





Respiratory Testing

	Influenza Testing			
CPT- 878040	Na \$16	tional Limit .88/16.88		
(227-5611)	QuickVue Influenza A+B	25/box	Waived	
(227-9012)	QuickVue Influenza Non-Differential	25/box	Waived	
(106-3126)	OSOM Influenza A+B*	25/box I	Moderate ¹	
(153-9781)	BinaxNOW A+B Influenza	22/box	Waived	,

¹ QW Modifier not to be used for moderatly complex tests.
** Reimbursement amount per test. If results for both Influenza A&B are ordered use 87804QW for A and 87804QW, 59 for B.

RSV Testing				
CPT-87807Q	No	itional Limit \$16.88		
(227-0581)	QuickVue RSV	20/box	Waived	
(512-8933)	Clearview RSV	20/box	Waived	
(301-8899)	BinaxNOW RSV	10/box	Waived	
(512-5059)	BinaxNOW RSV	22/box	Waived	

Strep A Testing				
CPT-87880QW*			ational Limit \$16.88	
(227-0611)	QuickVue Strep A Dipstick	50/box	Waived	
(227-4207)	QuickVue Strep A In-Line	25/box	Waived	
(102-7617)	OSOM Ultra Strep A Dipstick	50/box	Waived	
(224-7320)	OSOM Strep A Dipstick	50/box	Waived	
(107-4050)	Henry Schein One Step+ Dipstick	25/box	Waived	
(900-4051)	Henry Schein One Step+ Cassette	25/box	Waived	
(512-9939)	Acceava Strep A Dipstick	50/box	Waived	

Infectious Disease Testing

Mononucleosis					
CPT- 86308QW* National Li \$7.28					
(900-4070)	OneStep+ Mono	20/box	Waived†		
(112-5547)	OneStep Pro+Mono	20/box	$\textbf{Waived}^{\dagger}$		
(327-3297)	OSOM Mono	25/box	Waived†		
(227-0024)	QuickVue+ Mononucleosis	20/box	$\pmb{Waived^{\dagger}}$		
(111-7123)	ICON Mono Test	30/box	Waived†		

† The tests are waived for whole blood only. Serum/Plasma are moderately complex tests.

Infectious Disease Testing (cont'd)

	H. Pylori Testing		,
CPT- 86318QW*-Whole Blood National 86677*-Serum/Plasma \$18.22/\$20.			
(370-9222)	Test Capsules Ulcer Detects	10/case	Waived†
(106-0064)	Test Capsules 12C - Urea Breaths	100/case	Waived†
(900-4071)	OneStep+ h.Pylori Cassette	20/box	Waived†
(227-5158)	QuickVue h.Pylori GII*	10/box	Waived†
(227-2170)	QuickVue h.Pylori GII*	30/box	Waived†
(309-0040)	OSOM h.Pylori*	25/box	Waived†

STD Testing

	Chlamydia	
CPT- 87810*		National Limit \$16.88
(227-0527)	QuickVue Chlamydia Test	25/box Moderate

Bacterial Vaginosis				
CPT- See Bel	National Limit See Below			
(414-4170)	OSOM BV Blue • CPT Code: 87905QW * 2011 National Limit: \$17.20	25/box	Waived	
(411-0001)	VS-Sense Test • CPT Code: 83986QW * 2011 National Limit: \$5.04	25/box	Waived	

Herpes				
CPT-86696*		National I \$27.2		
(630-3080)	BioKit HSV-2 Rapid Test	20/box		

HIV				
CPT-86703Q	National Limit \$19.30			
(512-9386)	Clearview HIV 1/2 Stat-Pak	20/box Waived†		
(512-1454)	Clearview Complete HIV 1/2	25/box Moderate		
(810-3221)	OraQuick HIV 1/2	25/box Waived		
(810-6864)	OraQuick HIV 1/2	100/box Waived		

t The tests are waived for whole blood only. Serum/Plasma are moderately complex tests.

