

## Ohio Medicaid LAB Contract 12-07-2023

Procedure Code	Procedure Description	Pricing Indicator	Rate Type	Mod1	Mod2	Mod3	Mod4	Max Fee	Max Fee Eff. Date	Max Fee End Date	PA
0037U	TRGT GEN SEQ DNA 324 GENES	PRXOVR	DEF					NA	NA	NA	N
0037U	TRGT GEN SEQ DNA 324 GENES	MAXFEE	DEF					2625	1/1/2022	12/31/2299	N
0047U	ONC PRST8 MRNA 17 GENE ALG	PRXOVR	DEF					NA	NA	NA	N
0047U	ONC PRST8 MRNA 17 GENE ALG	MAXFEE	DEF					2904.75	1/1/2021	12/31/2299	N
0090U	ONC CUTAN MLNMA MRNA 23 GENE	PRXOVR	DEF					NA	NA	NA	N
0090U	ONC CUTAN MLNMA MRNA 23 GENE	MAXFEE	DEF					1316.25	4/1/2021	12/31/2299	N
0097U	GI PATHOGEN 22 TARGETS	PRXOVR	DEF					NA	NA	NA	N
0097U	GI PATHOGEN 22 TARGETS	MAXFEE	DEF					312.59	1/1/2021	12/31/2299	N
0099U	RESPIR PATHOGEN 20 TARGETS	PRXOVR	DEF					NA	NA	NA	N
0099U	RESPIR PATHOGEN 20 TARGETS	MAXFEE	DEF					NA			N
0172U	ONC SLD TUM ALYS BRCA1 BRCA2	PRXOVR	DEF					NA	NA	NA	N
0172U	ONC SLD TUM ALYS BRCA1 BRCA2	MAXFEE	DEF					2272.50	4/1/2021	12/31/2299	N
0202U	NFCT DS 22 TRGT SARS-COV-2	PRXOVR	DEF					NA	NA	NA	N
0202U	NFCT DS 22 TRGT SARS-COV-2	MAXFEE	DEF					416.78	4/1/2021	12/31/2299	N
0223U	NFCT DS 22 TRGT SARS-COV-2	PRXOVR	DEF					NA	NA	NA	N
0223U	NFCT DS 22 TRGT SARS-COV-2	MAXFEE	DEF					416.78	4/1/2021	12/31/2299	N
0224U	ANTIBODY SARS-COV-2 TITER(S)	PRXOVR	DEF					NA	NA	NA	N
0224U	ANTIBODY SARS-COV-2 TITER(S)	MAXFEE	DEF					42.13	6/25/2020	12/31/2299	N
0225U	NFCT DS DNA&RNA 21 SARSCOV2	PRXOVR	DEF					NA	NA	NA	N

## Ohio Medicaid LAB Contract 12-07-2023

0225U	NFCT DS DNA&RNA 21 SARSCOV2	MAXFEE	DEF					416.78	4/1/2021	12/31/2299	N
0226U	SVNT SARSCOV2 ELISA PLSM SRM	PRXOVR	DEF					NA	NA	NA	N
0226U	SVNT SARSCOV2 ELISA PLSM SRM	MAXFEE	DEF					42.28	4/1/2021	12/31/2299	N
0239U	TRGT GEN SEQ ALYS PNL 311+	PRXOVR	DEF					NA	NA	NA	N
0239U	TRGT GEN SEQ ALYS PNL 311+	MAXFEE	DEF					3500	1/1/2022	12/31/2299	N
0240U	NFCT DS VIR RESP RNA 3 TRGT	PRXOVR	DEF					NA	NA	NA	N
0240U	NFCT DS VIR RESP RNA 3 TRGT	MAXFEE	DEF					142.63	4/1/2021	12/31/2299	N
0241U	NFCT DS VIR RESP RNA 4 TRGT	PRXOVR	DEF					NA	NA	NA	N
0241U	NFCT DS VIR RESP RNA 4 TRGT	MAXFEE	DEF					142.63	4/1/2021	12/31/2299	N
0242U	TRGT GEN SEQ ALYS PNL 55-74	PRXOVR	DEF					NA	NA	NA	N
0242U	TRGT GEN SEQ ALYS PNL 55-74	MAXFEE	DEF					5000	1/1/2022	12/31/2299	N
0244U	ONC SOLID ORGN DNA 257 GENES	PRXOVR	DEF					NA	NA	NA	N
0244U	ONC SOLID ORGN DNA 257 GENES	MAXFEE	DEF					2625	4/1/2022	12/31/2299	N
0247U	OB PRTRM BRTH IBP4 SHBG MEAS	PRXOVR	DEF					NA	NA	NA	N
0247U	OB PRTRM BRTH IBP4 SHBG MEAS	MAXFEE	DEF					562.50	1/1/2023	12/31/2299	N
0326U	TRGT GEN SEQ ALYS PNL 83+	PRXOVR	DEF					NA	NA	NA	N
0326U	TRGT GEN SEQ ALYS PNL 83+	MANUAL	DEF					NA	NA	NA	N
0345U	PSYC GENOM ALYS PNL 15 GEN	PRXOVR	DEF					NA	NA	NA	N
0345U	PSYC GENOM ALYS PNL 15 GEN	MAXFEE	DEF					1002.07	4/1/2023	12/31/2299	N

## Ohio Medicaid LAB Contract 12-07-2023

0352U	NFCT DS BV&VAGINITIS AMP PRB	PRXOVR	DEF					NA	NA	NA	N
0352U	NFCT DS BV&VAGINITIS AMP PRB	MAXFEE	DEF					106.97	7/1/2023	12/31/2299	N
0354U	HPV HI RSK QUAL MRNA E6/E7	PRXOVR	DEF					NA	NA	NA	N
0354U	HPV HI RSK QUAL MRNA E6/E7	MAXFEE	DEF					26.32	4/1/2023	12/31/2299	N
0371U	IADNA GU PTHGN SEMIQ DNA16&1	PRXOVR	DEF					NA	NA	NA	N
0371U	IADNA GU PTHGN SEMIQ DNA16&1	MAXFEE	DEF					312.59	10/1/2023	12/31/2299	N
0372T	SOCIAL SKILLS TRAINING GROUP	PRXOVR	DEF					NA	NA	NA	N
0372T	SOCIAL SKILLS TRAINING GROUP	MAXFEE	DEF					NA			N
0372U	NFCT DS GU PTHGN ARG DETCJ	PRXOVR	DEF					NA	NA	NA	N
0372U	NFCT DS GU PTHGN ARG DETCJ	MAXFEE	DEF					312.59	10/1/2023	12/31/2299	N
36415	ROUTINE VENIPUNCTURE	PRXOVR	DEF					NA	NA	NA	N
36415	ROUTINE VENIPUNCTURE	MAXFEE	DEF					2.25	1/1/2018	12/31/2299	N
36416	COLLJ CAPILLARY BLOOD SPEC	PRXOVR	DEF					NA	NA	NA	N
36416	COLLJ CAPILLARY BLOOD SPEC	MAXFEE	DEF					3.63	7/1/2003	12/31/2299	N
36591	DRAW BLOOD OFF VENOUS DEVICE	PRXOVR	DEF					NA	NA	NA	N
36591	DRAW BLOOD OFF VENOUS DEVICE	MAXFEE	DEF					13.11	1/1/2008	12/31/2299	N
36592	COLLECT BLOOD FROM PICC	PRXOVR	DEF					NA	NA	NA	N
36592	COLLECT BLOOD FROM PICC	MAXFEE	DEF					16.20	1/1/2008	12/31/2299	N
80047	METABOLIC PANEL IONIZED CA	PRXOVR	DEF					NA	NA	NA	N
80047	METABOLIC PANEL IONIZED CA	MAXFEE	DEF					10.30	4/1/2019	12/31/2299	N

## Ohio Medicaid LAB Contract 12-07-2023

80048	METABOLIC PANEL TOTAL CA	PRXOVR	DEF					NA	NA	NA	N
80048	METABOLIC PANEL TOTAL CA	MAXFEE	DEF					6.35	4/1/2022	12/31/2299	N
80049	METABOLIC PANEL; BASIC	PRXOVR	DEF					NA	NA	NA	N
80049	METABOLIC PANEL; BASIC	MAXFEE	DEF					NA			N
80051	ELECTROLYTE PANEL	PRXOVR	DEF					NA	NA	NA	N
80051	ELECTROLYTE PANEL	MAXFEE	DEF					5.26	1/1/2021	12/31/2299	N
80053	COMPREHEN METABOLIC PANEL	PRXOVR	DEF					NA	NA	NA	N
80053	COMPREHEN METABOLIC PANEL	MAXFEE	DEF					7.92	1/1/2021	12/31/2299	N
80054	COMPREHEN METABOLIC PANEL	PRXOVR	DEF					NA	NA	NA	N
80054	COMPREHEN METABOLIC PANEL	MAXFEE	DEF					NA			N
80055	OBSTETRIC PANEL	PRXOVR	DEF					NA	NA	NA	N
80055	OBSTETRIC PANEL	MAXFEE	DEF					35.86	1/1/2021	12/31/2299	N
80058	HEPATIC FUNCTION PANEL	PRXOVR	DEF					NA	NA	NA	N
80058	HEPATIC FUNCTION PANEL	MAXFEE	DEF					NA			N
80059	HEPATITIS PANEL	PRXOVR	DEF					NA	NA	NA	N
80059	HEPATITIS PANEL	MAXFEE	DEF					NA			N
80061	LIPID PANEL	PRXOVR	DEF					NA	NA	NA	N
80061	LIPID PANEL	MAXFEE	DEF					10.04	1/1/2021	12/31/2299	N
80069	RENAL FUNCTION PANEL	PRXOVR	DEF					NA	NA	NA	N
80069	RENAL FUNCTION PANEL	MAXFEE	DEF					6.51	1/1/2021	12/31/2299	N
80072	ARTHRITIS PANEL	PRXOVR	DEF					NA	NA	NA	N
80072	ARTHRITIS PANEL	MAXFEE	DEF					NA			N
80074	ACUTE HEPATITIS PANEL	PRXOVR	DEF					NA	NA	NA	N
80074	ACUTE HEPATITIS PANEL	MAXFEE	DEF					35.72	1/1/2021	12/31/2299	N
80076	HEPATIC FUNCTION PANEL	PRXOVR	DEF					NA	NA	NA	N
80076	HEPATIC FUNCTION PANEL	MAXFEE	DEF					6.13	1/1/2021	12/31/2299	N
80081	OBSTETRIC PANEL	PRXOVR	DEF					NA	NA	NA	N

## Ohio Medicaid LAB Contract 12-07-2023

80081	OBSTETRIC PANEL	MAXFEE	DEF					56.15	1/1/2021	12/31/2299	N
80090	TORCH ANTIBODY PANEL	PRXOVR	DEF					NA	NA	NA	N
80090	TORCH ANTIBODY PANEL	MAXFEE	DEF					0	7/1/2003	12/31/2299	N
80091	THYROID PANEL	PRXOVR	DEF					NA	NA	NA	N
80091	THYROID PANEL	MAXFEE	DEF					NA			N
80092	THYROID PANEL W/TSH	PRXOVR	DEF					NA	NA	NA	N
80092	THYROID PANEL W/TSH	MAXFEE	DEF					NA			N
80102	DRUG CONFIRMATION	PRXOVR	DEF					NA	NA	NA	N
80102	DRUG CONFIRMATION	MAXFEE	DEF					NA			N
80103	DRUG ANALYSIS TISSUE PREP	PRXOVR	DEF					NA	NA	NA	N
80103	DRUG ANALYSIS TISSUE PREP	MAXFEE	DEF					NA			N
80143	DRUG ASSAY ACETAMINOPHEN	PRXOVR	DEF					NA	NA	NA	N
80143	DRUG ASSAY ACETAMINOPHEN	MAXFEE	DEF					13.98	4/1/2021	12/31/2299	N
80145	DRUG ASSAY ADALIMUMAB	PRXOVR	DEF					NA	NA	NA	N
80145	DRUG ASSAY ADALIMUMAB	MAXFEE	DEF					28.92	1/1/2021	12/31/2299	N
80150	ASSAY OF AMIKACIN	PRXOVR	DEF					NA	NA	NA	N
80150	ASSAY OF AMIKACIN	MAXFEE	DEF					11.31	1/1/2021	12/31/2299	N
80151	DRUG ASSAY AMIODARONE	PRXOVR	DEF					NA	NA	NA	N
80151	DRUG ASSAY AMIODARONE	MAXFEE	DEF					13.98	4/1/2021	12/31/2299	N
80152	ASSAY OF AMITRIPTYLINE	PRXOVR	DEF					NA	NA	NA	N
80152	ASSAY OF AMITRIPTYLINE	MAXFEE	DEF					NA			N
80154	ASSAY OF BENZODIAZEPINES	PRXOVR	DEF					NA	NA	NA	N
80154	ASSAY OF BENZODIAZEPINES	MAXFEE	DEF					NA			N
80155	DRUG ASSAY CAFFEINE	PRXOVR	DEF					NA	NA	NA	N
80155	DRUG ASSAY CAFFEINE	MAXFEE	DEF					28.93	4/1/2019	12/31/2299	N
80156	ASSAY CARBAMAZEPINE TOTAL	PRXOVR	DEF					NA	NA	NA	N
80156	ASSAY CARBAMAZEPINE TOTAL	MAXFEE	DEF					10.93	1/1/2021	12/31/2299	N

## Ohio Medicaid LAB Contract 12-07-2023

80157	ASSAY CARBAMAZEPINE FREE	PRXOVR	DEF					NA	NA	NA	N
80157	ASSAY CARBAMAZEPINE FREE	MAXFEE	DEF					9.94	1/1/2021	12/31/2299	N
80158	DRUG ASSAY CYCLOSPORINE	PRXOVR	DEF					NA	NA	NA	N
80158	DRUG ASSAY CYCLOSPORINE	MAXFEE	DEF					13.54	1/1/2021	12/31/2299	N
80159	DRUG ASSAY CLOZAPINE	PRXOVR	DEF					NA	NA	NA	N
80159	DRUG ASSAY CLOZAPINE	MAXFEE	DEF					15.11	4/1/2021	12/31/2299	N
80160	ASSAY OF DESIPRAMINE	PRXOVR	DEF					NA	NA	NA	N
80160	ASSAY OF DESIPRAMINE	MAXFEE	DEF					NA			N
80161	ASY CARBAMAZEPIN 10;11-EPXID	PRXOVR	DEF					NA	NA	NA	N
80161	ASY CARBAMAZEPIN 10;11-EPXID	MAXFEE	DEF					13.98	4/1/2021	12/31/2299	N
80162	ASSAY OF DIGOXIN TOTAL	PRXOVR	DEF					NA	NA	NA	N
80162	ASSAY OF DIGOXIN TOTAL	MAXFEE	DEF					9.96	1/1/2021	12/31/2299	N
80163	ASSAY OF DIGOXIN FREE	PRXOVR	DEF					NA	NA	NA	N
80163	ASSAY OF DIGOXIN FREE	MAXFEE	DEF					9.96	1/1/2021	12/31/2299	N
80164	ASSAY DIPROPYLACETIC ACD TOT	PRXOVR	DEF					NA	NA	NA	N
80164	ASSAY DIPROPYLACETIC ACD TOT	MAXFEE	DEF					10.16	1/1/2021	12/31/2299	N
80165	DIPROPYLACETIC ACID FREE	PRXOVR	DEF					NA	NA	NA	N
80165	DIPROPYLACETIC ACID FREE	MAXFEE	DEF					10.16	1/1/2021	12/31/2299	N
80166	ASSAY OF DOXEPIN	PRXOVR	DEF					NA	NA	NA	N
80166	ASSAY OF DOXEPIN	MAXFEE	DEF					NA			N
80167	DRUG ASSAY FELBAMATE	PRXOVR	DEF					NA	NA	NA	N
80167	DRUG ASSAY FELBAMATE	MAXFEE	DEF					13.98	4/1/2021	12/31/2299	N
80168	ASSAY OF ETHOSUXIMIDE	PRXOVR	DEF					NA	NA	NA	N
80168	ASSAY OF ETHOSUXIMIDE	MAXFEE	DEF					12.26	1/1/2021	12/31/2299	N
80169	DRUG ASSAY EVEROLIMUS	PRXOVR	DEF					NA	NA	NA	N
80169	DRUG ASSAY EVEROLIMUS	MAXFEE	DEF					10.30	1/1/2021	12/31/2299	N

## Ohio Medicaid LAB Contract 12-07-2023

80170	ASSAY OF GENTAMICIN	PRXOVR	DEF					NA	NA	NA	N
80170	ASSAY OF GENTAMICIN	MAXFEE	DEF					12.29	1/1/2021	12/31/2299	N
80171	DRUG SCREEN QUANT GABAPENTIN	PRXOVR	DEF					NA	NA	NA	N
80171	DRUG SCREEN QUANT GABAPENTIN	MAXFEE	DEF					16.25	4/1/2019	12/31/2299	N
80172	ASSAY OF GOLD	PRXOVR	DEF					NA	NA	NA	N
80172	ASSAY OF GOLD	MAXFEE	DEF					NA			N
80173	ASSAY OF HALOPERIDOL	PRXOVR	DEF					NA	NA	NA	N
80173	ASSAY OF HALOPERIDOL	MAXFEE	DEF					11.84	4/1/2021	12/31/2299	N
80174	ASSAY OF IMIPRAMINE	PRXOVR	DEF					NA	NA	NA	N
80174	ASSAY OF IMIPRAMINE	MAXFEE	DEF					NA			N
80175	DRUG SCREEN QUAN LAMOTRIGINE	PRXOVR	DEF					NA	NA	NA	N
80175	DRUG SCREEN QUAN LAMOTRIGINE	MAXFEE	DEF					9.94	1/1/2021	12/31/2299	N
80176	ASSAY OF LIDOCAINE	PRXOVR	DEF					NA	NA	NA	N
80176	ASSAY OF LIDOCAINE	MAXFEE	DEF					11.02	1/1/2021	12/31/2299	N
80177	DRUG SCR N QUAN LEVETIRACETAM	PRXOVR	DEF					NA	NA	NA	N
80177	DRUG SCR N QUAN LEVETIRACETAM	MAXFEE	DEF					9.94	1/1/2021	12/31/2299	N
80178	ASSAY OF LITHIUM	PRXOVR	DEF					NA	NA	NA	N
80178	ASSAY OF LITHIUM	MAXFEE	DEF					4.96	1/1/2021	12/31/2299	N
80179	DRUG ASSAY SALICYLATE	PRXOVR	DEF					NA	NA	NA	N
80179	DRUG ASSAY SALICYLATE	MAXFEE	DEF					13.98	4/1/2021	12/31/2299	N
80180	DRUG SCR N QUAN MYCOPHENOLATE	PRXOVR	DEF					NA	NA	NA	N
80180	DRUG SCR N QUAN MYCOPHENOLATE	MAXFEE	DEF					13.54	1/1/2021	12/31/2299	N
80181	DRUG ASSAY FLECAINIDE	PRXOVR	DEF					NA	NA	NA	N
80181	DRUG ASSAY FLECAINIDE	MAXFEE	DEF					13.98	4/1/2021	12/31/2299	N

## Ohio Medicaid LAB Contract 12-07-2023

80182	ASSAY OF NORTRIPTYLINE	PRXOVR	DEF					NA	NA	NA	N
80182	ASSAY OF NORTRIPTYLINE	MAXFEE	DEF					NA			N
80183	DRUG SCR N QUANT OXCARBAZEPIN	PRXOVR	DEF					NA	NA	NA	N
80183	DRUG SCR N QUANT OXCARBAZEPIN	MAXFEE	DEF					9.94	1/1/2021	12/31/2299	N
80184	ASSAY OF PHENOBARBITAL	PRXOVR	DEF					NA	NA	NA	N
80184	ASSAY OF PHENOBARBITAL	MAXFEE	DEF					11.48	4/1/2019	12/31/2299	N
80185	ASSAY OF PHENYTOIN TOTAL	PRXOVR	DEF					NA	NA	NA	N
80185	ASSAY OF PHENYTOIN TOTAL	MAXFEE	DEF					9.94	1/1/2021	12/31/2299	N
80186	ASSAY OF PHENYTOIN FREE	PRXOVR	DEF					NA	NA	NA	N
80186	ASSAY OF PHENYTOIN FREE	MAXFEE	DEF					10.32	1/1/2021	12/31/2299	N
80187	DRUG ASSAY POSACONAZOLE	PRXOVR	DEF					NA	NA	NA	N
80187	DRUG ASSAY POSACONAZOLE	MAXFEE	DEF					20.33	1/1/2021	12/31/2299	N
80188	ASSAY OF PRIMIDONE	PRXOVR	DEF					NA	NA	NA	N
80188	ASSAY OF PRIMIDONE	MAXFEE	DEF					12.44	1/1/2021	12/31/2299	N
80189	DRUG ASSAY ITRACONAZOLE	PRXOVR	DEF					NA	NA	NA	N
80189	DRUG ASSAY ITRACONAZOLE	MAXFEE	DEF					20.33	4/1/2021	12/31/2299	N
80190	ASSAY OF PROCAINAMIDE	PRXOVR	DEF					NA	NA	NA	N
80190	ASSAY OF PROCAINAMIDE	MAXFEE	DEF					45	4/1/2019	12/31/2299	N
80192	ASSAY OF PROCAINAMIDE	PRXOVR	DEF					NA	NA	NA	N
80192	ASSAY OF PROCAINAMIDE	MAXFEE	DEF					12.56	1/1/2021	12/31/2299	N
80193	DRUG ASSAY LEFLUNOMIDE	PRXOVR	DEF					NA	NA	NA	N
80193	DRUG ASSAY LEFLUNOMIDE	MAXFEE	DEF					28.93	4/1/2021	12/31/2299	N
80194	ASSAY OF QUINIDINE	PRXOVR	DEF					NA	NA	NA	N
80194	ASSAY OF QUINIDINE	MAXFEE	DEF					10.95	1/1/2021	12/31/2299	N
80195	ASSAY OF SIROLIMUS	PRXOVR	DEF					NA	NA	NA	N
80195	ASSAY OF SIROLIMUS	MAXFEE	DEF					10.30	1/1/2021	12/31/2299	N
80196	ASSAY OF SALICYLATE	PRXOVR	DEF					NA	NA	NA	N
80196	ASSAY OF SALICYLATE	MAXFEE	DEF					NA			N
80197	ASSAY OF TACROLIMUS	PRXOVR	DEF					NA	NA	NA	N



## Ohio Medicaid LAB Contract 12-07-2023

80197	ASSAY OF TACROLIMUS	MAXFEE	DEF					10.30	1/1/2021	12/31/2299	N
80198	ASSAY OF THEOPHYLLINE	PRXOVR	DEF					NA	NA	NA	N
80198	ASSAY OF THEOPHYLLINE	MAXFEE	DEF					10.61	1/1/2021	12/31/2299	N
80199	DRUG SCREEN QUANT TIAGABINE	PRXOVR	DEF					NA	NA	NA	N
80199	DRUG SCREEN QUANT TIAGABINE	MAXFEE	DEF					20.33	4/1/2019	12/31/2299	N
80200	ASSAY OF TOBRAMYCIN	PRXOVR	DEF					NA	NA	NA	N
80200	ASSAY OF TOBRAMYCIN	MAXFEE	DEF					12.10	1/1/2021	12/31/2299	N
80201	ASSAY OF TOPIRAMATE	PRXOVR	DEF					NA	NA	NA	N
80201	ASSAY OF TOPIRAMATE	MAXFEE	DEF					8.94	1/1/2021	12/31/2299	N
80202	ASSAY OF VANCOMYCIN	PRXOVR	DEF					NA	NA	NA	N
80202	ASSAY OF VANCOMYCIN	MAXFEE	DEF					10.16	1/1/2021	12/31/2299	N
80203	DRUG SCREEN QUANT ZONISAMIDE	PRXOVR	DEF					NA	NA	NA	N
80203	DRUG SCREEN QUANT ZONISAMIDE	MAXFEE	DEF					9.94	1/1/2021	12/31/2299	N
80204	DRUG ASSAY METHOTREXATE	PRXOVR	DEF					NA	NA	NA	N
80204	DRUG ASSAY METHOTREXATE	MAXFEE	DEF					28.93	4/1/2021	12/31/2299	N
80210	DRUG ASSAY RUFINAMIDE	PRXOVR	DEF					NA	NA	NA	N
80210	DRUG ASSAY RUFINAMIDE	MAXFEE	DEF					20.33	4/1/2021	12/31/2299	N
80220	DRUG ASY HYDROXYCHLOROQUINE	PRXOVR	DEF					NA	NA	NA	N
80220	DRUG ASY HYDROXYCHLOROQUINE	MAXFEE	DEF					13.98	4/1/2022	12/31/2299	N
80230	DRUG ASSAY INFLIXIMAB	PRXOVR	DEF					NA	NA	NA	N
80230	DRUG ASSAY INFLIXIMAB	MAXFEE	DEF					28.93	1/1/2021	12/31/2299	N
80235	DRUG ASSAY LACOSAMIDE	PRXOVR	DEF					NA	NA	NA	N
80235	DRUG ASSAY LACOSAMIDE	MAXFEE	DEF					20.33	1/1/2021	12/31/2299	N
80280	DRUG ASSAY VEDOLIZUMAB	PRXOVR	DEF					NA	NA	NA	N

## Ohio Medicaid LAB Contract 12-07-2023

80280	DRUG ASSAY VEDOLIZUMAB	MAXFEE	DEF					28.93	1/1/2021	12/31/2299	N
80285	DRUG ASSAY VORICONAZOLE	PRXOVR	DEF					NA	NA	NA	N
80285	DRUG ASSAY VORICONAZOLE	MAXFEE	DEF					20.33	1/1/2021	12/31/2299	N
80299	QUANTITATIVE ASSAY DRUG	PRXOVR	DEF					NA	NA	NA	N
80299	QUANTITATIVE ASSAY DRUG	MAXFEE	DEF					13.98	4/1/2019	12/31/2299	N
80300	DRUG SCREEN NON TLC DEVICES	PRXOVR	DEF					NA	NA	NA	N
80300	DRUG SCREEN NON TLC DEVICES	MAXFEE	DEF					NA			N
80301	DRUG SCREEN CLASS LIST A	PRXOVR	DEF					NA	NA	NA	N
80301	DRUG SCREEN CLASS LIST A	MAXFEE	DEF					NA			N
80302	DRUG SCREEN PRSMPTV 1 CLASS	PRXOVR	DEF					NA	NA	NA	N
80302	DRUG SCREEN PRSMPTV 1 CLASS	MAXFEE	DEF					NA			N
80303	DRUG SCREEN ONE/MULT CLASS	PRXOVR	DEF					NA	NA	NA	N
80303	DRUG SCREEN ONE/MULT CLASS	MAXFEE	DEF					NA			N
80304	DRUG SCREEN ONE/MULT CLASS	PRXOVR	DEF					NA	NA	NA	N
80304	DRUG SCREEN ONE/MULT CLASS	MAXFEE	DEF					NA			N
80305	DRUG TEST PRSMV DIR OPT OBS	PRXOVR	DEF					NA	NA	NA	S
80305	DRUG TEST PRSMV DIR OPT OBS	MAXFEE	DEF					10.10	4/1/2019	12/31/2299	S
80306	DRUG TEST PRSMV INSTRMNT	PRXOVR	DEF					NA	NA	NA	S
80306	DRUG TEST PRSMV INSTRMNT	MAXFEE	DEF					13.47	4/1/2019	12/31/2299	S
80307	DRUG TEST PRSMV CHEM ANLYZR	PRXOVR	DEF					NA	NA	NA	S
80307	DRUG TEST PRSMV CHEM ANLYZR	MAXFEE	DEF					53.87	4/1/2019	12/31/2299	S

## Ohio Medicaid LAB Contract 12-07-2023

80374	STEREoisomer ANALYSIS	PRXOVR	DEF					NA	NA	NA	N
80374	STEREoisomer ANALYSIS	MAXFEE	DEF					NA			N
80375	DRUG/SUBSTANCE NOS 1-3	PRXOVR	DEF					NA	NA	NA	N
80375	DRUG/SUBSTANCE NOS 1-3	MAXFEE	DEF					NA			N
80376	DRUG/SUBSTANCE NOS 4-6	PRXOVR	DEF					NA	NA	NA	N
80376	DRUG/SUBSTANCE NOS 4-6	MAXFEE	DEF					NA			N
80377	DRUG/SUBSTANCE NOS 7/MORE	PRXOVR	DEF					NA	NA	NA	N
80377	DRUG/SUBSTANCE NOS 7/MORE	MAXFEE	DEF					NA			N
80400	ACTH STIMULATION PANEL	PRXOVR	DEF					NA	NA	NA	N
80400	ACTH STIMULATION PANEL	MAXFEE	DEF					24.47	1/1/2021	12/31/2299	N
80402	ACTH STIMULATION PANEL	PRXOVR	DEF					NA	NA	NA	N
80402	ACTH STIMULATION PANEL	MAXFEE	DEF					65.22	1/1/2021	12/31/2299	N
80406	ACTH STIMULATION PANEL	PRXOVR	DEF					NA	NA	NA	N
80406	ACTH STIMULATION PANEL	MAXFEE	DEF					58.70	1/1/2021	12/31/2299	N
80408	ALDOSTERONE SUPPRESSION EVAL	PRXOVR	DEF					NA	NA	NA	N
80408	ALDOSTERONE SUPPRESSION EVAL	MAXFEE	DEF					94.13	1/1/2021	12/31/2299	N
80410	CALCITONIN STIMUL PANEL	PRXOVR	DEF					NA	NA	NA	N
80410	CALCITONIN STIMUL PANEL	MAXFEE	DEF					60.27	1/1/2021	12/31/2299	N
80412	CRH STIMULATION PANEL	PRXOVR	DEF					NA	NA	NA	N
80412	CRH STIMULATION PANEL	MAXFEE	DEF					601.22	4/1/2019	12/31/2299	N
80414	TESTOSTERONE RESPONSE PANEL	PRXOVR	DEF					NA	NA	NA	N
80414	TESTOSTERONE RESPONSE PANEL	MAXFEE	DEF					38.73	1/1/2021	12/31/2299	N
80415	TOT ESTRADIOL RESPONSE PANEL	PRXOVR	DEF					NA	NA	NA	N
80415	TOT ESTRADIOL RESPONSE PANEL	MAXFEE	DEF					41.92	1/1/2021	12/31/2299	N

## Ohio Medicaid LAB Contract 12-07-2023

80416	RENIN STIMULATION PANEL	PRXOVR	DEF					NA	NA	NA	N
80416	RENIN STIMULATION PANEL	MAXFEE	DEF					156.99	4/1/2019	12/31/2299	N
80417	RENIN STIMULATION PANEL	PRXOVR	DEF					NA	NA	NA	N
80417	RENIN STIMULATION PANEL	MAXFEE	DEF					32.99	1/1/2021	12/31/2299	N
80418	PITUITARY EVALUATION PANEL	PRXOVR	DEF					NA	NA	NA	N
80418	PITUITARY EVALUATION PANEL	MAXFEE	DEF					434.61	1/1/2021	12/31/2299	N
80420	DEXAMETHASONE PANEL	PRXOVR	DEF					NA	NA	NA	N
80420	DEXAMETHASONE PANEL	MAXFEE	DEF					121.41	4/1/2019	12/31/2299	N
80422	GLUCAGON TOLERANCE PANEL	PRXOVR	DEF					NA	NA	NA	N
80422	GLUCAGON TOLERANCE PANEL	MAXFEE	DEF					34.55	1/1/2021	12/31/2299	N
80424	GLUCAGON TOLERANCE PANEL	PRXOVR	DEF					NA	NA	NA	N
80424	GLUCAGON TOLERANCE PANEL	MAXFEE	DEF					37.88	1/1/2021	12/31/2299	N
80426	GONADOTROPIN HORMONE PANEL	PRXOVR	DEF					NA	NA	NA	N
80426	GONADOTROPIN HORMONE PANEL	MAXFEE	DEF					111.31	1/1/2021	12/31/2299	N
80428	GROWTH HORMONE PANEL	PRXOVR	DEF					NA	NA	NA	N
80428	GROWTH HORMONE PANEL	MAXFEE	DEF					50.03	1/1/2021	12/31/2299	N
80430	GROWTH HORMONE PANEL	PRXOVR	DEF					NA	NA	NA	N
80430	GROWTH HORMONE PANEL	MAXFEE	DEF					97	4/1/2019	12/31/2299	N
80432	INSULIN SUPPRESSION PANEL	PRXOVR	DEF					NA	NA	NA	N
80432	INSULIN SUPPRESSION PANEL	MAXFEE	DEF					124.21	4/1/2021	12/31/2299	N
80434	INSULIN TOLERANCE PANEL	PRXOVR	DEF					NA	NA	NA	N
80434	INSULIN TOLERANCE PANEL	MAXFEE	DEF					213.77	4/1/2019	12/31/2299	N
80435	INSULIN TOLERANCE PANEL	PRXOVR	DEF					NA	NA	NA	N
80435	INSULIN TOLERANCE PANEL	MAXFEE	DEF					77.25	1/1/2021	12/31/2299	N

## Ohio Medicaid LAB Contract 12-07-2023

80436	METYRAPONE PANEL	PRXOVR	DEF					NA	NA	NA	N
80436	METYRAPONE PANEL	MAXFEE	DEF					68.37	1/1/2021	12/31/2299	N
80438	TRH STIMULATION PANEL	PRXOVR	DEF					NA	NA	NA	N
80438	TRH STIMULATION PANEL	MAXFEE	DEF					37.81	1/1/2021	12/31/2299	N
80439	TRH STIMULATION PANEL	PRXOVR	DEF					NA	NA	NA	N
80439	TRH STIMULATION PANEL	MAXFEE	DEF					50.41	1/1/2021	12/31/2299	N
80440	TRH STIMULATION PANEL	PRXOVR	DEF					NA	NA	NA	N
80440	TRH STIMULATION PANEL	MAXFEE	DEF					NA			N
80500	LAB PATHOLOGY CONSULTATION	PRXOVR	DEF					NA	NA	NA	N
80500	LAB PATHOLOGY CONSULTATION	MAXFEE	DEF					NA			N
80502	LAB PATHOLOGY CONSULTATION	PRXOVR	DEF					NA	NA	NA	N
80502	LAB PATHOLOGY CONSULTATION	MAXFEE	DEF					NA			N
80503	PATH CLIN CONSLTJ SF 5-20	PRXOVR	DEF					NA	NA	NA	N
80503	PATH CLIN CONSLTJ SF 5-20	MAXFEE	FAC					17.06	1/1/2022	12/31/2299	N
80503	PATH CLIN CONSLTJ SF 5-20	MAXFEE	NFF					20	1/1/2022	12/31/2299	N
80504	PATH CLIN CONSLTJ MOD 21-40	PRXOVR	DEF					NA	NA	NA	N
80504	PATH CLIN CONSLTJ MOD 21-40	MAXFEE	FAC					36.48	1/1/2022	12/31/2299	N
80504	PATH CLIN CONSLTJ MOD 21-40	MAXFEE	NFF					40.16	1/1/2022	12/31/2299	N
80505	PATH CLIN CONSLTJ HIGH 41-60	PRXOVR	DEF					NA	NA	NA	N
80505	PATH CLIN CONSLTJ HIGH 41-60	MAXFEE	FAC					68.78	1/1/2022	12/31/2299	N
80505	PATH CLIN CONSLTJ HIGH 41-60	MAXFEE	NFF					72.95	1/1/2022	12/31/2299	N
80506	PATH CLIN CONSLTJ PROLNG SVC	PRXOVR	DEF					NA	NA	NA	N

