

OUTSIDE LABORATORY SERVICES – PATIENT DISCOUNT**OPS.039**

Approved By:	Chief Operations Officer	Adopted Date:	8/17/01
Distribution:	Site Administrators, Lab Staff, Billing Department	Revision Date(s):	6/02, 8/04, 09/19/12

PURPOSE:

- Typically, outside laboratory services are billed either to a third party payor (Medi-Cal, insurance, etc.) or directly to the patient. For many patients that do not have insurance, this results in large bills for laboratory services.
- As a community health center, ODCHC has negotiated discounted rates for laboratory services with its outside laboratory vendor(s) available to patients below 200% of poverty.
- It is the goal of ODCHC to make basic preventive health care services affordable to all. To that end, this policy is intended to enable ODCHC to offer low rates on lab services to patients in a manner that does not compromise ODCHC's ability to provide other services.

POLICY:

Eligibility:

- Refer to OPS.017 Sliding Scale Policy.

Covered Tests:

- A set panel of basic lab tests is available at discounted prices. These covered tests are identified with their fees on the Lab Billing Sheet (see attachment).
- The panel of covered tests is developed and reviewed by the Corporate Medical Director and Operations Officer. Suggestions for changes or additions should be made to the Laboratory Coordinator.

Reconciliation of Invoices for Lab Services:

- Lab invoices are received via paper and secured website (downloaded monthly by Administration).
- The Chief Financial Officer, Laboratory Coordinator and the Controller will:
 - review invoices for correct pricing
 - ensure only approved tests charged to ODCHC account
 - determine the amount that is approved to pay vendor

Approved:



Cheyenne Spetzler
Chief Operations Officer

Attachments:

ODCHC Form #502 Lab Billing Sheet

<input type="checkbox"/> -Today: Route Slip #	<input type="checkbox"/> -Future: Test Date	Ordering Provider	Order Date	BILL TO 3RD PARTY PAYOR <input type="checkbox"/> -MediCal <input type="checkbox"/> -Insurance <input type="checkbox"/> -SFS-B <input type="checkbox"/> -Add-On <input type="checkbox"/> -Medicare <input type="checkbox"/> -Work Comp <input type="checkbox"/> -SFS-C <input type="checkbox"/> -Employee <input type="checkbox"/> -Medi-Medi <input type="checkbox"/> -Direct Pt Bill <input type="checkbox"/> -SFS-D <input type="checkbox"/> -Q/C <input type="checkbox"/> -CMSP <input type="checkbox"/> -Pend CMSP <input type="checkbox"/> -Full Pay <input type="checkbox"/> -Title III <input type="checkbox"/> -Family Pact <input type="checkbox"/> -Pend MediCal <input type="checkbox"/> -No Charge
		Order Prepared By	Appt Date	