	Trichomona	S	`
CPT- 878080	QW*	No	itional Limit \$16.88
(406-7631)	OSOM Trichomonas	25/box	Waived

Pregnancy Testing

Urine Only				
CPT- 81025QW* National Li \$8.90				
(227-6481)	QuickVue One-Step hCG Urine	25/box	Waived	
(236-2470)	OSOM hCG Urine Dipstick	50/box	Waived	
(327-0743)	OSOM hCG Urine Card	25/box	Waived	
(900-4072)	Henry Schein OneStep+ hCG Urine Strip	25/box	Waived	
(900-4073)	Henry Schein OneStep+ hCG Urine Cassette	25/box	Waived	
(900-4074)	Henry Schein OneStep+ hCG Urine Cassette	100/box	Waived	

Combo Kits				
CPT-81025Q 84703* (seri	W* (urine) vm)		ational Limit 7 Serum	
(371-6739)	QuickVue+ One-Step hCG Combo	30/box	Waived ²	
(371-1811)	QuickVue+ One-Step hCG Combo	90/box	Waived ²	
(227-7244)	QuickVue+ One-Step hCG Combo	50/box	Waived ²	
(327-9522)	OSOM hCG Combo	25/box	Waived ²	
(900-4075)	Henry Schein OneStep+ hCG Combo	25/box	Waived ²	

² Combo tests are classified as moderate when testing serum samples. QW Modifier not to be used for moderately complex tests.

Urinalysis Testing

CPT- 81000*-Urinalysis, National Limit Non-automated, with microscopy \$4.45			•
CPT- 81002*-Urinalysis, National Li Non-automated, without microscopy \$3.		onal Limit \$3.60	
CPT- 81003G automated w	W*-Urinalysis, ithout microscopy	National Limit \$3.16	
CPT- 81001*- automated w	Urinalysis, ith microscopy	Nati	onal Limit \$4.45
(900-4994)	Urispec 10 SG	100/bt	Waived
(900-4995)	Urispec 5 OB	100/bt	Waived
(224-7320)	Urispec 2 GP	50/bt	Waived
(147-5913)	Multistix 10SG	100/bt	Waived
(147-4912)	Multistix 4-Way	100/bt	Waived
(147-0768)	Multistix 5 Reagent Strip	100/bt	Waived
(891-8002)	Chemstrip 10SG	100/bt	Waived
(891-4205)	Chemstrip 10MD	100/bt	Waived
(891-4294)	Chemstrip 50B	100/bt	Waived
(891-5552)	Chemstrip 2GP	100/bt	Waived
(102-2285)	Henry Schein Urispec 11-Way	100/bt	Waived
(107-7157)	Henry Schein Urispec 4-Way	100/bt	Waived
(100-6567)	Henry Schein Urispec GP+A	100/bt	Waived
CPT - 82570	QW*		
(147-2360)	Multistix PRO 10 LS	100/bt	Waived
CPT - 81007	QW*		
(106-9335)	Accutest Uriscreen (Urinary Tract)	20/box	Waived
CPT - 517410	QW*-Uroflowmetry	\$	43.00
(112-5811)	Flow-Med Uroflow Meter	ea	Waived

Thyroid Testing

CPT-84443QW*	National Limit \$23.64
(818-0440) Thyrochek	20/box Waived

Fecal Occult Blood Testing

	Guiac		
CPT-82270*; G0394* Loca			ional Limit \$4.58
(147-1246)	Henry Schein One Step Occult Blood Single Slide	100/box	Waived
(147-7182)	Henry Schein OneStep Occult Blood Patient Mailer	50/box	Waived
(254-9052)	Hemoccult Single-Test Card	100/box	Waived
(254-4454)	Hemoccult II SENSA Dispensapak Plus	40/box	Waived
(254-5748)	Hemoccult II Dispensapak Plus	40/box	Waived

Immunochemical				
CPT- 82274QW* Diagnostic National Limi G0328QW*-Screening \$22.38				
(450-0008)	InSure FIT Combo Pack 25/35	25/box	Waived	
(450-0009)	InSure FIT Combo Pack 25/25	25/box	Waived	
950-2866)	QuickVue iFOB Complete Test Kits	20/box	Waived	
(792-8076)	Hemosure iFOB Complete Test Kits	30/box	Waived	
(900-4413)	Henry Schein OneStep+ iFOB Complete Test Kits	25/box	Waived	
(900-4414)	Henry Schein OneStep+ iFOBT Cassettes	10/box	Waived	