## Ohio Medicaid LAB Contract 12-07-2023

80506	PATH CLIN CONSLTJ PROLNG SVC	MAXFEE	DEF					32.74	1/1/2022	12/31/2299	N
81000	URINALYSIS NONAUTO W/SCOPE	PRXOVR	DEF					NA	NA	NA	N
81000	URINALYSIS NONAUTO W/SCOPE	MAXFEE	DEF					3.02	4/1/2019	12/31/2299	N
81001	URINALYSIS AUTO W/SCOPE	PRXOVR	DEF					NA	NA	NA	N
81001	URINALYSIS AUTO W/SCOPE	MAXFEE	DEF					2.38	1/1/2021	12/31/2299	N
81002	URINALYSIS NONAUTO W/O SCOPE	PRXOVR	DEF					NA	NA	NA	N
81002	URINALYSIS NONAUTO W/O SCOPE	MAXFEE	DEF					2.61	4/1/2019	12/31/2299	N
81003	URINALYSIS AUTO W/O SCOPE	PRXOVR	DEF					NA	NA	NA	N
81003	URINALYSIS AUTO W/O SCOPE	MAXFEE	DEF					1.69	1/1/2021	12/31/2299	N
81005	URINALYSIS	PRXOVR	DEF					NA	NA	NA	N
81005	URINALYSIS	MAXFEE	DEF					1.63	1/1/2021	12/31/2299	N
81007	URINE SCREEN FOR BACTERIA	PRXOVR	DEF					NA	NA	NA	N
81007	URINE SCREEN FOR BACTERIA	MAXFEE	DEF					22.49	4/1/2019	12/31/2299	N
81015	MICROSCOPIC EXAM OF URINE	PRXOVR	DEF					NA	NA	NA	N
81015	MICROSCOPIC EXAM OF URINE	MAXFEE	DEF					2.29	1/1/2021	12/31/2299	N
81020	URINALYSIS GLASS TEST	PRXOVR	DEF					NA	NA	NA	N
81020	URINALYSIS GLASS TEST	MAXFEE	DEF					3.53	4/1/2019	12/31/2299	N
81025	URINE PREGNANCY TEST	PRXOVR	DEF					NA	NA	NA	N
81025	URINE PREGNANCY TEST	MAXFEE	DEF					6.46	4/1/2019	12/31/2299	N
81050	URINALYSIS VOLUME MEASURE	PRXOVR	DEF					NA	NA	NA	N
81050	URINALYSIS VOLUME MEASURE	MAXFEE	DEF					2.78	4/1/2019	12/31/2299	N
81099	UNLISTED URINALYSIS PX	PRXOVR	DEF					NA	NA	NA	N
81099	UNLISTED URINALYSIS PX	MAXFEE	DEF					3.82	1/1/2018	12/31/2299	N

## Ohio Medicaid LAB Contract 12-07-2023

81105	HPA-1 GENOTYPING	PRXOVR	DEF					NA	NA	NA	N
81105	HPA-1 GENOTYPING	MAXFEE	DEF					91.67	4/1/2021	12/31/2299	N
81106	HPA-2 GENOTYPING	PRXOVR	DEF					NA	NA	NA	N
81106	HPA-2 GENOTYPING	MAXFEE	DEF					91.67	4/1/2021	12/31/2299	N
81107	HPA-3 GENOTYPING	PRXOVR	DEF					NA	NA	NA	N
81107	HPA-3 GENOTYPING	MAXFEE	DEF					91.67	4/1/2021	12/31/2299	N
81108	HPA-4 GENOTYPING	PRXOVR	DEF					NA	NA	NA	N
81108	HPA-4 GENOTYPING	MAXFEE	DEF					91.67	4/1/2021	12/31/2299	N
81109	HPA-5 GENOTYPING	PRXOVR	DEF					NA	NA	NA	N
81109	HPA-5 GENOTYPING	MAXFEE	DEF					91.67	4/1/2021	12/31/2299	N
81110	HPA-6 GENOTYPING	PRXOVR	DEF					NA	NA	NA	N
81110	HPA-6 GENOTYPING	MAXFEE	DEF					91.67	4/1/2021	12/31/2299	N
81111	HPA-9 GENOTYPING	PRXOVR	DEF					NA	NA	NA	N
81111	HPA-9 GENOTYPING	MAXFEE	DEF					91.67	4/1/2021	12/31/2299	N
81112	HPA-15 GENOTYPING	PRXOVR	DEF					NA	NA	NA	N
81112	HPA-15 GENOTYPING	MAXFEE	DEF					91.67	4/1/2021	12/31/2299	N
81120	IDH1 COMMON VARIANTS	PRXOVR	DEF					NA	NA	NA	N
81120	IDH1 COMMON VARIANTS	MAXFEE	DEF					144.94	4/1/2019	12/31/2299	N
81121	IDH2 COMMON VARIANTS	PRXOVR	DEF					NA	NA	NA	N
81121	IDH2 COMMON VARIANTS	MAXFEE	DEF					221.84	4/1/2019	12/31/2299	N
81161	DMD DUP/DELET ANALYSIS	PRXOVR	DEF					NA	NA	NA	N
81161	DMD DUP/DELET ANALYSIS	MAXFEE	DEF					209.25	4/1/2021	12/31/2299	N
81162	BRCA1&2 GEN FULL SEQ DUP/DEL	PRXOVR	DEF					NA	NA	NA	N
81162	BRCA1&2 GEN FULL SEQ DUP/DEL	MAXFEE	DEF					1368.66	1/1/2021	12/31/2299	N
81163	BRCA1&2 GENE FULL SEQ ALYS	PRXOVR	DEF					NA	NA	NA	N
81163	BRCA1&2 GENE FULL SEQ ALYS	MAXFEE	DEF					351	4/1/2021	12/31/2299	N

## Ohio Medicaid LAB Contract 12-07-2023

81164	BRCA1&2 GEN FUL DUP/DEL ALYS	PRXOVR	DEF					NA	NA	NA	N
81164	BRCA1&2 GEN FUL DUP/DEL ALYS	MAXFEE	DEF					438.17	4/1/2019	12/31/2299	N
81165	BRCA1 GENE FULL SEQ ALYS	PRXOVR	DEF					NA	NA	NA	N
81165	BRCA1 GENE FULL SEQ ALYS	MAXFEE	DEF					212.16	4/1/2021	12/31/2299	N
81166	BRCA1 GENE FULL DUP/DEL ALYS	PRXOVR	DEF					NA	NA	NA	N
81166	BRCA1 GENE FULL DUP/DEL ALYS	MAXFEE	DEF					226.01	4/1/2019	12/31/2299	N
81167	BRCA2 GENE FULL DUP/DEL ALYS	PRXOVR	DEF					NA	NA	NA	N
81167	BRCA2 GENE FULL DUP/DEL ALYS	MAXFEE	DEF					212.16	4/1/2019	12/31/2299	N
81168	CCND1/IGH TRANSLOCATION ALYS	PRXOVR	DEF					NA	NA	NA	N
81168	CCND1/IGH TRANSLOCATION ALYS	MAXFEE	DEF					155.48	4/1/2021	12/31/2299	N
81170	ABL1 GENE	PRXOVR	DEF					NA	NA	NA	N
81170	ABL1 GENE	MAXFEE	DEF					225	4/1/2019	12/31/2299	N
81171	AFF2 GEN ALY DETC ABNL ALLEL	PRXOVR	DEF					NA	NA	NA	N
81171	AFF2 GEN ALY DETC ABNL ALLEL	MAXFEE	DEF					102.75	4/1/2019	12/31/2299	N
81172	AFF2 GEN ALYS CHARAC ALLELES	PRXOVR	DEF					NA	NA	NA	N
81172	AFF2 GEN ALYS CHARAC ALLELES	MAXFEE	DEF					206.12	4/1/2019	12/31/2299	N
81173	AR GENE FULL GENE SEQUENCE	PRXOVR	DEF					NA	NA	NA	N
81173	AR GENE FULL GENE SEQUENCE	MAXFEE	DEF					226.01	4/1/2019	12/31/2299	N
81174	AR GENE KNOWN FAMIL VARIANT	PRXOVR	DEF					NA	NA	NA	N



## Ohio Medicaid LAB Contract 12-07-2023

81174	AR GENE KNOWN FAMIL VARIANT	MAXFEE	DEF					138.90	4/1/2019	12/31/2299	N
81175	ASXL1 FULL GENE SEQUENCE	PRXOVR	DEF					NA	NA	NA	N
81175	ASXL1 FULL GENE SEQUENCE	MAXFEE	DEF					530.27	4/1/2019	12/31/2299	N
81176	ASXL1 GENE TARGET SEQ ALYS	PRXOVR	DEF					NA	NA	NA	N
81176	ASXL1 GENE TARGET SEQ ALYS	MAXFEE	DEF					181.43	1/1/2021	12/31/2299	N
81177	ATN1 GENE DETC ABNOR ALLELES	PRXOVR	DEF					NA	NA	NA	N
81177	ATN1 GENE DETC ABNOR ALLELES	MAXFEE	DEF					102.75	4/1/2019	12/31/2299	N
81178	ATXN1 GENE DETC ABNOR ALLELE	PRXOVR	DEF					NA	NA	NA	N
81178	ATXN1 GENE DETC ABNOR ALLELE	MAXFEE	DEF					102.75	4/1/2019	12/31/2299	N
81179	ATXN2 GENE DETC ABNOR ALLELE	PRXOVR	DEF					NA	NA	NA	N
81179	ATXN2 GENE DETC ABNOR ALLELE	MAXFEE	DEF					102.75	4/1/2019	12/31/2299	N
81180	ATXN3 GENE DETC ABNOR ALLELE	PRXOVR	DEF					NA	NA	NA	N
81180	ATXN3 GENE DETC ABNOR ALLELE	MAXFEE	DEF					102.75	4/1/2019	12/31/2299	N
81181	ATXN7 GENE DETC ABNOR ALLELE	PRXOVR	DEF					NA	NA	NA	N
81181	ATXN7 GENE DETC ABNOR ALLELE	MAXFEE	DEF					102.75	4/1/2019	12/31/2299	N
81182	ATXN8OS GEN DETC ABNOR ALLEL	PRXOVR	DEF					NA	NA	NA	N
81182	ATXN8OS GEN DETC ABNOR ALLEL	MAXFEE	DEF					102.75	4/1/2019	12/31/2299	N
81183	ATXN10 GENE DETC ABNOR ALLEL	PRXOVR	DEF					NA	NA	NA	N

## Ohio Medicaid LAB Contract 12-07-2023

81183	ATXN10 GENE DETC ABNOR ALLEL	MAXFEE	DEF					102.75	4/1/2019	12/31/2299	N
81184	CACNA1A GEN DETC ABNOR ALLEL	PRXOVR	DEF					NA	NA	NA	N
81184	CACNA1A GEN DETC ABNOR ALLEL	MAXFEE	DEF					102.75	4/1/2019	12/31/2299	N
81185	CACNA1A GENE FULL GENE SEQ	PRXOVR	DEF					NA	NA	NA	N
81185	CACNA1A GENE FULL GENE SEQ	MAXFEE	DEF					634.70	4/1/2019	12/31/2299	N
81186	CACNA1A GEN KNOWN FAMIL VRNT	PRXOVR	DEF					NA	NA	NA	N
81186	CACNA1A GEN KNOWN FAMIL VRNT	MAXFEE	DEF					138.90	4/1/2019	12/31/2299	N
81187	CNBP GENE DETC ABNOR ALLELE	PRXOVR	DEF					NA	NA	NA	N
81187	CNBP GENE DETC ABNOR ALLELE	MAXFEE	DEF					102.75	4/1/2019	12/31/2299	N
81188	CSTB GENE DETC ABNOR ALLELE	PRXOVR	DEF					NA	NA	NA	N
81188	CSTB GENE DETC ABNOR ALLELE	MAXFEE	DEF					102.75	4/1/2019	12/31/2299	N
81189	CSTB GENE FULL GENE SEQUENCE	PRXOVR	DEF					NA	NA	NA	N
81189	CSTB GENE FULL GENE SEQUENCE	MAXFEE	DEF					206.12	4/1/2019	12/31/2299	N
81190	CSTB GENE KNOWN FAMIL VRNT	PRXOVR	DEF					NA	NA	NA	N
81190	CSTB GENE KNOWN FAMIL VRNT	MAXFEE	DEF					138.90	4/1/2019	12/31/2299	N
81191	NTRK1 TRANSLOCATION ANALYSIS	PRXOVR	DEF					NA	NA	NA	N
81191	NTRK1 TRANSLOCATION ANALYSIS	MAXFEE	DEF					155.48	4/1/2021	12/31/2299	N

## Ohio Medicaid LAB Contract 12-07-2023

81192	NTRK2 TRANSLOCATION ANALYSIS	PRXOVR	DEF					NA	NA	NA	N
81192	NTRK2 TRANSLOCATION ANALYSIS	MAXFEE	DEF					155.48	4/1/2021	12/31/2299	N
81193	NTRK3 TRANSLOCATION ANALYSIS	PRXOVR	DEF					NA	NA	NA	N
81193	NTRK3 TRANSLOCATION ANALYSIS	MAXFEE	DEF					155.48	4/1/2021	12/31/2299	N
81194	NTRK TRANSLOCATION ANALYSIS	PRXOVR	DEF					NA	NA	NA	N
81194	NTRK TRANSLOCATION ANALYSIS	MAXFEE	DEF					388.71	4/1/2021	12/31/2299	N
81200	ASPA GENE	PRXOVR	DEF					NA	NA	NA	N
81200	ASPA GENE	MAXFEE	DEF					35.44	4/1/2019	12/31/2299	N
81201	APC GENE FULL SEQUENCE	PRXOVR	DEF					NA	NA	NA	N
81201	APC GENE FULL SEQUENCE	MAXFEE	DEF					585	4/1/2019	12/31/2299	N
81202	APC GENE KNOWN FAM VARIANTS	PRXOVR	DEF					NA	NA	NA	N
81202	APC GENE KNOWN FAM VARIANTS	MAXFEE	DEF					210	4/1/2019	12/31/2299	N
81203	APC GENE DUP/DELET VARIANTS	PRXOVR	DEF					NA	NA	NA	N
81203	APC GENE DUP/DELET VARIANTS	MAXFEE	DEF					150	4/1/2019	12/31/2299	N
81204	AR GENE CHARAC ALLELES	PRXOVR	DEF					NA	NA	NA	N
81204	AR GENE CHARAC ALLELES	MAXFEE	DEF					102.75	4/1/2019	12/31/2299	N
81205	BCKDHB GENE	PRXOVR	DEF					NA	NA	NA	N
81205	BCKDHB GENE	MAXFEE	DEF					71.24	4/1/2019	12/31/2299	N
81206	BCR/ABL1 GENE MAJOR BP	PRXOVR	DEF					NA	NA	NA	N
81206	BCR/ABL1 GENE MAJOR BP	MAXFEE	DEF					122.97	1/1/2021	12/31/2299	N
81207	BCR/ABL1 GENE MINOR BP	PRXOVR	DEF					NA	NA	NA	N
81207	BCR/ABL1 GENE MINOR BP	MAXFEE	DEF					108.63	1/1/2021	12/31/2299	N
81208	BCR/ABL1 GENE OTHER BP	PRXOVR	DEF					NA	NA	NA	N

## Ohio Medicaid LAB Contract 12-07-2023

81208	BCR/ABL1 GENE OTHER BP	MAXFEE	DEF					160.97	4/1/2019	12/31/2299	N
81209	BLM GENE	PRXOVR	DEF					NA	NA	NA	N
81209	BLM GENE	MAXFEE	DEF					29.48	4/1/2019	12/31/2299	N
81210	BRAF GENE	PRXOVR	DEF					NA	NA	NA	N
81210	BRAF GENE	MAXFEE	DEF					131.55	4/1/2019	12/31/2299	N
81211	BRCA1&2 SEQ & COM DUP/DEL	PRXOVR	DEF					NA	NA	NA	N
81211	BRCA1&2 SEQ & COM DUP/DEL	MAXFEE	DEF					NA			N
81212	BRCA1&2 185&5385&6174 VRNT	PRXOVR	DEF					NA	NA	NA	N
81212	BRCA1&2 185&5385&6174 VRNT	MAXFEE	DEF					330	4/1/2019	12/31/2299	N
81213	BRCA1&2 UNCOM DUP/DEL VAR	PRXOVR	DEF					NA	NA	NA	N
81213	BRCA1&2 UNCOM DUP/DEL VAR	MAXFEE	DEF					NA			N
81214	BRCA1 FULL SEQ & COM DUP/DEL	PRXOVR	DEF					NA	NA	NA	N
81214	BRCA1 FULL SEQ & COM DUP/DEL	MAXFEE	DEF					NA			N
81215	BRCA1 GENE KNOWN FAMIL VRNT	PRXOVR	DEF					NA	NA	NA	N
81215	BRCA1 GENE KNOWN FAMIL VRNT	MAXFEE	DEF					281.44	4/1/2019	12/31/2299	N
81216	BRCA2 GENE FULL SEQ ALYS	PRXOVR	DEF					NA	NA	NA	N
81216	BRCA2 GENE FULL SEQ ALYS	MAXFEE	DEF					138.84	4/1/2019	12/31/2299	N
81217	BRCA2 GENE KNOWN FAMIL VRNT	PRXOVR	DEF					NA	NA	NA	N
81217	BRCA2 GENE KNOWN FAMIL VRNT	MAXFEE	DEF					281.44	4/1/2019	12/31/2299	N
81218	CEBPA GENE FULL SEQUENCE	PRXOVR	DEF					NA	NA	NA	N
81218	CEBPA GENE FULL SEQUENCE	MAXFEE	DEF					181.43	1/1/2021	12/31/2299	N

## Ohio Medicaid LAB Contract 12-07-2023

81219	CALR GENE COM VARIANTS	PRXOVR	DEF					NA	NA	NA	N
81219	CALR GENE COM VARIANTS	MAXFEE	DEF					91.22	1/1/2021	12/31/2299	N
81220	CFTR GENE COM VARIANTS	PRXOVR	DEF					NA	NA	NA	N
81220	CFTR GENE COM VARIANTS	MAXFEE	DEF					417.45	4/1/2019	12/31/2299	N
81221	CFTR GENE KNOWN FAM VARIANTS	PRXOVR	DEF					NA	NA	NA	N
81221	CFTR GENE KNOWN FAM VARIANTS	MAXFEE	DEF					72.92	4/1/2019	12/31/2299	N
81222	CFTR GENE DUP/DELET VARIANTS	PRXOVR	DEF					NA	NA	NA	N
81222	CFTR GENE DUP/DELET VARIANTS	MAXFEE	DEF					326.30	4/1/2019	12/31/2299	N
81223	CFTR GENE FULL SEQUENCE	PRXOVR	DEF					NA	NA	NA	N
81223	CFTR GENE FULL SEQUENCE	MAXFEE	DEF					374.25	4/1/2019	12/31/2299	N
81224	CFTR GENE INTRON POLY T	PRXOVR	DEF					NA	NA	NA	N
81224	CFTR GENE INTRON POLY T	MAXFEE	DEF					126.56	4/1/2019	12/31/2299	N
81225	CYP2C19 GENE COM VARIANTS	PRXOVR	DEF					NA	NA	NA	N
81225	CYP2C19 GENE COM VARIANTS	MAXFEE	DEF					218.52	4/1/2019	12/31/2299	N
81226	CYP2D6 GENE COM VARIANTS	PRXOVR	DEF					NA	NA	NA	N
81226	CYP2D6 GENE COM VARIANTS	MAXFEE	DEF					338.18	4/1/2019	12/31/2299	N
81227	CYP2C9 GENE COM VARIANTS	PRXOVR	DEF					NA	NA	NA	N
81227	CYP2C9 GENE COM VARIANTS	MAXFEE	DEF					131.11	4/1/2019	12/31/2299	N
81228	CYTOG ALYS CHRML ABNR CGH	PRXOVR	DEF					NA	NA	NA	N
81228	CYTOG ALYS CHRML ABNR CGH	MAXFEE	DEF					675	4/1/2019	12/31/2299	N
81229	CYTOG ALYS CHRML ABNR SNPCGH	PRXOVR	DEF					NA	NA	NA	N
81229	CYTOG ALYS CHRML ABNR SNPCGH	MAXFEE	DEF					870	4/1/2019	12/31/2299	N

## Ohio Medicaid LAB Contract 12-07-2023

81230	CYP3A4 GENE COMMON VARIANTS	PRXOVR	DEF					NA	NA	NA	N
81230	CYP3A4 GENE COMMON VARIANTS	MAXFEE	DEF					131.11	4/1/2019	12/31/2299	N
81231	CYP3A5 GENE COMMON VARIANTS	PRXOVR	DEF					NA	NA	NA	N
81231	CYP3A5 GENE COMMON VARIANTS	MAXFEE	DEF					131.11	4/1/2019	12/31/2299	N
81232	DPYD GENE COMMON VARIANTS	PRXOVR	DEF					NA	NA	NA	N
81232	DPYD GENE COMMON VARIANTS	MAXFEE	DEF					131.11	4/1/2019	12/31/2299	N
81233	BTK GENE COMMON VARIANTS	PRXOVR	DEF					NA	NA	NA	N
81233	BTK GENE COMMON VARIANTS	MAXFEE	DEF					131.55	4/1/2019	12/31/2299	N
81234	DMPK GENE DETC ABNOR ALLELE	PRXOVR	DEF					NA	NA	NA	N
81234	DMPK GENE DETC ABNOR ALLELE	MAXFEE	DEF					102.75	4/1/2019	12/31/2299	N
81235	EGFR GENE COM VARIANTS	PRXOVR	DEF					NA	NA	NA	N
81235	EGFR GENE COM VARIANTS	MAXFEE	DEF					243.44	4/1/2019	12/31/2299	N
81236	EZH2 GENE FULL GENE SEQUENCE	PRXOVR	DEF					NA	NA	NA	N
81236	EZH2 GENE FULL GENE SEQUENCE	MAXFEE	DEF					212.16	4/1/2019	12/31/2299	N
81237	EZH2 GENE COMMON VARIANTS	PRXOVR	DEF					NA	NA	NA	N
81237	EZH2 GENE COMMON VARIANTS	MAXFEE	DEF					131.55	4/1/2019	12/31/2299	N
81238	F9 FULL GENE SEQUENCE	PRXOVR	DEF					NA	NA	NA	N
81238	F9 FULL GENE SEQUENCE	MAXFEE	DEF					450	4/1/2019	12/31/2299	N
81239	DMPK GENE CHARAC ALLELES	PRXOVR	DEF					NA	NA	NA	N

## Ohio Medicaid LAB Contract 12-07-2023

81239	DMPK GENE CHARAC ALLELES	MAXFEE	DEF					206.12	4/1/2019	12/31/2299	N
81240	F2 GENE	PRXOVR	DEF					NA	NA	NA	N
81240	F2 GENE	MAXFEE	DEF					49.27	4/1/2019	12/31/2299	N
81241	F5 GENE	PRXOVR	DEF					NA	NA	NA	N
81241	F5 GENE	MAXFEE	DEF					56.58	4/1/2019	12/31/2299	N
81242	FANCC GENE	PRXOVR	DEF					NA	NA	NA	N
81242	FANCC GENE	MAXFEE	DEF					27.47	4/1/2019	12/31/2299	N
81243	FMR1 GEN ALY DETC ABNL ALLEL	PRXOVR	DEF					NA	NA	NA	N
81243	FMR1 GEN ALY DETC ABNL ALLEL	MAXFEE	DEF					42.78	4/1/2019	12/31/2299	N
81244	FMR1 GEN ALYS CHARAC ALLELES	PRXOVR	DEF					NA	NA	NA	N
81244	FMR1 GEN ALYS CHARAC ALLELES	MAXFEE	DEF					33.67	4/1/2019	12/31/2299	N
81245	FLT3 GENE	PRXOVR	DEF					NA	NA	NA	N
81245	FLT3 GENE	MAXFEE	DEF					124.13	4/1/2019	12/31/2299	N
81246	FLT3 GENE ANALYSIS	PRXOVR	DEF					NA	NA	NA	N
81246	FLT3 GENE ANALYSIS	MAXFEE	DEF					62.25	4/1/2019	12/31/2299	N
81247	G6PD GENE ALYS CMN VARIANT	PRXOVR	DEF					NA	NA	NA	N
81247	G6PD GENE ALYS CMN VARIANT	MAXFEE	DEF					131.11	4/1/2019	12/31/2299	N
81248	G6PD KNOWN FAMILIAL VARIANT	PRXOVR	DEF					NA	NA	NA	N
81248	G6PD KNOWN FAMILIAL VARIANT	MAXFEE	DEF					281.44	4/1/2019	12/31/2299	N
81249	G6PD FULL GENE SEQUENCE	PRXOVR	DEF					NA	NA	NA	N
81249	G6PD FULL GENE SEQUENCE	MAXFEE	DEF					450	4/1/2019	12/31/2299	N
81250	G6PC GENE	PRXOVR	DEF					NA	NA	NA	N
81250	G6PC GENE	MAXFEE	DEF					43.87	4/1/2019	12/31/2299	N

## Ohio Medicaid LAB Contract 12-07-2023

81251	GBA GENE	PRXOVR	DEF					NA	NA	NA	N
81251	GBA GENE	MAXFEE	DEF					35.44	4/1/2019	12/31/2299	N
81252	GJB2 GENE FULL SEQUENCE	PRXOVR	DEF					NA	NA	NA	N
81252	GJB2 GENE FULL SEQUENCE	MAXFEE	DEF					75.84	4/1/2019	12/31/2299	N
81253	GJB2 GENE KNOWN FAM VARIANTS	PRXOVR	DEF					NA	NA	NA	N
81253	GJB2 GENE KNOWN FAM VARIANTS	MAXFEE	DEF					46.14	4/1/2019	12/31/2299	N
81254	GJB6 GENE COM VARIANTS	PRXOVR	DEF					NA	NA	NA	N
81254	GJB6 GENE COM VARIANTS	MAXFEE	DEF					26.25	4/1/2019	12/31/2299	N
81255	HEXA GENE	PRXOVR	DEF					NA	NA	NA	N
81255	HEXA GENE	MAXFEE	DEF					38.59	4/1/2019	12/31/2299	N
81256	HFE GENE	PRXOVR	DEF					NA	NA	NA	N
81256	HFE GENE	MAXFEE	DEF					49.02	1/1/2021	12/31/2299	N
81257	HBA1/HBA2 GENE	PRXOVR	DEF					NA	NA	NA	N
81257	HBA1/HBA2 GENE	MAXFEE	DEF					76.70	4/1/2019	12/31/2299	N
81258	HBA1/HBA2 GENE FAM VRNT	PRXOVR	DEF					NA	NA	NA	N
81258	HBA1/HBA2 GENE FAM VRNT	MAXFEE	DEF					281.44	4/1/2019	12/31/2299	N
81259	HBA1/HBA2 FULL GENE SEQUENCE	PRXOVR	DEF					NA	NA	NA	N
81259	HBA1/HBA2 FULL GENE SEQUENCE	MAXFEE	DEF					450	4/1/2019	12/31/2299	N
81260	IKBKAP GENE	PRXOVR	DEF					NA	NA	NA	N
81260	IKBKAP GENE	MAXFEE	DEF					29.48	4/1/2019	12/31/2299	N
81261	IGH GENE REARRANGE AMP METH	PRXOVR	DEF					NA	NA	NA	N
81261	IGH GENE REARRANGE AMP METH	MAXFEE	DEF					148.49	1/1/2021	12/31/2299	N
81262	IGH GENE REARRANG DIR PROBE	PRXOVR	DEF					NA	NA	NA	N
81262	IGH GENE REARRANG DIR PROBE	MAXFEE	DEF					51.41	4/1/2019	12/31/2299	N



## Ohio Medicaid LAB Contract 12-07-2023

81263	IGH VARI REGIONAL MUTATION	PRXOVR	DEF					NA	NA	NA	N
81263	IGH VARI REGIONAL MUTATION	MAXFEE	DEF					220.89	1/1/2021	12/31/2299	N
81264	IGK REARRANGEABN CLONAL POP	PRXOVR	DEF					NA	NA	NA	N
81264	IGK REARRANGEABN CLONAL POP	MAXFEE	DEF					129.55	4/1/2021	12/31/2299	N
81265	STR MARKERS SPECIMEN ANAL	PRXOVR	DEF					NA	NA	NA	N
81265	STR MARKERS SPECIMEN ANAL	MAXFEE	DEF					199.12	4/1/2019	12/31/2299	N
81266	STR MARKERS SPEC ANAL ADDL	PRXOVR	DEF					NA	NA	NA	N
81266	STR MARKERS SPEC ANAL ADDL	MAXFEE	DEF					228.61	4/1/2019	12/31/2299	N
81267	CHIMERISM ANAL NO CELL SELEC	PRXOVR	DEF					NA	NA	NA	N
81267	CHIMERISM ANAL NO CELL SELEC	MAXFEE	DEF					155.60	1/1/2021	12/31/2299	N
81268	CHIMERISM ANAL W/CELL SELECT	PRXOVR	DEF					NA	NA	NA	N
81268	CHIMERISM ANAL W/CELL SELECT	MAXFEE	DEF					195.59	1/1/2021	12/31/2299	N
81269	HBA1/HBA2 GENE DUP/DEL VRNTS	PRXOVR	DEF					NA	NA	NA	N
81269	HBA1/HBA2 GENE DUP/DEL VRNTS	MAXFEE	DEF					151.80	4/1/2019	12/31/2299	N
81270	JAK2 GENE	PRXOVR	DEF					NA	NA	NA	N
81270	JAK2 GENE	MAXFEE	DEF					68.75	1/1/2021	12/31/2299	N
81271	HTT GENE DETC ABNOR ALLELES	PRXOVR	DEF					NA	NA	NA	N
81271	HTT GENE DETC ABNOR ALLELES	MAXFEE	DEF					102.75	4/1/2019	12/31/2299	N

## Ohio Medicaid LAB Contract 12-07-2023

81272	KIT GENE TARGETED SEQ ANALYS	PRXOVR	DEF					NA	NA	NA	N
81272	KIT GENE TARGETED SEQ ANALYS	MAXFEE	DEF					247.13	4/1/2019	12/31/2299	N
81273	KIT GENE ANALYS D816 VARIANT	PRXOVR	DEF					NA	NA	NA	N
81273	KIT GENE ANALYS D816 VARIANT	MAXFEE	DEF					93.65	4/1/2019	12/31/2299	N
81274	HTT GENE CHARAC ALLELES	PRXOVR	DEF					NA	NA	NA	N
81274	HTT GENE CHARAC ALLELES	MAXFEE	DEF					206.12	4/1/2019	12/31/2299	N
81275	KRAS GENE VARIANTS EXON 2	PRXOVR	DEF					NA	NA	NA	N
81275	KRAS GENE VARIANTS EXON 2	MAXFEE	DEF					144.94	4/1/2019	12/31/2299	N
81276	KRAS GENE ADDL VARIANTS	PRXOVR	DEF					NA	NA	NA	N
81276	KRAS GENE ADDL VARIANTS	MAXFEE	DEF					144.94	4/1/2019	12/31/2299	N
81277	CYTOGENOMIC NEO MICRORALYS	PRXOVR	DEF					NA	NA	NA	N
81277	CYTOGENOMIC NEO MICRORALYS	MAXFEE	DEF					870	1/1/2021	12/31/2299	N
81278	IGH@/BCL2 TRANSLOCATION ALYS	PRXOVR	DEF					NA	NA	NA	N
81278	IGH@/BCL2 TRANSLOCATION ALYS	MAXFEE	DEF					155.48	4/1/2021	12/31/2299	N
81279	JAK2 GENE TRGT SEQUENCE ALYS	PRXOVR	DEF					NA	NA	NA	N
81279	JAK2 GENE TRGT SEQUENCE ALYS	MAXFEE	DEF					138.90	4/1/2021	12/31/2299	N
81280	LONG QT SYND GENE FULL SEQ	PRXOVR	DEF					NA	NA	NA	N
81280	LONG QT SYND GENE FULL SEQ	MAXFEE	DEF					NA			N
81281	LONG QT SYND KNOWN FAM VAR	PRXOVR	DEF					NA	NA	NA	N

## Ohio Medicaid LAB Contract 12-07-2023

81281	LONG QT SYND KNOWN FAM VAR	MAXFEE	DEF					NA			N
81282	LONG QT SYN GENE DUP/DLT VAR	PRXOVR	DEF					NA	NA	NA	N
81282	LONG QT SYN GENE DUP/DLT VAR	MAXFEE	DEF					NA			N
81283	IFNL3 GENE	PRXOVR	DEF					NA	NA	NA	N
81283	IFNL3 GENE	MAXFEE	DEF					55.03	4/1/2019	12/31/2299	N
81284	FXN GENE DETC ABNOR ALLELES	PRXOVR	DEF					NA	NA	NA	N
81284	FXN GENE DETC ABNOR ALLELES	MAXFEE	DEF					102.75	4/1/2019	12/31/2299	N
81285	FXN GENE CHARAC ALLELES	PRXOVR	DEF					NA	NA	NA	N
81285	FXN GENE CHARAC ALLELES	MAXFEE	DEF					206.12	4/1/2019	12/31/2299	N
81286	FXN GENE FULL GENE SEQUENCE	PRXOVR	DEF					NA	NA	NA	N
81286	FXN GENE FULL GENE SEQUENCE	MAXFEE	DEF					206.12	4/1/2019	12/31/2299	N
81287	MGMT GENE PRMTR MTHYLTN ALYS	PRXOVR	DEF					NA	NA	NA	N
81287	MGMT GENE PRMTR MTHYLTN ALYS	MAXFEE	DEF					93.48	4/1/2019	12/31/2299	N
81288	MLH1 GENE	PRXOVR	DEF					NA	NA	NA	N
81288	MLH1 GENE	MAXFEE	DEF					144.24	4/1/2019	12/31/2299	N
81289	FXN GENE KNOWN FAMIL VARIANT	PRXOVR	DEF					NA	NA	NA	N
81289	FXN GENE KNOWN FAMIL VARIANT	MAXFEE	DEF					138.90	4/1/2019	12/31/2299	N
81290	MCOLN1 GENE	PRXOVR	DEF					NA	NA	NA	N
81290	MCOLN1 GENE	MAXFEE	DEF					29.48	4/1/2019	12/31/2299	N
81291	MTHFR GENE	PRXOVR	DEF					NA	NA	NA	N
81291	MTHFR GENE	MAXFEE	DEF					49.01	4/1/2019	12/31/2299	N
81292	MLH1 GENE FULL SEQ	PRXOVR	DEF					NA	NA	NA	N