PAP – CHLAMYDIA – HPV TESTING											
LAST MENSTRUAL PERIOD		LAST PAP EXAM		SOURCE <input type="checkbox"/> -Cx <input type="checkbox"/> -Vaginal <input type="checkbox"/> -EndoCx <input type="checkbox"/> -Labia <input type="checkbox"/> -Anal <input type="checkbox"/> -Vulva <input type="checkbox"/> -Endometrial		COLLECTION <input type="checkbox"/> -Brush/Spatula <input type="checkbox"/> -Swab/Spatula <input type="checkbox"/> -Spatula <input type="checkbox"/> -Brush <input type="checkbox"/> -Cerv Broom Only		TREATMENT <input type="checkbox"/> -Hysterectomy <input type="checkbox"/> -Cryotherapy <input type="checkbox"/> -Conization <input type="checkbox"/> -Laser Vapor <input type="checkbox"/> -Colpo/Bx <input type="checkbox"/> -Chemotherapy <input type="checkbox"/> -Radiation		OTHER INFORMATION <input type="checkbox"/> -Pregnant <input type="checkbox"/> -IUD <input type="checkbox"/> -Post-Partum <input type="checkbox"/> -HRT <input type="checkbox"/> -Lactating <input type="checkbox"/> -Other	
Mark All That Apply: <input type="checkbox"/> -Normal <input type="checkbox"/> -Abnormal <input type="checkbox"/> -Menopause <input type="checkbox"/> -Hysterectomy											
×	CPT	TEST TYPE/NAME	PRICE	CODE	× DIAGNOSIS – ICD-9 CODE(S)						
	88164	PAP 1 Slide	\$ 23	009100							
	88175A	IG-PAP Thin Prep Only	\$ 93	193000	<input type="checkbox"/> -795.04 Abnormal PAP-HGSIL <input type="checkbox"/> -795.01 Abnormal PAP-ASCUS		<input type="checkbox"/> -604.90 Epididymitis-Unsp <input type="checkbox"/> -V01.6 Exposure-STI		<input type="checkbox"/> -614.9 PID-Pelvic Inflammatory Disease <input type="checkbox"/> -627.1 Post-Menopausal Bleeding		
	88175B	IG-PAP Ct/Ng	\$ 60	196402	<input type="checkbox"/> -795.03 Abnormal PAP-LGSIL <input type="checkbox"/> -095.09 Abnormal PAP-Unsp		<input type="checkbox"/> -079.4 HPV <input type="checkbox"/> -623.5 Leukorrhea		<input type="checkbox"/> -627.9 Post-Menopausal Disorder-Unsp <input type="checkbox"/> -627.3 Post-Menopausal Vaginal Atrophy		
	88175C	IG-PAP HPV-hr	\$120	199123	<input type="checkbox"/> -239.5 Cancer-Uterine <input type="checkbox"/> -622.9 Cervix Do-Non-Inflammatory-Unsp		<input type="checkbox"/> -702.8 Leukoplakia <input type="checkbox"/> -626.2 Menorrhagia		<input type="checkbox"/>-V76.2 SCREEN – CERVIX CANCER		
	87641	HPV Only – High/Low Risk	\$ 96	500306	<input type="checkbox"/> -078.10 Condyloma-NOS <input type="checkbox"/> -626.6 DUB (Metrorrhagia)		<input type="checkbox"/> -626.4 Menses-Irregular <input type="checkbox"/> -099.40 Non-Gonococcal Urethritis		<input type="checkbox"/> -099.9 STI-Unsp <input type="checkbox"/> -597.80 Urethritis-Unsp		
	88175D	IG-PAP Reflex to HPV-All Path	\$120	196250	<input type="checkbox"/> -622.10 Dysplasia-Cervix-Unsp <input type="checkbox"/> -788.1 Dysuria		<input type="checkbox"/> -V72.31 PAP SMEAR – ROUTINE <input type="checkbox"/> -625.9 Pelvic Pain		<input type="checkbox"/> -599.0 UTI-Urinary Tract Infection <input type="checkbox"/> -616.10 Vaginitis-Bacterial-Unsp		
	88175E	IG-PAP Ct/Ng Reflex HPV ASCUS	\$ 80	194027							
	88175F	IG-PAP Ct/Ng Reflex to HPV All Path	\$ 80	196565							
	87490	Chl/GC DNA – Specify Source	\$ 22	164160							
	87491	Chl/GC Amplified Urine/Swab	\$ 46	183194							