Cardiovascular Care

	Cardiac Panels	
CPT-See Belo	ow*	National Limi See Below
(131-7507)	Triage BNP (B-type natriuretic peptide) 25/bo	х
	CPT - 83880QW* National Limit \$47.77	
(600-5715)	Triage Profiler Shortness of Breath Panel	25/box
	 Natriuretic Peptide Panel - CPT - 83880*; 2011 National 	l Limit - \$47.77
	 Myoglobin Panel - CPT - 83874*; 2011 National Limit - 	
	• Troponin Quantitative Panel - CPT - 84484*; 2011 Nation	
	• CK-MB Panel - CPT - 82553*; 2011 National Limit \$16.	
	D-Dimer Quantitative Panel - CPT - 85379*; National Li	imit \$14.32
	2011 National limit total for panel — \$110.36	05 /
(131-1964)	Triage Cardiac Panel	25/box
	Myoglobin Panel - CPT - 83874*; 2011 National Limit - To a second control of the contro	
	Troponin Quantitative Panel - CPT - 84484*; 2011 Nation Section 2015 - 2015 August 1987 - 2015 Augu	
	CK-MB Panel - CPT - 82553*; 2011 National Limit \$16.	25
/115 /701	2011 National limit total for panel – \$48.27	T T.
(115-6721)	NexusDx Cardiac STATus Myoglobin/Troponin I/CK-MB	
	Myoglobin Panel - CPT - 83874*; 2011 National Limit - Transpire Oversitation - CPT - 84884*; 2011 National Limit - 1	
	 Troponin Quanitative - CPT - 84484*; 2011 National Lin CK-MB Panel - CPT - 82553*; 2011 National Limit \$16.2 	
	2011 National limit total for panel – \$48.27	2)
(706-7343)	CardioProfiler® Panel	25/Pk
(700-7343)	Natriuretic Peptide Panel - CPT - 83880*; 2011 National	•
	 CK-MB Panel - CPT - 82553*; 2011 National Limit \$16.2 	
	Myoglobin Panel - CPT - 83874*; 2011 National Limit -	
	Troponin Quantitative Panel - CPT - 84484*; 2011 Nation	
(2011 National limit total for panel — \$96.04	
	•	

Cholesterol Lipids ³

CPT-See Belo	w*	National Limit See Below
(116-9995)	Cholestech Lipid Profile • CPT Code - 80061QW* 2011 National limit total for panel — \$18.85	10/box
(694-9360)	Cholestech Lipid/Glucose Profile 10/b • CPT Code - 80061QW*; 82947QW* 2011 National limit total for panel – \$20.87	0Х
(608-8836)	Cholestech AST/ALT Cassette • CPT Code - 84460QW*; 84450QW* 2011 National limit total for panel – \$7.33	10/box
(891-1036)	Accutrend Cholesterol Test Strips • CPT Code - 82465QW* 2011 National limit total for panel — \$6.13	25/box
(420-7892)	•	10/box
(956-0149)	Total Cholesterol/Glucose • CPT Code - 82465QW*; 82947QW* 2011 National limit total for panel – \$7.33	10/box

The national limit for any cassette or cassette combination including Lipid Profile was determined from the three constituent tests of the lipid panel; payers may pay the lesser of the fee schedule amount for an individual automated test panel test or the amount for 1–2 automated tests, so the lesser of the two amounts is shown.

Source: www.codemap.com/ alere for informational purposes only.

Cardiovascular Care (cont'd)

Prothrombin Time/PT Testing

CPT-85610Q	W* National Limit \$5.53
(891-4520)	Roche CoaguChek XS PT Test Strip 48/box
(897-3618)	Hemosense InRatio Coagulation Test Strips 48/box
(487-7457)	ProTime Disposable 3-Channel Cuvette 25/box
(487-2270)	ProTime Disposable 5-Channel Cuvette 25/box

Diabetes Management

CPT-See Below*		No	itional Limit \$13.66
(147-8045)	DCA HbA1c Reagent Kit • CPT Code - 83036QW*	10/pk	Waived
(430-3504)	Bayer A1C NOW • CPT Code 83037QW*	10/box	Waived

Blood Glucose Testing

			•	
CPT- 829	CPT- 82962QW*		Na	tional Limit \$3.29
(567-61	91)	OneTouch Ultra Blood Glucose Strips	25/box	Waived
(567-00	73)	OneTouch Ultra Blood Glucose Strips	50/box	Waived
(567-00	76)	OneTouch Ultra Blood Glucose Strips	100/box	Waived
(147-93	03)	Bayer's Contour Blood Glucose Strips	50/box	Waived
(891-00	08)	Accutrend Glucose Test Strips	50/box	Waived