## Ohio Medicaid LAB Contract 12-07-2023

81292	MLH1 GENE FULL SEQ	MAXFEE	DEF					506.55	4/1/2019	12/31/2299	N
81293	MLH1 GENE KNOWN VARIANTS	PRXOVR	DEF					NA	NA	NA	N
81293	MLH1 GENE KNOWN VARIANTS	MAXFEE	DEF					248.25	4/1/2019	12/31/2299	N
81294	MLH1 GENE DUP/DELETE VARIANT	PRXOVR	DEF					NA	NA	NA	N
81294	MLH1 GENE DUP/DELETE VARIANT	MAXFEE	DEF					151.80	4/1/2019	12/31/2299	N
81295	MSH2 GENE FULL SEQ	PRXOVR	DEF					NA	NA	NA	N
81295	MSH2 GENE FULL SEQ	MAXFEE	DEF					286.28	4/1/2019	12/31/2299	N
81296	MSH2 GENE KNOWN VARIANTS	PRXOVR	DEF					NA	NA	NA	N
81296	MSH2 GENE KNOWN VARIANTS	MAXFEE	DEF					253.30	4/1/2019	12/31/2299	N
81297	MSH2 GENE DUP/DELETE VARIANT	PRXOVR	DEF					NA	NA	NA	N
81297	MSH2 GENE DUP/DELETE VARIANT	MAXFEE	DEF					159.98	4/1/2019	12/31/2299	N
81298	MSH6 GENE FULL SEQ	PRXOVR	DEF					NA	NA	NA	N
81298	MSH6 GENE FULL SEQ	MAXFEE	DEF					481.39	4/1/2019	12/31/2299	N
81299	MSH6 GENE KNOWN VARIANTS	PRXOVR	DEF					NA	NA	NA	N
81299	MSH6 GENE KNOWN VARIANTS	MAXFEE	DEF					231	4/1/2019	12/31/2299	N
81300	MSH6 GENE DUP/DELETE VARIANT	PRXOVR	DEF					NA	NA	NA	N
81300	MSH6 GENE DUP/DELETE VARIANT	MAXFEE	DEF					178.50	4/1/2019	12/31/2299	N
81301	MICROSATELLITE INSTABILITY	PRXOVR	DEF					NA	NA	NA	N
81301	MICROSATELLITE INSTABILITY	MAXFEE	DEF					268.11	4/1/2019	12/31/2299	N
81302	MECP2 GENE FULL SEQ	PRXOVR	DEF					NA	NA	NA	N

## Ohio Medicaid LAB Contract 12-07-2023

81302	MECP2 GENE FULL SEQ	MAXFEE	DEF					395.90	4/1/2019	12/31/2299	N
81303	MECP2 GENE KNOWN VARIANT	PRXOVR	DEF					NA	NA	NA	N
81303	MECP2 GENE KNOWN VARIANT	MAXFEE	DEF					90	4/1/2019	12/31/2299	N
81304	MECP2 GENE DUP/DELET VARIANT	PRXOVR	DEF					NA	NA	NA	N
81304	MECP2 GENE DUP/DELET VARIANT	MAXFEE	DEF					112.50	4/1/2019	12/31/2299	N
81305	MYD88 GENE P.LEU265PRO VRNT	PRXOVR	DEF					NA	NA	NA	N
81305	MYD88 GENE P.LEU265PRO VRNT	MAXFEE	DEF					131.55	4/1/2019	12/31/2299	N
81306	NUDT15 GENE COMMON VARIANTS	PRXOVR	DEF					NA	NA	NA	N
81306	NUDT15 GENE COMMON VARIANTS	MAXFEE	DEF					218.52	4/1/2019	12/31/2299	N
81307	PALB2 GENE FULL GENE SEQ	PRXOVR	DEF					NA	NA	NA	N
81307	PALB2 GENE FULL GENE SEQ	MAXFEE	DEF					507.38	4/1/2021	12/31/2299	N
81308	PALB2 GENE KNOWN FAMIL VRNT	PRXOVR	DEF					NA	NA	NA	N
81308	PALB2 GENE KNOWN FAMIL VRNT	MAXFEE	DEF					226.01	1/1/2021	12/31/2299	N
81309	PIK3CA GENE TRGT SEQ ALYS	PRXOVR	DEF					NA	NA	NA	N
81309	PIK3CA GENE TRGT SEQ ALYS	MAXFEE	DEF					206.12	1/1/2021	12/31/2299	N
81310	NPM1 GENE	PRXOVR	DEF					NA	NA	NA	N
81310	NPM1 GENE	MAXFEE	DEF					184.89	4/1/2019	12/31/2299	N
81311	NRAS GENE VARIANTS EXON 2&3	PRXOVR	DEF					NA	NA	NA	N
81311	NRAS GENE VARIANTS EXON 2&3	MAXFEE	DEF					221.84	4/1/2019	12/31/2299	N
81312	PABPN1 GENE DETC ABNOR ALLEL	PRXOVR	DEF					NA	NA	NA	N

## Ohio Medicaid LAB Contract 12-07-2023

81312	PABPN1 GENE DETC ABNOR ALLEL	MAXFEE	DEF					102.75	4/1/2019	12/31/2299	N
81313	PCA3/KLK3 ANTIGEN	PRXOVR	DEF					NA	NA	NA	N
81313	PCA3/KLK3 ANTIGEN	MAXFEE	DEF					191.29	4/1/2019	12/31/2299	N
81314	PDGFRA GENE	PRXOVR	DEF					NA	NA	NA	N
81314	PDGFRA GENE	MAXFEE	DEF					247.13	4/1/2019	12/31/2299	N
81315	PML/RARALPHA COM BREAKPOINTS	PRXOVR	DEF					NA	NA	NA	N
81315	PML/RARALPHA COM BREAKPOINTS	MAXFEE	DEF					155.48	1/1/2021	12/31/2299	N
81316	PML/RARALPHA 1 BREAKPOINT	PRXOVR	DEF					NA	NA	NA	N
81316	PML/RARALPHA 1 BREAKPOINT	MAXFEE	DEF					155.48	1/1/2021	12/31/2299	N
81317	PMS2 GENE FULL SEQ ANALYSIS	PRXOVR	DEF					NA	NA	NA	N
81317	PMS2 GENE FULL SEQ ANALYSIS	MAXFEE	DEF					507.38	4/1/2021	12/31/2299	N
81318	PMS2 KNOWN FAMILIAL VARIANTS	PRXOVR	DEF					NA	NA	NA	N
81318	PMS2 KNOWN FAMILIAL VARIANTS	MAXFEE	DEF					248.25	4/1/2019	12/31/2299	N
81319	PMS2 GENE DUP/DELET VARIANTS	PRXOVR	DEF					NA	NA	NA	N
81319	PMS2 GENE DUP/DELET VARIANTS	MAXFEE	DEF					152.63	4/1/2019	12/31/2299	N
81320	PLCG2 GENE COMMON VARIANTS	PRXOVR	DEF					NA	NA	NA	N
81320	PLCG2 GENE COMMON VARIANTS	MAXFEE	DEF					218.52	4/1/2019	12/31/2299	N
81321	PTEN GENE FULL SEQUENCE	PRXOVR	DEF					NA	NA	NA	N
81321	PTEN GENE FULL SEQUENCE	MAXFEE	DEF					450	4/1/2019	12/31/2299	N
81322	PTEN GENE KNOWN FAM VARIANT	PRXOVR	DEF					NA	NA	NA	N

## Ohio Medicaid LAB Contract 12-07-2023

81322	PTEN GENE KNOWN FAM VARIANT	MAXFEE	DEF					34.95	4/1/2021	12/31/2299	N
81323	PTEN GENE DUP/DELET VARIANT	PRXOVR	DEF					NA	NA	NA	N
81323	PTEN GENE DUP/DELET VARIANT	MAXFEE	DEF					225	4/1/2019	12/31/2299	N
81324	PMP22 GENE DUP/DELET	PRXOVR	DEF					NA	NA	NA	N
81324	PMP22 GENE DUP/DELET	MAXFEE	DEF					568.77	4/1/2019	12/31/2299	N
81325	PMP22 GENE FULL SEQUENCE	PRXOVR	DEF					NA	NA	NA	N
81325	PMP22 GENE FULL SEQUENCE	MAXFEE	DEF					577.19	4/1/2019	12/31/2299	N
81326	PMP22 GENE KNOWN FAM VARIANT	PRXOVR	DEF					NA	NA	NA	N
81326	PMP22 GENE KNOWN FAM VARIANT	MAXFEE	DEF					34.95	4/1/2021	12/31/2299	N
81327	SEPT9 GEN PRMTR MTHYLTN ALYS	PRXOVR	DEF					NA	NA	NA	N
81327	SEPT9 GEN PRMTR MTHYLTN ALYS	MAXFEE	DEF					144	4/1/2019	12/31/2299	N
81328	SLCO1B1 GENE COM VARIANTS	PRXOVR	DEF					NA	NA	NA	N
81328	SLCO1B1 GENE COM VARIANTS	MAXFEE	DEF					131.11	4/1/2019	12/31/2299	N
81329	SMN1 GENE DOS/DELETION ALYS	PRXOVR	DEF					NA	NA	NA	N
81329	SMN1 GENE DOS/DELETION ALYS	MAXFEE	DEF					102.75	4/1/2019	12/31/2299	N
81330	SMPD1 GENE COMMON VARIANTS	PRXOVR	DEF					NA	NA	NA	N
81330	SMPD1 GENE COMMON VARIANTS	MAXFEE	DEF					35.25	4/1/2019	12/31/2299	N
81331	SNRPN/UBE3A GENE	PRXOVR	DEF					NA	NA	NA	N
81331	SNRPN/UBE3A GENE	MAXFEE	DEF					38.30	4/1/2019	12/31/2299	N
81332	SERPINA1 GENE	PRXOVR	DEF					NA	NA	NA	N

## Ohio Medicaid LAB Contract 12-07-2023

81332	SERPINA1 GENE	MAXFEE	DEF					32.74	4/1/2021	12/31/2299	N
81333	TGFBI GENE COMMON VARIANTS	PRXOVR	DEF					NA	NA	NA	N
81333	TGFBI GENE COMMON VARIANTS	MAXFEE	DEF					102.75	4/1/2019	12/31/2299	N
81334	RUNX1 GENE TARGETED SEQ ALYS	PRXOVR	DEF					NA	NA	NA	N
81334	RUNX1 GENE TARGETED SEQ ALYS	MAXFEE	DEF					247.13	1/1/2021	12/31/2299	N
81335	TPMT GENE COM VARIANTS	PRXOVR	DEF					NA	NA	NA	N
81335	TPMT GENE COM VARIANTS	MAXFEE	DEF					131.11	4/1/2019	12/31/2299	N
81336	SMN1 GENE FULL GENE SEQUENCE	PRXOVR	DEF					NA	NA	NA	N
81336	SMN1 GENE FULL GENE SEQUENCE	MAXFEE	DEF					226.01	4/1/2019	12/31/2299	N
81337	SMN1 GEN NOWN FAMIL SEQ VRNT	PRXOVR	DEF					NA	NA	NA	N
81337	SMN1 GEN NOWN FAMIL SEQ VRNT	MAXFEE	DEF					138.90	4/1/2019	12/31/2299	N
81338	MPL GENE COMMON VARIANTS	PRXOVR	DEF					NA	NA	NA	N
81338	MPL GENE COMMON VARIANTS	MAXFEE	DEF					112.75	4/1/2021	12/31/2299	N
81339	MPL GENE SEQ ALYS EXON 10	PRXOVR	DEF					NA	NA	NA	N
81339	MPL GENE SEQ ALYS EXON 10	MAXFEE	DEF					138.90	4/1/2021	12/31/2299	N
81340	TRB@ GENE REARRANGE AMPLIFY	PRXOVR	DEF					NA	NA	NA	N
81340	TRB@ GENE REARRANGE AMPLIFY	MAXFEE	DEF					156.69	1/1/2021	12/31/2299	N
81341	TRB@ GENE REARRANGE DIRPROBE	PRXOVR	DEF					NA	NA	NA	N
81341	TRB@ GENE REARRANGE DIRPROBE	MAXFEE	DEF					37.19	1/1/2021	12/31/2299	N



## Ohio Medicaid LAB Contract 12-07-2023

81342	TRG GENE REARRANGEMENT ANAL	PRXOVR	DEF					NA	NA	NA	N
81342	TRG GENE REARRANGEMENT ANAL	MAXFEE	DEF					151.13	1/1/2021	12/31/2299	N
81343	PPP2R2B GEN DETC ABNOR ALLEL	PRXOVR	DEF					NA	NA	NA	N
81343	PPP2R2B GEN DETC ABNOR ALLEL	MAXFEE	DEF					102.75	4/1/2019	12/31/2299	N
81344	TBP GENE DETC ABNOR ALLELES	PRXOVR	DEF					NA	NA	NA	N
81344	TBP GENE DETC ABNOR ALLELES	MAXFEE	DEF					102.75	4/1/2019	12/31/2299	N
81345	TERT GENE TARGETED SEQ ALYS	PRXOVR	DEF					NA	NA	NA	N
81345	TERT GENE TARGETED SEQ ALYS	MAXFEE	DEF					138.90	4/1/2019	12/31/2299	N
81346	TYMS GENE COM VARIANTS	PRXOVR	DEF					NA	NA	NA	N
81346	TYMS GENE COM VARIANTS	MAXFEE	DEF					131.11	4/1/2019	12/31/2299	N
81347	SF3B1 GENE COMMON VARIANTS	PRXOVR	DEF					NA	NA	NA	N
81347	SF3B1 GENE COMMON VARIANTS	MAXFEE	DEF					144.94	4/1/2021	12/31/2299	N
81348	SRSF2 GENE COMMON VARIANTS	PRXOVR	DEF					NA	NA	NA	N
81348	SRSF2 GENE COMMON VARIANTS	MAXFEE	DEF					131.55	4/1/2021	12/31/2299	N
81349	CYTOG ALYS CHRML ABNR LW-PS	PRXOVR	DEF					NA	NA	NA	N
81349	CYTOG ALYS CHRML ABNR LW-PS	MAXFEE	DEF					870	7/1/2023	12/31/2299	N
81350	UGT1A1 GENE COMMON VARIANTS	PRXOVR	DEF					NA	NA	NA	N
81350	UGT1A1 GENE COMMON VARIANTS	MAXFEE	DEF					175.50	4/1/2019	12/31/2299	N

## Ohio Medicaid LAB Contract 12-07-2023

81351	TP53 GENE FULL GENE SEQUENCE	PRXOVR	DEF					NA	NA	NA	N
81351	TP53 GENE FULL GENE SEQUENCE	MAXFEE	DEF					481.39	4/1/2021	12/31/2299	N
81352	TP53 GENE TRGT SEQUENCE ALYS	PRXOVR	DEF					NA	NA	NA	N
81352	TP53 GENE TRGT SEQUENCE ALYS	MAXFEE	DEF					247.13	4/1/2021	12/31/2299	N
81353	TP53 GENE KNOWN FAMIL VRNT	PRXOVR	DEF					NA	NA	NA	N
81353	TP53 GENE KNOWN FAMIL VRNT	MAXFEE	DEF					231	4/1/2021	12/31/2299	N
81355	VKORC1 GENE	PRXOVR	DEF					NA	NA	NA	N
81355	VKORC1 GENE	MAXFEE	DEF					66.15	4/1/2019	12/31/2299	N
81357	U2AF1 GENE COMMON VARIANTS	PRXOVR	DEF					NA	NA	NA	N
81357	U2AF1 GENE COMMON VARIANTS	MAXFEE	DEF					144.94	4/1/2021	12/31/2299	N
81360	ZRSR2 GENE COMMON VARIANTS	PRXOVR	DEF					NA	NA	NA	N
81360	ZRSR2 GENE COMMON VARIANTS	MAXFEE	DEF					144.94	4/1/2021	12/31/2299	N
81361	HBB GENE COM VARIANTS	PRXOVR	DEF					NA	NA	NA	N
81361	HBB GENE COM VARIANTS	MAXFEE	DEF					131.11	4/1/2019	12/31/2299	N
81362	HBB GENE KNOWN FAM VARIANT	PRXOVR	DEF					NA	NA	NA	N
81362	HBB GENE KNOWN FAM VARIANT	MAXFEE	DEF					281.44	4/1/2019	12/31/2299	N
81363	HBB GENE DUP/DEL VARIANTS	PRXOVR	DEF					NA	NA	NA	N
81363	HBB GENE DUP/DEL VARIANTS	MAXFEE	DEF					151.80	4/1/2019	12/31/2299	N
81364	HBB FULL GENE SEQUENCE	PRXOVR	DEF					NA	NA	NA	N
81364	HBB FULL GENE SEQUENCE	MAXFEE	DEF					243.44	4/1/2019	12/31/2299	N

## Ohio Medicaid LAB Contract 12-07-2023

81370	HLA I & II TYPING LR	PRXOVR	DEF					NA	NA	NA	N
81370	HLA I & II TYPING LR	MAXFEE	DEF					301.59	1/1/2021	12/31/2299	N
81371	HLA I & II TYPE VERIFY LR	PRXOVR	DEF					NA	NA	NA	N
81371	HLA I & II TYPE VERIFY LR	MAXFEE	DEF					303.39	4/1/2019	12/31/2299	N
81372	HLA I TYPING COMPLETE LR	PRXOVR	DEF					NA	NA	NA	N
81372	HLA I TYPING COMPLETE LR	MAXFEE	DEF					302.69	4/1/2019	12/31/2299	N
81373	HLA I TYPING 1 LOCUS LR	PRXOVR	DEF					NA	NA	NA	N
81373	HLA I TYPING 1 LOCUS LR	MAXFEE	DEF					95.57	4/1/2021	12/31/2299	N
81374	HLA I TYPING 1 ANTIGEN LR	PRXOVR	DEF					NA	NA	NA	N
81374	HLA I TYPING 1 ANTIGEN LR	MAXFEE	DEF					55.75	1/1/2021	12/31/2299	N
81375	HLA II TYPING AG EQUIV LR	PRXOVR	DEF					NA	NA	NA	N
81375	HLA II TYPING AG EQUIV LR	MAXFEE	DEF					165.56	1/1/2021	12/31/2299	N
81376	HLA II TYPING 1 LOCUS LR	PRXOVR	DEF					NA	NA	NA	N
81376	HLA II TYPING 1 LOCUS LR	MAXFEE	DEF					91.67	4/1/2021	12/31/2299	N
81377	HLA II TYPE 1 AG EQUIV LR	PRXOVR	DEF					NA	NA	NA	N
81377	HLA II TYPE 1 AG EQUIV LR	MAXFEE	DEF					71.06	1/1/2021	12/31/2299	N
81378	HLA I & II TYPING HR	PRXOVR	DEF					NA	NA	NA	N
81378	HLA I & II TYPING HR	MAXFEE	DEF					259.18	1/1/2021	12/31/2299	N
81379	HLA I TYPING COMPLETE HR	PRXOVR	DEF					NA	NA	NA	N
81379	HLA I TYPING COMPLETE HR	MAXFEE	DEF					251.54	1/1/2021	12/31/2299	N
81380	HLA I TYPING 1 LOCUS HR	PRXOVR	DEF					NA	NA	NA	N
81380	HLA I TYPING 1 LOCUS HR	MAXFEE	DEF					132.94	1/1/2021	12/31/2299	N
81381	HLA I TYPING 1 ALLELE HR	PRXOVR	DEF					NA	NA	NA	N
81381	HLA I TYPING 1 ALLELE HR	MAXFEE	DEF					127.43	4/1/2019	12/31/2299	N
81382	HLA II TYPING 1 LOC HR	PRXOVR	DEF					NA	NA	NA	N
81382	HLA II TYPING 1 LOC HR	MAXFEE	DEF					92.76	1/1/2021	12/31/2299	N
81383	HLA II TYPING 1 ALLELE HR	PRXOVR	DEF					NA	NA	NA	N
81383	HLA II TYPING 1 ALLELE HR	MAXFEE	DEF					81.85	1/1/2021	12/31/2299	N
81400	MOPATH PROCEDURE LEVEL 1	PRXOVR	DEF					NA	NA	NA	N
81400	MOPATH PROCEDURE LEVEL 1	MAXFEE	DEF					47.97	4/1/2019	12/31/2299	N

## Ohio Medicaid LAB Contract 12-07-2023

81401	MOPATH PROCEDURE LEVEL 2	PRXOVR	DEF					NA	NA	NA	N
81401	MOPATH PROCEDURE LEVEL 2	MAXFEE	DEF					102.75	4/1/2019	12/31/2299	N
81402	MOPATH PROCEDURE LEVEL 3	PRXOVR	DEF					NA	NA	NA	N
81402	MOPATH PROCEDURE LEVEL 3	MAXFEE	DEF					112.75	4/1/2019	12/31/2299	N
81403	MOPATH PROCEDURE LEVEL 4	PRXOVR	DEF					NA	NA	NA	N
81403	MOPATH PROCEDURE LEVEL 4	MAXFEE	DEF					138.90	4/1/2019	12/31/2299	N
81404	MOPATH PROCEDURE LEVEL 5	PRXOVR	DEF					NA	NA	NA	N
81404	MOPATH PROCEDURE LEVEL 5	MAXFEE	DEF					206.12	4/1/2019	12/31/2299	N
81405	MOPATH PROCEDURE LEVEL 6	PRXOVR	DEF					NA	NA	NA	N
81405	MOPATH PROCEDURE LEVEL 6	MAXFEE	DEF					226.01	4/1/2019	12/31/2299	N
81406	MOPATH PROCEDURE LEVEL 7	PRXOVR	DEF					NA	NA	NA	N
81406	MOPATH PROCEDURE LEVEL 7	MAXFEE	DEF					212.16	4/1/2019	12/31/2299	N
81407	MOPATH PROCEDURE LEVEL 8	PRXOVR	DEF					NA	NA	NA	N
81407	MOPATH PROCEDURE LEVEL 8	MAXFEE	DEF					634.70	4/1/2019	12/31/2299	N
81408	MOPATH PROCEDURE LEVEL 9	PRXOVR	DEF					NA	NA	NA	N
81408	MOPATH PROCEDURE LEVEL 9	MAXFEE	DEF					1500	4/1/2019	12/31/2299	N
81410	AORTIC DYSFUNCTION/DILATION	PRXOVR	DEF					NA	NA	NA	N
81410	AORTIC DYSFUNCTION/DILATION	MAXFEE	DEF					378	4/1/2019	12/31/2299	N
81411	AORTIC DYSFUNCTION/DILATION	PRXOVR	DEF					NA	NA	NA	N
81411	AORTIC DYSFUNCTION/DILATION	MAXFEE	DEF					1012.64	4/1/2019	12/31/2299	N
81412	ASHKENAZI JEWISH ASSOC DIS	PRXOVR	DEF					NA	NA	NA	N
81412	ASHKENAZI JEWISH ASSOC DIS	MAXFEE	DEF					1836.42	4/1/2019	12/31/2299	N
81413	CAR ION CHNNLPATH INC 10 GNS	PRXOVR	DEF					NA	NA	NA	N
81413	CAR ION CHNNLPATH INC 10 GNS	MAXFEE	DEF					438.68	1/1/2021	12/31/2299	N

## Ohio Medicaid LAB Contract 12-07-2023

81414	CAR ION CHNNLPATH INC 2 GNS	PRXOVR	DEF					NA	NA	NA	N
81414	CAR ION CHNNLPATH INC 2 GNS	MAXFEE	DEF					438.68	1/1/2021	12/31/2299	N
81415	EXOME SEQUENCE ANALYSIS	PRXOVR	DEF					NA	NA	NA	N
81415	EXOME SEQUENCE ANALYSIS	MAXFEE	DEF					3585	4/1/2019	12/31/2299	N
81416	EXOME SEQUENCE ANALYSIS	PRXOVR	DEF					NA	NA	NA	N
81416	EXOME SEQUENCE ANALYSIS	MAXFEE	DEF					9000	4/1/2019	12/31/2299	N
81417	EXOME RE-EVALUATION	PRXOVR	DEF					NA	NA	NA	N
81417	EXOME RE-EVALUATION	MAXFEE	DEF					240	4/1/2019	12/31/2299	N
81419	EPILEPSY GEN SEQ ALYS PANEL	PRXOVR	DEF					NA	NA	NA	N
81419	EPILEPSY GEN SEQ ALYS PANEL	MAXFEE	DEF					1836.42	4/1/2021	12/31/2299	N
81420	FETAL CHRMOML ANEUPLOIDY	PRXOVR	DEF					NA	NA	NA	N
81420	FETAL CHRMOML ANEUPLOIDY	MAXFEE	DEF					569.29	4/1/2019	12/31/2299	N
81422	FETAL CHRMOML MICRODELTA	PRXOVR	DEF					NA	NA	NA	N
81422	FETAL CHRMOML MICRODELTA	MAXFEE	DEF					569.29	4/1/2019	12/31/2299	N
81425	GENOME SEQUENCE ANALYSIS	PRXOVR	DEF					NA	NA	NA	N
81425	GENOME SEQUENCE ANALYSIS	MAXFEE	DEF					3773.40	4/1/2019	12/31/2299	N
81426	GENOME SEQUENCE ANALYSIS	PRXOVR	DEF					NA	NA	NA	N
81426	GENOME SEQUENCE ANALYSIS	MAXFEE	DEF					2032.46	4/1/2019	12/31/2299	N
81427	GENOME RE-EVALUATION	PRXOVR	DEF					NA	NA	NA	N
81427	GENOME RE-EVALUATION	MAXFEE	DEF					1753.24	4/1/2019	12/31/2299	N

## Ohio Medicaid LAB Contract 12-07-2023

81430	HEARING LOSS SEQUENCE ANALYS	PRXOVR	DEF					NA	NA	NA	N
81430	HEARING LOSS SEQUENCE ANALYS	MAXFEE	DEF					1218.75	4/1/2019	12/31/2299	N
81431	HEARING LOSS DUP/DEL ANALYS	PRXOVR	DEF					NA	NA	NA	N
81431	HEARING LOSS DUP/DEL ANALYS	MAXFEE	DEF					509.68	4/1/2019	12/31/2299	N
81432	HRDTRY BRST CA-RLATD DSORDRS	PRXOVR	DEF					NA	NA	NA	N
81432	HRDTRY BRST CA-RLATD DSORDRS	MAXFEE	DEF					509.29	1/1/2021	12/31/2299	N
81433	HRDTRY BRST CA-RLATD DSORDRS	PRXOVR	DEF					NA	NA	NA	N
81433	HRDTRY BRST CA-RLATD DSORDRS	MAXFEE	DEF					329.20	1/1/2021	12/31/2299	N
81434	HEREDITARY RETINAL DISORDERS	PRXOVR	DEF					NA	NA	NA	N
81434	HEREDITARY RETINAL DISORDERS	MAXFEE	DEF					448.43	4/1/2019	12/31/2299	N
81435	HEREDITARY COLON CA DSORDRS	PRXOVR	DEF					NA	NA	NA	N
81435	HEREDITARY COLON CA DSORDRS	MAXFEE	DEF					438.68	1/1/2021	12/31/2299	N
81436	HEREDITARY COLON CA DSORDRS	PRXOVR	DEF					NA	NA	NA	N
81436	HEREDITARY COLON CA DSORDRS	MAXFEE	DEF					438.68	1/1/2021	12/31/2299	N
81437	HEREDTRY NURONDCRN TUM DSRDR	PRXOVR	DEF					NA	NA	NA	N
81437	HEREDTRY NURONDCRN TUM DSRDR	MAXFEE	DEF					329.20	1/1/2021	12/31/2299	N
81438	HEREDTRY NURONDCRN TUM DSRDR	PRXOVR	DEF					NA	NA	NA	N

## Ohio Medicaid LAB Contract 12-07-2023

81438	HEREDTRY NURONDCRN TUM DSRDR	MAXFEE	DEF					329.20	1/1/2021	12/31/2299	N
81439	HRDTRY CARDMYPY GENE PANEL	PRXOVR	DEF					NA	NA	NA	N
81439	HRDTRY CARDMYPY GENE PANEL	MAXFEE	DEF					438.68	1/1/2021	12/31/2299	N
81440	MITOCHONDRIAL GENE	PRXOVR	DEF					NA	NA	NA	N
81440	MITOCHONDRIAL GENE	MAXFEE	DEF					2493	4/1/2019	12/31/2299	N
81441	IBMFS SEQ ALYS PNL 30 GENES	PRXOVR	DEF					NA	NA	NA	N
81441	IBMFS SEQ ALYS PNL 30 GENES	MAXFEE	DEF					1836.42	7/1/2023	12/31/2299	N
81442	NOONAN SPECTRUM DISORDERS	PRXOVR	DEF					NA	NA	NA	N
81442	NOONAN SPECTRUM DISORDERS	MAXFEE	DEF					1607.70	4/1/2019	12/31/2299	N
81443	GENETIC TSTG SEVERE INH COND	PRXOVR	DEF					NA	NA	NA	N
81443	GENETIC TSTG SEVERE INH COND	MAXFEE	DEF					1836.42	4/1/2019	12/31/2299	N
81445	SO NEO GSAP 5-50DNA/DNA&RNA	PRXOVR	DEF					NA	NA	NA	N
81445	SO NEO GSAP 5-50DNA/DNA&RNA	MAXFEE	DEF					448.43	4/1/2019	12/31/2299	N
81448	HRDTRY PERPH NEURPHY PANEL	PRXOVR	DEF					NA	NA	NA	N
81448	HRDTRY PERPH NEURPHY PANEL	MAXFEE	DEF					438.68	4/1/2021	12/31/2299	N
81449	SO NEO GSAP 5-50 RNA ALYS	PRXOVR	DEF					NA	NA	NA	N
81449	SO NEO GSAP 5-50 RNA ALYS	MAXFEE	DEF					448.43	7/1/2023	12/31/2299	N
81450	HL NEO GSAP 5-50DNA/DNA&RNA	PRXOVR	DEF					NA	NA	NA	N
81450	HL NEO GSAP 5-50DNA/DNA&RNA	MAXFEE	DEF					569.65	4/1/2019	12/31/2299	N

## Ohio Medicaid LAB Contract 12-07-2023

81451	HL NEO GSAP 5-50 RNA ALYS	PRXOVR	DEF					NA	NA	NA	N
81451	HL NEO GSAP 5-50 RNA ALYS	MAXFEE	DEF					569.65	7/1/2023	12/31/2299	N
81455	SO/HL 51/>GSAP DNA/DNA&RNA	PRXOVR	DEF					NA	NA	NA	N
81455	SO/HL 51/>GSAP DNA/DNA&RNA	MAXFEE	DEF					2189.70	4/1/2019	12/31/2299	N
81456	SO/HL 51/>GSAP RNA ALYS	PRXOVR	DEF					NA	NA	NA	N
81456	SO/HL 51/>GSAP RNA ALYS	MAXFEE	DEF					2189.70	7/1/2023	12/31/2299	N
81460	WHOLE MITOCHONDRIAL GENOME	PRXOVR	DEF					NA	NA	NA	N
81460	WHOLE MITOCHONDRIAL GENOME	MAXFEE	DEF					965.25	4/1/2019	12/31/2299	N
81465	WHOLE MITOCHONDRIAL GENOME	PRXOVR	DEF					NA	NA	NA	N
81465	WHOLE MITOCHONDRIAL GENOME	MAXFEE	DEF					702	4/1/2019	12/31/2299	N
81470	X-LINKED INTELLECTUAL DBLT	PRXOVR	DEF					NA	NA	NA	N
81470	X-LINKED INTELLECTUAL DBLT	MAXFEE	DEF					685.50	4/1/2019	12/31/2299	N
81471	X-LINKED INTELLECTUAL DBLT	PRXOVR	DEF					NA	NA	NA	N
81471	X-LINKED INTELLECTUAL DBLT	MAXFEE	DEF					685.50	4/1/2019	12/31/2299	N
81479	UNLISTED MOLECULAR PATHOLOGY	PRXOVR	DEF					NA	NA	NA	N
81479	UNLISTED MOLECULAR PATHOLOGY	MANUAL	DEF					NA	NA	NA	N
81507	FETAL ANEUPLOIDY TRISOM RISK	PRXOVR	DEF					NA	NA	NA	N
81507	FETAL ANEUPLOIDY TRISOM RISK	MAXFEE	DEF					596.25	4/1/2019	12/31/2299	N
81513	NFCT DS BV RNA VAG FLU ALG	PRXOVR	DEF					NA	NA	NA	N



## Ohio Medicaid LAB Contract 12-07-2023

81513	NFCT DS BV RNA VAG FLU ALG	MAXFEE	DEF					106.97	4/1/2021	12/31/2299	N
81514	NFCT DS BV&VAGINITIS DNA ALG	PRXOVR	DEF					NA	NA	NA	N
81514	NFCT DS BV&VAGINITIS DNA ALG	MAXFEE	DEF					197.24	4/1/2021	12/31/2299	N
81518	ONC BRST MRNA 11 GENES	PRXOVR	DEF					NA	NA	NA	N
81518	ONC BRST MRNA 11 GENES	MAXFEE	DEF					2904.75	4/1/2019	12/31/2299	N
81519	ONCOLOGY BREAST MRNA	PRXOVR	DEF					NA	NA	NA	N
81519	ONCOLOGY BREAST MRNA	MAXFEE	DEF					2904.75	4/1/2019	12/31/2299	N
81520	ONC BREAST MRNA 58 GENES	PRXOVR	DEF					NA	NA	NA	N
81520	ONC BREAST MRNA 58 GENES	MAXFEE	DEF					1882.66	4/1/2021	12/31/2299	N
81521	ONC BREAST MRNA 70 GENES	PRXOVR	DEF					NA	NA	NA	N
81521	ONC BREAST MRNA 70 GENES	MAXFEE	DEF					2904.75	4/1/2019	12/31/2299	N
81522	ONC BREAST MRNA 12 GENES	PRXOVR	DEF					NA	NA	NA	N
81522	ONC BREAST MRNA 12 GENES	MAXFEE	DEF					2904.75	1/1/2021	12/31/2299	N
81523	ONC BRST MRNA 70 CNT 31 GENE	PRXOVR	DEF					NA	NA	NA	N
81523	ONC BRST MRNA 70 CNT 31 GENE	MAXFEE	DEF					2904.75	4/1/2022	12/31/2299	N
81528	ONCOLOGY COLORECTAL SCR	PRXOVR	DEF					NA	NA	NA	N
81528	ONCOLOGY COLORECTAL SCR	MAXFEE	DEF					381.65	4/1/2019	12/31/2299	N
81529	ONC CUTAN MLNMA MRNA 31 GENE	PRXOVR	DEF					NA	NA	NA	N
81529	ONC CUTAN MLNMA MRNA 31 GENE	MAXFEE	DEF					5394.75	4/1/2021	12/31/2299	N
81539	ONCOLOGY PROSTATE PROB SCORE	PRXOVR	DEF					NA	NA	NA	N
81539	ONCOLOGY PROSTATE PROB SCORE	MAXFEE	DEF					570	4/1/2019	12/31/2299	N
81541	ONC PROSTATE MRNA 46 GENES	PRXOVR	DEF					NA	NA	NA	N