CULTURES										
×	CPT	TEST TYPE/NAME	PRICE	CODE	× DIAGNOSIS – ICD-9 CODE(S)					
	87077	Aerobic	\$20	008649	<input type="checkbox"/> -112.9 Candidiasis-Unsp Site <input type="checkbox"/> -682.9 Cellulitis/Abscess-Unsp		<input type="checkbox"/> -042 HIV Disease <input type="checkbox"/> -702.0 Keratosis-Actinic		<input type="checkbox"/> -625.9 Pelvic Pain <input type="checkbox"/> -099.9 STI-Unsp	
	87118	AFB	\$42	182402	<input type="checkbox"/> -786.2 Cough <input type="checkbox"/> -424.90 Endocarditis		<input type="checkbox"/> -702.19 Keratosis-Seborrheic <input type="checkbox"/> -780.8 Night Sweats		<input type="checkbox"/> -616.10 Vaginitis-Bacterial-Unsp <input type="checkbox"/> -783.21 Weight Loss	
	87040	Blood	\$19	008300	<input type="checkbox"/> -780.6 Fever/Fever Unknown Origin		<input type="checkbox"/> -110.1 Onchomycosis		<input type="checkbox"/> -879.8 Wound-Open-NOS	
	87101	Fungal*	\$29	008482						
	87071	Genital	\$26	008334						
	87801	Group B Beta Strep (Vaginal)	\$15	118128	<input type="checkbox"/> -V72.40 Pregnancy Screen					
	86317	Herpes*	\$43	008250	<input type="checkbox"/> -099.0 Chancroid <input type="checkbox"/> -V01.9 Exposure-Infectious Disease <input type="checkbox"/> -V01.6 Exposure-STI					
	87081	Throat Group A Strep	\$19	008169	<input type="checkbox"/> -786.2 Cough <input type="checkbox"/> -780.6 Fever/Fever Unknown Origin		<input type="checkbox"/> -782.1 Rash-NOS <input type="checkbox"/> -465.9 URI-Upper Respiratory Infect-NOS			
	87070	Upper Respiratory	\$14	008342	<input type="checkbox"/> -462 Pharyngitis-Acute-NOS					
	87086	Urine Culture	\$40	008847	<input type="checkbox"/> -789.09 Abdominal Pain-Unsp <input type="checkbox"/> -788.1 Dysuria <input type="checkbox"/> -599.7 Hematuria <input type="checkbox"/> -592.0 Nephrolithiasis-NOS		<input type="checkbox"/> -597.80 Urethritis-Unsp <input type="checkbox"/> -788.41 Urinary Frequency <input type="checkbox"/> -599.0 UTI-Urinary Tract Infection-Unsp <input type="checkbox"/> -616.10 Vaginitis-Bacterial-Unsp			
	87127	O&P (each)	#	008623	<input type="checkbox"/> -789.09 Abdominal Pain-Unsp <input type="checkbox"/> -787.91 Diarrhea-NOS		<input type="checkbox"/> -787.91 Vomiting <input type="checkbox"/> -783.21 Weight Loss			
	83520	Giardia ag	\$24	182204	<input type="checkbox"/> -558.9 Gastroenteritis-/Colitis					
	87045	Stool Culture	\$20	008144						
	88304	Surg Path (each)	#	883051	<input type="checkbox"/> -239.2 Cancer-Bone/Skin <input type="checkbox"/> -709.9 Skin Lesion-Unsp					

BLOOD DRAWS					TESTS FOR ICD-9 CODE: 074.54 – HEPATITIS C – CHRONIC					TESTS FOR ICD-9 CODE: 042 – HIV DISEASE				
×	CPT	TEST TYPE/NAME	PRICE		×	CPT	TEST TYPE/NAME	PRICE	CODE	×	CPT	TEST TYPE/NAME	PRICE	CODE
	36415	BLOOD DRAW	\$15	Specify Test and Diagnosis On Reverse Side of this Sheet or Below.		82103	Alpha Antitrypsin*	\$024	001892		86360	HIV CD4/CD8/CBC	\$074	505271
						86255	Antimitochondrial*	\$034	006650		83605	Lactic Acid	\$022	006478
						82390	Ceruloplasmin*	\$022	001560		86644	Cmv IgG*	\$040	006494
						87520	HCV Qualitative*	\$165	140609		82955	G6PD*	\$028	001917
						87521	HCV Quantitative*	\$180	550027		87535	HIV Viral Load*	\$150	162545
						87522	HCV RNA QN Reflex*	\$270	551221		87536	HIV US Viral Load*	\$162	550420
						87902	HCV Genotype*	\$270	550475		87901	HIV Genotype*	\$705	551697
											86777	Toxoplasma IgG*	\$030	006478

