OSPHL 7004 Client Services OSPHL Fee Schedule for Submitters - External

Copy of version 3.0 (approved and current)

Last Approval or Periodic Review Completed 9/29/2025

Next Periodic Review Needed On or Before 9/29/2027

Effective Date 9/11/2023

Controlled Copy ID 617783

Location Posted on website. https://www.oregon.gov/oha/PH/LABORATORYSERVICES/Documents/lab-fee.pdf

Organization Oregon State Public Health Laboratory

Description

Comments for version 3.0
Housekeeping: Delete acute hepatitis panel, hepatitis B carrier and contact panels, hantavirus and adult parasite identification; clarify hepatitis tests offered.
Testing changes: Replace Syphilis FTA-ABS (DS) with syphilis TP-PA test; Discontinue blood parasite testing

Approval and Periodic Review Signatures

Type	Description	Date	Version	Performed By	Notes
Periodic review	Designated Reviewer	9/29/2025	3.0	Sarah M. Humphrey Sarah King	
Approval	Lab Director	9/11/2023	3.0	 Akiko Saito	
Approval	Quality Manager Review	3/6/2023	3.0	Rafia Razzaque Rafia Razzaque	

Signatures from prior revisions are not listed.

Version History

Version	Status	Type	Date Added	Date Effective	Date Retired
3.0	Approved and Current	Major revision	3/3/2023	9/11/2023	Indefinite

Linked Documents

- OSPHL 7011 Client Services OSPHL CD Billing Procedure

Approved: 9/11/2023; Last reviewed: 9/29/2025

Oregon State Public Health Laboratory Fee Schedule

Fees to Submitters

Virology/Immunology Section (Green Form)			
Purple-Charged this rate only if Reduced Rate Request was sent and granted			A
Test Name	**CPT Code(s)**	**Reduced Rate Offered**	**Fee**
Hepatitis	-		-
HAVG: Hepatitis A Antibody, IgG	86708		$ 11.92
HAVM: Hepatitis A Antibody, IgM	86709		$ 10.83
HBC: Hepatitis B Core Antibody, Total (IgM & IgG)	86704		$ 11.60
HBCM: Hepatitis B Core Antibody, IgM	86705		$ 11.33
HBS: Hepatitis B Surface Antibody	86706		$ 10.33
HBSAG: Hepatitis B Surface Antigen	87340		$ 9.94
HCV: Hepatitis C Antibody	86803		$ 13.73
Syphilis	-		-
Syph-TP	86780		$ 12.74
RPR-Non-Reactive Result	86592		$ 4.11
TP-PA	86780		$ 12.74
Chlamydia / Gonorrhea	-		-
CT/GC by NAAT	87801	Yes	$ 67.54
HIV	-		-
HIV-1/HIV-2 Antibody Screen	87389	Yes	$ 23.18
Other	-		-
MOL NOV: Norovirus	87798 x 2		$ 67.54
MOL IA/IB QUAL: Influenza A/B	87501 x 2		$ 98.76
Influenza A Sub-Typing	87501 x 4		$ 197.52
General Microbiology Section (Red Form)			
Mycobacterium	-		-
GENEX: GeneXpert MTB/RIF	87556, 87015		$ 40.20
QFT: QuantiFERON Plus	86480	Yes	$ 59.64
Other			
Bordatella pertussis/parapertussis culture & PCR	87077, 87798 x 3		$ 109.09

* Additional CPT codes or units may be charged for these tests.

Subject to change
Effective 04-01-2022