## Ohio Medicaid LAB Contract 12-07-2023

81541	ONC PROSTATE MRNA 46 GENES	MAXFEE	DEF					2904.75	4/1/2019	12/31/2299	N
81542	ONC PROSTATE MRNA 22 CNT GEN	PRXOVR	DEF					NA	NA	NA	N
81542	ONC PROSTATE MRNA 22 CNT GEN	MAXFEE	DEF					2904.75	4/1/2022	12/31/2299	N
81546	ONC THYR MRNA 10;196 GEN ALG	PRXOVR	DEF					NA	NA	NA	N
81546	ONC THYR MRNA 10;196 GEN ALG	MAXFEE	DEF					2700	4/1/2021	12/31/2299	N
81551	ONC PROSTATE 3 GENES	PRXOVR	DEF					NA	NA	NA	N
81551	ONC PROSTATE 3 GENES	MAXFEE	DEF					1522.50	4/1/2019	12/31/2299	N
81552	ONC UVEAL MLNMA MRNA 15 GENE	PRXOVR	DEF					NA	NA	NA	N
81552	ONC UVEAL MLNMA MRNA 15 GENE	MAXFEE	DEF					5832	4/1/2022	12/31/2299	N
81554	PULM DS IPF MRNA 190 GEN ALG	PRXOVR	DEF					NA	NA	NA	N
81554	PULM DS IPF MRNA 190 GEN ALG	MAXFEE	DEF					4125	4/1/2021	12/31/2299	N
81560	TRNSPLJ PD LVR&BWL CD154+CLL	PRXOVR	DEF					NA	NA	NA	N
81560	TRNSPLJ PD LVR&BWL CD154+CLL	MAXFEE	DEF					480.55	7/1/2023	12/31/2299	N
81596	NFCT DS CHRNC HCV 6 ASSAYS	PRXOVR	DEF					NA	NA	NA	N
81596	NFCT DS CHRNC HCV 6 ASSAYS	MAXFEE	DEF					54.14	4/1/2019	12/31/2299	N
81599	UNLISTED MAAA	PRXOVR	DEF					NA	NA	NA	N
81599	UNLISTED MAAA	MANUAL	DEF					NA	NA	NA	N
82000	ASSAY OF BLOOD ACETALDEHYDE	PRXOVR	DEF					NA	NA	NA	N
82000	ASSAY OF BLOOD ACETALDEHYDE	MAXFEE	DEF					NA			N

## Ohio Medicaid LAB Contract 12-07-2023

82003	ASSAY OF ACETAMINOPHEN	PRXOVR	DEF					NA	NA	NA	N
82003	ASSAY OF ACETAMINOPHEN	MAXFEE	DEF					NA			N
82009	TEST FOR ACETONE/KETONES	PRXOVR	DEF					NA	NA	NA	N
82009	TEST FOR ACETONE/KETONES	MAXFEE	DEF					3.39	1/1/2021	12/31/2299	N
82010	ACETONE ASSAY	PRXOVR	DEF					NA	NA	NA	N
82010	ACETONE ASSAY	MAXFEE	DEF					6.13	1/1/2021	12/31/2299	N
82013	ACETYLCHOLINESTERASE ASSAY	PRXOVR	DEF					NA	NA	NA	N
82013	ACETYLCHOLINESTERASE ASSAY	MAXFEE	DEF					9.22	4/1/2021	12/31/2299	N
82016	ACYLCARNITINES QUAL	PRXOVR	DEF					NA	NA	NA	N
82016	ACYLCARNITINES QUAL	MAXFEE	DEF					12.37	4/1/2021	12/31/2299	N
82017	ACYLCARNITINES QUANT	PRXOVR	DEF					NA	NA	NA	N
82017	ACYLCARNITINES QUANT	MAXFEE	DEF					12.65	1/1/2021	12/31/2299	N
82024	ASSAY OF ACTH	PRXOVR	DEF					NA	NA	NA	N
82024	ASSAY OF ACTH	MAXFEE	DEF					28.97	1/1/2021	12/31/2299	N
82030	ASSAY OF ADP & AMP	PRXOVR	DEF					NA	NA	NA	N
82030	ASSAY OF ADP & AMP	MAXFEE	DEF					19.35	4/1/2021	12/31/2299	N
82040	ASSAY OF SERUM ALBUMIN	PRXOVR	DEF					NA	NA	NA	N
82040	ASSAY OF SERUM ALBUMIN	MAXFEE	DEF					3.71	1/1/2021	12/31/2299	N
82042	OTHER SOURCE ALBUMIN QUAN EA	PRXOVR	DEF					NA	NA	NA	N
82042	OTHER SOURCE ALBUMIN QUAN EA	MAXFEE	DEF					5.84	4/1/2019	12/31/2299	N
82043	UR ALBUMIN QUANTITATIVE	PRXOVR	DEF					NA	NA	NA	N
82043	UR ALBUMIN QUANTITATIVE	MAXFEE	DEF					4.34	1/1/2021	12/31/2299	N
82044	UR ALBUMIN SEMIQUANTITATIVE	PRXOVR	DEF					NA	NA	NA	N
82044	UR ALBUMIN SEMIQUANTITATIVE	MAXFEE	DEF					4.67	4/1/2019	12/31/2299	N
82045	ALBUMIN ISCHEMIA MODIFIED	PRXOVR	DEF					NA	NA	NA	N

## Ohio Medicaid LAB Contract 12-07-2023

82045	ALBUMIN ISCHEMIA MODIFIED	MAXFEE	DEF					25.46	4/1/2021	12/31/2299	N
82055	ASSAY OF ETHANOL	PRXOVR	DEF					NA	NA	NA	N
82055	ASSAY OF ETHANOL	MAXFEE	DEF					NA			N
82075	ASSAY OF BREATH ETHANOL	PRXOVR	DEF					NA	NA	NA	N
82075	ASSAY OF BREATH ETHANOL	MAXFEE	DEF					22.50	4/1/2019	12/31/2299	N
82077	ASSAY SPEC XCP UR&BREATH IA	PRXOVR	DEF					NA	NA	NA	N
82077	ASSAY SPEC XCP UR&BREATH IA	MAXFEE	DEF					12.95	4/1/2021	12/31/2299	N
82085	ASSAY OF ALDOLASE	PRXOVR	DEF					NA	NA	NA	N
82085	ASSAY OF ALDOLASE	MAXFEE	DEF					7.28	4/1/2021	12/31/2299	N
82088	ASSAY OF ALDOSTERONE	PRXOVR	DEF					NA	NA	NA	N
82088	ASSAY OF ALDOSTERONE	MAXFEE	DEF					30.56	1/1/2021	12/31/2299	N
82101	ASSAY OF URINE ALKALOIDS	PRXOVR	DEF					NA	NA	NA	N
82101	ASSAY OF URINE ALKALOIDS	MAXFEE	DEF					NA			N
82103	ALPHA-1-ANTITRYPSIN TOTAL	PRXOVR	DEF					NA	NA	NA	N
82103	ALPHA-1-ANTITRYPSIN TOTAL	MAXFEE	DEF					10.08	4/1/2021	12/31/2299	N
82104	ALPHA-1-ANTITRYPSIN PHENO	PRXOVR	DEF					NA	NA	NA	N
82104	ALPHA-1-ANTITRYPSIN PHENO	MAXFEE	DEF					10.85	4/1/2021	12/31/2299	N
82105	ALPHA-FETOPROTEIN SERUM	PRXOVR	DEF					NA	NA	NA	N
82105	ALPHA-FETOPROTEIN SERUM	MAXFEE	DEF					12.58	4/1/2021	12/31/2299	N
82106	ALPHA-FETOPROTEIN AMNIOTIC	PRXOVR	DEF					NA	NA	NA	N
82106	ALPHA-FETOPROTEIN AMNIOTIC	MAXFEE	DEF					12.75	4/1/2021	12/31/2299	N
82107	ALPHA-FETOPROTEIN L3	PRXOVR	DEF					NA	NA	NA	N
82107	ALPHA-FETOPROTEIN L3	MAXFEE	DEF					48.31	1/1/2021	12/31/2299	N
82108	ASSAY OF ALUMINUM	PRXOVR	DEF					NA	NA	NA	N
82108	ASSAY OF ALUMINUM	MAXFEE	DEF					19.11	4/1/2021	12/31/2299	N

## Ohio Medicaid LAB Contract 12-07-2023

82120	AMINES VAGINAL FLUID QUAL	PRXOVR	DEF					NA	NA	NA	N
82120	AMINES VAGINAL FLUID QUAL	MAXFEE	DEF					4.49	4/1/2019	12/31/2299	N
82127	AMINO ACID SINGLE QUAL	PRXOVR	DEF					NA	NA	NA	N
82127	AMINO ACID SINGLE QUAL	MAXFEE	DEF					10.64	4/1/2021	12/31/2299	N
82128	AMINO ACIDS MULT QUAL	PRXOVR	DEF					NA	NA	NA	N
82128	AMINO ACIDS MULT QUAL	MAXFEE	DEF					10.40	4/1/2021	12/31/2299	N
82131	AMINO ACIDS SINGLE QUANT	PRXOVR	DEF					NA	NA	NA	N
82131	AMINO ACIDS SINGLE QUANT	MAXFEE	DEF					17.24	4/1/2019	12/31/2299	N
82135	ASSAY AMINOLEVULINIC ACID	PRXOVR	DEF					NA	NA	NA	N
82135	ASSAY AMINOLEVULINIC ACID	MAXFEE	DEF					12.34	1/1/2021	12/31/2299	N
82136	AMINO ACIDS QUANT 2-5	PRXOVR	DEF					NA	NA	NA	N
82136	AMINO ACIDS QUANT 2-5	MAXFEE	DEF					14.71	4/1/2021	12/31/2299	N
82139	AMINO ACIDS QUAN 6 OR MORE	PRXOVR	DEF					NA	NA	NA	N
82139	AMINO ACIDS QUAN 6 OR MORE	MAXFEE	DEF					12.65	4/1/2021	12/31/2299	N
82140	ASSAY OF AMMONIA	PRXOVR	DEF					NA	NA	NA	N
82140	ASSAY OF AMMONIA	MAXFEE	DEF					10.93	1/1/2021	12/31/2299	N
82143	AMNIOTIC FLUID SCAN	PRXOVR	DEF					NA	NA	NA	N
82143	AMNIOTIC FLUID SCAN	MAXFEE	DEF					7.01	4/1/2019	12/31/2299	N
82145	ASSAY OF AMPHETAMINES	PRXOVR	DEF					NA	NA	NA	N
82145	ASSAY OF AMPHETAMINES	MAXFEE	DEF					NA			N
82150	ASSAY OF AMYLASE	PRXOVR	DEF					NA	NA	NA	N
82150	ASSAY OF AMYLASE	MAXFEE	DEF					4.86	1/1/2021	12/31/2299	N
82154	ANDROSTANEDIOL GLUCURONIDE	PRXOVR	DEF					NA	NA	NA	N
82154	ANDROSTANEDIOL GLUCURONIDE	MAXFEE	DEF					21.62	1/1/2021	12/31/2299	N

## Ohio Medicaid LAB Contract 12-07-2023

82157	ASSAY OF ANDROSTENEDIONE	PRXOVR	DEF					NA	NA	NA	N
82157	ASSAY OF ANDROSTENEDIONE	MAXFEE	DEF					21.96	1/1/2021	12/31/2299	N
82160	ASSAY OF ANDROSTERONE	PRXOVR	DEF					NA	NA	NA	N
82160	ASSAY OF ANDROSTERONE	MAXFEE	DEF					19.16	1/1/2021	12/31/2299	N
82163	ASSAY OF ANGIOTENSIN II	PRXOVR	DEF					NA	NA	NA	N
82163	ASSAY OF ANGIOTENSIN II	MAXFEE	DEF					15.39	4/1/2021	12/31/2299	N
82164	ANGIOTENSIN I ENZYME TEST	PRXOVR	DEF					NA	NA	NA	N
82164	ANGIOTENSIN I ENZYME TEST	MAXFEE	DEF					10.95	1/1/2021	12/31/2299	N
82168	ANTIHISTAMINES	PRXOVR	DEF					NA	NA	NA	N
82168	ANTIHISTAMINES	MAXFEE	DEF					NA			N
82172	ASSAY OF APOLIPOPROTEIN	PRXOVR	DEF					NA	NA	NA	N
82172	ASSAY OF APOLIPOPROTEIN	MAXFEE	DEF					15.82	4/1/2019	12/31/2299	N
82175	ASSAY OF ARSENIC	PRXOVR	DEF					NA	NA	NA	N
82175	ASSAY OF ARSENIC	MAXFEE	DEF					14.23	4/1/2021	12/31/2299	N
82180	ASSAY OF ASCORBIC ACID	PRXOVR	DEF					NA	NA	NA	N
82180	ASSAY OF ASCORBIC ACID	MAXFEE	DEF					7.42	4/1/2021	12/31/2299	N
82190	ATOMIC ABSORPTION	PRXOVR	DEF					NA	NA	NA	N
82190	ATOMIC ABSORPTION	MAXFEE	DEF					11.93	4/1/2021	12/31/2299	N
82205	ASSAY OF BARBITURATES	PRXOVR	DEF					NA	NA	NA	N
82205	ASSAY OF BARBITURATES	MAXFEE	DEF					NA			N
82232	ASSAY OF BETA-2 PROTEIN	PRXOVR	DEF					NA	NA	NA	N
82232	ASSAY OF BETA-2 PROTEIN	MAXFEE	DEF					12.14	4/1/2021	12/31/2299	N
82239	BILE ACIDS TOTAL	PRXOVR	DEF					NA	NA	NA	N
82239	BILE ACIDS TOTAL	MAXFEE	DEF					12.84	1/1/2021	12/31/2299	N
82240	BILE ACIDS CHOLYLGLYCINE	PRXOVR	DEF					NA	NA	NA	N
82240	BILE ACIDS CHOLYLGLYCINE	MAXFEE	DEF					19.94	1/1/2021	12/31/2299	N
82247	BILIRUBIN TOTAL	PRXOVR	DEF					NA	NA	NA	N
82247	BILIRUBIN TOTAL	MAXFEE	DEF					3.77	4/1/2021	12/31/2299	N
82248	BILIRUBIN DIRECT	PRXOVR	DEF					NA	NA	NA	N

## Ohio Medicaid LAB Contract 12-07-2023

82248	BILIRUBIN DIRECT	MAXFEE	DEF					3.77	4/1/2021	12/31/2299	N
82251	ASSAY OF BILIRUBIN	PRXOVR	DEF					NA	NA	NA	N
82251	ASSAY OF BILIRUBIN	MAXFEE	DEF					NA			N
82252	FECAL BILIRUBIN TEST	PRXOVR	DEF					NA	NA	NA	N
82252	FECAL BILIRUBIN TEST	MAXFEE	DEF					3.42	4/1/2021	12/31/2299	N
82261	ASSAY OF BIOTINIDASE	PRXOVR	DEF					NA	NA	NA	N
82261	ASSAY OF BIOTINIDASE	MAXFEE	DEF					12.65	4/1/2021	12/31/2299	N
82270	OCCULT BLOOD FECES	PRXOVR	DEF					NA	NA	NA	N
82270	OCCULT BLOOD FECES	MAXFEE	DEF					3.29	4/1/2019	12/31/2299	N
82271	OCCULT BLOOD OTHER SOURCES	PRXOVR	DEF					NA	NA	NA	N
82271	OCCULT BLOOD OTHER SOURCES	MAXFEE	DEF					3.99	4/1/2019	12/31/2299	N
82272	OCCULT BLD FECES 1-3 TESTS	PRXOVR	DEF					NA	NA	NA	N
82272	OCCULT BLD FECES 1-3 TESTS	MAXFEE	DEF					3.17	4/1/2019	12/31/2299	N
82273	TEST FOR BLOOD; OTHER SOURCE	PRXOVR	DEF					NA	NA	NA	N
82273	TEST FOR BLOOD; OTHER SOURCE	MAXFEE	DEF					NA			N
82274	ASSAY TEST FOR BLOOD FECAL	PRXOVR	DEF					NA	NA	NA	N
82274	ASSAY TEST FOR BLOOD FECAL	MAXFEE	DEF					11.94	1/1/2021	12/31/2299	N
82286	ASSAY OF BRADYKININ	PRXOVR	DEF					NA	NA	NA	N
82286	ASSAY OF BRADYKININ	MAXFEE	DEF					3.87	4/1/2021	12/31/2299	N
82300	ASSAY OF CADMIUM	PRXOVR	DEF					NA	NA	NA	N
82300	ASSAY OF CADMIUM	MAXFEE	DEF					17.73	4/1/2021	12/31/2299	N
82306	VITAMIN D 25 HYDROXY	PRXOVR	DEF					NA	NA	NA	N
82306	VITAMIN D 25 HYDROXY	MAXFEE	DEF					22.20	4/1/2021	12/31/2299	N
82307	ASSAY OF VITAMIN D	PRXOVR	DEF					NA	NA	NA	N
82307	ASSAY OF VITAMIN D	MAXFEE	DEF					NA			N
82308	ASSAY OF CALCITONIN	PRXOVR	DEF					NA	NA	NA	N

## Ohio Medicaid LAB Contract 12-07-2023

82308	ASSAY OF CALCITONIN	MAXFEE	DEF					20.09	4/1/2021	12/31/2299	N
82310	ASSAY OF CALCIUM	PRXOVR	DEF					NA	NA	NA	N
82310	ASSAY OF CALCIUM	MAXFEE	DEF					3.87	1/1/2021	12/31/2299	N
82330	ASSAY OF CALCIUM	PRXOVR	DEF					NA	NA	NA	N
82330	ASSAY OF CALCIUM	MAXFEE	DEF					10.26	1/1/2021	12/31/2299	N
82331	CALCIUM INFUSION TEST	PRXOVR	DEF					NA	NA	NA	N
82331	CALCIUM INFUSION TEST	MAXFEE	DEF					10.01	4/1/2019	12/31/2299	N
82335	CALCIUM URIN QUALITATIVE SULKOWITCH	PRXOVR	DEF					NA	NA	NA	N
82335	CALCIUM URIN QUALITATIVE SULKOWITCH	MAXFEE	DEF					NA			N
82340	ASSAY OF CALCIUM IN URINE	PRXOVR	DEF					NA	NA	NA	N
82340	ASSAY OF CALCIUM IN URINE	MAXFEE	DEF					4.52	4/1/2021	12/31/2299	N
82355	CALCULUS ANALYSIS QUAL	PRXOVR	DEF					NA	NA	NA	N
82355	CALCULUS ANALYSIS QUAL	MAXFEE	DEF					8.69	4/1/2021	12/31/2299	N
82360	CALCULUS ASSAY QUANT	PRXOVR	DEF					NA	NA	NA	N
82360	CALCULUS ASSAY QUANT	MAXFEE	DEF					9.65	4/1/2021	12/31/2299	N
82365	CALCULUS SPECTROSCOPY	PRXOVR	DEF					NA	NA	NA	N
82365	CALCULUS SPECTROSCOPY	MAXFEE	DEF					9.68	4/1/2021	12/31/2299	N
82370	X-RAY ASSAY CALCULUS	PRXOVR	DEF					NA	NA	NA	N
82370	X-RAY ASSAY CALCULUS	MAXFEE	DEF					9.39	4/1/2021	12/31/2299	N
82373	ASSAY C-D TRANSFER MEASURE	PRXOVR	DEF					NA	NA	NA	N
82373	ASSAY C-D TRANSFER MEASURE	MAXFEE	DEF					13.55	4/1/2021	12/31/2299	N
82374	ASSAY BLOOD CARBON DIOXIDE	PRXOVR	DEF					NA	NA	NA	N
82374	ASSAY BLOOD CARBON DIOXIDE	MAXFEE	DEF					3.66	1/1/2021	12/31/2299	N
82375	ASSAY CARBOXYHB QUANT	PRXOVR	DEF					NA	NA	NA	N
82375	ASSAY CARBOXYHB QUANT	MAXFEE	DEF					9.24	4/1/2021	12/31/2299	N
82376	ASSAY CARBOXYHB QUAL	PRXOVR	DEF					NA	NA	NA	N



## Ohio Medicaid LAB Contract 12-07-2023

82376	ASSAY CARBOXYHB QUAL	MAXFEE	DEF					10.55	4/1/2019	12/31/2299	N
82378	CARCINOEMBRYONIC ANTIGEN	PRXOVR	DEF					NA	NA	NA	N
82378	CARCINOEMBRYONIC ANTIGEN	MAXFEE	DEF					14.22	4/1/2021	12/31/2299	N
82379	ASSAY OF CARNITINE	PRXOVR	DEF					NA	NA	NA	N
82379	ASSAY OF CARNITINE	MAXFEE	DEF					12.65	4/1/2021	12/31/2299	N
82380	ASSAY OF CAROTENE	PRXOVR	DEF					NA	NA	NA	N
82380	ASSAY OF CAROTENE	MAXFEE	DEF					6.92	4/1/2021	12/31/2299	N
82382	ASSAY URINE CATECHOLAMINES	PRXOVR	DEF					NA	NA	NA	N
82382	ASSAY URINE CATECHOLAMINES	MAXFEE	DEF					20.48	4/1/2019	12/31/2299	N
82383	ASSAY BLOOD CATECHOLAMINES	PRXOVR	DEF					NA	NA	NA	N
82383	ASSAY BLOOD CATECHOLAMINES	MAXFEE	DEF					21.81	4/1/2021	12/31/2299	N
82384	ASSAY THREE CATECHOLAMINES	PRXOVR	DEF					NA	NA	NA	N
82384	ASSAY THREE CATECHOLAMINES	MAXFEE	DEF					18.94	4/1/2021	12/31/2299	N
82387	ASSAY OF CATHEPSIN-D	PRXOVR	DEF					NA	NA	NA	N
82387	ASSAY OF CATHEPSIN-D	MAXFEE	DEF					13.55	4/1/2021	12/31/2299	N
82390	ASSAY OF CERULOPLASMIN	PRXOVR	DEF					NA	NA	NA	N
82390	ASSAY OF CERULOPLASMIN	MAXFEE	DEF					8.06	4/1/2021	12/31/2299	N
82397	CHEMILUMINESCENT ASSAY	PRXOVR	DEF					NA	NA	NA	N
82397	CHEMILUMINESCENT ASSAY	MAXFEE	DEF					10.59	4/1/2021	12/31/2299	N
82415	ASSAY OF CHLORAMPHENICOL	PRXOVR	DEF					NA	NA	NA	N
82415	ASSAY OF CHLORAMPHENICOL	MAXFEE	DEF					9.50	4/1/2021	12/31/2299	N
82435	ASSAY OF BLOOD CHLORIDE	PRXOVR	DEF					NA	NA	NA	N
82435	ASSAY OF BLOOD CHLORIDE	MAXFEE	DEF					3.45	1/1/2021	12/31/2299	N

## Ohio Medicaid LAB Contract 12-07-2023

82436	ASSAY OF URINE CHLORIDE	PRXOVR	DEF					NA	NA	NA	N
82436	ASSAY OF URINE CHLORIDE	MAXFEE	DEF					4.31	4/1/2019	12/31/2299	N
82438	ASSAY OTHER FLUID CHLORIDES	PRXOVR	DEF					NA	NA	NA	N
82438	ASSAY OTHER FLUID CHLORIDES	MAXFEE	DEF					3.75	4/1/2021	12/31/2299	N
82441	TEST FOR CHLOROHYDROCARBONS	PRXOVR	DEF					NA	NA	NA	N
82441	TEST FOR CHLOROHYDROCARBONS	MAXFEE	DEF					4.51	1/1/2021	12/31/2299	N
82465	ASSAY BLD/SERUM CHOLESTEROL	PRXOVR	DEF					NA	NA	NA	N
82465	ASSAY BLD/SERUM CHOLESTEROL	MAXFEE	DEF					3.26	1/1/2021	12/31/2299	N
82480	ASSAY SERUM CHOLINESTERASE	PRXOVR	DEF					NA	NA	NA	N
82480	ASSAY SERUM CHOLINESTERASE	MAXFEE	DEF					5.90	4/1/2021	12/31/2299	N
82482	ASSAY RBC CHOLINESTERASE	PRXOVR	DEF					NA	NA	NA	N
82482	ASSAY RBC CHOLINESTERASE	MAXFEE	DEF					7.36	4/1/2019	12/31/2299	N
82485	ASSAY CHONDROITIN SULFATE	PRXOVR	DEF					NA	NA	NA	N
82485	ASSAY CHONDROITIN SULFATE	MAXFEE	DEF					15.49	4/1/2021	12/31/2299	N
82486	GAS/LIQUID CHROMATOGRAPHY	PRXOVR	DEF					NA	NA	NA	N
82486	GAS/LIQUID CHROMATOGRAPHY	MAXFEE	DEF					NA			N
82487	PAPER CHROMATOGRAPHY	PRXOVR	DEF					NA	NA	NA	N
82487	PAPER CHROMATOGRAPHY	MAXFEE	DEF					NA			N
82488	PAPER CHROMATOGRAPHY	PRXOVR	DEF					NA	NA	NA	N
82488	PAPER CHROMATOGRAPHY	MAXFEE	DEF					NA			N

## Ohio Medicaid LAB Contract 12-07-2023

82489	THIN LAYER CHROMATOGRAPHY	PRXOVR	DEF					NA	NA	NA	N
82489	THIN LAYER CHROMATOGRAPHY	MAXFEE	DEF					NA			N
82491	CHROMOTOGRAPHY QUANT SING	PRXOVR	DEF					NA	NA	NA	N
82491	CHROMOTOGRAPHY QUANT SING	MAXFEE	DEF					NA			N
82492	CHROMOTOGRAPHY QUANT MULT	PRXOVR	DEF					NA	NA	NA	N
82492	CHROMOTOGRAPHY QUANT MULT	MAXFEE	DEF					NA			N
82495	ASSAY OF CHROMIUM	PRXOVR	DEF					NA	NA	NA	N
82495	ASSAY OF CHROMIUM	MAXFEE	DEF					15.21	4/1/2021	12/31/2299	N
82507	ASSAY OF CITRATE	PRXOVR	DEF					NA	NA	NA	N
82507	ASSAY OF CITRATE	MAXFEE	DEF					20.85	4/1/2021	12/31/2299	N
82520	ASSAY OF COCAINE	PRXOVR	DEF					NA	NA	NA	N
82520	ASSAY OF COCAINE	MAXFEE	DEF					NA			N
82523	COLLAGEN CROSSLINKS	PRXOVR	DEF					NA	NA	NA	N
82523	COLLAGEN CROSSLINKS	MAXFEE	DEF					14.01	4/1/2021	12/31/2299	N
82525	ASSAY OF COPPER	PRXOVR	DEF					NA	NA	NA	N
82525	ASSAY OF COPPER	MAXFEE	DEF					9.31	4/1/2021	12/31/2299	N
82528	ASSAY OF CORTICOSTERONE	PRXOVR	DEF					NA	NA	NA	N
82528	ASSAY OF CORTICOSTERONE	MAXFEE	DEF					16.89	4/1/2021	12/31/2299	N
82530	CORTISOL FREE	PRXOVR	DEF					NA	NA	NA	N
82530	CORTISOL FREE	MAXFEE	DEF					12.53	4/1/2021	12/31/2299	N
82533	TOTAL CORTISOL	PRXOVR	DEF					NA	NA	NA	N
82533	TOTAL CORTISOL	MAXFEE	DEF					12.23	4/1/2021	12/31/2299	N
82540	ASSAY OF CREATINE	PRXOVR	DEF					NA	NA	NA	N
82540	ASSAY OF CREATINE	MAXFEE	DEF					3.48	1/1/2021	12/31/2299	N
82541	COLUMN CHROMOTOGRAPHY QUAL	PRXOVR	DEF					NA	NA	NA	N

## Ohio Medicaid LAB Contract 12-07-2023

82541	COLUMN CHROMATOGRAPHY QUAL	MAXFEE	DEF					NA			N
82542	COL CHROMATOGRAPHY QUAL/QUAN	PRXOVR	DEF					NA	NA	NA	N
82542	COL CHROMATOGRAPHY QUAL/QUAN	MAXFEE	DEF					18.07	4/1/2019	12/31/2299	N
82543	COLUMN CHROMATOGRAPH/ISOTOPE	PRXOVR	DEF					NA	NA	NA	N
82543	COLUMN CHROMATOGRAPH/ISOTOPE	MAXFEE	DEF					NA			N
82544	COLUMN CHROMATOGRAPH/ISOTOPE	PRXOVR	DEF					NA	NA	NA	N
82544	COLUMN CHROMATOGRAPH/ISOTOPE	MAXFEE	DEF					NA			N
82550	ASSAY OF CK (CPK)	PRXOVR	DEF					NA	NA	NA	N
82550	ASSAY OF CK (CPK)	MAXFEE	DEF					4.88	1/1/2021	12/31/2299	N
82552	ASSAY OF CPK IN BLOOD	PRXOVR	DEF					NA	NA	NA	N
82552	ASSAY OF CPK IN BLOOD	MAXFEE	DEF					10.04	4/1/2021	12/31/2299	N
82553	CREATINE MB FRACTION	PRXOVR	DEF					NA	NA	NA	N
82553	CREATINE MB FRACTION	MAXFEE	DEF					8.66	4/1/2021	12/31/2299	N
82554	CREATINE ISOFORMS	PRXOVR	DEF					NA	NA	NA	N
82554	CREATINE ISOFORMS	MAXFEE	DEF					8.90	4/1/2021	12/31/2299	N
82565	ASSAY OF CREATININE	PRXOVR	DEF					NA	NA	NA	N
82565	ASSAY OF CREATININE	MAXFEE	DEF					3.84	1/1/2021	12/31/2299	N
82570	ASSAY OF URINE CREATININE	PRXOVR	DEF					NA	NA	NA	N
82570	ASSAY OF URINE CREATININE	MAXFEE	DEF					3.89	1/1/2021	12/31/2299	N
82575	CREATININE CLEARANCE TEST	PRXOVR	DEF					NA	NA	NA	N
82575	CREATININE CLEARANCE TEST	MAXFEE	DEF					7.10	4/1/2021	12/31/2299	N
82585	ASSAY OF CRYOFIBRINOGEN	PRXOVR	DEF					NA	NA	NA	N
82585	ASSAY OF CRYOFIBRINOGEN	MAXFEE	DEF					10.61	4/1/2019	12/31/2299	N

## Ohio Medicaid LAB Contract 12-07-2023

82595	ASSAY OF CRYOGLOBULIN	PRXOVR	DEF					NA	NA	NA	N
82595	ASSAY OF CRYOGLOBULIN	MAXFEE	DEF					4.85	4/1/2021	12/31/2299	N
82600	ASSAY OF CYANIDE	PRXOVR	DEF					NA	NA	NA	N
82600	ASSAY OF CYANIDE	MAXFEE	DEF					14.55	4/1/2021	12/31/2299	N
82607	VITAMIN B-12	PRXOVR	DEF					NA	NA	NA	N
82607	VITAMIN B-12	MAXFEE	DEF					11.31	4/1/2021	12/31/2299	N
82608	B-12 BINDING CAPACITY	PRXOVR	DEF					NA	NA	NA	N
82608	B-12 BINDING CAPACITY	MAXFEE	DEF					10.74	4/1/2021	12/31/2299	N
82610	CYSTATIN C	PRXOVR	DEF					NA	NA	NA	N
82610	CYSTATIN C	MAXFEE	DEF					13.89	4/1/2019	12/31/2299	N
82615	TEST FOR URINE CYSTINES	PRXOVR	DEF					NA	NA	NA	N
82615	TEST FOR URINE CYSTINES	MAXFEE	DEF					7.16	4/1/2021	12/31/2299	N
82626	DEHYDROEPIANDROSTERONE	PRXOVR	DEF					NA	NA	NA	N
82626	DEHYDROEPIANDROSTERONE	MAXFEE	DEF					18.95	4/1/2021	12/31/2299	N
82627	DEHYDROEPIANDROSTERONE	PRXOVR	DEF					NA	NA	NA	N
82627	DEHYDROEPIANDROSTERONE	MAXFEE	DEF					16.67	4/1/2021	12/31/2299	N
82633	DESOXYCORTICOSTERONE	PRXOVR	DEF					NA	NA	NA	N
82633	DESOXYCORTICOSTERONE	MAXFEE	DEF					23.24	4/1/2021	12/31/2299	N
82634	DEOXYCORTISOL	PRXOVR	DEF					NA	NA	NA	N
82634	DEOXYCORTISOL	MAXFEE	DEF					21.96	4/1/2021	12/31/2299	N
82638	ASSAY OF DIBUCAINE NUMBER	PRXOVR	DEF					NA	NA	NA	N
82638	ASSAY OF DIBUCAINE NUMBER	MAXFEE	DEF					9.19	4/1/2021	12/31/2299	N
82642	DIHYDROTESTOSTERONE	PRXOVR	DEF					NA	NA	NA	N
82642	DIHYDROTESTOSTERONE	MAXFEE	DEF					21.96	4/1/2021	12/31/2299	N
82646	ASSAY OF DIHYDROCODEINONE	PRXOVR	DEF					NA	NA	NA	N
82646	ASSAY OF DIHYDROCODEINONE	MAXFEE	DEF					NA			N

## Ohio Medicaid LAB Contract 12-07-2023

82649	ASSAY OF DIHYDROMORPHINONE	PRXOVR	DEF					NA	NA	NA	N
82649	ASSAY OF DIHYDROMORPHINONE	MAXFEE	DEF					NA			N
82651	ASSAY OF DIHYDROTOSTERONE	PRXOVR	DEF					NA	NA	NA	N
82651	ASSAY OF DIHYDROTOSTERONE	MAXFEE	DEF					NA			N
82652	VIT D 1 25-DIHYDROXY	PRXOVR	DEF					NA	NA	NA	N
82652	VIT D 1 25-DIHYDROXY	MAXFEE	DEF					28.88	4/1/2021	12/31/2299	N
82653	EL-1 FECAL QUANTITATIVE	PRXOVR	DEF					NA	NA	NA	N
82653	EL-1 FECAL QUANTITATIVE	MAXFEE	DEF					17.23	4/1/2022	12/31/2299	N
82654	ASSAY OF DIMETHADIONE	PRXOVR	DEF					NA	NA	NA	N
82654	ASSAY OF DIMETHADIONE	MAXFEE	DEF					NA			N
82656	EL-1 FECAL QUAL/SEMIQ	PRXOVR	DEF					NA	NA	NA	N
82656	EL-1 FECAL QUAL/SEMIQ	MAXFEE	DEF					8.65	4/1/2021	12/31/2299	N
82657	ENZYME CELL ACTIVITY	PRXOVR	DEF					NA	NA	NA	N
82657	ENZYME CELL ACTIVITY	MAXFEE	DEF					16.63	4/1/2019	12/31/2299	N
82658	ENZYME CELL ACTIVITY RA	PRXOVR	DEF					NA	NA	NA	N
82658	ENZYME CELL ACTIVITY RA	MAXFEE	DEF					33.02	4/1/2019	12/31/2299	N
82664	ELECTROPHORETIC TEST	PRXOVR	DEF					NA	NA	NA	N
82664	ELECTROPHORETIC TEST	MAXFEE	DEF					46.13	4/1/2019	12/31/2299	N
82666	ASSAY OF EPIANDROSTERONE	PRXOVR	DEF					NA	NA	NA	N
82666	ASSAY OF EPIANDROSTERONE	MAXFEE	DEF					NA			N
82668	ASSAY OF ERYTHROPOIETIN	PRXOVR	DEF					NA	NA	NA	N
82668	ASSAY OF ERYTHROPOIETIN	MAXFEE	DEF					14.09	4/1/2021	12/31/2299	N
82670	ASSAY OF TOTAL ESTRADIOL	PRXOVR	DEF					NA	NA	NA	N
82670	ASSAY OF TOTAL ESTRADIOL	MAXFEE	DEF					20.96	4/1/2021	12/31/2299	N
82671	ASSAY OF ESTROGENS	PRXOVR	DEF					NA	NA	NA	N
82671	ASSAY OF ESTROGENS	MAXFEE	DEF					24.23	4/1/2021	12/31/2299	N
82672	ASSAY OF ESTROGEN	PRXOVR	DEF					NA	NA	NA	N