Rianey Function			
CPT- See Below*		National Limit See Below	
(147-8917)	DCA Microalbumin/Creatinine Reagent Kit Albumin - CPT Code 82044QW* 2011 National Limit \$6.44 Creatinine - CPT Code 82570QW* 2011 National Limit \$7.28	10/box	
(147-2360)	Multistix 10LS Pro Reagent Strips • Creatinine - CPT Code 82570QW* 2011 National Limit \$7.28	100/bt	
(147-4712)	Clinitek Microalbumin Test Strip • Creatinine - CPT Code 82570QW* 2011 National Limit S7.28	25/box	

Diagnostic Reimbursement Reference for your 2011–2012 CPT Codes!

Allergy Testing ⁴			
CPT- 86003*		N	ational Limit \$7.34
(406-5680)	Eastern Panel (combines IgE foods)	20/box	
(406-9608)	Northeastern Inhalant Panel	20/box	
(618-7516)	Northwestern Inhalant Panel	20/box	Moderately
(905-0111)	Pediatric Comprehensive Panel	20/box	Complex
(406-3895)	Southeastern Inhalant Panel	20/box	i
(259-4912)	Southern Panel (IgE foods & Inhalants)	20/box	
(406-5585)	Southwestern Inhalant Panel	20/box	*
(168-6399)	Western Inhalant Panel	20/box	

⁴ Allergen Specific IgE; Quantitative or Semiquantitative, each Allergen (12 allergen panel x 12; 25 allergen panel x 25; 36 allergen panel x 36) source: www.hcdiagnostics.com for informational purposes only.

Lead Testing				
CPT- 83655QW* National Limit \$17.03				
(106-5736)	Lead Test Kit	48/box	Waived	
	Conjunctivitis	Tests		
CPT- 878090	QW*	N	lational Limit \$16.88	
(770-1362)	RPS Conjunctivitis Test	Fach	Waived	

Drugs of Abuse Testing ⁵			
CPT- G04340QW* 80104 Private Pay		Medicare/National Limit \$20.47	
(395-0031)	iScreen DX Single Dip - Amphetamin	ne 25/box	Waived
(395-0036)	iScreen DX Single Dip - Barbituate	25/box	Waived
(395-0033)	iScreen DX Single Dip - Benzodiazepine	25/box	Waived
(395-0035)	iScreen DX Single Dip - Cocaine	25/box	Waived
(395-0037)	iScreen DX Single Dip - Methamphetam	ine 25/box	Waived
(395-0038)	iScreen DX Single Dip - Methadone	25/box	Waived
(395-0039)	iScreen DX Single Dip - Opiate	25/box	Waived
(395-0043) iScreen DX Single Dip - Methylenedioxy			
	-methamphetamine (MDMA/Ecstasy	/) 25/box	Waived
(395-0040)	iScreen DX Single Dip - Phencyclidene	25/box	Waived
(395-0041)	iScreen DX Single Dip - Antidepressants	25/box	Waived
(395-0042)	iScreen DX Single Dip - Marijuana	25/box	Waived
(673-2588)	iCup 5 Panel Drug-Screen	25/box	Waived
(459-0007)	iCassette 11 Panel Drug-Screen	25/box	Waived
(834-8806)	Triage Drugs of Abuse 7 Panel	25/box	Moderate
(131-0824)	Triage TOX Drug Screen Panel	25/box	Moderate

[†] QW Modifier not to be used for moderately complex tests.

*Reimbursment information provided is the CMS National Limit for 2011. Available at www.cms.hhs.gov/clinicalLabfeesched/02_clinlab.asp CPT is a registered trademark of the American Medical Association. The CPT codes provided are based on AMA coding guidelines and are for informational purposes only. Selection of appropriate codes is the sole responsibility of the billing party. Providers should check with their contracted payers for appropriate codes prior to submitting claims. The information provided is current as of 7/11/2011 and was obtained from publicly available sources and is subject to change without notice. All content is for informational purposes only, is general in nature and does not cover all situations or all payers' rules and policies.



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⁵ CPT Codes valid as of 7/11/11. CPT codes subject to change in 2012.





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