



2024 AMA RECOGNIZED ORGAN / DISEASE PANELS

| PANEL NUMBER | PANEL NAME AND COMPONENTS | PANEL CPT CODE(S) | PATIENT BILL PRICE | 2024 MEDICARE ALLOWABLE ¹ | 2024 OHIO MEDICAID ALLOWABLE ² |
|--------------|--|-------------------|--------------------|---|---|
| 907 | Acute Hepatitis Panel Hepatitis A Ab, IgM Hepatitis B Surface Antigen Hepatitis B Core Ab, IgM Hepatitis C Antibody | 80074 | \$270.00 | \$47.63 | \$35.72 |
| 903 | Basic Metabolic Panel (Calcium, Ionized) Calcium, Ionized Glucose Carbon Dioxide Potassium Chloride Sodium Creatinine Urea Nitrogen | 80047 | \$59.25 | \$13.73 | \$10.30 |
| 904 | Basic Metabolic Panel (Calcium, Total) Calcium, Total Glucose Carbon Dioxide Potassium Chloride Sodium Creatinine Urea Nitrogen | 80048 | \$36.50 | \$8.46 | \$6.35 |
| 905 | Comprehensive Metabolic Panel Albumin Phosphatase, Alkaline Bilirubin, Total Potassium Calcium, Total Protein, Total Carbon Dioxide Sodium Chloride ALT (SGPT) Creatinine AST (SGOT) Glucose Urea Nitrogen | 80053 | \$50.25 | \$10.56 | \$7.92 |
| 303 | Electrolyte Panel Carbon Dioxide Potassium Chloride Sodium | 80051 | \$27.50 | \$7.01 | \$5.26 |
| 927 | General Health Panel Comprehensive Metabolic Panel Complete Blood Count (CBC) with WBC Differential TSH | 80050 | \$139.25 | No published rate as Medicare considers this a non-covered service. | No published rate as Medicaid considers this a non-covered service. |
| 906 | Hepatic Function Panel Albumin Protein, Total Bilirubin, Total ALT (SGPT) Bilirubin, Direct AST (SGOT) Phosphatase, Alkaline | 80076 | \$34.25 | \$8.17 | \$6.13 |
| 997 | Lipid Panel Cholesterol HDL Cholesterol Triglycerides | 80061 | \$71.50 | \$13.39 | \$10.04 |
| 310 | Obstetric Panel Antibody Screen Hepatitis B Surface Antigen Blood Typing, ABO RPR Blood Typing, Rh (D) Rubella Ab Complete Blood Count (CBC) with WBC Differential | 80055 | \$263.00 | \$47.81 | \$35.86 |
| 311 | Obstetric Panel with HIV Antibody Screen Hepatitis B Surface Antigen HIV - 1, 2 Combo, Ag/Ab Screen (with reflex to confirmation, if reactive) (R) Blood Typing, ABO RPR Blood Typing, Rh (D) Complete Blood Count (CBC) with WBC Differential Rubella Ab (R) If reflex testing is performed, additional charges apply. | 80081 | \$384.00 | \$74.86 | \$56.15 |
| 908 | Renal Function Panel Albumin Glucose Calcium, Total Phosphorus, Inorganic Carbon Dioxide Potassium Chloride Sodium Creatinine Urea Nitrogen | 80069 | \$41.25 | \$8.68 | \$6.51 |

¹ Prices reflect the 2024 Medicare allowable rate as published by CGS Administrators, LLC, Ohio's Medicare Carrier. PathLabs bills Medicare and Medicaid at its patient/third party prices. PathLabs is reimbursed the lower of the price it bills or the local carrier/agency fee schedule reimbursement.

² Federal law requires that Medicaid reimbursement be the same as or lower than Medicare reimbursement. Prices reflect the rates set forth in Chapter 5160-11 of the Ohio Administrative Code (Medicaid Reimbursement).