## Ohio Medicaid LAB Contract 12-07-2023

82672	ASSAY OF ESTROGEN	MAXFEE	DEF					16.28	4/1/2021	12/31/2299	N
82677	ASSAY OF ESTRIOL	PRXOVR	DEF					NA	NA	NA	N
82677	ASSAY OF ESTRIOL	MAXFEE	DEF					18.14	1/1/2021	12/31/2299	N
82679	ASSAY OF ESTRONE	PRXOVR	DEF					NA	NA	NA	N
82679	ASSAY OF ESTRONE	MAXFEE	DEF					18.71	1/1/2021	12/31/2299	N
82681	ASSAY DIR MEAS FR ESTRADIOL	PRXOVR	DEF					NA	NA	NA	N
82681	ASSAY DIR MEAS FR ESTRADIOL	MAXFEE	DEF					20.96	4/1/2021	12/31/2299	N
82690	ASSAY OF ETHCHLORVYNOL	PRXOVR	DEF					NA	NA	NA	N
82690	ASSAY OF ETHCHLORVYNOL	MAXFEE	DEF					NA			N
82693	ASSAY OF ETHYLENE GLYCOL	PRXOVR	DEF					NA	NA	NA	N
82693	ASSAY OF ETHYLENE GLYCOL	MAXFEE	DEF					11.18	4/1/2021	12/31/2299	N
82696	ASSAY OF ETIOCHOLANOLONE	PRXOVR	DEF					NA	NA	NA	N
82696	ASSAY OF ETIOCHOLANOLONE	MAXFEE	DEF					19.68	4/1/2019	12/31/2299	N
82705	FATS/LIPIDS FECES QUAL	PRXOVR	DEF					NA	NA	NA	N
82705	FATS/LIPIDS FECES QUAL	MAXFEE	DEF					3.83	4/1/2021	12/31/2299	N
82710	FATS/LIPIDS FECES QUANT	PRXOVR	DEF					NA	NA	NA	N
82710	FATS/LIPIDS FECES QUANT	MAXFEE	DEF					12.60	4/1/2021	12/31/2299	N
82715	ASSAY OF FECAL FAT	PRXOVR	DEF					NA	NA	NA	N
82715	ASSAY OF FECAL FAT	MAXFEE	DEF					17.23	4/1/2019	12/31/2299	N
82725	ASSAY OF BLOOD FATTY ACIDS	PRXOVR	DEF					NA	NA	NA	N
82725	ASSAY OF BLOOD FATTY ACIDS	MAXFEE	DEF					14.08	4/1/2019	12/31/2299	N
82726	LONG CHAIN FATTY ACIDS	PRXOVR	DEF					NA	NA	NA	N
82726	LONG CHAIN FATTY ACIDS	MAXFEE	DEF					14.81	4/1/2021	12/31/2299	N
82728	ASSAY OF FERRITIN	PRXOVR	DEF					NA	NA	NA	N
82728	ASSAY OF FERRITIN	MAXFEE	DEF					10.22	4/1/2021	12/31/2299	N

## Ohio Medicaid LAB Contract 12-07-2023

82731	ASSAY OF FETAL FIBRONECTIN	PRXOVR	DEF					NA	NA	NA	N
82731	ASSAY OF FETAL FIBRONECTIN	MAXFEE	DEF					48.31	4/1/2021	12/31/2299	N
82735	ASSAY OF FLUORIDE	PRXOVR	DEF					NA	NA	NA	N
82735	ASSAY OF FLUORIDE	MAXFEE	DEF					13.91	4/1/2021	12/31/2299	N
82742	ASSAY OF FLURAZEPAM	PRXOVR	DEF					NA	NA	NA	N
82742	ASSAY OF FLURAZEPAM	MAXFEE	DEF					NA			N
82746	ASSAY OF FOLIC ACID SERUM	PRXOVR	DEF					NA	NA	NA	N
82746	ASSAY OF FOLIC ACID SERUM	MAXFEE	DEF					11.03	4/1/2021	12/31/2299	N
82747	ASSAY OF FOLIC ACID RBC	PRXOVR	DEF					NA	NA	NA	N
82747	ASSAY OF FOLIC ACID RBC	MAXFEE	DEF					13.24	4/1/2021	12/31/2299	N
82757	ASSAY OF SEMEN FRUCTOSE	PRXOVR	DEF					NA	NA	NA	N
82757	ASSAY OF SEMEN FRUCTOSE	MAXFEE	DEF					13.01	4/1/2021	12/31/2299	N
82759	ASSAY OF RBC GALACTOKINASE	PRXOVR	DEF					NA	NA	NA	N
82759	ASSAY OF RBC GALACTOKINASE	MAXFEE	DEF					16.11	4/1/2021	12/31/2299	N
82760	ASSAY OF GALACTOSE	PRXOVR	DEF					NA	NA	NA	N
82760	ASSAY OF GALACTOSE	MAXFEE	DEF					8.40	4/1/2021	12/31/2299	N
82775	ASSAY GALACTOSE TRANSFERASE	PRXOVR	DEF					NA	NA	NA	N
82775	ASSAY GALACTOSE TRANSFERASE	MAXFEE	DEF					15.80	4/1/2021	12/31/2299	N
82776	GALACTOSE TRANSFERASE TEST	PRXOVR	DEF					NA	NA	NA	N
82776	GALACTOSE TRANSFERASE TEST	MAXFEE	DEF					8.81	4/1/2019	12/31/2299	N
82777	GALECTIN-3	PRXOVR	DEF					NA	NA	NA	N
82777	GALECTIN-3	MAXFEE	DEF					33.19	4/1/2019	12/31/2299	N
82784	ASSAY IGA/IGD/IGG/IGM EACH	PRXOVR	DEF					NA	NA	NA	N
82784	ASSAY IGA/IGD/IGG/IGM EACH	MAXFEE	DEF					6.98	4/1/2021	12/31/2299	N



## Ohio Medicaid LAB Contract 12-07-2023

82785	ASSAY OF IGE	PRXOVR	DEF					NA	NA	NA	N
82785	ASSAY OF IGE	MAXFEE	DEF					12.35	4/1/2021	12/31/2299	N
82787	IGG 1 2 3 OR 4 EACH	PRXOVR	DEF					NA	NA	NA	N
82787	IGG 1 2 3 OR 4 EACH	MAXFEE	DEF					6.02	4/1/2021	12/31/2299	N
82800	BLOOD PH	PRXOVR	DEF					NA	NA	NA	N
82800	BLOOD PH	MAXFEE	DEF					8.25	4/1/2019	12/31/2299	N
82803	BLOOD GASES ANY COMBINATION	PRXOVR	DEF					NA	NA	NA	N
82803	BLOOD GASES ANY COMBINATION	MAXFEE	DEF					19.55	4/1/2019	12/31/2299	N
82805	BLOOD GASES W/O2 SATURATION	PRXOVR	DEF					NA	NA	NA	N
82805	BLOOD GASES W/O2 SATURATION	MAXFEE	DEF					59.08	4/1/2019	12/31/2299	N
82810	BLOOD GASES O2 SAT ONLY	PRXOVR	DEF					NA	NA	NA	N
82810	BLOOD GASES O2 SAT ONLY	MAXFEE	DEF					7.33	4/1/2019	12/31/2299	N
82820	HEMOGLOBIN-OXYGEN AFFINITY	PRXOVR	DEF					NA	NA	NA	N
82820	HEMOGLOBIN-OXYGEN AFFINITY	MAXFEE	DEF					10.01	4/1/2019	12/31/2299	N
82926	ASSAY OF GASTRIC ACID	PRXOVR	DEF					NA	NA	NA	N
82926	ASSAY OF GASTRIC ACID	MAXFEE	DEF					NA			N
82927	GASTRIC ACID FREE AND TOTAL EA ADD SPEC	PRXOVR	DEF					NA	NA	NA	N
82927	GASTRIC ACID FREE AND TOTAL EA ADD SPEC	MAXFEE	DEF					NA			N
82928	ASSAY OF GASTRIC ACID	PRXOVR	DEF					NA	NA	NA	N
82928	ASSAY OF GASTRIC ACID	MAXFEE	DEF					NA			N
82930	GASTRIC ANALY W/PH EA SPEC	PRXOVR	DEF					NA	NA	NA	N
82930	GASTRIC ANALY W/PH EA SPEC	MAXFEE	DEF					5.04	4/1/2019	12/31/2299	N
82938	GASTRIN TEST	PRXOVR	DEF					NA	NA	NA	N

## Ohio Medicaid LAB Contract 12-07-2023

82938	GASTRIN TEST	MAXFEE	DEF					13.27	4/1/2021	12/31/2299	N
82941	ASSAY OF GASTRIN	PRXOVR	DEF					NA	NA	NA	N
82941	ASSAY OF GASTRIN	MAXFEE	DEF					13.22	4/1/2021	12/31/2299	N
82943	ASSAY OF GLUCAGON	PRXOVR	DEF					NA	NA	NA	N
82943	ASSAY OF GLUCAGON	MAXFEE	DEF					10.72	4/1/2021	12/31/2299	N
82945	GLUCOSE OTHER FLUID	PRXOVR	DEF					NA	NA	NA	N
82945	GLUCOSE OTHER FLUID	MAXFEE	DEF					2.95	4/1/2021	12/31/2299	N
82946	GLUCAGON TOLERANCE TEST	PRXOVR	DEF					NA	NA	NA	N
82946	GLUCAGON TOLERANCE TEST	MAXFEE	DEF					13.33	4/1/2019	12/31/2299	N
82947	ASSAY GLUCOSE BLOOD QUANT	PRXOVR	DEF					NA	NA	NA	N
82947	ASSAY GLUCOSE BLOOD QUANT	MAXFEE	DEF					2.95	4/1/2021	12/31/2299	N
82948	REAGENT STRIP/BLOOD GLUCOSE	PRXOVR	DEF					NA	NA	NA	N
82948	REAGENT STRIP/BLOOD GLUCOSE	MAXFEE	DEF					3.78	4/1/2019	12/31/2299	N
82950	GLUCOSE TEST	PRXOVR	DEF					NA	NA	NA	N
82950	GLUCOSE TEST	MAXFEE	DEF					3.56	1/1/2021	12/31/2299	N
82951	GLUCOSE TOLERANCE TEST (GTT)	PRXOVR	DEF					NA	NA	NA	N
82951	GLUCOSE TOLERANCE TEST (GTT)	MAXFEE	DEF					9.65	1/1/2021	12/31/2299	N
82952	GTT-ADDED SAMPLES	PRXOVR	DEF					NA	NA	NA	N
82952	GTT-ADDED SAMPLES	MAXFEE	DEF					2.94	1/1/2021	12/31/2299	N
82953	GLUCOSE-TOLBUTAMIDE TEST	PRXOVR	DEF					NA	NA	NA	N
82953	GLUCOSE-TOLBUTAMIDE TEST	MAXFEE	DEF					NA			N
82955	ASSAY OF G6PD ENZYME	PRXOVR	DEF					NA	NA	NA	N
82955	ASSAY OF G6PD ENZYME	MAXFEE	DEF					7.28	1/1/2021	12/31/2299	N
82960	TEST FOR G6PD ENZYME	PRXOVR	DEF					NA	NA	NA	N

## Ohio Medicaid LAB Contract 12-07-2023

82960	TEST FOR G6PD ENZYME	MAXFEE	DEF					4.54	1/1/2021	12/31/2299	N
82962	GLUCOSE BLOOD TEST	PRXOVR	DEF					NA	NA	NA	N
82962	GLUCOSE BLOOD TEST	MAXFEE	DEF					2.46	4/1/2019	12/31/2299	N
82963	ASSAY OF GLUCOSIDASE	PRXOVR	DEF					NA	NA	NA	N
82963	ASSAY OF GLUCOSIDASE	MAXFEE	DEF					16.11	4/1/2021	12/31/2299	N
82965	ASSAY OF GDH ENZYME	PRXOVR	DEF					NA	NA	NA	N
82965	ASSAY OF GDH ENZYME	MAXFEE	DEF					9.86	4/1/2019	12/31/2299	N
82975	ASSAY OF GLUTAMINE	PRXOVR	DEF					NA	NA	NA	N
82975	ASSAY OF GLUTAMINE	MAXFEE	DEF					NA			N
82977	ASSAY OF GGT	PRXOVR	DEF					NA	NA	NA	N
82977	ASSAY OF GGT	MAXFEE	DEF					5.40	1/1/2021	12/31/2299	N
82978	ASSAY OF GLUTATHIONE	PRXOVR	DEF					NA	NA	NA	N
82978	ASSAY OF GLUTATHIONE	MAXFEE	DEF					11.88	4/1/2019	12/31/2299	N
82979	ASSAY RBC GLUTATHIONE	PRXOVR	DEF					NA	NA	NA	N
82979	ASSAY RBC GLUTATHIONE	MAXFEE	DEF					7.08	1/1/2021	12/31/2299	N
82980	ASSAY OF GLUTETHIMIDE	PRXOVR	DEF					NA	NA	NA	N
82980	ASSAY OF GLUTETHIMIDE	MAXFEE	DEF					NA			N
82985	ASSAY OF GLYCATED PROTEIN	PRXOVR	DEF					NA	NA	NA	N
82985	ASSAY OF GLYCATED PROTEIN	MAXFEE	DEF					12.57	4/1/2021	12/31/2299	N
83001	ASSAY OF GONADOTROPIN (FSH)	PRXOVR	DEF					NA	NA	NA	N
83001	ASSAY OF GONADOTROPIN (FSH)	MAXFEE	DEF					13.94	1/1/2021	12/31/2299	N
83002	ASSAY OF GONADOTROPIN (LH)	PRXOVR	DEF					NA	NA	NA	N
83002	ASSAY OF GONADOTROPIN (LH)	MAXFEE	DEF					13.89	1/1/2021	12/31/2299	N
83003	ASSAY GROWTH HORMONE (HGH)	PRXOVR	DEF					NA	NA	NA	N

## Ohio Medicaid LAB Contract 12-07-2023

83003	ASSAY GROWTH HORMONE (HGH)	MAXFEE	DEF					12.50	4/1/2021	12/31/2299	N
83006	GROWTH STIMULATION GENE 2	PRXOVR	DEF					NA	NA	NA	N
83006	GROWTH STIMULATION GENE 2	MAXFEE	DEF					56.70	4/1/2019	12/31/2299	N
83008	ASSAY OF GUANOSINE	PRXOVR	DEF					NA	NA	NA	N
83008	ASSAY OF GUANOSINE	MAXFEE	DEF					NA			N
83009	H PYLORI (C-13) BLOOD	PRXOVR	DEF					NA	NA	NA	N
83009	H PYLORI (C-13) BLOOD	MAXFEE	DEF					50.52	4/1/2021	12/31/2299	N
83010	ASSAY OF HAPTOGLOBIN QUANT	PRXOVR	DEF					NA	NA	NA	N
83010	ASSAY OF HAPTOGLOBIN QUANT	MAXFEE	DEF					9.44	4/1/2021	12/31/2299	N
83012	ASSAY OF HAPTOGLOBINS	PRXOVR	DEF					NA	NA	NA	N
83012	ASSAY OF HAPTOGLOBINS	MAXFEE	DEF					20.17	4/1/2019	12/31/2299	N
83013	H PYLORI (C-13) BREATH	PRXOVR	DEF					NA	NA	NA	N
83013	H PYLORI (C-13) BREATH	MAXFEE	DEF					50.52	4/1/2021	12/31/2299	N
83014	H PYLORI DRUG ADMIN	PRXOVR	DEF					NA	NA	NA	N
83014	H PYLORI DRUG ADMIN	MAXFEE	DEF					5.90	4/1/2021	12/31/2299	N
83015	HEAVY METAL QUAL ANY ANAL	PRXOVR	DEF					NA	NA	NA	N
83015	HEAVY METAL QUAL ANY ANAL	MAXFEE	DEF					15.71	4/1/2019	12/31/2299	N
83018	HEAVY METAL QUANT EACH NES	PRXOVR	DEF					NA	NA	NA	N
83018	HEAVY METAL QUANT EACH NES	MAXFEE	DEF					16.47	4/1/2021	12/31/2299	N
83020	HEMOGLOBIN ELECTROPHORESIS	PRXOVR	DEF					NA	NA	NA	N
83020	HEMOGLOBIN ELECTROPHORESIS	MAXFEE	DEF					9.65	4/1/2021	12/31/2299	N

## Ohio Medicaid LAB Contract 12-07-2023

83020	HEMOGLOBIN ELECTROPHORESIS	MAXFEE	DEF	26				13.63	4/1/2019	12/31/2299	N
83021	HEMOGLOBIN CHROMOTOGRAPHY	PRXOVR	DEF					NA	NA	NA	N
83021	HEMOGLOBIN CHROMOTOGRAPHY	MAXFEE	DEF					13.55	4/1/2021	12/31/2299	N
83026	HEMOGLOBIN COPPER SULFATE	PRXOVR	DEF					NA	NA	NA	N
83026	HEMOGLOBIN COPPER SULFATE	MAXFEE	DEF					3.01	4/1/2019	12/31/2299	N
83030	HEMOGLOBIN F FETAL CHEMICAL	PRXOVR	DEF					NA	NA	NA	N
83030	HEMOGLOBIN F FETAL CHEMICAL	MAXFEE	DEF					8.06	4/1/2019	12/31/2299	N
83033	HEMOGLOBIN FTL F ASSAY QUAL	PRXOVR	DEF					NA	NA	NA	N
83033	HEMOGLOBIN FTL F ASSAY QUAL	MAXFEE	DEF					6	4/1/2019	12/31/2299	N
83036	HEMOGLOBIN GLYCOSYLATED A1C	PRXOVR	DEF					NA	NA	NA	N
83036	HEMOGLOBIN GLYCOSYLATED A1C	MAXFEE	DEF					7.28	1/1/2021	12/31/2299	N
83037	HB GLYCOSYLATED A1C HOME DEV	PRXOVR	DEF					NA	NA	NA	N
83037	HB GLYCOSYLATED A1C HOME DEV	MAXFEE	DEF					7.28	1/1/2021	12/31/2299	N
83045	HGB METHEMOGLOBIN QUAL	PRXOVR	DEF					NA	NA	NA	N
83045	HGB METHEMOGLOBIN QUAL	MAXFEE	DEF					4.87	4/1/2019	12/31/2299	N
83050	HGB METHEMOGLOBIN QUAN	PRXOVR	DEF					NA	NA	NA	N
83050	HGB METHEMOGLOBIN QUAN	MAXFEE	DEF					6.15	4/1/2019	12/31/2299	N
83051	HEMOGLOBIN PLASMA	PRXOVR	DEF					NA	NA	NA	N
83051	HEMOGLOBIN PLASMA	MAXFEE	DEF					5.48	4/1/2021	12/31/2299	N
83055	BLOOD SULFHEMOGLOBIN TEST	PRXOVR	DEF					NA	NA	NA	N

## Ohio Medicaid LAB Contract 12-07-2023

83055	BLOOD SULFHEMOGLOBIN TEST	MAXFEE	DEF					NA			N
83060	HGB SULFHEMOGLOBIN QUAN	PRXOVR	DEF					NA	NA	NA	N
83060	HGB SULFHEMOGLOBIN QUAN	MAXFEE	DEF					6.60	4/1/2021	12/31/2299	N
83065	HEMOGLOBIN THERMOLABILE	PRXOVR	DEF					NA	NA	NA	N
83065	HEMOGLOBIN THERMOLABILE	MAXFEE	DEF					6.75	4/1/2019	12/31/2299	N
83068	HEMOGLOBIN UNSTABLE SCREEN	PRXOVR	DEF					NA	NA	NA	N
83068	HEMOGLOBIN UNSTABLE SCREEN	MAXFEE	DEF					7.10	4/1/2019	12/31/2299	N
83069	HEMOGLOBIN URINE	PRXOVR	DEF					NA	NA	NA	N
83069	HEMOGLOBIN URINE	MAXFEE	DEF					2.96	1/1/2021	12/31/2299	N
83070	ASSAY OF HEMOSIDERIN QUAL	PRXOVR	DEF					NA	NA	NA	N
83070	ASSAY OF HEMOSIDERIN QUAL	MAXFEE	DEF					3.56	1/1/2021	12/31/2299	N
83071	ASSAY OF HEMOSIDERIN QUANT	PRXOVR	DEF					NA	NA	NA	N
83071	ASSAY OF HEMOSIDERIN QUANT	MAXFEE	DEF					NA			N
83080	ASSAY OF B HEXOSAMINIDASE EA	PRXOVR	DEF					NA	NA	NA	N
83080	ASSAY OF B HEXOSAMINIDASE EA	MAXFEE	DEF					12.65	4/1/2021	12/31/2299	N
83088	ASSAY OF HISTAMINE	PRXOVR	DEF					NA	NA	NA	N
83088	ASSAY OF HISTAMINE	MAXFEE	DEF					22.15	4/1/2021	12/31/2299	N
83090	ASSAY OF HOMOCYSTEINE	PRXOVR	DEF					NA	NA	NA	N
83090	ASSAY OF HOMOCYSTEINE	MAXFEE	DEF					13.44	4/1/2021	12/31/2299	N
83150	ASSAY OF HOMOVANILLIC ACID	PRXOVR	DEF					NA	NA	NA	N

## Ohio Medicaid LAB Contract 12-07-2023

83150	ASSAY OF HOMOVANILLIC ACID	MAXFEE	DEF					16.81	4/1/2019	12/31/2299	N
83384	EVAL MOLECULAR PROBES; 11-50	PRXOVR	DEF					NA	NA	NA	N
83384	EVAL MOLECULAR PROBES; 11-50	MANUAL	DEF					NA	NA	NA	N
83491	ASY HYDROXYCORTICOSTEROIDS 17	PRXOVR	DEF					NA	NA	NA	N
83491	ASY HYDROXYCORTICOSTEROIDS 17	MAXFEE	DEF					13.43	4/1/2021	12/31/2299	N
83497	ASSAY OF 5-HIAA	PRXOVR	DEF					NA	NA	NA	N
83497	ASSAY OF 5-HIAA	MAXFEE	DEF					9.68	4/1/2021	12/31/2299	N
83498	ASY HYDROXYPROGESTERONE 17-D	PRXOVR	DEF					NA	NA	NA	N
83498	ASY HYDROXYPROGESTERONE 17-D	MAXFEE	DEF					20.38	4/1/2021	12/31/2299	N
83499	ASSAY OF PROGESTERONE 20-	PRXOVR	DEF					NA	NA	NA	N
83499	ASSAY OF PROGESTERONE 20-	MAXFEE	DEF					NA			N
83500	ASSAY FREE HYDROXYPROLINE	PRXOVR	DEF					NA	NA	NA	N
83500	ASSAY FREE HYDROXYPROLINE	MAXFEE	DEF					16.99	4/1/2021	12/31/2299	N
83505	ASSAY TOTAL HYDROXYPROLINE	PRXOVR	DEF					NA	NA	NA	N
83505	ASSAY TOTAL HYDROXYPROLINE	MAXFEE	DEF					18.23	4/1/2021	12/31/2299	N
83516	IMMUNOASSAY NONANTIBODY	PRXOVR	DEF					NA	NA	NA	N
83516	IMMUNOASSAY NONANTIBODY	MAXFEE	DEF					8.65	1/1/2021	12/31/2299	N
83518	IMMUNOASSAY DIPSTICK	PRXOVR	DEF					NA	NA	NA	N

## Ohio Medicaid LAB Contract 12-07-2023

83518	IMMUNOASSAY DIPSTICK	MAXFEE	DEF					7.23	4/1/2021	12/31/2299	N
83519	RIA NONANTIBODY	PRXOVR	DEF					NA	NA	NA	N
83519	RIA NONANTIBODY	MAXFEE	DEF					13.80	4/1/2019	12/31/2299	N
83520	IMMUNOASSAY QUANT NOS NONAB	PRXOVR	DEF					NA	NA	NA	N
83520	IMMUNOASSAY QUANT NOS NONAB	MAXFEE	DEF					12.95	4/1/2019	12/31/2299	N
83521	IG LIGHT CHAINS FREE EACH	PRXOVR	DEF					NA	NA	NA	N
83521	IG LIGHT CHAINS FREE EACH	MAXFEE	DEF					12.95	4/1/2022	12/31/2299	N
83525	ASSAY OF INSULIN	PRXOVR	DEF					NA	NA	NA	N
83525	ASSAY OF INSULIN	MAXFEE	DEF					8.57	4/1/2021	12/31/2299	N
83527	ASSAY OF INSULIN	PRXOVR	DEF					NA	NA	NA	N
83527	ASSAY OF INSULIN	MAXFEE	DEF					9.71	4/1/2021	12/31/2299	N
83528	ASSAY OF INTRINSIC FACTOR	PRXOVR	DEF					NA	NA	NA	N
83528	ASSAY OF INTRINSIC FACTOR	MAXFEE	DEF					14.87	4/1/2019	12/31/2299	N
83529	ASAY OF INTERLEUKIN-6 (IL-6)	PRXOVR	DEF					NA	NA	NA	N
83529	ASAY OF INTERLEUKIN-6 (IL-6)	MAXFEE	DEF					12.95	4/1/2022	12/31/2299	N
83540	ASSAY OF IRON	PRXOVR	DEF					NA	NA	NA	N
83540	ASSAY OF IRON	MAXFEE	DEF					4.85	1/1/2021	12/31/2299	N
83550	IRON BINDING TEST	PRXOVR	DEF					NA	NA	NA	N
83550	IRON BINDING TEST	MAXFEE	DEF					6.56	4/1/2021	12/31/2299	N
83570	ASSAY OF IDH ENZYME	PRXOVR	DEF					NA	NA	NA	N
83570	ASSAY OF IDH ENZYME	MAXFEE	DEF					6.64	4/1/2021	12/31/2299	N
83582	ASSAY OF KETOGENIC STEROIDS	PRXOVR	DEF					NA	NA	NA	N
83582	ASSAY OF KETOGENIC STEROIDS	MAXFEE	DEF					11.60	4/1/2021	12/31/2299	N
83586	ASSAY 17- KETOSTEROIDS	PRXOVR	DEF					NA	NA	NA	N
83586	ASSAY 17- KETOSTEROIDS	MAXFEE	DEF					9.60	4/1/2021	12/31/2299	N



## Ohio Medicaid LAB Contract 12-07-2023

83593	FRACTIONATION KETOSTEROIDS	PRXOVR	DEF					NA	NA	NA	N
83593	FRACTIONATION KETOSTEROIDS	MAXFEE	DEF					21.38	4/1/2021	12/31/2299	N
83605	ASSAY OF LACTIC ACID	PRXOVR	DEF					NA	NA	NA	N
83605	ASSAY OF LACTIC ACID	MAXFEE	DEF					8.68	4/1/2021	12/31/2299	N
83615	LACTATE (LD) (LDH) ENZYME	PRXOVR	DEF					NA	NA	NA	N
83615	LACTATE (LD) (LDH) ENZYME	MAXFEE	DEF					4.53	4/1/2021	12/31/2299	N
83625	ASSAY OF LDH ENZYMES	PRXOVR	DEF					NA	NA	NA	N
83625	ASSAY OF LDH ENZYMES	MAXFEE	DEF					9.59	4/1/2021	12/31/2299	N
83630	LACTOFERRIN FECAL (QUAL)	PRXOVR	DEF					NA	NA	NA	N
83630	LACTOFERRIN FECAL (QUAL)	MAXFEE	DEF					14.78	4/1/2021	12/31/2299	N
83631	LACTOFERRIN FECAL (QUANT)	PRXOVR	DEF					NA	NA	NA	N
83631	LACTOFERRIN FECAL (QUANT)	MAXFEE	DEF					14.72	4/1/2021	12/31/2299	N
83632	PLACENTAL LACTOGEN	PRXOVR	DEF					NA	NA	NA	N
83632	PLACENTAL LACTOGEN	MAXFEE	DEF					15.17	4/1/2021	12/31/2299	N
83633	TEST URINE FOR LACTOSE	PRXOVR	DEF					NA	NA	NA	N
83633	TEST URINE FOR LACTOSE	MAXFEE	DEF					8.44	4/1/2019	12/31/2299	N
83634	ASSAY OF URINE FOR LACTOSE	PRXOVR	DEF					NA	NA	NA	N
83634	ASSAY OF URINE FOR LACTOSE	MAXFEE	DEF					NA			N
83655	ASSAY OF LEAD	PRXOVR	DEF					NA	NA	NA	N
83655	ASSAY OF LEAD	MAXFEE	DEF					9.08	1/1/2021	12/31/2299	N
83661	L/S RATIO FETAL LUNG	PRXOVR	DEF					NA	NA	NA	N
83661	L/S RATIO FETAL LUNG	MAXFEE	DEF					16.49	4/1/2021	12/31/2299	N
83662	FOAM STABILITY FETAL LUNG	PRXOVR	DEF					NA	NA	NA	N
83662	FOAM STABILITY FETAL LUNG	MAXFEE	DEF					14.18	4/1/2021	12/31/2299	N

## Ohio Medicaid LAB Contract 12-07-2023

83663	FLUORO POLARIZE FETAL LUNG	PRXOVR	DEF					NA	NA	NA	N
83663	FLUORO POLARIZE FETAL LUNG	MAXFEE	DEF					14.18	4/1/2021	12/31/2299	N
83664	LAMELLAR BDY FETAL LUNG	PRXOVR	DEF					NA	NA	NA	N
83664	LAMELLAR BDY FETAL LUNG	MAXFEE	DEF					14.49	4/1/2021	12/31/2299	N
83670	ASSAY OF LAP ENZYME	PRXOVR	DEF					NA	NA	NA	N
83670	ASSAY OF LAP ENZYME	MAXFEE	DEF					7.36	4/1/2021	12/31/2299	N
83690	ASSAY OF LIPASE	PRXOVR	DEF					NA	NA	NA	N
83690	ASSAY OF LIPASE	MAXFEE	DEF					5.17	4/1/2021	12/31/2299	N
83695	ASSAY OF LIPOPROTEIN(A)	PRXOVR	DEF					NA	NA	NA	N
83695	ASSAY OF LIPOPROTEIN(A)	MAXFEE	DEF					10.74	4/1/2021	12/31/2299	N
83698	ASSAY LIPOPROTEIN PLA2	PRXOVR	DEF					NA	NA	NA	N
83698	ASSAY LIPOPROTEIN PLA2	MAXFEE	DEF					34.73	4/1/2019	12/31/2299	N
83700	LIOPRO BLD ELECTROPHORETIC	PRXOVR	DEF					NA	NA	NA	N
83700	LIOPRO BLD ELECTROPHORETIC	MAXFEE	DEF					8.45	4/1/2021	12/31/2299	N
83701	LIOPROTEIN BLD HR FRACTION	PRXOVR	DEF					NA	NA	NA	N
83701	LIOPROTEIN BLD HR FRACTION	MAXFEE	DEF					25.40	4/1/2019	12/31/2299	N
83704	LIOPROTEIN BLD QUAN PART	PRXOVR	DEF					NA	NA	NA	N
83704	LIOPROTEIN BLD QUAN PART	MAXFEE	DEF					25.64	4/1/2021	12/31/2299	N
83715	ASSAY OF BLOOD LIPOPROTEINS	PRXOVR	DEF					NA	NA	NA	N
83715	ASSAY OF BLOOD LIPOPROTEINS	MAXFEE	DEF					NA			N
83716	ASSAY OF BLOOD LIPOPROTEINS	PRXOVR	DEF					NA	NA	NA	N

## Ohio Medicaid LAB Contract 12-07-2023

83716	ASSAY OF BLOOD LIPOPROTEINS	MAXFEE	DEF					NA			N
83718	ASSAY OF LIPOPROTEIN	PRXOVR	DEF					NA	NA	NA	N
83718	ASSAY OF LIPOPROTEIN	MAXFEE	DEF					6.14	1/1/2021	12/31/2299	N
83719	ASSAY OF BLOOD LIPOPROTEIN	PRXOVR	DEF					NA	NA	NA	N
83719	ASSAY OF BLOOD LIPOPROTEIN	MAXFEE	DEF					9.56	4/1/2021	12/31/2299	N
83721	ASSAY OF BLOOD LIPOPROTEIN	PRXOVR	DEF					NA	NA	NA	N
83721	ASSAY OF BLOOD LIPOPROTEIN	MAXFEE	DEF					7.88	4/1/2021	12/31/2299	N
83722	LIPOPTN DIR MEAS SD LDL CHL	PRXOVR	DEF					NA	NA	NA	N
83722	LIPOPTN DIR MEAS SD LDL CHL	MAXFEE	DEF					25.64	4/1/2021	12/31/2299	N
83727	ASSAY OF LRH HORMONE	PRXOVR	DEF					NA	NA	NA	N
83727	ASSAY OF LRH HORMONE	MAXFEE	DEF					12.89	4/1/2021	12/31/2299	N
83735	ASSAY OF MAGNESIUM	PRXOVR	DEF					NA	NA	NA	N
83735	ASSAY OF MAGNESIUM	MAXFEE	DEF					5.03	4/1/2021	12/31/2299	N
83775	ASSAY MALATE DEHYDROGENASE	PRXOVR	DEF					NA	NA	NA	N
83775	ASSAY MALATE DEHYDROGENASE	MAXFEE	DEF					5.53	4/1/2021	12/31/2299	N
83785	ASSAY OF MANGANESE	PRXOVR	DEF					NA	NA	NA	N
83785	ASSAY OF MANGANESE	MAXFEE	DEF					19.99	4/1/2021	12/31/2299	N
83788	MASS SPECTROMETRY QUAL	PRXOVR	DEF					NA	NA	NA	N
83788	MASS SPECTROMETRY QUAL	MAXFEE	DEF					NA			N
83789	MASS SPECTROMETRY QUAL/QUAN	PRXOVR	DEF					NA	NA	NA	N
83789	MASS SPECTROMETRY QUAL/QUAN	MAXFEE	DEF					18.08	4/1/2019	12/31/2299	N
83805	ASSAY OF MEPROBAMATE	PRXOVR	DEF					NA	NA	NA	N