ADDITIONAL REFERENCE LAB TESTS AND RELATED DIAGNOSES <input type="checkbox"/> -Del Norte Community Health Center <input type="checkbox"/> -Humboldt Open Door Clinic <input type="checkbox"/> -NorthCountry Clinic <input type="checkbox"/> -Eureka Community Health Center <input type="checkbox"/> -McKinleyville Community Health Center <input type="checkbox"/> -Telehealth and Visiting Specialist Center					* LAB USE ONLY: TEST NOT ALLOWED ON INDIGENT ACCOUNT TO BE COMPLETED BY FRONT DESK <table border="1"> <tr> <th>Total Charges</th> <th>Discount</th> <th>Amount Paid</th> <th>Paid By</th> <th>Taken By</th> </tr> <tr> <td></td> <td></td> <td></td> <td> <input type="checkbox"/>-Cash <input type="checkbox"/>-Check <input type="checkbox"/>-Credit Card </td> <td></td> </tr> </table>					Total Charges	Discount	Amount Paid	Paid By	Taken By				<input type="checkbox"/> -Cash <input type="checkbox"/> -Check <input type="checkbox"/> -Credit Card	
Total Charges	Discount	Amount Paid	Paid By	Taken By															
			<input type="checkbox"/> -Cash <input type="checkbox"/> -Check <input type="checkbox"/> -Credit Card																

