HIV-2 1 result screen</u>	86703
\$15.00	<u>Hepatitis B Core Antibody total</u>	86704
\$15.00	<u>Hepatitis B Core Antibody IgM</u>	86705
\$15.00	<u>Hepatitis B Surface Antibody</u>	86706
\$15.00	<u>Hepatitis A Antibody total</u>	86708
\$15.00	<u>Hepatitis A Antibody IgM</u>	86709
\$15.00	<u><i>Legionella</i> Antibody</u>	86713
\$15.00	<u><i>Leishmania</i> Antibody</u>	86717
\$15.00	<u><i>Leptospira</i> Antibody</u>	86720
\$6.00	<u>Mumps Antibody</u>	86735
\$15.00	<u><i>Mycoplasma</i> Antibody</u>	86738
\$15.00	<u><i>Neisseria meningitidis</i></u>	86741
\$15.00	<u>Parvovirus Antibody</u>	86747

\$14.00	<u>Protozoa Antibody nos</u>	86753
\$20.00	<u>Rickettsia Antibody</u>	86757
\$6.00	<u>Rubella Antibody</u>	86762
\$6.00	<u>Rubeola Antibody</u>	86765
\$15.00	<u>Toxoplasma Antibody</u>	86777
\$15.00	<u>Toxoplasma Antibody IgM</u>	86778
\$15.00	<u>Treponema pallidum</u>	86780
\$5.00	<u>Trichinella Antibody</u>	86784
\$6.00	<u>Varicella-zoster Antibody</u>	86787
\$20.00	<u>West Nile virus ab IgM</u>	86788
\$20.00	<u>West Nile virus Antibody</u>	86789
\$15.00	<u>Virus Antibody nos</u>	86790
\$20.00	<u>Hepatitis C Antibody</u>	86803
\$5.00	<u>Specimen infect agnt concntj</u>	87015
\$5.00	<u>Feces culture aerobic bact</u>	87045
\$5.00	<u>Stool cultr aerobic bact ea</u>	87046
\$5.00	<u>Culture othr specimn aerobic</u>	87070
\$5.00	<u>Culture aerobic quant other</u>	87071
\$5.00	<u>Culture bacteria anaerobic</u>	87073
\$5.00	<u>Cultr bacteria except blood</u>	87075
\$10.00	<u>Culture anaerobe ident each</u>	87076
\$10.00	<u>Culture aerobic identify</u>	87077
\$5.00	<u>Culture screen only</u>	87081
\$10.00	<u>Culture of specimen by kit</u>	87084
\$5.00	<u>Urine culture/colony count</u>	87086
\$5.00	<u>Skin fungi culture</u>	87101
\$5.00	<u>Fungus isolation culture</u>	87102
\$5.00	<u>Fungi identification yeast</u>	87106
\$5.00	<u>Fungi identification mold</u>	87107
\$5.00	<u>Mycoplasma</u>	87109
\$10.00	<u>Mycobacteria culture</u>	87116
\$10.00	<u>Mycobacteric identification</u>	87118
\$25.00	<u>DNA/RNA direct probe</u>	87149
\$40.00	<u>DNA/RNA amplified probe</u>	87150
\$50.00	<u>Culture type pulse field gel (PFGE)</u>	87152
\$50.00	<u>DNA/RNA sequencing</u>	87153
\$4.00	<u>Macroscopic exam arthropod</u>	87168
\$4.00	<u>Macroscopic exam parasite</u>	87169
\$4.00	<u>Pinworm exam</u>	87172
\$5.00	<u>Tissue homogenization cultr</u>	87176
\$8.00	<u>Ova and parasites smears</u>	87177

\$5.00	<u>Microbe susceptible diffuse</u>	87181
\$5.00	<u>Microbe susceptible disk</u>	87184
