



Dear Health Care Provider:

Access to affordable health care is widely recognized as a national issue. Like other members of the health care community, LabCorp wants to help. Effective February 1, 2009, LabCorp is making available its LabAccess Partnership (LAP) program to assist the growing uninsured population in obtaining and/or continuing access to quality laboratory services.

What is the LAP Program?

The LAP program is a menu of routine clinical tests that are available to uninsured patients at discounted prices when those patients use LabCorp Patient Service Centers (PSC) for specimen collection. A list of LAP tests and their discounted fees is enclosed.

Who is Eligible for the LAP Program?

The LAP program is available to self-pay patients who are uninsured or whose health care benefits exclude coverage for clinical laboratory testing services.

To access the LAP program, patients must pay the discounted fees of the ordered laboratory tests **in full at the time of service.**

Patients with prior unpaid laboratory charges may **not** be eligible for the program **until** overdue balances are satisfied.

How can Uninsured Patients Participate?

Patients must present with their test request paperwork at a LabCorp PSC for specimen collection. A list of PSCs, including hours of operation and directions, is available by calling toll free 888-LabCorp (522-2677), or by visiting the LabCorp Web site (www.LabCorp.com).

LabCorp is pleased to make the LabAccess Partnership program available to uninsured patients. If you have questions or would like additional information, contact your LabCorp representative.

Sincerely,

LabCorp

Test Number	Test Name	LAP Fee Schedule
006056	ABO Grouping	\$12.00
006049	ABO Grouping and Rho(D) Typing	\$24.00
017319	AFP Tetra Profile	\$160.00
017335	AFP X-tra Profile	\$130.00
001545	Alanine Aminotransferase (ALT/SGPT)	\$17.00
035188	Alanine Aminotransferase and Aspartate Aminotransferase	\$17.80
302878	Alanine Aminotransferase, Aspartate Aminotransferase, and Creatinine, Serum	\$18.60
001081	Albumin, Serum	\$17.00
001107	Alkaline Phosphatase, Serum	\$17.00
002253	Alpha-fetoprotein (AFP), Serum, Tumor Marker	\$55.00
001396	Amylase, Serum	\$17.00
165092	ANA Comprehensive Profile	\$498.00
164863	ANA With Reflex to Multiple Confirmatory Tests **	\$27.00
164962	ANA With Reflex**	\$27.00
042077	Anemia Profile B	\$163.50
006015	Antibody Screen	\$26.00
164814	Anticentromere B Antibodies	\$63.00
096339	Anti-dsDNA Antibodies	\$45.00
012518	Antihistone Antibodies	\$55.00
161455	Anti-Jo-1	\$60.00
164855	Antinuclear Antibodies (ANA) Direct	\$27.00
018705	Antiscleroderma-70 Antibodies	\$55.00
001123	Aspartate Aminotransferase (AST/SGOT)	\$17.00
008169	Beta Hemolytic Streptococcus Culture Group A Only	\$23.00
001222	Bilirubin, Direct	\$17.00
115600	Bilirubin, Direct, Neonatal	\$17.00
001099	Bilirubin, Total	\$17.00
001214	Bilirubin, Total and Direct, Serum	\$17.80
015602	Bilirubin, Total, Neonatal	\$17.00
008300	Blood Culture, Routine**	\$38.00
996660	Blood Drawing/Phlebotomy/Venipuncture Fee	\$10.00
998085	Blood Drawing/Phlebotomy/Venipuncture Fee	\$10.00
998807	Blood Drawing/Phlebotomy/Venipuncture Fee	\$10.00
001016	Calcium, Serum	\$17.00
002303	Cancer Antigen (CA) 125	\$64.50

Test Number	Test Name	LAP Fee Schedule
001578	Carbon Dioxide, Total	\$17.00
002139	Carcinoembryonic Antigen (CEA)	\$33.50
005009	CBC With Differential	\$19.00
028142	CBC, Without Differential	\$18.50
001206	Chloride, Serum	\$17.00
001065	Cholesterol, Total	\$17.00
115907	Complete Blood Count (CBC) With Differential (Without Platelet)	\$18.50
005017	Complete Blood Count (CBC) Without Differential (Without Platelet)	\$18.00
006270	Coombs', Direct	\$33.00
004051	Cortisol	\$50.00
010108	C-Peptide, Serum	\$53.00
120766	C-Reactive Protein, Cardiac	\$32.00
006627	C-Reactive Protein, Quantitative	\$25.00
001362	Creatine Kinase, Total, Serum	\$17.00
236000	Creatinine and Protein, 24-Hour Urine	\$29.00
003012	Creatinine, 24-Hour Urine	\$17.00
013672	Creatinine, Random Urine	\$17.00
001370	Creatinine, Serum	\$17.00
004697	Dehydroepiandrosterone (DHEA) Sulfate	\$61.00
005090	Differential and White Blood Cell (WBC) Count	\$16.00
303754	Electrolyte Panel	\$19.40
164996	Endomysial Antibody, IgA	\$57.00
004515	Estradiol	\$65.00
004598	Ferritin, Serum	\$32.00
002014	Folate (Folic Acid), Serum	\$32.00
266015	Folate, RBC	\$72.00
285700	Folate, RBC and Serum	\$104.00
004309	Follicle-stimulating Hormone (FSH), Serum	\$42.00
028480	FSH and LH	\$82.00
001958	Gamma Glutamyl Transpeptidase (GGT)	\$17.00
102277	Gestational Diabetes 1-Hr Screen	\$17.00
102004	Gestational Glucose Tolerance (Diagnostic)	\$56.00
163402	Gliadin Antibody Profile, IgG, IgA, EIA	\$120.00
161646	Gliadin IgA Antibodies	\$60.00
161687	Gliadin IgG Antibodies	\$60.00
001818	Glucose, Plasma	\$17.00