ODCHC REFERENCE LAB BILLING SHEET					Draw Date	Draw Time	<input type="checkbox"/> -Fasting <input type="checkbox"/> -Random	Phlebotomist
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✕	CPT	TEST TYPE/NAME	PRICE	CODE	✓ ICD-9 DIAGNOSIS CODE	
<input type="checkbox"/>	80048	BMP	\$13	322758	<input type="checkbox"/> -789.09 Abdom Pain-Un	<input type="checkbox"/> -V58.69 MedMon-High
<input type="checkbox"/>	80053	CMP	\$13	322000	<input type="checkbox"/> -995.2 AdvReac-Meds	<input type="checkbox"/> -787.01 Nausea&Vomit
					<input type="checkbox"/> -585.9 CRI	<input type="checkbox"/> -278.00 Obesity NOS
					<input type="checkbox"/> -787.91 Diarrhea	
<input type="checkbox"/>	82465	Cholesterol	\$12	001065	<input type="checkbox"/> -414.01 CAD	<input type="checkbox"/> -272.4 Hyperlipidemia
<input type="checkbox"/>	83721	Direct LDL	\$11	120295	<input type="checkbox"/> -V17.3 CAD-Family Hx	<input type="checkbox"/> -244.9 Hypothyroidism
<input type="checkbox"/>	80061	Lipid Reflex D-LDL	\$15	321312	<input type="checkbox"/> 571.5 Cirrhosis	<input type="checkbox"/> -V58.69 MedMon-High
					<input type="checkbox"/> 250.00 DM2	<input type="checkbox"/> -577.0 Pancreatitis
<input type="checkbox"/>	80055	Pregnancy Panel	\$38	202945	<input type="checkbox"/> -V22.1 Pregnancy - Primary Diagnosis	
					<input type="checkbox"/> -V22.2 Pregnancy - Secondary Diagnosis	
<input type="checkbox"/>	80076	Hepatic Panel (liver)	\$13	322755	<input type="checkbox"/> -789.09 Abdom Pain-Un	<input type="checkbox"/> -780.79 Fatigue & Mal
					<input type="checkbox"/> -790.5 Abn Enzymes	<input type="checkbox"/> -573.3 Hepatitis-Un
					<input type="checkbox"/> -303.90 Alcoholism-Un	<input type="checkbox"/> -782.4 Jaundice
					<input type="checkbox"/> -571.5 Cirrhosis	<input type="checkbox"/> V58.69 MedMon-High
					<input type="checkbox"/> -305.90 Drug Ab-Mixed	<input type="checkbox"/> -787.01 Nausea&Vomit
					<input type="checkbox"/> -304.00 Drug De-Opioid	<input type="checkbox"/> -795.5 Positive PPD
<input type="checkbox"/>	80074	Hepatitis Panel 5	\$50	348151	<input type="checkbox"/> -789.09 Abdom Pain-Un	<input type="checkbox"/> -573.3 Hepatitis-Un
					<input type="checkbox"/> -780.71 Chr Fatigue Syn	<input type="checkbox"/> -787.01 Nausea&Vomit
					<input type="checkbox"/> -780.79 Fatigue & Mal	
<input type="checkbox"/>	86708	Hep A ab Total	\$22	006726	<input type="checkbox"/> -790.5 Abn Enzymes	<input type="checkbox"/> -070.32 Hep B-Chronic
<input type="checkbox"/>	86709	Hep A IgM	\$18	006734	<input type="checkbox"/> -794.8 Abn Liver Scan	<input type="checkbox"/> -070.54 Hep C-Chronic
<input type="checkbox"/>	86706	Hep B Sab	\$18	006395	<input type="checkbox"/> -571.5 Cirrhosis	<input type="checkbox"/> -782.4 Jaundice
<input type="checkbox"/>	87340	Hep B Sag	\$18	006510	<input type="checkbox"/> -V01.9 Exp-Infect Dx	<input type="checkbox"/> -719.40 Joint Pain-Un
<input type="checkbox"/>	86704	Hep B Cab	\$20	006718	<input type="checkbox"/> -V01.6 Exp-STI	<input type="checkbox"/> -787.01 Nausea&Vomit
<input type="checkbox"/>	86803	Hep C ab	\$21	140659		
<input type="checkbox"/>	82105	Alpha Feto Protein	\$24	002253	<input type="checkbox"/> -070.54 Hep C-Chronic	
					➔ By Site Malignant Neoplasms: Code Below by Site	
Refer to Billing Sheet, RapidCoder or ICD-9 Manual for Specific Codes - Enter Code ➔					ICD-9 Code:	
<input type="checkbox"/>	82150	Amylase	\$15	001396	<input type="checkbox"/> -789.09 Abdominal Pain-Unsp	
					<input type="checkbox"/> -790.5 Abnormal Enzymes	
					<input type="checkbox"/> -577.9 Pancreatitis-Unsp	
<input type="checkbox"/>	86038	ANA*	\$18	164855	<input type="checkbox"/> -716.90 Arthropathy-Un	<input type="checkbox"/> -715.90 Osteoarthritis