\$10.00	<u>Microbe susceptible mic</u>	87186
\$10.00	<u>Microbe susceptible mlc</u>	87187
\$3.00	<u>Smear fluorescent/acid stai</u>	87206
\$5.00	<u>Smear special stain</u>	87207
\$15.00	<u>Smear complex stain</u>	87209
\$3.00	<u>Smear wet mount saline/ink</u>	87210
\$25.00	<u>Assay toxin or antitoxin</u>	87230
\$15.00	<u>Cryptosporidium ag if</u>	87272
\$15.00	<u>Legionella micdadei ag if</u>	87277
\$15.00	<u>Legion pneumophilia ag if</u>	87278
\$15.00	<u>Pneumocystis carinii ag if</u>	87281
\$16.32	<u>Antibody detection nos if</u>	87299
\$15.00	<u>Adenovirus ag eia</u>	87301
\$15.00	<u>Aspergillus ag eia</u>	87305
\$15.00	<u>Chylmd trach ag eia</u>	87320
\$15.00	<u>Cryptococcus neoform ag eia</u>	87327
\$15.00	<u>Cryptosporidium ag eia</u>	87328
\$15.00	<u>Giardia ag eia</u>	87329
\$15.00	<u>Cytomegalovirus ag eia</u>	87332
\$15.00	<u>E. coli 0157 ag eia</u>	87335
\$15.00	<u>H. pylori stool eia</u>	87338
\$15.00	<u>H. pylori ag eia</u>	87339
\$15.00	<u>Hepatitis B Surface Antigen</u>	87340
\$15.00	<u>Histoplasma capsul ag eia</u>	87385
\$15.00	<u>Influenza A/B ag eia</u>	87400
\$15.00	<u>Resp syncytial ag eia</u>	87420
\$15.00	<u>Rotavirus ag eia</u>	87425
\$15.00	<u>ShigA-like toxin ag eia</u>	87427
\$15.00	<u>Ag detect nos eia mult</u>	87449
\$13.00	<u>Ag detect nos eia single</u>	87450
\$13.00	<u>Ag detect polyval eia mult</u>	87451
\$40.00	<u>Bartonella DNA amp probe</u>	87471
\$40.00	<u>Lyme dis DNA amp probe</u>	87476
\$40.00	<u>Candida DNA amp probe</u>	87481
\$40.00	<u>Chylmd pneum DNA amp probe</u>	87486
\$12.00	<u>Chylmd trach DNA amp probe</u>	87491
\$14.00	<u>Chylmd trach and N. gono DNA amp probe</u>	87491
\$40.00	<u>C. diff amplified probe</u>	87493
\$40.00	<u>Cytomeg DNA amp probe</u>	87496

<u>\$40.00</u>	<u>Enterovirus probe&amp;revrs trns</u>	<u>87498</u>
<u>\$20.00</u>	<u>Influenza DNA amp prob 1+</u>	<u>87501</u>
<u>\$20.00</u>	<u>Influenza DNA amp probe</u>	<u>87502</u>
<u>\$100.00</u>	<u>Nfct agent detection gi</u>	<u>87505</u>
<u>\$150.00</u>	<u>IaDNA-DNA/RNA probe tq 6-11</u>	<u>87506</u>
<u>\$250.00</u>	<u>IaDNA-DNA/RNA probe tq 12-25</u>	<u>87507</u>
<u>\$40.00</u>	<u>Hepatitis B DNA amp probe</u>	<u>87516</u>
<u>\$50.00</u>	<u>Hepatitis B DNA quant</u>	<u>87517</u>
<u>\$25.00</u>	<u>Hepatitis C RNA dir probe</u>	<u>87520</u>
<u>\$40.00</u>	<u>Hepatitis C probe&amp;rvrs trnsc</u>	<u>87521</u>
<u>\$55.00</u>	<u>Hepatitis C revrs trnscrp</u>	<u>87522</u>
<u>\$45.00</u>	<u>HSV DNA amp probe</u>	<u>87529</u>