**If reflex testing is performed, additional CPT codes and charges may apply. Fees are subject to change.

Test Number	Test Name	LAP Fee Schedule
001032	Glucose, Serum	\$17.00
143991	HCV Antibody With Reflex to RIBA**	\$47.00
001925	HDL Cholesterol	\$25.00
163170	<i>Helicobacter pylori</i> Antibodies, IgA	\$60.00
162289	<i>Helicobacter pylori</i> Antibodies, IgG	\$60.00
163204	<i>Helicobacter pylori</i> Antibodies, IgM	\$60.00
505008	Helper T-Lymphocyte Marker CD4	\$67.00
005058	Hematocrit	\$16.00
005041	Hemoglobin	\$16.00
005223	Hemoglobin (Hgb) Solubility	\$39.00
001453	Hemoglobin A1c	\$27.00
031088	Hemoglobin and Hematocrit	\$17.00
121679	Hemoglobinopathy Fractionation Profile	\$84.00
122101	Hemoglobinopathy Fractionation Profile without Solubility	\$45.00
322755	Hepatic Function Panel (7)	\$21.80
006734	Hepatitis A Antibody, IgM	\$42.00
006726	Hepatitis A Antibody, Total	\$43.00
006718	Hepatitis B Core Antibody, Total	\$40.00
006395	Hepatitis B Surface Antibody	\$43.00
006510	Hepatitis B Surface Antigen	\$42.00
006635	Hepatitis Be Antibody	\$42.00
006619	Hepatitis Be Antigen	\$43.00
140659	Hepatitis C Virus (HCV) Antibody	\$47.00
303755	Hepatitis Function Panel (6)	\$21.00
322744	Hepatitis Panel (4)	\$165.00
303744	Hepatitis Panel (5)	\$215.00
016881	Hepatitis B Core Antibody, IgM	\$34.00
102525	Hgb A _{1c} with MPG Estimation	\$27.00
706994	Homocyst(e)ine, Plasma	\$58.00
004556	Human Chorionic Gonadotropin (hCG), Beta Subunit, Qual, Serum	\$25.50
004416	Human Chorionic Gonadotropin (hCG), Beta Subunit, Quant, Serum	\$35.50
083824	Human Immunodeficiency Virus 1/O/2 (HIV-1/O/2) Antibodies, Preliminary Test With Confirmation**	\$50.00
162222	Human Immunodeficiency Virus 1/O/2 (HIV-1/O/2) Antibodies, Qualitative**	\$50.00
186064	Influenza A and B, Direct Immunoassay	\$82.00
004333	Insulin, Fasting	\$35.00
001321	Iron and Total Iron-binding Capacity (TIBC)	\$28.50

Test Number	Test Name	LAP Fee Schedule
001339	Iron, Serum	\$17.00
001115	Lactic Acid Dehydrogenase (LD)	\$17.00
120295	LDL Cholesterol (Direct)	\$43.00
007625	Lead, Blood (Adult)	\$27.00
717012	Lead, Blood (Pediatric Venipuncture)	\$27.00
717009	Lead, Blood (Pediatric)	\$27.00
001404	Lipase, Serum	\$17.00
303756	Lipid Panel	\$40.80
235010	Lipid Panel With LDL:HDL Ratio	\$40.80
221010	Lipid Panel With Total Cholesterol:HDL Ratio	\$40.80
004283	Luteinizing Hormone (LH), Serum	\$40.00
163600	Lyme Disease, Serum, Western Blot	\$175.00
258004	Lyme Disease Antibodies, Reflex to Western Blot on Positives**	\$62.00
001537	Magnesium, Serum	\$17.00
302085	Metabolic Panel (12), Comprehensive	\$25.80
310900	Metabolic Panel (13), Comprehensive	\$26.60
322000	Metabolic Panel (14), Comprehensive	\$27.40
303758	Metabolic Panel (7), Basic	\$21.80
322758	Metabolic Panel (8), Basic	\$22.60
149997	Microalbumin, Random Urine	\$40.00
140285	Microalbumin:Creatinine Ratio, Random Urine	\$57.00
333427	Microscopic Examination, Random Urine	\$10.00
096552	Mumps Antibodies, IgG	\$42.00
008623	Ova and Parasites Examination	\$43.00
015610	Parathyroid Hormone (PTH), Intact	\$62.00
005207	Partial Thromboplastin Time (PTT), Activated	\$18.00
001024	Phosphorus, Serum	\$17.00
005249	Platelet Count	\$16.00
001180	Potassium, Serum	\$17.00
202945	Prenatal Profile I With Hepatitis B Surface Antigen	\$153.00
004317	Progesterone	\$40.00
004465	Prolactin	\$46.00
010322	Prostate-specific Antigen (PSA), Serum	\$50.00
003129	Protein and Creatinine, Urine	\$29.00
001487	Protein Electrophoresis, Serum	\$43.00
013664	Protein Total, Urine	\$12.00
003277	Protein, Total, Quantitative, 24-Hr Urine	\$12.00