					<input type="checkbox"/> -719.40 Joint Pain-Un	<input type="checkbox"/> -714.0 Rheum Arthritis
<input type="checkbox"/>	85031	CBC	\$12	005009	<input type="checkbox"/> -789.09 Abdom Pain-Un	<input type="checkbox"/> -780.79 Fatigue & Mal
					<input type="checkbox"/> -995.2 AdvReac-Meds	<input type="checkbox"/> -569.3 Rectal Bleed
					<input type="checkbox"/> -285.9 Anemia-Un	<input type="checkbox"/> -780.2 Syncope
					<input type="checkbox"/> -626.6 DUB	<input type="checkbox"/> -785.0 Tachycardia-Un
<input type="checkbox"/>	82550	CK Total	\$12	001362	<input type="checkbox"/> -305.90 Drg Abuse-Mx	<input type="checkbox"/> -573.9 Liver Dx
					<input type="checkbox"/> -304.90 Drg Abuse NOS	<input type="checkbox"/> -V58.69 MedMon-High
					<input type="checkbox"/> -786.59 Chest Pain	<input type="checkbox"/> -729.1 Muscle Pain
<input type="checkbox"/>	86141	CRP Cardiac	\$24	120766	<input type="checkbox"/> -414.01 CAD-Cardiovascular Disease	
					<input type="checkbox"/> -443.9 PVD-Peripheral Vascular Disease	
					➔ By Site Infection: Coded Below by Body Site	
					➔ By Site Inflammation: Coded Below by Body Site	
					➔ By Site Tissue Injury: Coded Below by Body Site	
Refer to Billing Sheet, RapidCoder or ICD-9 Manual for Specific Codes- Enter Code ➔					ICD-9 Code:	
<input type="checkbox"/>	80162	Digoxin	\$22	007385	<input type="checkbox"/> -427.31 Atrial Fibrill	<input type="checkbox"/> -414.8 MI
					<input type="checkbox"/> -428.0 CHF	<input type="checkbox"/> -586 Renal Failure
					<input type="checkbox"/> -V58.69 MedMon-High	<input type="checkbox"/> -780.2 Syncope
<input type="checkbox"/>	80185	Dilantin	\$23	007401	<input type="checkbox"/> -780.39 Convulsion/Seizure	
					<input type="checkbox"/> -V58.69 MedMon-High	
<input type="checkbox"/>	82728	Ferritin	\$16	004598	<input type="checkbox"/> -790.6 Abnormal Blood Chemistry	
					<input type="checkbox"/> -285.9 Anemia-Unsp	
					<input type="checkbox"/> -780.79 Fatigue & Malaise	
<input type="checkbox"/>	83001	FSH	\$22	004309	<input type="checkbox"/> -626.0 Amenorrhea	<input type="checkbox"/> -256.31 Meno-Premat
					<input type="checkbox"/> -628.9 Infertility-F	<input type="checkbox"/> -256.4 PCOD
					<input type="checkbox"/> -V07.4 MedMon-HRT	<input type="checkbox"/> -623.8 Vag Bleeding
					<input type="checkbox"/> -627.2 Menopause	
<input type="checkbox"/>	82947	Glucose Plasma	\$15	001818	<input type="checkbox"/> -790.6 Abn Bld Chem	<input type="checkbox"/> -272.4 Hyperlipidemia
					<input type="checkbox"/> -112.9 Candidiasis-Un	<input type="checkbox"/> -251.2 Hypoglycemia
					<input type="checkbox"/> -250.00 DM2	<input type="checkbox"/> -356.9 Periph Neurop
					<input type="checkbox"/> -791.5 Glycosuria	<input type="checkbox"/> -783.5 Polydypsia
					<input type="checkbox"/> -401.9 HTN-Un	<input type="checkbox"/> -788.42 Polyuria
<input type="checkbox"/>	82950	1° GLT OB Plasma	\$16	102277	<input type="checkbox"/> -V22.1 Pregnancy-Primary Diagnosis	
<input type="checkbox"/>	82977	3° GGT OB Plasma	\$16	102004	<input type="checkbox"/> -V22.2 Pregnancy-Secondary Diagnosis	
<input type="checkbox"/>	84702	HCG Quantitative	\$13	004416	<input type="checkbox"/> -626.6 DUB	<input type="checkbox"/> -239.5 Testicular Mass
					<input type="checkbox"/> -633.90 Ectopic Preg	<input type="checkbox"/> -640.00 Threatened Ab
					<input type="checkbox"/> -625.9 Pelvic Pain	
<input type="checkbox"/>	83036	Hemoglobin A1c	\$15	102525	<input type="checkbox"/> -790.6 Abnormal Blood Chemistry	
					<input type="checkbox"/> -250.00 DM2	
					<input type="checkbox"/> -250.03 DM1-Uncontrolled	
<input type="checkbox"/>	86677	H Pylori IgG	\$30	162289	<input type="checkbox"/> -535.60 Duodenitis	<input type="checkbox"/> -533.90 Peptic Ulcer-Un
					<input type="checkbox"/> -535.50 Gastritis-Unsp	