<u>\$45.00</u>	<u>HIV-1 probe&amp;reverse trnscrpj</u>	<u>87535</u>
<u>\$115.00</u>	<u>HIV-1 quant&amp;revrse trnscrpj</u>	<u>87536</u>
<u>\$25.00</u>	<u>Legion pneumo DNA dir prob</u>	<u>87540</u>
<u>\$40.00</u>	<u>Legion pneumo DNA amp prob</u>	<u>87541</u>
<u>\$56.82</u>	<u>Legion pneumo DNA quant</u>	<u>87542</u>
<u>\$20.00</u>	<u>Mycobacteria DNA dir probe</u>	<u>87550</u>
<u>\$40.00</u>	<u>Mycobacteria DNA amp probe</u>	<u>87551</u>
<u>\$20.00</u>	<u>M.tuberculo DNA dir probe</u>	<u>87555</u>
<u>\$40.00</u>	<u>M.tuberculo DNA amp probe</u>	<u>87556</u>
<u>\$20.00</u>	<u>M.avium-intra DNA dir prob</u>	<u>87560</u>
<u>\$40.00</u>	<u>M.avium-intra DNA amp prob</u>	<u>87561</u>
<u>\$40.00</u>	<u>M.pneumon DNA amp probe</u>	<u>87581</u>
<u>\$12.00</u>	<u>N.gonorrhoeae DNA amp prob</u>	<u>87591</u>
<u>\$45.00</u>	<u>HPV low-risk types</u>	<u>87623</u>
<u>\$45.00</u>	<u>HPV high-risk types</u>	<u>87624</u>
<u>\$45.00</u>	<u>HPV types 16 &amp; 18 only</u>	<u>87625</u>
<u>\$100.00</u>	<u>Resp virus 3-11 targets</u>	<u>87631</u>
<u>\$150.00</u>	<u>Resp virus 6-11 targets</u>	<u>87632</u>
<u>\$200.00</u>	<u>Resp virus 12-25 targets</u>	<u>87633</u>
<u>\$47.76</u>	<u>Staph a DNA amp probe</u>	<u>87640</u>
<u>\$47.76</u>	<u>Mr-Staph DNA amp probe</u>	<u>87641</u>
<u>\$27.29</u>	<u>Strep A DNA dir probe</u>	<u>87650</u>
<u>\$47.76</u>	<u>Strep A DNA amp probe</u>	<u>87651</u>
<u>\$47.76</u>	<u>Strep B DNA amp probe</u>	<u>87653</u>
<u>\$45.00</u>	<u>Trichomonas vaginalis amplif</u>	<u>87661</u>
<u>\$25.00</u>	<u>Detect agent nos DNA dir</u>	<u>87797</u>
<u>\$35.00</u>	<u>Pertussis (PCR)</u>	<u>87798</u>
<u>\$40.00</u>	<u>Norovirus molecular</u>	<u>87798</u>
<u>\$40.00</u>	<u>Detect agent nos DNA amp</u>	<u>87798</u>

<u>\$55.00</u>	<u>Detect agent nos DNA quant</u>	<u>87799</u>
<u>\$50.00</u>	<u>Detect agnt mult DNA direc</u>	<u>87800</u>
<u>\$95.00</u>	<u>Detect agnt mult DNA ampli</u>	<u>87801</u>
<u>\$16.32</u>	<u><i>Strep</i> B assay w/optic</u>	<u>87802</u>
<u>\$30.00</u>	<u>HIV antigen w/HIV antibodies</u>	<u>87806</u>
<u>\$15.00</u>	<u>RSV assay w/optic</u>	<u>87807</u>
<u>\$15.00</u>	<u>Adenovirus assay w/optic</u>	<u>87809</u>
<u>\$6.00</u>	<u>Group A <i>Strep</i> assay</u>	<u>87880</u>
<u>\$16.32</u>	<u>Agent nos assay w/optic</u>	<u>87899</u>
<u>\$300.00</u>	<u>Genotype DNA/RNA Hep C</u>	<u>87902</u>
<u>\$250.00</u>	<u>Genotype DNA Hepatitis B</u>	<u>87912</u>
<u>\$26.88</u>	<u>Protein analysis w/probe</u>	<u>88372</u>
<u>\$15.00</u>	<u>HIV-1/HIV-2 confirm</u>	<u>86703-92</u>