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Test Number	Test Name	LAP Fee Schedule
001073	Protein, Total, Serum	\$17.00
005199	Prothrombin Time (PT)	\$18.00
480947	PSA, Free:Total Ratio	\$86.00
480772	PSA, Free:Total Ratio Reflex**	\$50.00
020321	PT and PTT	\$36.00
012005	Rapid Plasma Reagin (RPR) Test With Reflex to Quantitative RPR and Confirmatory TP-PA**	\$14.00
006072	Rapid Plasma Reagin (RPR), Qualitative Test	\$14.00
005033	Red Blood Cell Count (RBC)	\$16.00
322777	Renal Function Panel	\$24.20
005280	Reticulocyte Count	\$21.00
006064	Rh Typing	\$12.00
006502	Rheumatoid Arthritis Factor	\$17.00
016353	Ribonucleoprotein (RNP) Antibodies	\$50.00
006197	Rubella Antibodies, IgG	\$28.00
096560	Rubeola Antibodies, IgG	\$38.00
005215	Sedimentation Rate, Westergren	\$16.00
012682	Sjögren's Antibodies (Anti-SS-A)	\$60.00
012690	Sjögren's Antibodies (Anti-SS-B)	\$60.00
016360	Smith Antibodies	\$50.00
001198	Sodium, Serum	\$17.00
998074	STAT Fee	\$20.00
008722	Stool Culture Screen**	\$35.00
008144	Stool Culture**	\$95.00
001156	T ₃ Uptake	\$23.00
024026	T ₄ and TSH	\$66.00
081786	Testosterone (Free), Serum (Equilibrium Ultrafiltration) With Total Testosterone	\$125.00
144980	Testosterone, Free (Direct), Serum	\$78.00
140103	Testosterone, Free (Direct), Serum With Total Testosterone	\$130.00
004226	Testosterone, Total, Serum	\$52.00
330015	Thyroid Cascade Profile**	\$43.00
006676	Thyroid Peroxidase (TPO) Antibodies	\$40.00
000455	Thyroid Profile	\$46.00
027011	Thyroid Profile II (Comprehensive)	\$121.00
000620	Thyroid Profile With TSH	\$89.00
004259	Thyroid-stimulating Hormone (TSH)	\$43.00
140749	Thyroid-stimulating Immunoglobulin (TSI)	\$108.00
001149	Thyroxine (T ₄)	\$23.00

Test Number	Test Name	LAP Fee Schedule
001974	Thyroxine (T ₄) Free, Direct, Serum	\$25.00
164640	Tissue Transglutaminase (tTG), IgA	\$63.00
164988	Tissue Transglutaminase (tTG), IgG	\$57.00
001172	Triglycerides	\$17.00
002188	Triiodothyronine (T ₃)	\$32.00
010389	Triiodothyronine, Free, Serum	\$75.00
224576	TSH and Free T ₄	\$68.00
008342	Upper Respiratory Culture, Routine**	\$22.00
001040	Urea Nitrogen (BUN), Serum	\$17.00
001057	Uric Acid, Serum	\$17.00
377200	Urinalysis (With Microscopic Examination) and Reflex to Culture, Comprehensive**	\$19.50
377036	Urinalysis (With Microscopic Examination) and Reflex to Culture, Routine**	\$19.50
003772	Urinalysis, Complete With Microscopic Examination	\$19.50
003038	Urinalysis, Routine With Microscopic Examination on Positives	\$17.00
008086	Urine Culture, Comprehensive**	\$35.00
008847	Urine Culture, Routine	\$28.00
001503	Vitamin B ₁₂	\$31.00
000810	Vitamin B ₁₂ and Folates	\$63.00
081091	Vitamin D, 1,25 Dihydroxy	\$90.00
081950	Vitamin D, 25-Hydroxy	\$85.00
005025	White Blood Cell Count (WBC)	\$16.00
008656	White Blood Cells (WBC), Stool	\$30.00

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