



2023 AMA RECOGNIZED ORGAN / DISEASE PANELS

PANEL NUMBER	PANEL NAME AND COMPONENTS	PANEL CPT CODE(S)	PATIENT BILL PRICE	2023 MEDICARE ALLOWABLE ¹	2023 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 Blood Typing, ABO HIV - 1, 2 Combo, Ag/Ab Screen (with reflex to confirmation, if reactive) (R) Blood Typing, Rh (D) RPR 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 2023 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).