✕	CPT	TEST TYPE/NAME	PRICE	CODE	✓ ICD-9 DIAGNOSIS CODE	
<input type="checkbox"/>	86701	HIV Blood	\$15	083824	<input type="checkbox"/> -285.9 Anemia-Unsp	<input type="checkbox"/> -V01.9 Exp-Infect Dx
					<input type="checkbox"/> -112.9 Candidiasis-Un	<input type="checkbox"/> -V01.6 Exp-STI
					<input type="checkbox"/> -099.0 Chancroid	<input type="checkbox"/> -780.79 Fatigue & Mal
					<input type="checkbox"/> -786.2 Cough	<input type="checkbox"/> -783.21 Weight Loss
<input type="checkbox"/>	83090	Homocysteine*	\$19	706994	<input type="checkbox"/> -414.01 CAD	<input type="checkbox"/> -250.00 DM2
					<input type="checkbox"/> -286.9 Clotting Do	<input type="checkbox"/> -443.9 PVD
<input type="checkbox"/>	83655	Lead Adult	\$22	007625	<input type="checkbox"/> -V15.86 Exposure-Lead	
<input type="checkbox"/>	83655	Lead Pediatric	\$22	717009	<input type="checkbox"/> -V82.5 Screening-Lead	
<input type="checkbox"/>	83002	LH	\$24	004283	<input type="checkbox"/> -626.0 Amenorrhea	<input type="checkbox"/> -627.2 Menopause
					<input type="checkbox"/> -628.9 Infertility-F	<input type="checkbox"/> -256.4 PCOD
					<input type="checkbox"/> -V07.4 MedMon-HRT	
<input type="checkbox"/>	83690	Lipase	\$40	001404	<input type="checkbox"/> -789.09 Abdominal Pain-Unsp	
					<input type="checkbox"/> -577.0 Pancreatitis-Unsp	
<input type="checkbox"/>	80178	Lithium	\$17	007708	<input type="checkbox"/> -296.80 Bipolar Disorder-Unsp	
					<input type="checkbox"/> -V58.69 MedMon-High	
<input type="checkbox"/>	86618	Lyme Total	\$18	160325	<input type="checkbox"/> -782.3 Edema (Inc Leg)	<input type="checkbox"/> -719.40 Joint Pain-Unsp
					<input type="checkbox"/> -780.79 Fatigue & Mal	<input type="checkbox"/> -782.1 Rash-NOS
<input type="checkbox"/>	86735	MMR*	\$48	058495	<input type="checkbox"/> -V82.9 Immune Status	
<input type="checkbox"/>	82570	Micral/Creatine	\$27	140285	<input type="checkbox"/> -250.00 DM2	
<input type="checkbox"/>	86308	Mono Qualitative	\$12	006189	<input type="checkbox"/> -780.79 Fatigue & Mal	<input type="checkbox"/> -462 Pharyngitis-NOS
					<input type="checkbox"/> -785.6 Lymphadenopathy	
<input type="checkbox"/>	84144	Progesterone	\$34	004317	<input type="checkbox"/> -628.9 Infertility-F	
					<input type="checkbox"/> -627.2 Menopause	
<input type="checkbox"/>	84146	Prolactin	\$17	004465	<input type="checkbox"/> -626.0 Amenorrhea	<input type="checkbox"/> -628.9 Infertility-F
					<input type="checkbox"/> -611.6 Galactorrhea	
<input type="checkbox"/>	84153	PSA	\$20	010322	<input type="checkbox"/> -600.00 BPH-No Obstr	<input type="checkbox"/> -788.43 Nocturia
<input type="checkbox"/>	84154	PSA Free & Total	\$40	480947	<input type="checkbox"/> -790.93 Elevated PSA	<input type="checkbox"/> -V76.44 Prostate Screen
					<input type="checkbox"/> -599.7 Hematuria	<input type="checkbox"/> -601.9 Prostatitis-NOS
					<input type="checkbox"/> -V16.9 Hx of Cancer	<input type="checkbox"/> -788.41 Urinary Freq
<input type="checkbox"/>	85610	Protime/INR	\$14	005199	<input type="checkbox"/> -427.31 Atrial Fibrillation	
					<input type="checkbox"/> -924.9 Contusion-Unsp	
					<input type="checkbox"/> -459.0 Hemorrhage-Unsp	
					<input type="checkbox"/> -V58.61 MedMon-Anticoagulants	
					<input type="checkbox"/> -V58.83 MedMon-Long Term	
<input type="checkbox"/>	85730	Ptt	\$15	005207	<input type="checkbox"/> -924.9 Contusion-Unsp	
					<input type="checkbox"/> -459.0 Hemorrhage-Unsp	
<input type="checkbox"/>	86592	RPR-VDRL	\$13	012005	<input type="checkbox"/> -294.8 Dementia-NOS	<input type="checkbox"/> -355.9 Neuropathy