## Ohio Medicaid LAB Contract 12-07-2023

83805	ASSAY OF MEPROBAMATE	MAXFEE	DEF					NA			N
83825	ASSAY OF MERCURY	PRXOVR	DEF					NA	NA	NA	N
83825	ASSAY OF MERCURY	MAXFEE	DEF					12.20	4/1/2021	12/31/2299	N
83835	ASSAY OF METANEPHRINES	PRXOVR	DEF					NA	NA	NA	N
83835	ASSAY OF METANEPHRINES	MAXFEE	DEF					12.71	4/1/2021	12/31/2299	N
83840	ASSAY OF METHADONE	PRXOVR	DEF					NA	NA	NA	N
83840	ASSAY OF METHADONE	MAXFEE	DEF					NA			N
83857	ASSAY OF METHEMALBUMIN	PRXOVR	DEF					NA	NA	NA	N
83857	ASSAY OF METHEMALBUMIN	MAXFEE	DEF					8.06	4/1/2021	12/31/2299	N
83858	ASSAY OF METHSUXIMIDE	PRXOVR	DEF					NA	NA	NA	N
83858	ASSAY OF METHSUXIMIDE	MAXFEE	DEF					NA			N
83861	MICROFLUID ANALY TEARS	PRXOVR	DEF					NA	NA	NA	N
83861	MICROFLUID ANALY TEARS	MAXFEE	DEF					16.86	4/1/2019	12/31/2299	N
83864	MUCOPOLYSACCHARIDES	PRXOVR	DEF					NA	NA	NA	N
83864	MUCOPOLYSACCHARIDES	MAXFEE	DEF					21.38	4/1/2019	12/31/2299	N
83866	MUCOPOLYSACCHARIDES SCREEN	PRXOVR	DEF					NA	NA	NA	N
83866	MUCOPOLYSACCHARIDES SCREEN	MAXFEE	DEF					NA			N
83872	ASSAY SYNOVIAL FLUID MUCIN	PRXOVR	DEF					NA	NA	NA	N
83872	ASSAY SYNOVIAL FLUID MUCIN	MAXFEE	DEF					4.40	4/1/2021	12/31/2299	N
83873	ASSAY OF CSF PROTEIN	PRXOVR	DEF					NA	NA	NA	N
83873	ASSAY OF CSF PROTEIN	MAXFEE	DEF					12.90	4/1/2021	12/31/2299	N
83874	ASSAY OF MYOGLOBIN	PRXOVR	DEF					NA	NA	NA	N
83874	ASSAY OF MYOGLOBIN	MAXFEE	DEF					9.69	4/1/2021	12/31/2299	N
83876	ASSAY MYELOPEROXIDASE	PRXOVR	DEF					NA	NA	NA	N
83876	ASSAY MYELOPEROXIDASE	MAXFEE	DEF					38.15	4/1/2019	12/31/2299	N
83880	ASSAY OF NATRIURETIC PEPTIDE	PRXOVR	DEF					NA	NA	NA	N

## Ohio Medicaid LAB Contract 12-07-2023

83880	ASSAY OF NATRIURETIC PEPTIDE	MAXFEE	DEF					29.45	4/1/2021	12/31/2299	N
83883	ASSAY NEPHELOMETRY NOT SPEC	PRXOVR	DEF					NA	NA	NA	N
83883	ASSAY NEPHELOMETRY NOT SPEC	MAXFEE	DEF					10.20	4/1/2021	12/31/2299	N
83885	ASSAY OF NICKEL	PRXOVR	DEF					NA	NA	NA	N
83885	ASSAY OF NICKEL	MAXFEE	DEF					18.38	4/1/2021	12/31/2299	N
83887	ASSAY OF NICOTINE	PRXOVR	DEF					NA	NA	NA	N
83887	ASSAY OF NICOTINE	MAXFEE	DEF					NA			N
83890	MOLECULE ISOLATE	PRXOVR	DEF					NA	NA	NA	N
83890	MOLECULE ISOLATE	MAXFEE	DEF					NA			N
83891	MOLECULE ISOLATE NUCLEIC	PRXOVR	DEF					NA	NA	NA	N
83891	MOLECULE ISOLATE NUCLEIC	MAXFEE	DEF					NA			N
83892	MOLECULAR DIAGNOSTICS	PRXOVR	DEF					NA	NA	NA	N
83892	MOLECULAR DIAGNOSTICS	MAXFEE	DEF					NA			N
83893	MOLECULE DOT/SLOT/BLOT	PRXOVR	DEF					NA	NA	NA	N
83893	MOLECULE DOT/SLOT/BLOT	MAXFEE	DEF					NA			N
83894	MOLECULE GEL ELECTROPHOR	PRXOVR	DEF					NA	NA	NA	N
83894	MOLECULE GEL ELECTROPHOR	MAXFEE	DEF					NA			N
83896	MOLECULAR DIAGNOSTICS	PRXOVR	DEF					NA	NA	NA	N
83896	MOLECULAR DIAGNOSTICS	MAXFEE	DEF					NA			N
83897	MOLECULE NUCLEIC TRANSFER	PRXOVR	DEF					NA	NA	NA	N
83897	MOLECULE NUCLEIC TRANSFER	MAXFEE	DEF					NA			N
83898	MOLECULE NUCLEIC AMPLI EACH	PRXOVR	DEF					NA	NA	NA	N
83898	MOLECULE NUCLEIC AMPLI EACH	MAXFEE	DEF					NA			N

## Ohio Medicaid LAB Contract 12-07-2023

83900	MOLECULE NUCLEIC AMPLI 2 SEQ	PRXOVR	DEF					NA	NA	NA	N
83900	MOLECULE NUCLEIC AMPLI 2 SEQ	MAXFEE	DEF					NA			N
83901	MOLECULE NUCLEIC AMPLI ADDON	PRXOVR	DEF					NA	NA	NA	N
83901	MOLECULE NUCLEIC AMPLI ADDON	MAXFEE	DEF					NA			N
83902	MOLECULAR DIAGNOSTICS	PRXOVR	DEF					NA	NA	NA	N
83902	MOLECULAR DIAGNOSTICS	MAXFEE	DEF					NA			N
83903	MOLECULE MUTATION SCAN	PRXOVR	DEF					NA	NA	NA	N
83903	MOLECULE MUTATION SCAN	MAXFEE	DEF					NA			N
83904	MOLECULE MUTATION IDENTIFY	PRXOVR	DEF					NA	NA	NA	N
83904	MOLECULE MUTATION IDENTIFY	MAXFEE	DEF					NA			N
83905	MOLECULE MUTATION IDENTIFY	PRXOVR	DEF					NA	NA	NA	N
83905	MOLECULE MUTATION IDENTIFY	MAXFEE	DEF					NA			N
83906	MOLECULE MUTATION IDENTIFY	PRXOVR	DEF					NA	NA	NA	N
83906	MOLECULE MUTATION IDENTIFY	MAXFEE	DEF					NA			N
83907	LYSE CELLS FOR NUCLEIC EXT	PRXOVR	DEF					NA	NA	NA	N
83907	LYSE CELLS FOR NUCLEIC EXT	MAXFEE	DEF					NA			N
83908	NUCLEIC ACID SIGNAL AMPLI	PRXOVR	DEF					NA	NA	NA	N
83908	NUCLEIC ACID SIGNAL AMPLI	MAXFEE	DEF					NA			N
83909	NUCLEIC ACID HIGH RESOLUTE	PRXOVR	DEF					NA	NA	NA	N
83909	NUCLEIC ACID HIGH RESOLUTE	MAXFEE	DEF					NA			N

## Ohio Medicaid LAB Contract 12-07-2023

83912	GENETIC EXAMINATION	PRXOVR	DEF					NA	NA	NA	N
83912	GENETIC EXAMINATION	MAXFEE	DEF					NA			N
83913	MOLECULAR RNA STABILIZATION	PRXOVR	DEF					NA	NA	NA	N
83913	MOLECULAR RNA STABILIZATION	MAXFEE	DEF					NA			N
83914	MUTATION IDENT OLA/SBCE/ASPE	PRXOVR	DEF					NA	NA	NA	N
83914	MUTATION IDENT OLA/SBCE/ASPE	MAXFEE	DEF					NA			N
83915	ASSAY OF NUCLEOTIDASE	PRXOVR	DEF					NA	NA	NA	N
83915	ASSAY OF NUCLEOTIDASE	MAXFEE	DEF					8.36	4/1/2021	12/31/2299	N
83916	OLIGOCLONAL BANDS	PRXOVR	DEF					NA	NA	NA	N
83916	OLIGOCLONAL BANDS	MAXFEE	DEF					20.54	4/1/2019	12/31/2299	N
83918	ORGANIC ACIDS TOTAL QUANT	PRXOVR	DEF					NA	NA	NA	N
83918	ORGANIC ACIDS TOTAL QUANT	MAXFEE	DEF					17.70	4/1/2019	12/31/2299	N
83919	ORGANIC ACIDS QUAL EACH	PRXOVR	DEF					NA	NA	NA	N
83919	ORGANIC ACIDS QUAL EACH	MAXFEE	DEF					12.34	4/1/2021	12/31/2299	N
83921	ORGANIC ACID SINGLE QUANT	PRXOVR	DEF					NA	NA	NA	N
83921	ORGANIC ACID SINGLE QUANT	MAXFEE	DEF					15.91	4/1/2019	12/31/2299	N
83925	ASSAY OF OPIATES	PRXOVR	DEF					NA	NA	NA	N
83925	ASSAY OF OPIATES	MAXFEE	DEF					NA			N
83930	ASSAY OF BLOOD OSMOLALITY	PRXOVR	DEF					NA	NA	NA	N
83930	ASSAY OF BLOOD OSMOLALITY	MAXFEE	DEF					4.96	1/1/2021	12/31/2299	N
83935	ASSAY OF URINE OSMOLALITY	PRXOVR	DEF					NA	NA	NA	N

## Ohio Medicaid LAB Contract 12-07-2023

83935	ASSAY OF URINE OSMOLALITY	MAXFEE	DEF					5.12	1/1/2021	12/31/2299	N
83937	ASSAY OF OSTEOCALCIN	PRXOVR	DEF					NA	NA	NA	N
83937	ASSAY OF OSTEOCALCIN	MAXFEE	DEF					22.39	4/1/2021	12/31/2299	N
83945	ASSAY OF OXALATE	PRXOVR	DEF					NA	NA	NA	N
83945	ASSAY OF OXALATE	MAXFEE	DEF					10.84	4/1/2019	12/31/2299	N
83950	ONCOPROTEIN HER-2/NEU	PRXOVR	DEF					NA	NA	NA	N
83950	ONCOPROTEIN HER-2/NEU	MAXFEE	DEF					48.31	4/1/2021	12/31/2299	N
83951	ONCOPROTEIN DCP	PRXOVR	DEF					NA	NA	NA	N
83951	ONCOPROTEIN DCP	MAXFEE	DEF					48.31	4/1/2021	12/31/2299	N
83970	ASSAY OF PARATHORMONE	PRXOVR	DEF					NA	NA	NA	N
83970	ASSAY OF PARATHORMONE	MAXFEE	DEF					30.96	4/1/2021	12/31/2299	N
83986	ASSAY PH BODY FLUID NOS	PRXOVR	DEF					NA	NA	NA	N
83986	ASSAY PH BODY FLUID NOS	MAXFEE	DEF					2.69	1/1/2021	12/31/2299	N
83987	EXHALED BREATH CONDENSATE	PRXOVR	DEF					NA	NA	NA	N
83987	EXHALED BREATH CONDENSATE	MAXFEE	DEF					2.69	1/1/2021	12/31/2299	N
83993	ASSAY FOR CALPROTECTIN FECAL	PRXOVR	DEF					NA	NA	NA	N
83993	ASSAY FOR CALPROTECTIN FECAL	MAXFEE	DEF					16.36	4/1/2019	12/31/2299	N
84022	ASSAY OF PHENOTHIAZINE	PRXOVR	DEF					NA	NA	NA	N
84022	ASSAY OF PHENOTHIAZINE	MAXFEE	DEF					NA			N
84030	ASSAY OF BLOOD PKU	PRXOVR	DEF					NA	NA	NA	N
84030	ASSAY OF BLOOD PKU	MAXFEE	DEF					4.13	1/1/2021	12/31/2299	N
84035	ASSAY OF PHENYLKETONES	PRXOVR	DEF					NA	NA	NA	N
84035	ASSAY OF PHENYLKETONES	MAXFEE	DEF					2.99	4/1/2021	12/31/2299	N
84060	ASSAY ACID PHOSPHATASE	PRXOVR	DEF					NA	NA	NA	N
84060	ASSAY ACID PHOSPHATASE	MAXFEE	DEF					5.73	4/1/2021	12/31/2299	N
84061	PHOSPHATASE FORENSIC EXAM	PRXOVR	DEF					NA	NA	NA	N



## Ohio Medicaid LAB Contract 12-07-2023

84061	PHOSPHATASE FORENSIC EXAM	MAXFEE	DEF					NA			N
84066	ASSAY PROSTATE PHOSPHATASE	PRXOVR	DEF					NA	NA	NA	N
84066	ASSAY PROSTATE PHOSPHATASE	MAXFEE	DEF					7.25	4/1/2021	12/31/2299	N
84075	ASSAY ALKALINE PHOSPHATASE	PRXOVR	DEF					NA	NA	NA	N
84075	ASSAY ALKALINE PHOSPHATASE	MAXFEE	DEF					3.89	1/1/2021	12/31/2299	N
84078	ASSAY ALKALINE PHOSPHATASE	PRXOVR	DEF					NA	NA	NA	N
84078	ASSAY ALKALINE PHOSPHATASE	MAXFEE	DEF					6.20	4/1/2019	12/31/2299	N
84080	ASSAY ALKALINE PHOSPHATASES	PRXOVR	DEF					NA	NA	NA	N
84080	ASSAY ALKALINE PHOSPHATASES	MAXFEE	DEF					11.09	4/1/2021	12/31/2299	N
84081	ASSAY PHOSPHATIDYLGLYCEROL	PRXOVR	DEF					NA	NA	NA	N
84081	ASSAY PHOSPHATIDYLGLYCEROL	MAXFEE	DEF					12.39	4/1/2021	12/31/2299	N
84085	ASSAY OF RBC PG6D ENZYME	PRXOVR	DEF					NA	NA	NA	N
84085	ASSAY OF RBC PG6D ENZYME	MAXFEE	DEF					7.08	4/1/2021	12/31/2299	N
84087	ASSAY PHOSPHOHEXOSE ENZYMES	PRXOVR	DEF					NA	NA	NA	N
84087	ASSAY PHOSPHOHEXOSE ENZYMES	MAXFEE	DEF					8.05	4/1/2021	12/31/2299	N
84100	ASSAY OF PHOSPHORUS	PRXOVR	DEF					NA	NA	NA	N
84100	ASSAY OF PHOSPHORUS	MAXFEE	DEF					3.56	1/1/2021	12/31/2299	N
84105	ASSAY OF URINE PHOSPHORUS	PRXOVR	DEF					NA	NA	NA	N
84105	ASSAY OF URINE PHOSPHORUS	MAXFEE	DEF					4.34	4/1/2021	12/31/2299	N

## Ohio Medicaid LAB Contract 12-07-2023

84106	TEST FOR PORPHOBILINOGEN	PRXOVR	DEF					NA	NA	NA	N
84106	TEST FOR PORPHOBILINOGEN	MAXFEE	DEF					4.37	4/1/2019	12/31/2299	N
84110	ASSAY OF PORPHOBILINOGEN	PRXOVR	DEF					NA	NA	NA	N
84110	ASSAY OF PORPHOBILINOGEN	MAXFEE	DEF					6.33	4/1/2021	12/31/2299	N
84112	EVAL AMNIOTIC FLUID PROTEIN	PRXOVR	DEF					NA	NA	NA	N
84112	EVAL AMNIOTIC FLUID PROTEIN	MAXFEE	DEF					73.58	4/1/2019	12/31/2299	N
84119	TEST URINE FOR PORPHYRINS	PRXOVR	DEF					NA	NA	NA	N
84119	TEST URINE FOR PORPHYRINS	MAXFEE	DEF					10.02	4/1/2019	12/31/2299	N
84120	ASSAY OF URINE PORPHYRINS	PRXOVR	DEF					NA	NA	NA	N
84120	ASSAY OF URINE PORPHYRINS	MAXFEE	DEF					11.03	4/1/2021	12/31/2299	N
84126	ASSAY OF FECES PORPHYRINS	PRXOVR	DEF					NA	NA	NA	N
84126	ASSAY OF FECES PORPHYRINS	MAXFEE	DEF					29.33	4/1/2019	12/31/2299	N
84127	ASSAY OF FECES PORPHYRINS	PRXOVR	DEF					NA	NA	NA	N
84127	ASSAY OF FECES PORPHYRINS	MAXFEE	DEF					NA			N
84132	ASSAY OF SERUM POTASSIUM	PRXOVR	DEF					NA	NA	NA	N
84132	ASSAY OF SERUM POTASSIUM	MAXFEE	DEF					3.57	4/1/2021	12/31/2299	N
84133	ASSAY OF URINE POTASSIUM	PRXOVR	DEF					NA	NA	NA	N
84133	ASSAY OF URINE POTASSIUM	MAXFEE	DEF					3.55	4/1/2021	12/31/2299	N
84134	ASSAY OF PREALBUMIN	PRXOVR	DEF					NA	NA	NA	N
84134	ASSAY OF PREALBUMIN	MAXFEE	DEF					10.94	4/1/2021	12/31/2299	N
84135	ASSAY OF PREGNANEDIOL	PRXOVR	DEF					NA	NA	NA	N
84135	ASSAY OF PREGNANEDIOL	MAXFEE	DEF					15.95	4/1/2019	12/31/2299	N
84138	ASSAY OF PREGNANETRIOL	PRXOVR	DEF					NA	NA	NA	N
84138	ASSAY OF PREGNANETRIOL	MAXFEE	DEF					15.79	4/1/2019	12/31/2299	N
84140	ASSAY OF PREGNENOLONE	PRXOVR	DEF					NA	NA	NA	N
84140	ASSAY OF PREGNENOLONE	MAXFEE	DEF					15.50	4/1/2021	12/31/2299	N
84143	ASSAY OF 17- HYDROXYPREGNENO	PRXOVR	DEF					NA	NA	NA	N

## Ohio Medicaid LAB Contract 12-07-2023

84143	ASSAY OF 17-HYDROXY-PREGNENONE	MAXFEE	DEF					17.11	4/1/2021	12/31/2299	N
84144	ASSAY OF PROGESTERONE	PRXOVR	DEF					NA	NA	NA	N
84144	ASSAY OF PROGESTERONE	MAXFEE	DEF					15.65	4/1/2021	12/31/2299	N
84145	PROCALCITONIN (PCT)	PRXOVR	DEF					NA	NA	NA	N
84145	PROCALCITONIN (PCT)	MAXFEE	DEF					20.42	4/1/2021	12/31/2299	N
84146	ASSAY OF PROLACTIN	PRXOVR	DEF					NA	NA	NA	N
84146	ASSAY OF PROLACTIN	MAXFEE	DEF					14.54	4/1/2021	12/31/2299	N
84150	ASSAY OF PROSTAGLANDIN	PRXOVR	DEF					NA	NA	NA	N
84150	ASSAY OF PROSTAGLANDIN	MAXFEE	DEF					31.33	4/1/2019	12/31/2299	N
84152	ASSAY OF PSA COMPLEXED	PRXOVR	DEF					NA	NA	NA	N
84152	ASSAY OF PSA COMPLEXED	MAXFEE	DEF					13.79	4/1/2021	12/31/2299	N
84153	ASSAY OF PSA TOTAL	PRXOVR	DEF					NA	NA	NA	N
84153	ASSAY OF PSA TOTAL	MAXFEE	DEF					13.79	4/1/2021	12/31/2299	N
84154	ASSAY OF PSA FREE	PRXOVR	DEF					NA	NA	NA	N
84154	ASSAY OF PSA FREE	MAXFEE	DEF					13.79	4/1/2021	12/31/2299	N
84155	ASSAY OF PROTEIN SERUM	PRXOVR	DEF					NA	NA	NA	N
84155	ASSAY OF PROTEIN SERUM	MAXFEE	DEF					2.75	1/1/2021	12/31/2299	N
84156	ASSAY OF PROTEIN URINE	PRXOVR	DEF					NA	NA	NA	N
84156	ASSAY OF PROTEIN URINE	MAXFEE	DEF					2.75	1/1/2021	12/31/2299	N
84157	ASSAY OF PROTEIN OTHER	PRXOVR	DEF					NA	NA	NA	N
84157	ASSAY OF PROTEIN OTHER	MAXFEE	DEF					3	4/1/2021	12/31/2299	N
84160	ASSAY OF PROTEIN ANY SOURCE	PRXOVR	DEF					NA	NA	NA	N
84160	ASSAY OF PROTEIN ANY SOURCE	MAXFEE	DEF					4.21	4/1/2021	12/31/2299	N
84163	PAPPA SERUM	PRXOVR	DEF					NA	NA	NA	N
84163	PAPPA SERUM	MAXFEE	DEF					11.29	4/1/2021	12/31/2299	N
84165	PROTEIN E-PHORESIS SERUM	PRXOVR	DEF					NA	NA	NA	N
84165	PROTEIN E-PHORESIS SERUM	MAXFEE	DEF					8.06	4/1/2021	12/31/2299	N
84165	PROTEIN E-PHORESIS SERUM	MAXFEE	DEF	26				13.63	4/1/2019	12/31/2299	N

## Ohio Medicaid LAB Contract 12-07-2023

84166	PROTEIN E-PHORESIS/URINE/CSF	PRXOVR	DEF					NA	NA	NA	N
84166	PROTEIN E-PHORESIS/URINE/CSF	MAXFEE	DEF	26				13.63	4/1/2019	12/31/2299	N
84166	PROTEIN E-PHORESIS/URINE/CSF	MAXFEE	DEF					13.37	1/1/2021	12/31/2299	N
84181	WESTERN BLOT TEST	PRXOVR	DEF					NA	NA	NA	N
84181	WESTERN BLOT TEST	MAXFEE	DEF					12.77	4/1/2021	12/31/2299	N
84181	WESTERN BLOT TEST	MAXFEE	DEF	26				13.63	4/1/2019	12/31/2299	N
84182	PROTEIN WESTERN BLOT TEST	PRXOVR	DEF					NA	NA	NA	N
84182	PROTEIN WESTERN BLOT TEST	MAXFEE	DEF					21.91	4/1/2019	12/31/2299	N
84182	PROTEIN WESTERN BLOT TEST	MAXFEE	DEF	26				13.63	4/1/2019	12/31/2299	N
84202	ASSAY RBC PROTOPORPHYRIN	PRXOVR	DEF					NA	NA	NA	N
84202	ASSAY RBC PROTOPORPHYRIN	MAXFEE	DEF					10.76	4/1/2021	12/31/2299	N
84203	TEST RBC PROTOPORPHYRIN	PRXOVR	DEF					NA	NA	NA	N
84203	TEST RBC PROTOPORPHYRIN	MAXFEE	DEF					7.31	4/1/2019	12/31/2299	N
84206	ASSAY OF PROINSULIN	PRXOVR	DEF					NA	NA	NA	N
84206	ASSAY OF PROINSULIN	MAXFEE	DEF					20.02	4/1/2019	12/31/2299	N
84207	ASSAY OF VITAMIN B-6	PRXOVR	DEF					NA	NA	NA	N
84207	ASSAY OF VITAMIN B-6	MAXFEE	DEF					21.08	4/1/2021	12/31/2299	N
84210	ASSAY OF PYRUVATE	PRXOVR	DEF					NA	NA	NA	N
84210	ASSAY OF PYRUVATE	MAXFEE	DEF					10.86	4/1/2019	12/31/2299	N
84220	ASSAY OF PYRUVATE KINASE	PRXOVR	DEF					NA	NA	NA	N
84220	ASSAY OF PYRUVATE KINASE	MAXFEE	DEF					7.08	4/1/2021	12/31/2299	N
84228	ASSAY OF QUININE	PRXOVR	DEF					NA	NA	NA	N
84228	ASSAY OF QUININE	MAXFEE	DEF					8.72	4/1/2021	12/31/2299	N
84233	ASSAY OF ESTROGEN	PRXOVR	DEF					NA	NA	NA	N

## Ohio Medicaid LAB Contract 12-07-2023

84233	ASSAY OF ESTROGEN	MAXFEE	DEF					65.91	4/1/2019	12/31/2299	N
84234	ASSAY OF PROGESTERONE	PRXOVR	DEF					NA	NA	NA	N
84234	ASSAY OF PROGESTERONE	MAXFEE	DEF					48.66	4/1/2021	12/31/2299	N
84235	ASSAY OF ENDOCRINE HORMONE	PRXOVR	DEF					NA	NA	NA	N
84235	ASSAY OF ENDOCRINE HORMONE	MAXFEE	DEF					53.42	4/1/2019	12/31/2299	N
84238	ASSAY NONENDOCRINE RECEPTOR	PRXOVR	DEF					NA	NA	NA	N
84238	ASSAY NONENDOCRINE RECEPTOR	MAXFEE	DEF					27.43	4/1/2021	12/31/2299	N
84244	ASSAY OF RENIN	PRXOVR	DEF					NA	NA	NA	N
84244	ASSAY OF RENIN	MAXFEE	DEF					16.49	4/1/2021	12/31/2299	N
84252	ASSAY OF VITAMIN B-2	PRXOVR	DEF					NA	NA	NA	N
84252	ASSAY OF VITAMIN B-2	MAXFEE	DEF					15.18	4/1/2021	12/31/2299	N
84255	ASSAY OF SELENIUM	PRXOVR	DEF					NA	NA	NA	N
84255	ASSAY OF SELENIUM	MAXFEE	DEF					19.15	4/1/2021	12/31/2299	N
84260	ASSAY OF SEROTONIN	PRXOVR	DEF					NA	NA	NA	N
84260	ASSAY OF SEROTONIN	MAXFEE	DEF					23.24	4/1/2021	12/31/2299	N
84270	ASSAY OF SEX HORMONE GLOBUL	PRXOVR	DEF					NA	NA	NA	N
84270	ASSAY OF SEX HORMONE GLOBUL	MAXFEE	DEF					16.30	4/1/2021	12/31/2299	N
84275	ASSAY OF SIALIC ACID	PRXOVR	DEF					NA	NA	NA	N
84275	ASSAY OF SIALIC ACID	MAXFEE	DEF					10.08	4/1/2021	12/31/2299	N
84285	ASSAY OF SILICA	PRXOVR	DEF					NA	NA	NA	N
84285	ASSAY OF SILICA	MAXFEE	DEF					18.91	4/1/2021	12/31/2299	N
84295	ASSAY OF SERUM SODIUM	PRXOVR	DEF					NA	NA	NA	N
84295	ASSAY OF SERUM SODIUM	MAXFEE	DEF					3.61	1/1/2021	12/31/2299	N
84300	ASSAY OF URINE SODIUM	PRXOVR	DEF					NA	NA	NA	N
84300	ASSAY OF URINE SODIUM	MAXFEE	DEF					3.80	4/1/2021	12/31/2299	N
84302	ASSAY OF SWEAT SODIUM	PRXOVR	DEF					NA	NA	NA	N

## Ohio Medicaid LAB Contract 12-07-2023

84302	ASSAY OF SWEAT SODIUM	MAXFEE	DEF					3.66	1/1/2021	12/31/2299	N
84305	ASSAY OF SOMATOMEDIN	PRXOVR	DEF					NA	NA	NA	N
84305	ASSAY OF SOMATOMEDIN	MAXFEE	DEF					15.95	4/1/2021	12/31/2299	N
84307	ASSAY OF SOMATOSTATIN	PRXOVR	DEF					NA	NA	NA	N
84307	ASSAY OF SOMATOSTATIN	MAXFEE	DEF					13.71	4/1/2021	12/31/2299	N
84311	SPECTROPHOTOMETRY	PRXOVR	DEF					NA	NA	NA	N
84311	SPECTROPHOTOMETRY	MAXFEE	DEF					6.08	4/1/2021	12/31/2299	N
84315	BODY FLUID SPECIFIC GRAVITY	PRXOVR	DEF					NA	NA	NA	N
84315	BODY FLUID SPECIFIC GRAVITY	MAXFEE	DEF					2.46	4/1/2019	12/31/2299	N
84375	CHROMATOGRAM ASSAY SUGARS	PRXOVR	DEF					NA	NA	NA	N
84375	CHROMATOGRAM ASSAY SUGARS	MAXFEE	DEF					29.25	4/1/2019	12/31/2299	N
84376	SUGARS SINGLE QUAL	PRXOVR	DEF					NA	NA	NA	N
84376	SUGARS SINGLE QUAL	MAXFEE	DEF					4.13	1/1/2021	12/31/2299	N
84377	SUGARS MULTIPLE QUAL	PRXOVR	DEF					NA	NA	NA	N
84377	SUGARS MULTIPLE QUAL	MAXFEE	DEF					4.13	1/1/2021	12/31/2299	N
84378	SUGARS SINGLE QUANT	PRXOVR	DEF					NA	NA	NA	N
84378	SUGARS SINGLE QUANT	MAXFEE	DEF					8.65	4/1/2021	12/31/2299	N
84379	SUGARS MULTIPLE QUANT	PRXOVR	DEF					NA	NA	NA	N
84379	SUGARS MULTIPLE QUANT	MAXFEE	DEF					8.65	4/1/2021	12/31/2299	N
84392	ASSAY OF URINE SULFATE	PRXOVR	DEF					NA	NA	NA	N
84392	ASSAY OF URINE SULFATE	MAXFEE	DEF					4.12	4/1/2021	12/31/2299	N
84402	ASSAY OF FREE TESTOSTERONE	PRXOVR	DEF					NA	NA	NA	N
84402	ASSAY OF FREE TESTOSTERONE	MAXFEE	DEF					19.10	4/1/2021	12/31/2299	N
84403	ASSAY OF TOTAL TESTOSTERONE	PRXOVR	DEF					NA	NA	NA	N

## Ohio Medicaid LAB Contract 12-07-2023

84403	ASSAY OF TOTAL TESTOSTERONE	MAXFEE	DEF					19.36	4/1/2021	12/31/2299	N
84410	TESTOSTERONE BIOAVAILABLE	PRXOVR	DEF					NA	NA	NA	N
84410	TESTOSTERONE BIOAVAILABLE	MAXFEE	DEF					38.46	4/1/2021	12/31/2299	N
84425	ASSAY OF VITAMIN B-1	PRXOVR	DEF					NA	NA	NA	N
84425	ASSAY OF VITAMIN B-1	MAXFEE	DEF					15.92	4/1/2021	12/31/2299	N
84430	ASSAY OF THIOCYANATE	PRXOVR	DEF					NA	NA	NA	N
84430	ASSAY OF THIOCYANATE	MAXFEE	DEF					8.72	4/1/2021	12/31/2299	N
84431	THROMBOXANE URINE	PRXOVR	DEF					NA	NA	NA	N
84431	THROMBOXANE URINE	MAXFEE	DEF					26.33	4/1/2019	12/31/2299	N
84432	ASSAY OF THYROGLOBULIN	PRXOVR	DEF					NA	NA	NA	N
84432	ASSAY OF THYROGLOBULIN	MAXFEE	DEF					12.05	4/1/2021	12/31/2299	N
84433	ASY THIOPURIN S-MTHYLTRNSFRS	PRXOVR	DEF					NA	NA	NA	N
84433	ASY THIOPURIN S-MTHYLTRNSFRS	MAXFEE	DEF					16.63	7/1/2023	12/31/2299	N
84436	ASSAY OF TOTAL THYROXINE	PRXOVR	DEF					NA	NA	NA	N
84436	ASSAY OF TOTAL THYROXINE	MAXFEE	DEF					5.15	1/1/2021	12/31/2299	N
84437	ASSAY OF NEONATAL THYROXINE	PRXOVR	DEF					NA	NA	NA	N
84437	ASSAY OF NEONATAL THYROXINE	MAXFEE	DEF					4.85	1/1/2021	12/31/2299	N
84439	ASSAY OF FREE THYROXINE	PRXOVR	DEF					NA	NA	NA	N
84439	ASSAY OF FREE THYROXINE	MAXFEE	DEF					6.77	4/1/2021	12/31/2299	N
84442	ASSAY OF THYROID ACTIVITY	PRXOVR	DEF					NA	NA	NA	N
84442	ASSAY OF THYROID ACTIVITY	MAXFEE	DEF					11.09	4/1/2021	12/31/2299	N
84443	ASSAY THYROID STIM HORMONE	PRXOVR	DEF					NA	NA	NA	N
84443	ASSAY THYROID STIM HORMONE	MAXFEE	DEF					12.60	1/1/2021	12/31/2299	N

## Ohio Medicaid LAB Contract 12-07-2023

84445	ASSAY OF TSI GLOBULIN	PRXOVR	DEF					NA	NA	NA	N
84445	ASSAY OF TSI GLOBULIN	MAXFEE	DEF					38.15	4/1/2021	12/31/2299	N
84446	ASSAY OF VITAMIN E	PRXOVR	DEF					NA	NA	NA	N
84446	ASSAY OF VITAMIN E	MAXFEE	DEF					10.64	4/1/2021	12/31/2299	N
84449	ASSAY OF TRASCORTIN	PRXOVR	DEF					NA	NA	NA	N
84449	ASSAY OF TRASCORTIN	MAXFEE	DEF					13.50	4/1/2021	12/31/2299	N
84450	TRANSFERASE (AST) (SGOT)	PRXOVR	DEF					NA	NA	NA	N
84450	TRANSFERASE (AST) (SGOT)	MAXFEE	DEF					3.89	1/1/2021	12/31/2299	N
84460	ALANINE AMINO (ALT) (SGPT)	PRXOVR	DEF					NA	NA	NA	N
84460	ALANINE AMINO (ALT) (SGPT)	MAXFEE	DEF					3.98	1/1/2021	12/31/2299	N
84466	ASSAY OF TRANSFERRIN	PRXOVR	DEF					NA	NA	NA	N
84466	ASSAY OF TRANSFERRIN	MAXFEE	DEF					9.57	4/1/2021	12/31/2299	N
84478	ASSAY OF TRIGLYCERIDES	PRXOVR	DEF					NA	NA	NA	N
84478	ASSAY OF TRIGLYCERIDES	MAXFEE	DEF					4.31	1/1/2021	12/31/2299	N
84479	ASSAY OF THYROID (T3 OR T4)	PRXOVR	DEF					NA	NA	NA	N
84479	ASSAY OF THYROID (T3 OR T4)	MAXFEE	DEF					4.85	1/1/2021	12/31/2299	N
84480	ASSAY TRIIODOTHYRONINE (T3)	PRXOVR	DEF					NA	NA	NA	N
84480	ASSAY TRIIODOTHYRONINE (T3)	MAXFEE	DEF					10.64	4/1/2021	12/31/2299	N
84481	FREE ASSAY (FT-3)	PRXOVR	DEF					NA	NA	NA	N
84481	FREE ASSAY (FT-3)	MAXFEE	DEF					12.71	4/1/2021	12/31/2299	N
84482	T3 REVERSE	PRXOVR	DEF					NA	NA	NA	N
84482	T3 REVERSE	MAXFEE	DEF					11.82	4/1/2021	12/31/2299	N
84484	ASSAY OF TROPONIN QUANT	PRXOVR	DEF					NA	NA	NA	N
84484	ASSAY OF TROPONIN QUANT	MAXFEE	DEF					9.35	4/1/2019	12/31/2299	N
84485	ASSAY DUODENAL FLUID TRYPSIN	PRXOVR	DEF					NA	NA	NA	N
84485	ASSAY DUODENAL FLUID TRYPSIN	MAXFEE	DEF					5.40	4/1/2021	12/31/2299	N
84488	TEST FECES FOR TRYPSIN	PRXOVR	DEF					NA	NA	NA	N



