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Part #	CLIA	Product	CPT Code**	Reimbursement (Medicare/Medicaid National Range)
<u>Pregnancy</u>				
101	Waived	OSOM® hCG Urine 50 Test Kit(Dipstick)	81025	\$3.43 - \$9.24
102	Waived	OSOM® Card Pregnancy 25 Test	81025	\$3.43 - \$9.24
124	Waived (urine) Moderate (serum)	OSOM® hCG Combo	81025 84703 (serum)	\$3.43 - \$9.24 \$8.47 - \$10.97
<u>Mono</u>				
145	Waived (whole blood) Moderate (serum,plasma)	OSOM® Mono Test	86308QW* 86308	\$5.61 - \$7.56 \$5.61 - \$7.56
<u>Strep A</u>				
141	Waived	OSOM® Strep A 50 Test	87880QW*	\$12.77 - \$17.52
147	Waived	OSOM® Ultra Strep A 25 Test	87880QW*	\$12.77 - \$17.52
149	Waived	OSOM® Ultra Strep A 50 Test	87880QW*	\$12.77 - \$17.52
<u>Influenza A&B</u>				
190	Moderate	OSOM® Influenza A&B Test		
For Influenza, the CPT code and reimbursement depend upon which tests are ordered by the physician.				
		If Influenza A <u>alone</u> is ordered,	87804	\$12.77 - \$17.52
		If Influenza B <u>alone</u> is ordered,	87804	\$12.77 - \$17.52
If both Influenza A <u>and</u> Influenza B are ordered, the following coding is required:				
		Influenza A	87804	\$12.77 - \$17.52
		Influenza B	87804-59	\$12.77 - \$17.52
			Total for both	\$ 25.54 - \$ 35.04
<i>Note: In order to be eligible for reimbursement for both Influenza A & B, the requisition must list all three alternatives; Influenza A, Influenza B, and Influenza A + Influenza B.</i>				
<u>Trichomonas</u>				
181	Waived	OSOM® Trichomonas Rapid Test	87808QW*	\$12.77 - \$17.52
<u>Bacterial Vaginosis</u>				
183	Waived	OSOM® BVBLUE® Test	87905QW*	\$5.13 - \$17.84
<u>Urinary Albumin</u>				
790-25	Waived	OSOM® ImmunoDip® Urinary Albumin	83518QW*	\$4.98 - \$12.38

***The QW is a modifier to be used for reimbursement with Medicare and Medicaid ONLY!**

**This list is taken from the 2009 CMS Clinical Diagnostic Lab Fee Schedule and is provided as suggestions and estimates only. The use and implementation of CPT codes and reimbursement levels on a state and/or federal basis may vary greatly in a given area and change over time.