					<input type="checkbox"/> -099.0 Chancroid	<input type="checkbox"/> -099.9 STI-Unsp
					<input type="checkbox"/> -795.6 False + RPR	<input type="checkbox"/> -097.9 Syphilis-Unsp
<input type="checkbox"/>	85045	Reticulocyte	\$09	005280	<input type="checkbox"/> -285.9 Anemia-Unsp	
					<input type="checkbox"/> -459.0 Hemorrhage-Unsp	
<input type="checkbox"/>	86431	Rheumatoid Factor	\$12	006502	<input type="checkbox"/> -716.90 Arthropathy	
					<input type="checkbox"/> -719.40 Joint Pain-Unsp	
					<input type="checkbox"/> -715.90 Osteoarthritis-Unsp	
					<input type="checkbox"/> -714.0 Rheumatoid Arthritis	
<input type="checkbox"/>	85652	Sed Rate	\$14	005215	<input type="checkbox"/> -716.90 Arthropathy	<input type="checkbox"/> -715.90 Osteo Arth
					<input type="checkbox"/> -447.6 Arteritis-Unsp	<input type="checkbox"/> -714.0 Rheum Arth
<input type="checkbox"/>	80156	Tegretol	\$20	007419	<input type="checkbox"/> -V58.83 MedMon-Long Term	
<input type="checkbox"/>	84443	TSH	\$15	004259	<input type="checkbox"/> -704.00 Alopecia-Unsp	<input type="checkbox"/> -242.90 Hyperthyroidism
<input type="checkbox"/>	84439	Free T4	\$15	001974	<input type="checkbox"/> -285.9 Anemia-Unsp	<input type="checkbox"/> -244.9 Hypothyroidism
					<input type="checkbox"/> -300.00 Anxiety-Unsp	<input type="checkbox"/> -780.52 Insomnia-NOS
					<input type="checkbox"/> -427.31 Atrial Fibrill	<input type="checkbox"/> -626.2 Menorrhagia
					<input type="checkbox"/> -296.80 Bipolar Do-Un	<input type="checkbox"/> -626.4 Menses-Irreg
					<input type="checkbox"/> -250.01 DM1	<input type="checkbox"/> -627.1 Post Meno Bld
					<input type="checkbox"/> -607.84 Erectile Dysf	<input type="checkbox"/> -627.1 Post Meno Bld
					<input type="checkbox"/> -780.79 Fatigue & Mal	<input type="checkbox"/> -782.1 Rash-NOS
					<input type="checkbox"/> -242.30 Goiter	<input type="checkbox"/> -783.1 Weight Gain
					<input type="checkbox"/> -242.00 Graves Dx	<input type="checkbox"/> -783.21 Weight Loss
<input type="checkbox"/>	84403	Testosterone	\$24	004226	<input type="checkbox"/> -733.90 Bone/Cart Do	<input type="checkbox"/> -257.2 Hypogonadism
<input type="checkbox"/>	84402	Free Testosterone*	\$46	144980	<input type="checkbox"/> -607.84 Erectile Dysf	<input type="checkbox"/> -256.31 Meno-Premat
					<input type="checkbox"/> -780.79 Fatigue & Mal	
<input type="checkbox"/>	83540	TIBC/Iron	\$15	001321	<input type="checkbox"/> -790.5 Abn Enzymes	<input type="checkbox"/> -573.3 Hepatitis-Unsp
					<input type="checkbox"/> -280.9 Anemia-Iron Df	<input type="checkbox"/> -719.40 Joint Pain-Unsp
					<input type="checkbox"/> -250.01 DM1	
<input type="checkbox"/>	82360	Urinary Calculi	\$24	120790	<input type="checkbox"/> -789.00 Flank Pain-Un	<input type="checkbox"/> -789.00 Ureter Pain
					<input type="checkbox"/> -592.9 Nephrolithiasis	
<input type="checkbox"/>	80164	Valproic Acid	\$24	007260	<input type="checkbox"/> -296.80 Bipolar Do-Un	
					<input type="checkbox"/> -V58.69 MedMon-High	
<input type="checkbox"/>	86787	Varicella Zoster IgG	\$34	096206	<input type="checkbox"/> -V01.9 Exp-Infect Dx	<input type="checkbox"/> -042 HIV
					<input type="checkbox"/> -280.9 Exp-Viral Dx/HIV	<input type="checkbox"/> -V82.9 Immune Status
<input type="checkbox"/>	82607	Vit B-12	\$23	001503	<input type="checkbox"/> -280.9 Anemia-Iron Df	<input type="checkbox"/> -285.9 Anemia-Unsp
					<input type="checkbox"/> -281.9 Anemia-Other	<input type="checkbox"/> -782.0 Numb/Tingle