## Ohio Medicaid LAB Contract 12-07-2023

84488	TEST FECES FOR TRYPSIN	MAXFEE	DEF					5.48	4/1/2021	12/31/2299	N
84490	ASSAY OF FECES FOR TRYPSIN	PRXOVR	DEF					NA	NA	NA	N
84490	ASSAY OF FECES FOR TRYPSIN	MAXFEE	DEF					7.45	4/1/2019	12/31/2299	N
84510	ASSAY OF TYROSINE	PRXOVR	DEF					NA	NA	NA	N
84510	ASSAY OF TYROSINE	MAXFEE	DEF					7.97	4/1/2021	12/31/2299	N
84512	ASSAY OF TROPONIN QUAL	PRXOVR	DEF					NA	NA	NA	N
84512	ASSAY OF TROPONIN QUAL	MAXFEE	DEF					7.57	4/1/2019	12/31/2299	N
84520	ASSAY OF UREA NITROGEN	PRXOVR	DEF					NA	NA	NA	N
84520	ASSAY OF UREA NITROGEN	MAXFEE	DEF					2.96	1/1/2021	12/31/2299	N
84525	UREA NITROGEN SEMI-QUANT	PRXOVR	DEF					NA	NA	NA	N
84525	UREA NITROGEN SEMI-QUANT	MAXFEE	DEF					3.85	4/1/2019	12/31/2299	N
84540	ASSAY OF URINE/UREA-N	PRXOVR	DEF					NA	NA	NA	N
84540	ASSAY OF URINE/UREA-N	MAXFEE	DEF					4.17	4/1/2021	12/31/2299	N
84545	UREA-N CLEARANCE TEST	PRXOVR	DEF					NA	NA	NA	N
84545	UREA-N CLEARANCE TEST	MAXFEE	DEF					5.40	4/1/2021	12/31/2299	N
84550	ASSAY OF BLOOD/URIC ACID	PRXOVR	DEF					NA	NA	NA	N
84550	ASSAY OF BLOOD/URIC ACID	MAXFEE	DEF					3.39	1/1/2021	12/31/2299	N
84560	ASSAY OF URINE/URIC ACID	PRXOVR	DEF					NA	NA	NA	N
84560	ASSAY OF URINE/URIC ACID	MAXFEE	DEF					3.81	4/1/2021	12/31/2299	N
84577	ASSAY OF FECES/UROBILINOGEN	PRXOVR	DEF					NA	NA	NA	N
84577	ASSAY OF FECES/UROBILINOGEN	MAXFEE	DEF					12.60	4/1/2021	12/31/2299	N
84578	TEST URINE UROBILINOGEN	PRXOVR	DEF					NA	NA	NA	N
84578	TEST URINE UROBILINOGEN	MAXFEE	DEF					3.35	4/1/2019	12/31/2299	N
84580	ASSAY OF URINE UROBILINOGEN	PRXOVR	DEF					NA	NA	NA	N
84580	ASSAY OF URINE UROBILINOGEN	MAXFEE	DEF					7.16	4/1/2021	12/31/2299	N

## Ohio Medicaid LAB Contract 12-07-2023

84583	ASSAY OF URINE UROBILINOGEN	PRXOVR	DEF					NA	NA	NA	N
84583	ASSAY OF URINE UROBILINOGEN	MAXFEE	DEF					4.54	4/1/2021	12/31/2299	N
84585	ASSAY OF URINE VMA	PRXOVR	DEF					NA	NA	NA	N
84585	ASSAY OF URINE VMA	MAXFEE	DEF					11.63	4/1/2021	12/31/2299	N
84586	ASSAY OF VIP	PRXOVR	DEF					NA	NA	NA	N
84586	ASSAY OF VIP	MAXFEE	DEF					26.50	4/1/2021	12/31/2299	N
84588	ASSAY OF VASOPRESSIN	PRXOVR	DEF					NA	NA	NA	N
84588	ASSAY OF VASOPRESSIN	MAXFEE	DEF					25.46	4/1/2021	12/31/2299	N
84590	ASSAY OF VITAMIN A	PRXOVR	DEF					NA	NA	NA	N
84590	ASSAY OF VITAMIN A	MAXFEE	DEF					8.71	4/1/2021	12/31/2299	N
84591	ASSAY OF NOS VITAMIN	PRXOVR	DEF					NA	NA	NA	N
84591	ASSAY OF NOS VITAMIN	MAXFEE	DEF					12.80	4/1/2019	12/31/2299	N
84597	ASSAY OF VITAMIN K	PRXOVR	DEF					NA	NA	NA	N
84597	ASSAY OF VITAMIN K	MAXFEE	DEF					10.29	4/1/2021	12/31/2299	N
84600	ASSAY OF VOLATILES	PRXOVR	DEF					NA	NA	NA	N
84600	ASSAY OF VOLATILES	MAXFEE	DEF					12.83	4/1/2021	12/31/2299	N
84620	XYLOSE TOLERANCE TEST	PRXOVR	DEF					NA	NA	NA	N
84620	XYLOSE TOLERANCE TEST	MAXFEE	DEF					9.68	4/1/2021	12/31/2299	N
84630	ASSAY OF ZINC	PRXOVR	DEF					NA	NA	NA	N
84630	ASSAY OF ZINC	MAXFEE	DEF					8.54	4/1/2021	12/31/2299	N
84681	ASSAY OF C-PEPTIDE	PRXOVR	DEF					NA	NA	NA	N
84681	ASSAY OF C-PEPTIDE	MAXFEE	DEF					15.61	4/1/2021	12/31/2299	N
84702	CHORIONIC GONADOTROPIN TEST	PRXOVR	DEF					NA	NA	NA	N
84702	CHORIONIC GONADOTROPIN TEST	MAXFEE	DEF					11.29	4/1/2021	12/31/2299	N
84703	CHORIONIC GONADOTROPIN ASSAY	PRXOVR	DEF					NA	NA	NA	N
84703	CHORIONIC GONADOTROPIN ASSAY	MAXFEE	DEF					5.64	1/1/2021	12/31/2299	N

## Ohio Medicaid LAB Contract 12-07-2023

84704	HCG FREE BETACHAIN TEST	PRXOVR	DEF					NA	NA	NA	N
84704	HCG FREE BETACHAIN TEST	MAXFEE	DEF					11.47	4/1/2021	12/31/2299	N
84830	OVULATION TESTS	PRXOVR	DEF					NA	NA	NA	N
84830	OVULATION TESTS	MAXFEE	DEF					9.53	4/1/2019	12/31/2299	N
84999	UNLISTED CHEMISTRY PROCEDURE	PRXOVR	DEF					NA	NA	NA	N
84999	UNLISTED CHEMISTRY PROCEDURE	MAXFEE	DEF					18.73	1/1/2018	12/31/2299	N
85002	BLEEDING TIME TEST	PRXOVR	DEF					NA	NA	NA	N
85002	BLEEDING TIME TEST	MAXFEE	DEF					3.62	4/1/2021	12/31/2299	N
85004	AUTOMATED DIFF WBC COUNT	PRXOVR	DEF					NA	NA	NA	N
85004	AUTOMATED DIFF WBC COUNT	MAXFEE	DEF					4.85	1/1/2021	12/31/2299	N
85007	BL SMEAR W/DIFF WBC COUNT	PRXOVR	DEF					NA	NA	NA	N
85007	BL SMEAR W/DIFF WBC COUNT	MAXFEE	DEF					2.85	4/1/2021	12/31/2299	N
85008	BL SMEAR W/O DIFF WBC COUNT	PRXOVR	DEF					NA	NA	NA	N
85008	BL SMEAR W/O DIFF WBC COUNT	MAXFEE	DEF					2.57	1/1/2021	12/31/2299	N
85009	MANUAL DIFF WBC COUNT B-COAT	PRXOVR	DEF					NA	NA	NA	N
85009	MANUAL DIFF WBC COUNT B-COAT	MAXFEE	DEF					3.80	4/1/2019	12/31/2299	N
85013	SPUN MICROHEMATOCRIT	PRXOVR	DEF					NA	NA	NA	N
85013	SPUN MICROHEMATOCRIT	MAXFEE	DEF					5.25	4/1/2019	12/31/2299	N
85014	HEMATOCRIT	PRXOVR	DEF					NA	NA	NA	N
85014	HEMATOCRIT	MAXFEE	DEF					1.78	1/1/2021	12/31/2299	N
85018	HEMOGLOBIN	PRXOVR	DEF					NA	NA	NA	N
85018	HEMOGLOBIN	MAXFEE	DEF					1.78	1/1/2021	12/31/2299	N
85021	AUTOMATED HEMOGRAM	PRXOVR	DEF					NA	NA	NA	N

## Ohio Medicaid LAB Contract 12-07-2023

85021	AUTOMATED HEMOGRAM	MAXFEE	DEF					0	7/1/2003	12/31/2299	N
85022	AUTOMATED HEMOGRAM	PRXOVR	DEF					NA	NA	NA	N
85022	AUTOMATED HEMOGRAM	MAXFEE	DEF					0	7/1/2003	12/31/2299	N
85023	AUTOMATED HEMOGRAM	PRXOVR	DEF					NA	NA	NA	N
85023	AUTOMATED HEMOGRAM	MAXFEE	DEF					0	7/1/2003	12/31/2299	N
85024	AUTOMATED HEMOGRAM	PRXOVR	DEF					NA	NA	NA	N
85024	AUTOMATED HEMOGRAM	MAXFEE	DEF					0	7/1/2003	12/31/2299	N
85025	COMPLETE CBC W/AUTO DIFF WBC	PRXOVR	DEF					NA	NA	NA	N
85025	COMPLETE CBC W/AUTO DIFF WBC	MAXFEE	DEF					5.83	1/1/2021	12/31/2299	N
85027	COMPLETE CBC AUTOMATED	PRXOVR	DEF					NA	NA	NA	N
85027	COMPLETE CBC AUTOMATED	MAXFEE	DEF					4.85	1/1/2021	12/31/2299	N
85031	MANUAL HEMOGRAM; CBC	PRXOVR	DEF					NA	NA	NA	N
85031	MANUAL HEMOGRAM; CBC	MAXFEE	DEF					0	7/1/2003	12/31/2299	N
85032	MANUAL CELL COUNT EACH	PRXOVR	DEF					NA	NA	NA	N
85032	MANUAL CELL COUNT EACH	MAXFEE	DEF					3.23	1/1/2021	12/31/2299	N
85041	AUTOMATED RBC COUNT	PRXOVR	DEF					NA	NA	NA	N
85041	AUTOMATED RBC COUNT	MAXFEE	DEF					2.27	1/1/2021	12/31/2299	N
85044	MANUAL RETICULOCYTE COUNT	PRXOVR	DEF					NA	NA	NA	N
85044	MANUAL RETICULOCYTE COUNT	MAXFEE	DEF					3.23	1/1/2021	12/31/2299	N
85045	AUTOMATED RETICULOCYTE COUNT	PRXOVR	DEF					NA	NA	NA	N
85045	AUTOMATED RETICULOCYTE COUNT	MAXFEE	DEF					2.99	1/1/2021	12/31/2299	N
85046	RETICYTE/HGB CONCENTRATE	PRXOVR	DEF					NA	NA	NA	N
85046	RETICYTE/HGB CONCENTRATE	MAXFEE	DEF					4.18	1/1/2021	12/31/2299	N

## Ohio Medicaid LAB Contract 12-07-2023

85048	AUTOMATED LEUKOCYTE COUNT	PRXOVR	DEF					NA	NA	NA	N
85048	AUTOMATED LEUKOCYTE COUNT	MAXFEE	DEF					1.91	1/1/2021	12/31/2299	N
85049	AUTOMATED PLATELET COUNT	PRXOVR	DEF					NA	NA	NA	N
85049	AUTOMATED PLATELET COUNT	MAXFEE	DEF					3.36	1/1/2021	12/31/2299	N
85055	RETICULATED PLATELET ASSAY	PRXOVR	DEF					NA	NA	NA	N
85055	RETICULATED PLATELET ASSAY	MAXFEE	DEF					26.81	4/1/2019	12/31/2299	N
85060	BLOOD SMEAR INTERPRETATION	PRXOVR	DEF					NA	NA	NA	N
85060	BLOOD SMEAR INTERPRETATION	MAXFEE	DEF					18.51	4/1/2019	12/31/2299	N
85095	BONE MARROW ASPIRATION	PRXOVR	DEF					NA	NA	NA	N
85095	BONE MARROW ASPIRATION	MAXFEE	DEF					NA			N
85097	BONE MARROW INTERPRETATION	PRXOVR	DEF					NA	NA	NA	N
85097	BONE MARROW INTERPRETATION	MAXFEE	FAC					37.38	4/1/2019	12/31/2299	N
85097	BONE MARROW INTERPRETATION	MAXFEE	NFF					66.35	4/1/2019	12/31/2299	N
85102	BONE MARROW BIOPSY	PRXOVR	DEF					NA	NA	NA	N
85102	BONE MARROW BIOPSY	MAXFEE	DEF					NA			N
85130	CHROMOGENIC SUBSTRATE ASSAY	PRXOVR	DEF					NA	NA	NA	N
85130	CHROMOGENIC SUBSTRATE ASSAY	MAXFEE	DEF					9.91	4/1/2019	12/31/2299	N
85170	BLOOD CLOT RETRACTION	PRXOVR	DEF					NA	NA	NA	N
85170	BLOOD CLOT RETRACTION	MAXFEE	DEF					12.23	4/1/2019	12/31/2299	N
85175	BLOOD CLOT LYSIS TIME	PRXOVR	DEF					NA	NA	NA	N

## Ohio Medicaid LAB Contract 12-07-2023

85175	BLOOD CLOT LYSIS TIME	MAXFEE	DEF					15.28	4/1/2019	12/31/2299	N
85210	CLOT FACTOR II PROTHROM SPEC	PRXOVR	DEF					NA	NA	NA	N
85210	CLOT FACTOR II PROTHROM SPEC	MAXFEE	DEF					9.74	4/1/2021	12/31/2299	N
85220	BLOOC CLOT FACTOR V TEST	PRXOVR	DEF					NA	NA	NA	N
85220	BLOOC CLOT FACTOR V TEST	MAXFEE	DEF					13.24	4/1/2021	12/31/2299	N
85230	CLOT FACTOR VII PROCONVERTIN	PRXOVR	DEF					NA	NA	NA	N
85230	CLOT FACTOR VII PROCONVERTIN	MAXFEE	DEF					13.43	4/1/2021	12/31/2299	N
85240	CLOT FACTOR VIII AHG 1 STAGE	PRXOVR	DEF					NA	NA	NA	N
85240	CLOT FACTOR VIII AHG 1 STAGE	MAXFEE	DEF					13.43	4/1/2021	12/31/2299	N
85244	CLOT FACTOR VIII RELTD ANTGN	PRXOVR	DEF					NA	NA	NA	N
85244	CLOT FACTOR VIII RELTD ANTGN	MAXFEE	DEF					15.32	4/1/2021	12/31/2299	N
85245	CLOT FACTOR VIII VW RISTOCTN	PRXOVR	DEF					NA	NA	NA	N
85245	CLOT FACTOR VIII VW RISTOCTN	MAXFEE	DEF					17.21	4/1/2021	12/31/2299	N
85246	CLOT FACTOR VIII VW ANTIGEN	PRXOVR	DEF					NA	NA	NA	N
85246	CLOT FACTOR VIII VW ANTIGEN	MAXFEE	DEF					17.21	4/1/2021	12/31/2299	N
85247	CLOT FACTOR VIII MULTIMETRIC	PRXOVR	DEF					NA	NA	NA	N
85247	CLOT FACTOR VIII MULTIMETRIC	MAXFEE	DEF					17.21	4/1/2021	12/31/2299	N
85250	CLOT FACTOR IX PTC/CHRSTMAS	PRXOVR	DEF					NA	NA	NA	N

## Ohio Medicaid LAB Contract 12-07-2023

85250	CLOT FACTOR IX PTC/CHRSTMAS	MAXFEE	DEF					14.28	4/1/2021	12/31/2299	N
85260	CLOT FACTOR X STUART- POWER	PRXOVR	DEF					NA	NA	NA	N
85260	CLOT FACTOR X STUART- POWER	MAXFEE	DEF					13.43	4/1/2021	12/31/2299	N
85270	CLOT FACTOR XI PTA	PRXOVR	DEF					NA	NA	NA	N
85270	CLOT FACTOR XI PTA	MAXFEE	DEF					13.43	4/1/2021	12/31/2299	N
85280	CLOT FACTOR XII HAGEMAN	PRXOVR	DEF					NA	NA	NA	N
85280	CLOT FACTOR XII HAGEMAN	MAXFEE	DEF					14.51	4/1/2021	12/31/2299	N
85290	CLOT FACTOR XIII FIBRIN STAB	PRXOVR	DEF					NA	NA	NA	N
85290	CLOT FACTOR XIII FIBRIN STAB	MAXFEE	DEF					12.26	4/1/2021	12/31/2299	N
85291	CLOT FACTOR XIII FIBRIN SCRN	PRXOVR	DEF					NA	NA	NA	N
85291	CLOT FACTOR XIII FIBRIN SCRN	MAXFEE	DEF					6.83	4/1/2021	12/31/2299	N
85292	CLOT FACTOR FLETCHER FACT	PRXOVR	DEF					NA	NA	NA	N
85292	CLOT FACTOR FLETCHER FACT	MAXFEE	DEF					14.20	4/1/2021	12/31/2299	N
85293	CLOT FACTOR WGHT KININOGEN	PRXOVR	DEF					NA	NA	NA	N
85293	CLOT FACTOR WGHT KININOGEN	MAXFEE	DEF					14.20	4/1/2021	12/31/2299	N
85300	ANTITHROMBIN III ACTIVITY	PRXOVR	DEF					NA	NA	NA	N
85300	ANTITHROMBIN III ACTIVITY	MAXFEE	DEF					8.89	4/1/2021	12/31/2299	N
85301	ANTITHROMBIN III ANTIGEN	PRXOVR	DEF					NA	NA	NA	N
85301	ANTITHROMBIN III ANTIGEN	MAXFEE	DEF					8.11	4/1/2021	12/31/2299	N
85302	CLOT INHIBIT PROT C ANTIGEN	PRXOVR	DEF					NA	NA	NA	N

## Ohio Medicaid LAB Contract 12-07-2023

85302	CLOT INHIBIT PROT C ANTIGEN	MAXFEE	DEF					9.01	4/1/2021	12/31/2299	N
85303	CLOT INHIBIT PROT C ACTIVITY	PRXOVR	DEF					NA	NA	NA	N
85303	CLOT INHIBIT PROT C ACTIVITY	MAXFEE	DEF					10.38	4/1/2021	12/31/2299	N
85306	CLOT INHIBIT PROT S FREE	PRXOVR	DEF					NA	NA	NA	N
85306	CLOT INHIBIT PROT S FREE	MAXFEE	DEF					11.49	4/1/2021	12/31/2299	N
85307	ASSAY ACTIVATED PROTEIN C	PRXOVR	DEF					NA	NA	NA	N
85307	ASSAY ACTIVATED PROTEIN C	MAXFEE	DEF					11.49	4/1/2021	12/31/2299	N
85335	FACTOR INHIBITOR TEST	PRXOVR	DEF					NA	NA	NA	N
85335	FACTOR INHIBITOR TEST	MAXFEE	DEF					9.65	4/1/2021	12/31/2299	N
85337	THROMBOMODULIN	PRXOVR	DEF					NA	NA	NA	N
85337	THROMBOMODULIN	MAXFEE	DEF					12.95	4/1/2019	12/31/2299	N
85345	COAGULATION TIME LEE & WHITE	PRXOVR	DEF					NA	NA	NA	N
85345	COAGULATION TIME LEE & WHITE	MAXFEE	DEF					3.52	4/1/2021	12/31/2299	N
85347	COAGULATION TIME ACTIVATED	PRXOVR	DEF					NA	NA	NA	N
85347	COAGULATION TIME ACTIVATED	MAXFEE	DEF					3.21	1/1/2021	12/31/2299	N
85348	COAGULATION TIME OTR METHOD	PRXOVR	DEF					NA	NA	NA	N
85348	COAGULATION TIME OTR METHOD	MAXFEE	DEF					3.37	4/1/2021	12/31/2299	N
85360	EUGLOBULIN LYSIS	PRXOVR	DEF					NA	NA	NA	N
85360	EUGLOBULIN LYSIS	MAXFEE	DEF					6.31	4/1/2021	12/31/2299	N
85362	FIBRIN DEGRADATION PRODUCTS	PRXOVR	DEF					NA	NA	NA	N



## Ohio Medicaid LAB Contract 12-07-2023

85362	FIBRIN DEGRADATION PRODUCTS	MAXFEE	DEF					5.17	4/1/2021	12/31/2299	N
85366	FIBRINOGEN TEST	PRXOVR	DEF					NA	NA	NA	N
85366	FIBRINOGEN TEST	MAXFEE	DEF					60.35	4/1/2019	12/31/2299	N
85370	FIBRINOGEN TEST	PRXOVR	DEF					NA	NA	NA	N
85370	FIBRINOGEN TEST	MAXFEE	DEF					9.32	4/1/2021	12/31/2299	N
85378	FIBRIN DEGRADE SEMIQUANT	PRXOVR	DEF					NA	NA	NA	N
85378	FIBRIN DEGRADE SEMIQUANT	MAXFEE	DEF					7.29	4/1/2019	12/31/2299	N
85379	FIBRIN DEGRADATION QUANT	PRXOVR	DEF					NA	NA	NA	N
85379	FIBRIN DEGRADATION QUANT	MAXFEE	DEF					7.64	4/1/2021	12/31/2299	N
85380	FIBRIN DEGRADJ D-DIMER	PRXOVR	DEF					NA	NA	NA	N
85380	FIBRIN DEGRADJ D-DIMER	MAXFEE	DEF					7.64	4/1/2021	12/31/2299	N
85384	FIBRINOGEN ACTIVITY	PRXOVR	DEF					NA	NA	NA	N
85384	FIBRINOGEN ACTIVITY	MAXFEE	DEF					7.29	4/1/2019	12/31/2299	N
85385	FIBRINOGEN ANTIGEN	PRXOVR	DEF					NA	NA	NA	N
85385	FIBRINOGEN ANTIGEN	MAXFEE	DEF					10.85	4/1/2019	12/31/2299	N
85390	FIBRINOLYSINS SCREEN I&R	PRXOVR	DEF					NA	NA	NA	N
85390	FIBRINOLYSINS SCREEN I&R	MAXFEE	DEF	26				28.17	1/1/2021	12/31/2299	N
85390	FIBRINOLYSINS SCREEN I&R	MAXFEE	DEF					11.61	4/1/2019	12/31/2299	N
85396	CLOTTING ASSAY WHOLE BLOOD	PRXOVR	DEF					NA	NA	NA	N
85396	CLOTTING ASSAY WHOLE BLOOD	MAXFEE	DEF					15.38	4/1/2019	12/31/2299	N
85397	CLOTTING FUNCT ACTIVITY	PRXOVR	DEF					NA	NA	NA	N
85397	CLOTTING FUNCT ACTIVITY	MAXFEE	DEF					23.15	4/1/2019	12/31/2299	N
85400	FIBRINOLYTIC PLASMIN	PRXOVR	DEF					NA	NA	NA	N
85400	FIBRINOLYTIC PLASMIN	MAXFEE	DEF					5.78	4/1/2021	12/31/2299	N
85410	FIBRINOLYTIC ANTIPLASMIN	PRXOVR	DEF					NA	NA	NA	N
85410	FIBRINOLYTIC ANTIPLASMIN	MAXFEE	DEF					5.78	4/1/2021	12/31/2299	N
85415	FIBRINOLYTIC PLASMINOGEN	PRXOVR	DEF					NA	NA	NA	N
85415	FIBRINOLYTIC PLASMINOGEN	MAXFEE	DEF					12.89	4/1/2021	12/31/2299	N

## Ohio Medicaid LAB Contract 12-07-2023

85420	FIBRINOLYTIC PLASMINOGEN	PRXOVR	DEF					NA	NA	NA	N
85420	FIBRINOLYTIC PLASMINOGEN	MAXFEE	DEF					4.90	4/1/2021	12/31/2299	N
85421	FIBRINOLYTIC PLASMINOGEN	PRXOVR	DEF					NA	NA	NA	N
85421	FIBRINOLYTIC PLASMINOGEN	MAXFEE	DEF					7.64	4/1/2021	12/31/2299	N
85441	HEINZ BODIES DIRECT	PRXOVR	DEF					NA	NA	NA	N
85441	HEINZ BODIES DIRECT	MAXFEE	DEF					3.15	1/1/2021	12/31/2299	N
85445	HEINZ BODIES INDUCED	PRXOVR	DEF					NA	NA	NA	N
85445	HEINZ BODIES INDUCED	MAXFEE	DEF					5.12	4/1/2021	12/31/2299	N
85460	HEMOGLOBIN FETAL	PRXOVR	DEF					NA	NA	NA	N
85460	HEMOGLOBIN FETAL	MAXFEE	DEF					5.80	4/1/2021	12/31/2299	N
85461	HEMOGLOBIN FETAL	PRXOVR	DEF					NA	NA	NA	N
85461	HEMOGLOBIN FETAL	MAXFEE	DEF					7.02	4/1/2019	12/31/2299	N
85475	HEMOLYSIN ACID	PRXOVR	DEF					NA	NA	NA	N
85475	HEMOLYSIN ACID	MAXFEE	DEF					6.65	4/1/2021	12/31/2299	N
85520	HEPARIN ASSAY	PRXOVR	DEF					NA	NA	NA	N
85520	HEPARIN ASSAY	MAXFEE	DEF					9.82	4/1/2021	12/31/2299	N
85525	HEPARIN NEUTRALIZATION	PRXOVR	DEF					NA	NA	NA	N
85525	HEPARIN NEUTRALIZATION	MAXFEE	DEF					8.88	4/1/2021	12/31/2299	N
85530	HEPARIN-PROTAMINE TOLERANCE	PRXOVR	DEF					NA	NA	NA	N
85530	HEPARIN-PROTAMINE TOLERANCE	MAXFEE	DEF					9.82	4/1/2021	12/31/2299	N
85535	IRON STAIN; BLOOD CELLS	PRXOVR	DEF					NA	NA	NA	N
85535	IRON STAIN; BLOOD CELLS	MAXFEE	DEF					NA			N
85536	IRON STAIN PERIPHERAL BLOOD	PRXOVR	DEF					NA	NA	NA	N
85536	IRON STAIN PERIPHERAL BLOOD	MAXFEE	DEF					5.16	4/1/2021	12/31/2299	N
85540	WBC ALKALINE PHOSPHATASE	PRXOVR	DEF					NA	NA	NA	N
85540	WBC ALKALINE PHOSPHATASE	MAXFEE	DEF					6.45	4/1/2021	12/31/2299	N

## Ohio Medicaid LAB Contract 12-07-2023

85547	RBC MECHANICAL FRAGILITY	PRXOVR	DEF					NA	NA	NA	N
85547	RBC MECHANICAL FRAGILITY	MAXFEE	DEF					6.45	4/1/2021	12/31/2299	N
85549	MURAMIDASE	PRXOVR	DEF					NA	NA	NA	N
85549	MURAMIDASE	MAXFEE	DEF					14.06	4/1/2021	12/31/2299	N
85555	RBC OSMOTIC FRAGILITY	PRXOVR	DEF					NA	NA	NA	N
85555	RBC OSMOTIC FRAGILITY	MAXFEE	DEF					5.60	4/1/2019	12/31/2299	N
85557	RBC OSMOTIC FRAGILITY	PRXOVR	DEF					NA	NA	NA	N
85557	RBC OSMOTIC FRAGILITY	MAXFEE	DEF					10.02	4/1/2021	12/31/2299	N
85576	BLOOD PLATELET AGGREGATION	PRXOVR	DEF					NA	NA	NA	N
85576	BLOOD PLATELET AGGREGATION	MAXFEE	DEF	26				13.63	4/1/2019	12/31/2299	N
85576	BLOOD PLATELET AGGREGATION	MAXFEE	DEF					18.68	4/1/2021	12/31/2299	N
85585	BLOOD PLATELET ESTIMATION	PRXOVR	DEF					NA	NA	NA	N
85585	BLOOD PLATELET ESTIMATION	MAXFEE	DEF					0	7/1/2003	12/31/2299	N
85590	PLATELET COUNT; MANUAL	PRXOVR	DEF					NA	NA	NA	N
85590	PLATELET COUNT; MANUAL	MAXFEE	DEF					0	7/1/2003	12/31/2299	N
85595	PLATELET COUNT; AUTOMATED	PRXOVR	DEF					NA	NA	NA	N
85595	PLATELET COUNT; AUTOMATED	MAXFEE	DEF					0	7/1/2003	12/31/2299	N
85597	PHOSPHOLIPID PLTLT NEUTRALIZ	PRXOVR	DEF					NA	NA	NA	N
85597	PHOSPHOLIPID PLTLT NEUTRALIZ	MAXFEE	DEF					13.49	4/1/2021	12/31/2299	N
85598	HEXAGNAL PHOSPH PLTLT NEUTRL	PRXOVR	DEF					NA	NA	NA	N
85598	HEXAGNAL PHOSPH PLTLT NEUTRL	MAXFEE	DEF					13.49	4/1/2021	12/31/2299	N
85610	PROTHROMBIN TIME	PRXOVR	DEF					NA	NA	NA	N

## Ohio Medicaid LAB Contract 12-07-2023

85610	PROTHROMBIN TIME	MAXFEE	DEF					3.22	4/1/2021	12/31/2299	N
85611	PROTHROMBIN TEST	PRXOVR	DEF					NA	NA	NA	N
85611	PROTHROMBIN TEST	MAXFEE	DEF					2.96	1/1/2021	12/31/2299	N
85612	VIPER VENOM PROTHROMBIN TIME	PRXOVR	DEF					NA	NA	NA	N
85612	VIPER VENOM PROTHROMBIN TIME	MAXFEE	DEF					13.12	4/1/2019	12/31/2299	N
85613	RUSSELL VIPER VENOM DILUTED	PRXOVR	DEF					NA	NA	NA	N
85613	RUSSELL VIPER VENOM DILUTED	MAXFEE	DEF					7.19	4/1/2021	12/31/2299	N
85635	REPTILASE TEST	PRXOVR	DEF					NA	NA	NA	N
85635	REPTILASE TEST	MAXFEE	DEF					7.39	4/1/2021	12/31/2299	N
85651	RBC SED RATE NONAUTOMATED	PRXOVR	DEF					NA	NA	NA	N
85651	RBC SED RATE NONAUTOMATED	MAXFEE	DEF					3.20	4/1/2021	12/31/2299	N
85652	RBC SED RATE AUTOMATED	PRXOVR	DEF					NA	NA	NA	N
85652	RBC SED RATE AUTOMATED	MAXFEE	DEF					2.03	4/1/2021	12/31/2299	N
85660	RBC SICKLE CELL TEST	PRXOVR	DEF					NA	NA	NA	N
85660	RBC SICKLE CELL TEST	MAXFEE	DEF					4.13	4/1/2021	12/31/2299	N
85670	THROMBIN TIME PLASMA	PRXOVR	DEF					NA	NA	NA	N
85670	THROMBIN TIME PLASMA	MAXFEE	DEF					4.33	4/1/2021	12/31/2299	N
85675	THROMBIN TIME TITER	PRXOVR	DEF					NA	NA	NA	N
85675	THROMBIN TIME TITER	MAXFEE	DEF					5.14	4/1/2021	12/31/2299	N
85705	THROMBOPLASTIN INHIBITION	PRXOVR	DEF					NA	NA	NA	N
85705	THROMBOPLASTIN INHIBITION	MAXFEE	DEF					7.22	4/1/2021	12/31/2299	N
85730	THROMBOPLASTIN TIME PARTIAL	PRXOVR	DEF					NA	NA	NA	N
85730	THROMBOPLASTIN TIME PARTIAL	MAXFEE	DEF					4.51	4/1/2021	12/31/2299	N

## Ohio Medicaid LAB Contract 12-07-2023

85732	THROMBOPLASTIN TIME PARTIAL	PRXOVR	DEF					NA	NA	NA	N
85732	THROMBOPLASTIN TIME PARTIAL	MAXFEE	DEF					4.85	4/1/2021	12/31/2299	N
85810	BLOOD VISCOSITY EXAMINATION	PRXOVR	DEF					NA	NA	NA	N
85810	BLOOD VISCOSITY EXAMINATION	MAXFEE	DEF					8.75	4/1/2021	12/31/2299	N
85999	UNLISTED HEMATOLOGY&COAGJ PX	PRXOVR	DEF					NA	NA	NA	N
85999	UNLISTED HEMATOLOGY&COAGJ PX	MAXFEE	DEF					10.17	1/1/2018	12/31/2299	N
86000	AGGLUTININS FEBRILE ANTIGEN	PRXOVR	DEF					NA	NA	NA	N
86000	AGGLUTININS FEBRILE ANTIGEN	MAXFEE	DEF					5.24	4/1/2021	12/31/2299	N
86001	ALLERGEN SPECIFIC IGG	PRXOVR	DEF					NA	NA	NA	N
86001	ALLERGEN SPECIFIC IGG	MAXFEE	DEF					5.87	4/1/2019	12/31/2299	N
86003	ALLG SPEC IGE CRUDE XTRC EA	PRXOVR	DEF					NA	NA	NA	N
86003	ALLG SPEC IGE CRUDE XTRC EA	MAXFEE	DEF					3.92	4/1/2021	12/31/2299	N
86008	ALLG SPEC IGE RECOMB EA	PRXOVR	DEF					NA	NA	NA	N
86008	ALLG SPEC IGE RECOMB EA	MAXFEE	DEF					13.45	4/1/2021	12/31/2299	N
86015	ACTIN ANTIBODY EACH	PRXOVR	DEF					NA	NA	NA	N
86015	ACTIN ANTIBODY EACH	MAXFEE	DEF					8.65	4/1/2022	12/31/2299	N
86021	WBC ANTIBODY IDENTIFICATION	PRXOVR	DEF					NA	NA	NA	N
86021	WBC ANTIBODY IDENTIFICATION	MAXFEE	DEF					11.29	4/1/2021	12/31/2299	N
86022	PLATELET ANTIBODIES	PRXOVR	DEF					NA	NA	NA	N
86022	PLATELET ANTIBODIES	MAXFEE	DEF					13.78	4/1/2021	12/31/2299	N
86023	IMMUNOGLOBULIN ASSAY	PRXOVR	DEF					NA	NA	NA	N

## Ohio Medicaid LAB Contract 12-07-2023

86023	IMMUNOGLOBULIN ASSAY	MAXFEE	DEF					9.35	4/1/2021	12/31/2299	N
86036	ANCA SCREEN EACH ANTIBODY	PRXOVR	DEF					NA	NA	NA	N
86036	ANCA SCREEN EACH ANTIBODY	MAXFEE	DEF					9.04	4/1/2022	12/31/2299	N
86037	ANCA TITER EACH ANTIBODY	PRXOVR	DEF					NA	NA	NA	N
86037	ANCA TITER EACH ANTIBODY	MAXFEE	DEF					9.04	4/1/2022	12/31/2299	N
86038	ANTINUCLEAR ANTIBODIES	PRXOVR	DEF					NA	NA	NA	N
86038	ANTINUCLEAR ANTIBODIES	MAXFEE	DEF					9.07	4/1/2021	12/31/2299	N
86039	ANTINUCLEAR ANTIBODIES (ANA)	PRXOVR	DEF					NA	NA	NA	N
86039	ANTINUCLEAR ANTIBODIES (ANA)	MAXFEE	DEF					8.37	4/1/2021	12/31/2299	N
86051	AQUAPORIN-4 ANTB ELISA	PRXOVR	DEF					NA	NA	NA	N
86051	AQUAPORIN-4 ANTB ELISA	MAXFEE	DEF					8.65	4/1/2022	12/31/2299	N
86052	AQUAPORIN-4 ANTB CBA EACH	PRXOVR	DEF					NA	NA	NA	N
86052	AQUAPORIN-4 ANTB CBA EACH	MAXFEE	DEF					9.04	4/1/2022	12/31/2299	N
86053	AQAPRN-4 ANTB FLO CYTMTRY EA	PRXOVR	DEF					NA	NA	NA	N
86053	AQAPRN-4 ANTB FLO CYTMTRY EA	MAXFEE	DEF					28.30	7/1/2023	12/31/2299	N
86060	ANTISTREPTOLYSIN O TITER	PRXOVR	DEF					NA	NA	NA	N
86060	ANTISTREPTOLYSIN O TITER	MAXFEE	DEF					5.48	4/1/2021	12/31/2299	N
86063	ANTISTREPTOLYSIN O SCREEN	PRXOVR	DEF					NA	NA	NA	N
86063	ANTISTREPTOLYSIN O SCREEN	MAXFEE	DEF					4.33	4/1/2021	12/31/2299	N
86064	B CELLS; TOTAL COUNT	PRXOVR	DEF					NA	NA	NA	N
86064	B CELLS; TOTAL COUNT	MAXFEE	DEF					NA			N
86077	PHYS BLOOD BANK SERV XMATCH	PRXOVR	DEF					NA	NA	NA	N

## Ohio Medicaid LAB Contract 12-07-2023

86077	PHYS BLOOD BANK SERV XMATCH	MAXFEE	FAC					38.87	4/1/2019	12/31/2299	N
86077	PHYS BLOOD BANK SERV XMATCH	MAXFEE	NFF					41.59	4/1/2019	12/31/2299	N
86078	PHYS BLOOD BANK SERV REACTJ	PRXOVR	DEF					NA	NA	NA	N
86078	PHYS BLOOD BANK SERV REACTJ	MAXFEE	FAC					38.87	4/1/2019	12/31/2299	N
86078	PHYS BLOOD BANK SERV REACTJ	MAXFEE	NFF					41.59	4/1/2019	12/31/2299	N
86079	PHYS BLOOD BANK SERV AUTHRJ	PRXOVR	DEF					NA	NA	NA	N
86079	PHYS BLOOD BANK SERV AUTHRJ	MAXFEE	FAC					38.62	4/1/2019	12/31/2299	N
86079	PHYS BLOOD BANK SERV AUTHRJ	MAXFEE	NFF					41.34	4/1/2019	12/31/2299	N
86140	C-REACTIVE PROTEIN	PRXOVR	DEF					NA	NA	NA	N
86140	C-REACTIVE PROTEIN	MAXFEE	DEF					3.89	4/1/2021	12/31/2299	N
86141	C-REACTIVE PROTEIN HS	PRXOVR	DEF					NA	NA	NA	N
86141	C-REACTIVE PROTEIN HS	MAXFEE	DEF					9.71	4/1/2021	12/31/2299	N
86146	BETA-2 GLYCOPROTEIN ANTIBODY	PRXOVR	DEF					NA	NA	NA	N
86146	BETA-2 GLYCOPROTEIN ANTIBODY	MAXFEE	DEF					19.09	4/1/2021	12/31/2299	N
86147	CARDIOLIPIN ANTIBODY EA IG	PRXOVR	DEF					NA	NA	NA	N
86147	CARDIOLIPIN ANTIBODY EA IG	MAXFEE	DEF					19.09	4/1/2021	12/31/2299	N
86148	ANTI-PHOSPHOLIPID ANTIBODY	PRXOVR	DEF					NA	NA	NA	N
86148	ANTI-PHOSPHOLIPID ANTIBODY	MAXFEE	DEF					12.05	4/1/2021	12/31/2299	N
86153	CELL ENUMERATION PHYS INTERP	PRXOVR	DEF					NA	NA	NA	N

## Ohio Medicaid LAB Contract 12-07-2023

86153	CELL ENUMERATION PHYS INTERP	MAXFEE	DEF	26				25.67	4/1/2019	12/31/2299	N
86155	CHEMOTAXIS ASSAY	PRXOVR	DEF					NA	NA	NA	N
86155	CHEMOTAXIS ASSAY	MAXFEE	DEF					11.99	4/1/2021	12/31/2299	N
86156	COLD AGGLUTININ SCREEN	PRXOVR	DEF					NA	NA	NA	N
86156	COLD AGGLUTININ SCREEN	MAXFEE	DEF					6.05	4/1/2019	12/31/2299	N
86157	COLD AGGLUTININ TITER	PRXOVR	DEF					NA	NA	NA	N
86157	COLD AGGLUTININ TITER	MAXFEE	DEF					6.05	4/1/2021	12/31/2299	N
86160	COMPLEMENT ANTIGEN	PRXOVR	DEF					NA	NA	NA	N
86160	COMPLEMENT ANTIGEN	MAXFEE	DEF					9	4/1/2021	12/31/2299	N
86161	COMPLEMENT/FUNCTION ACTIVITY	PRXOVR	DEF					NA	NA	NA	N
86161	COMPLEMENT/FUNCTION ACTIVITY	MAXFEE	DEF					9	4/1/2021	12/31/2299	N
86162	COMPLEMENT TOTAL (CH50)	PRXOVR	DEF					NA	NA	NA	N
86162	COMPLEMENT TOTAL (CH50)	MAXFEE	DEF					15.24	4/1/2021	12/31/2299	N
86171	COMPLEMENT FIXATION EACH	PRXOVR	DEF					NA	NA	NA	N
86171	COMPLEMENT FIXATION EACH	MAXFEE	DEF					7.51	4/1/2021	12/31/2299	N
86185	COUNTERIMMUNOELECTROPHORESIS	PRXOVR	DEF					NA	NA	NA	N
86185	COUNTERIMMUNOELECTROPHORESIS	MAXFEE	DEF					NA			N
86200	CCP ANTIBODY	PRXOVR	DEF					NA	NA	NA	N
86200	CCP ANTIBODY	MAXFEE	DEF					9.71	4/1/2021	12/31/2299	N
86215	DEOXYRIBONUCLEASE ANTIBODY	PRXOVR	DEF					NA	NA	NA	N
86215	DEOXYRIBONUCLEASE ANTIBODY	MAXFEE	DEF					9.94	4/1/2021	12/31/2299	N
86225	DNA ANTIBODY NATIVE	PRXOVR	DEF					NA	NA	NA	N
86225	DNA ANTIBODY NATIVE	MAXFEE	DEF					10.31	4/1/2021	12/31/2299	N



## Ohio Medicaid LAB Contract 12-07-2023

86226	DNA ANTIBODY SINGLE STRAND	PRXOVR	DEF					NA	NA	NA	N
86226	DNA ANTIBODY SINGLE STRAND	MAXFEE	DEF					9.08	4/1/2021	12/31/2299	N
86231	EMA EACH IG CLASS	PRXOVR	DEF					NA	NA	NA	N
86231	EMA EACH IG CLASS	MAXFEE	DEF					9.07	4/1/2022	12/31/2299	N
86235	NUCLEAR ANTIGEN ANTIBODY	PRXOVR	DEF					NA	NA	NA	N
86235	NUCLEAR ANTIGEN ANTIBODY	MAXFEE	DEF					13.45	4/1/2021	12/31/2299	N
86243	FC RECEPTOR	PRXOVR	DEF					NA	NA	NA	N
86243	FC RECEPTOR	MAXFEE	DEF					NA			N
86255	FLUORESCENT ANTIBODY SCREEN	PRXOVR	DEF					NA	NA	NA	N
86255	FLUORESCENT ANTIBODY SCREEN	MAXFEE	DEF					9.04	4/1/2021	12/31/2299	N
86255	FLUORESCENT ANTIBODY SCREEN	MAXFEE	DEF	26				13.63	4/1/2019	12/31/2299	N
86256	FLUORESCENT ANTIBODY TITER	PRXOVR	DEF					NA	NA	NA	N
86256	FLUORESCENT ANTIBODY TITER	MAXFEE	DEF					9.04	4/1/2021	12/31/2299	N
86256	FLUORESCENT ANTIBODY TITER	MAXFEE	DEF	26				13.63	4/1/2019	12/31/2299	N
86258	DGP ANTIBODY EACH IG CLASS	PRXOVR	DEF					NA	NA	NA	N
86258	DGP ANTIBODY EACH IG CLASS	MAXFEE	DEF					8.65	4/1/2022	12/31/2299	N
86277	GROWTH HORMONE ANTIBODY	PRXOVR	DEF					NA	NA	NA	N
86277	GROWTH HORMONE ANTIBODY	MAXFEE	DEF					11.81	4/1/2021	12/31/2299	N
86280	HEMAGGLUTINATION INHIBITION	PRXOVR	DEF					NA	NA	NA	N

## Ohio Medicaid LAB Contract 12-07-2023

86280	HEMAGGLUTINATION INHIBITION	MAXFEE	DEF					6.14	4/1/2021	12/31/2299	N
86294	IMMUNOASSAY TUMOR QUAL	PRXOVR	DEF					NA	NA	NA	N
86294	IMMUNOASSAY TUMOR QUAL	MAXFEE	DEF					19.18	4/1/2019	12/31/2299	N
86300	IMMUNOASSAY TUMOR CA 15-3	PRXOVR	DEF					NA	NA	NA	N
86300	IMMUNOASSAY TUMOR CA 15-3	MAXFEE	DEF					15.61	4/1/2021	12/31/2299	N
86301	IMMUNOASSAY TUMOR CA 19-9	PRXOVR	DEF					NA	NA	NA	N
86301	IMMUNOASSAY TUMOR CA 19-9	MAXFEE	DEF					15.61	4/1/2021	12/31/2299	N
86304	IMMUNOASSAY TUMOR CA 125	PRXOVR	DEF					NA	NA	NA	N
86304	IMMUNOASSAY TUMOR CA 125	MAXFEE	DEF					15.61	4/1/2021	12/31/2299	N
86305	HUMAN EPIDIDYMIS PROTEIN 4	PRXOVR	DEF					NA	NA	NA	N
86305	HUMAN EPIDIDYMIS PROTEIN 4	MAXFEE	DEF					15.61	4/1/2021	12/31/2299	N
86308	HETEROPHILE ANTIBODY SCREEN	PRXOVR	DEF					NA	NA	NA	N
86308	HETEROPHILE ANTIBODY SCREEN	MAXFEE	DEF					3.89	1/1/2021	12/31/2299	N
86309	HETEROPHILE ANTIBODY TITER	PRXOVR	DEF					NA	NA	NA	N
86309	HETEROPHILE ANTIBODY TITER	MAXFEE	DEF					4.85	4/1/2021	12/31/2299	N
86310	HETEROPHILE ANTIBODY ABSRBJ	PRXOVR	DEF					NA	NA	NA	N
86310	HETEROPHILE ANTIBODY ABSRBJ	MAXFEE	DEF					5.53	4/1/2021	12/31/2299	N
86316	IMMUNOASSAY TUMOR OTHER	PRXOVR	DEF					NA	NA	NA	N

## Ohio Medicaid LAB Contract 12-07-2023

86316	IMMUNOASSAY TUMOR OTHER	MAXFEE	DEF					15.61	4/1/2021	12/31/2299	N
86317	IMMUNOASSAY INFECTIOUS AGENT	PRXOVR	DEF					NA	NA	NA	N
86317	IMMUNOASSAY INFECTIOUS AGENT	MAXFEE	DEF					11.24	4/1/2021	12/31/2299	N
86318	IA INFECTIOUS AGENT ANTIBODY	PRXOVR	DEF					NA	NA	NA	N
86318	IA INFECTIOUS AGENT ANTIBODY	MAXFEE	DEF					13.57	4/1/2019	12/31/2299	N
86320	SERUM IMMUNOELECTROPHORESIS	PRXOVR	DEF					NA	NA	NA	N
86320	SERUM IMMUNOELECTROPHORESIS	MAXFEE	DEF					22.44	4/1/2019	12/31/2299	N
86320	SERUM IMMUNOELECTROPHORESIS	MAXFEE	DEF	26				13.63	4/1/2019	12/31/2299	N
86325	OTHER IMMUNOELECTROPHORESIS	PRXOVR	DEF					NA	NA	NA	N
86325	OTHER IMMUNOELECTROPHORESIS	MAXFEE	DEF					17.35	4/1/2021	12/31/2299	N
86325	OTHER IMMUNOELECTROPHORESIS	MAXFEE	DEF	26				13.63	4/1/2019	12/31/2299	N
86327	IMMUNOELECTROPHORESIS ASSAY	PRXOVR	DEF					NA	NA	NA	N
86327	IMMUNOELECTROPHORESIS ASSAY	MAXFEE	DEF	26				16.76	1/1/2021	12/31/2299	N
86327	IMMUNOELECTROPHORESIS ASSAY	MAXFEE	DEF					22.44	4/1/2019	12/31/2299	N
86328	IA NFCT AB SARSCOV2 COVID19	PRXOVR	DEF					NA	NA	NA	N
86328	IA NFCT AB SARSCOV2 COVID19	MANUAL	DEF					NA	NA	NA	N
86329	IMMUNODIFFUSION NES	PRXOVR	DEF					NA	NA	NA	N
86329	IMMUNODIFFUSION NES	MAXFEE	DEF					10.54	4/1/2021	12/31/2299	N

## Ohio Medicaid LAB Contract 12-07-2023

86331	IMMUNODIFFUSION OUCHTERLONY	PRXOVR	DEF					NA	NA	NA	N
86331	IMMUNODIFFUSION OUCHTERLONY	MAXFEE	DEF					8.99	4/1/2021	12/31/2299	N
86332	IMMUNE COMPLEX ASSAY	PRXOVR	DEF					NA	NA	NA	N
86332	IMMUNE COMPLEX ASSAY	MAXFEE	DEF					18.28	4/1/2021	12/31/2299	N
86334	IMMUNOFIX E-PHORESIS SERUM	PRXOVR	DEF					NA	NA	NA	N
86334	IMMUNOFIX E-PHORESIS SERUM	MAXFEE	DEF					16.76	4/1/2021	12/31/2299	N
86334	IMMUNOFIX E-PHORESIS SERUM	MAXFEE	DEF	26				13.63	4/1/2019	12/31/2299	N
86335	IMMUNFIX E- PHORSIS/URINE/CSF	PRXOVR	DEF					NA	NA	NA	N
86335	IMMUNFIX E- PHORSIS/URINE/CSF	MAXFEE	DEF					22.01	4/1/2021	12/31/2299	N
86335	IMMUNFIX E- PHORSIS/URINE/CSF	MAXFEE	DEF	26				13.63	4/1/2019	12/31/2299	N
86336	INHIBIN A	PRXOVR	DEF					NA	NA	NA	N
86336	INHIBIN A	MAXFEE	DEF					11.69	4/1/2021	12/31/2299	N
86337	INSULIN ANTIBODIES	PRXOVR	DEF					NA	NA	NA	N
86337	INSULIN ANTIBODIES	MAXFEE	DEF					16.06	4/1/2021	12/31/2299	N
86340	INTRINSIC FACTOR ANTIBODY	PRXOVR	DEF					NA	NA	NA	N
86340	INTRINSIC FACTOR ANTIBODY	MAXFEE	DEF					11.31	4/1/2021	12/31/2299	N
86341	ISLET CELL ANTIBODY	PRXOVR	DEF					NA	NA	NA	N
86341	ISLET CELL ANTIBODY	MAXFEE	DEF					17.68	4/1/2019	12/31/2299	N
86343	LEUKOCYTE HISTAMINE RELEASE	PRXOVR	DEF					NA	NA	NA	N
86343	LEUKOCYTE HISTAMINE RELEASE	MAXFEE	DEF					9.35	4/1/2021	12/31/2299	N
86344	LEUKOCYTE PHAGOCYTOSIS	PRXOVR	DEF					NA	NA	NA	N
86344	LEUKOCYTE PHAGOCYTOSIS	MAXFEE	DEF					7.79	4/1/2019	12/31/2299	N

## Ohio Medicaid LAB Contract 12-07-2023

86352	CELL FUNCTION ASSAY W/STIM	PRXOVR	DEF					NA	NA	NA	N
86352	CELL FUNCTION ASSAY W/STIM	MAXFEE	DEF					101.90	4/1/2021	12/31/2299	N
86353	LYMPHOCYTE TRANSFORMATION	PRXOVR	DEF					NA	NA	NA	N
86353	LYMPHOCYTE TRANSFORMATION	MAXFEE	DEF					36.77	4/1/2021	12/31/2299	N
86355	B CELLS TOTAL COUNT	PRXOVR	DEF					NA	NA	NA	N
86355	B CELLS TOTAL COUNT	MAXFEE	DEF					28.30	4/1/2021	12/31/2299	N
86356	MONONUCLEAR CELL ANTIGEN	PRXOVR	DEF					NA	NA	NA	N
86356	MONONUCLEAR CELL ANTIGEN	MAXFEE	DEF					20.09	4/1/2021	12/31/2299	N
86357	NK CELLS TOTAL COUNT	PRXOVR	DEF					NA	NA	NA	N
86357	NK CELLS TOTAL COUNT	MAXFEE	DEF					28.30	4/1/2021	12/31/2299	N
86359	T CELLS TOTAL COUNT	PRXOVR	DEF					NA	NA	NA	N
86359	T CELLS TOTAL COUNT	MAXFEE	DEF					28.30	4/1/2021	12/31/2299	N
86360	T CELL ABSOLUTE COUNT/RATIO	PRXOVR	DEF					NA	NA	NA	N
86360	T CELL ABSOLUTE COUNT/RATIO	MAXFEE	DEF					35.24	4/1/2021	12/31/2299	N
86361	T CELL ABSOLUTE COUNT	PRXOVR	DEF					NA	NA	NA	N
86361	T CELL ABSOLUTE COUNT	MAXFEE	DEF					20.09	4/1/2021	12/31/2299	N
86362	MOG-IGG1 ANTB CBA EACH	PRXOVR	DEF					NA	NA	NA	N
86362	MOG-IGG1 ANTB CBA EACH	MAXFEE	DEF					9.04	4/1/2022	12/31/2299	N
86363	MOG-IGG1 ANTB FLO CYTMTRY EA	PRXOVR	DEF					NA	NA	NA	N
86363	MOG-IGG1 ANTB FLO CYTMTRY EA	MAXFEE	DEF					28.30	7/1/2023	12/31/2299	N
86364	TISS TRNSGLTMNASE EA IG CLAS	PRXOVR	DEF					NA	NA	NA	N

## Ohio Medicaid LAB Contract 12-07-2023

86364	TISS TRNSGLTMNASE EA IG CLAS	MAXFEE	DEF					8.65	4/1/2022	12/31/2299	N
86367	STEM CELLS TOTAL COUNT	PRXOVR	DEF					NA	NA	NA	N
86367	STEM CELLS TOTAL COUNT	MAXFEE	DEF					58.34	4/1/2019	12/31/2299	N
86376	MICROSOMAL ANTIBODY EACH	PRXOVR	DEF					NA	NA	NA	N
86376	MICROSOMAL ANTIBODY EACH	MAXFEE	DEF					10.91	4/1/2021	12/31/2299	N
86378	MIGRATION INHIBITORY FACTOR	PRXOVR	DEF					NA	NA	NA	N
86378	MIGRATION INHIBITORY FACTOR	MAXFEE	DEF					NA			N
86379	NK CELLS; TOTAL COUNT	PRXOVR	DEF					NA	NA	NA	N
86379	NK CELLS; TOTAL COUNT	MAXFEE	DEF					NA			N
86381	MITOCHONDRIAL ANTIBODY EACH	PRXOVR	DEF					NA	NA	NA	N
86381	MITOCHONDRIAL ANTIBODY EACH	MAXFEE	DEF					19.09	4/1/2022	12/31/2299	N
86382	NEUTRALIZATION TEST VIRAL	PRXOVR	DEF					NA	NA	NA	N
86382	NEUTRALIZATION TEST VIRAL	MAXFEE	DEF					12.68	4/1/2021	12/31/2299	N
86384	NITROBLUE TETRAZOLIUM DYE	PRXOVR	DEF					NA	NA	NA	N
86384	NITROBLUE TETRAZOLIUM DYE	MAXFEE	DEF					10.21	4/1/2019	12/31/2299	N
86386	NUCLEAR MATRIX PROTEIN 22	PRXOVR	DEF					NA	NA	NA	N
86386	NUCLEAR MATRIX PROTEIN 22	MAXFEE	DEF					16.34	4/1/2019	12/31/2299	N
86403	PARTICLE AGGLUT ANTBDY SCR N	PRXOVR	DEF					NA	NA	NA	N
86403	PARTICLE AGGLUT ANTBDY SCR N	MAXFEE	DEF					8.66	4/1/2019	12/31/2299	N

## Ohio Medicaid LAB Contract 12-07-2023

86406	PARTICLE AGGLUT ANTBDY TITR	PRXOVR	DEF					NA	NA	NA	N
86406	PARTICLE AGGLUT ANTBDY TITR	MAXFEE	DEF					7.98	4/1/2021	12/31/2299	N
86408	NEUTRLZG ANTB SARSCOV2 SCR	PRXOVR	DEF					NA	NA	NA	N
86408	NEUTRLZG ANTB SARSCOV2 SCR	MAXFEE	DEF					42.13	4/1/2021	12/31/2299	N
86409	NEUTRLZG ANTB SARSCOV2 TITER	PRXOVR	DEF					NA	NA	NA	N
86409	NEUTRLZG ANTB SARSCOV2 TITER	MAXFEE	DEF					79.61	4/1/2021	12/31/2299	N
86413	SARS-COV-2 ANTB QUANTITATIVE	PRXOVR	DEF					NA	NA	NA	N
86413	SARS-COV-2 ANTB QUANTITATIVE	MAXFEE	DEF					51.43	4/1/2022	12/31/2299	N
86419	PRETREAT SERUM;INCUB W INHIBITORS;EACH	PRXOVR	DEF					NA	NA	NA	N
86419	PRETREAT SERUM;INCUB W INHIBITORS;EACH	MAXFEE	DEF					NA			N
86430	RHEUMATOID FACTOR TEST QUAL	PRXOVR	DEF					NA	NA	NA	N
86430	RHEUMATOID FACTOR TEST QUAL	MAXFEE	DEF					4.61	4/1/2021	12/31/2299	N
86431	RHEUMATOID FACTOR QUANT	PRXOVR	DEF					NA	NA	NA	N
86431	RHEUMATOID FACTOR QUANT	MAXFEE	DEF					4.25	4/1/2021	12/31/2299	N
86480	TB TEST CELL IMMUN MEASURE	PRXOVR	DEF					NA	NA	NA	N
86480	TB TEST CELL IMMUN MEASURE	MAXFEE	DEF					46.49	4/1/2021	12/31/2299	N
86481	TB AG RESPONSE T-CELL SUSP	PRXOVR	DEF					NA	NA	NA	N
86481	TB AG RESPONSE T-CELL SUSP	MAXFEE	DEF					75	4/1/2019	12/31/2299	N

## Ohio Medicaid LAB Contract 12-07-2023

86485	SKIN TEST CANDIDA	PRXOVR	DEF					NA	NA	NA	N
86485	SKIN TEST CANDIDA	MAXFEE	DEF					9	1/1/2018	12/31/2299	N
86486	SKIN TEST UNLISTED ANTIGN EA	PRXOVR	DEF					NA	NA	NA	N
86486	SKIN TEST UNLISTED ANTIGN EA	MAXFEE	DEF					3.49	4/1/2019	12/31/2299	N
86490	COCCIDIOIDOMYCOSIS SKIN TEST	PRXOVR	DEF					NA	NA	NA	N
86490	COCCIDIOIDOMYCOSIS SKIN TEST	MAXFEE	DEF					62.91	4/1/2019	12/31/2299	N
86510	HISTOPLASMOSIS SKIN TEST	PRXOVR	DEF					NA	NA	NA	N
86510	HISTOPLASMOSIS SKIN TEST	MAXFEE	DEF					4.48	4/1/2019	12/31/2299	N
86580	TB INTRADERMAL TEST	PRXOVR	DEF					NA	NA	NA	N
86580	TB INTRADERMAL TEST	MAXFEE	DEF					5.72	4/1/2019	12/31/2299	N
86585	TB TINE TEST	PRXOVR	DEF					NA	NA	NA	N
86585	TB TINE TEST	MAXFEE	DEF					NA			N
86586	SKIN TEST; UNLISTED	PRXOVR	DEF					NA	NA	NA	N
86586	SKIN TEST; UNLISTED	MAXFEE	DEF					NA			N
86587	STEM CELLS; TOTAL COUNT	PRXOVR	DEF					NA	NA	NA	N
86587	STEM CELLS; TOTAL COUNT	MAXFEE	DEF					NA			N
86588	STREPTOCOLLUS; DIRECT SCREEN	PRXOVR	DEF					NA	NA	NA	N
86588	STREPTOCOLLUS; DIRECT SCREEN	MAXFEE	DEF					NA			N
86590	STREPTOKINASE ANTIBODY	PRXOVR	DEF					NA	NA	NA	N
86590	STREPTOKINASE ANTIBODY	MAXFEE	DEF					9.50	4/1/2019	12/31/2299	N
86592	SYPHILIS TEST NON-TREP QUAL	PRXOVR	DEF					NA	NA	NA	N
86592	SYPHILIS TEST NON-TREP QUAL	MAXFEE	DEF					3.20	4/1/2021	12/31/2299	N
86593	SYPHILIS TEST NON-TREP QUANT	PRXOVR	DEF					NA	NA	NA	N



## Ohio Medicaid LAB Contract 12-07-2023

86593	SYPHILIS TEST NON-TREP QUANT	MAXFEE	DEF					3.30	4/1/2021	12/31/2299	N
86596	VOLTAGE-GTD CA CHNL ANTB EA	PRXOVR	DEF					NA	NA	NA	N
86596	VOLTAGE-GTD CA CHNL ANTB EA	MAXFEE	DEF					9.04	7/1/2023	12/31/2299	N
86602	ANTINOMYCES ANTIBODY	PRXOVR	DEF					NA	NA	NA	N
86602	ANTINOMYCES ANTIBODY	MAXFEE	DEF					7.64	4/1/2021	12/31/2299	N
86603	ADENOVIRUS ANTIBODY	PRXOVR	DEF					NA	NA	NA	N
86603	ADENOVIRUS ANTIBODY	MAXFEE	DEF					9.65	4/1/2021	12/31/2299	N
86606	ASPERGILLUS ANTIBODY	PRXOVR	DEF					NA	NA	NA	N
86606	ASPERGILLUS ANTIBODY	MAXFEE	DEF					11.29	4/1/2021	12/31/2299	N
86609	BACTERIUM ANTIBODY	PRXOVR	DEF					NA	NA	NA	N
86609	BACTERIUM ANTIBODY	MAXFEE	DEF					9.66	4/1/2021	12/31/2299	N
86611	BARTONELLA ANTIBODY	PRXOVR	DEF					NA	NA	NA	N
86611	BARTONELLA ANTIBODY	MAXFEE	DEF					7.64	4/1/2021	12/31/2299	N
86612	BLASTOMYCES ANTIBODY	PRXOVR	DEF					NA	NA	NA	N
86612	BLASTOMYCES ANTIBODY	MAXFEE	DEF					9.68	4/1/2021	12/31/2299	N
86615	BORDETELLA ANTIBODY	PRXOVR	DEF					NA	NA	NA	N
86615	BORDETELLA ANTIBODY	MAXFEE	DEF					9.89	4/1/2021	12/31/2299	N
86617	LYME DISEASE ANTIBODY	PRXOVR	DEF					NA	NA	NA	N
86617	LYME DISEASE ANTIBODY	MAXFEE	DEF					11.62	4/1/2021	12/31/2299	N
86618	LYME DISEASE ANTIBODY	PRXOVR	DEF					NA	NA	NA	N
86618	LYME DISEASE ANTIBODY	MAXFEE	DEF					12.77	1/1/2021	12/31/2299	N
86619	BORRELIA ANTIBODY	PRXOVR	DEF					NA	NA	NA	N
86619	BORRELIA ANTIBODY	MAXFEE	DEF					10.04	4/1/2021	12/31/2299	N
86622	BRUCELLA ANTIBODY	PRXOVR	DEF					NA	NA	NA	N
86622	BRUCELLA ANTIBODY	MAXFEE	DEF					6.70	4/1/2021	12/31/2299	N
86625	CAMPYLOBACTER ANTIBODY	PRXOVR	DEF					NA	NA	NA	N
86625	CAMPYLOBACTER ANTIBODY	MAXFEE	DEF					9.84	4/1/2021	12/31/2299	N
86628	CANDIDA ANTIBODY	PRXOVR	DEF					NA	NA	NA	N

## Ohio Medicaid LAB Contract 12-07-2023

86628	CANDIDA ANTIBODY	MAXFEE	DEF					9.01	4/1/2021	12/31/2299	N
86631	CHLAMYDIA ANTIBODY	PRXOVR	DEF					NA	NA	NA	N
86631	CHLAMYDIA ANTIBODY	MAXFEE	DEF					8.87	4/1/2021	12/31/2299	N
86632	CHLAMYDIA IGM ANTIBODY	PRXOVR	DEF					NA	NA	NA	N
86632	CHLAMYDIA IGM ANTIBODY	MAXFEE	DEF					9.51	4/1/2021	12/31/2299	N
86635	COCCIDIOIDES ANTIBODY	PRXOVR	DEF					NA	NA	NA	N
86635	COCCIDIOIDES ANTIBODY	MAXFEE	DEF					8.60	4/1/2021	12/31/2299	N
86638	Q FEVER ANTIBODY	PRXOVR	DEF					NA	NA	NA	N
86638	Q FEVER ANTIBODY	MAXFEE	DEF					9.09	4/1/2021	12/31/2299	N
86641	CRYPTOCOCCUS ANTIBODY	PRXOVR	DEF					NA	NA	NA	N
86641	CRYPTOCOCCUS ANTIBODY	MAXFEE	DEF					10.81	4/1/2021	12/31/2299	N
86644	CMV ANTIBODY	PRXOVR	DEF					NA	NA	NA	N
86644	CMV ANTIBODY	MAXFEE	DEF					10.79	4/1/2021	12/31/2299	N
86645	CMV ANTIBODY IGM	PRXOVR	DEF					NA	NA	NA	N
86645	CMV ANTIBODY IGM	MAXFEE	DEF					12.64	4/1/2021	12/31/2299	N
86648	DIPHThERIA ANTIBODY	PRXOVR	DEF					NA	NA	NA	N
86648	DIPHThERIA ANTIBODY	MAXFEE	DEF					11.41	4/1/2021	12/31/2299	N
86651	ENCEPHALITIS CALIFORN ANTBDY	PRXOVR	DEF					NA	NA	NA	N
86651	ENCEPHALITIS CALIFORN ANTBDY	MAXFEE	DEF					9.89	4/1/2021	12/31/2299	N
86652	ENCEPHALTIS EAST EQNE ANBDY	PRXOVR	DEF					NA	NA	NA	N
86652	ENCEPHALTIS EAST EQNE ANBDY	MAXFEE	DEF					9.89	4/1/2021	12/31/2299	N
86653	ENCEPHALTIS ST LOUIS ANTBODY	PRXOVR	DEF					NA	NA	NA	N
86653	ENCEPHALTIS ST LOUIS ANTBODY	MAXFEE	DEF					9.89	4/1/2021	12/31/2299	N
86654	ENCEPHALTIS WEST EQNE ANTBDY	PRXOVR	DEF					NA	NA	NA	N

## Ohio Medicaid LAB Contract 12-07-2023

86654	ENCEPHALITIS WEST EQNE ANTBDY	MAXFEE	DEF					9.89	4/1/2021	12/31/2299	N
86658	ENTEROVIRUS ANTIBODY	PRXOVR	DEF					NA	NA	NA	N
86658	ENTEROVIRUS ANTIBODY	MAXFEE	DEF					9.77	4/1/2021	12/31/2299	N
86663	EPSTEIN-BARR ANTIBODY	PRXOVR	DEF					NA	NA	NA	N
86663	EPSTEIN-BARR ANTIBODY	MAXFEE	DEF					9.84	4/1/2021	12/31/2299	N
86664	EPSTEIN-BARR NUCLEAR ANTIGEN	PRXOVR	DEF					NA	NA	NA	N
86664	EPSTEIN-BARR NUCLEAR ANTIGEN	MAXFEE	DEF					11.47	4/1/2021	12/31/2299	N
86665	EPSTEIN-BARR CAPSID VCA	PRXOVR	DEF					NA	NA	NA	N
86665	EPSTEIN-BARR CAPSID VCA	MAXFEE	DEF					13.61	4/1/2021	12/31/2299	N
86666	EHRlichIA ANTIBODY	PRXOVR	DEF					NA	NA	NA	N
86666	EHRlichIA ANTIBODY	MAXFEE	DEF					7.64	4/1/2021	12/31/2299	N
86668	FRANCISELLA TULARENSIS	PRXOVR	DEF					NA	NA	NA	N
86668	FRANCISELLA TULARENSIS	MAXFEE	DEF					10.62	4/1/2019	12/31/2299	N
86671	FUNGUS NES ANTIBODY	PRXOVR	DEF					NA	NA	NA	N
86671	FUNGUS NES ANTIBODY	MAXFEE	DEF					9.19	4/1/2021	12/31/2299	N
86674	GIARDIA LAMBLIA ANTIBODY	PRXOVR	DEF					NA	NA	NA	N
86674	GIARDIA LAMBLIA ANTIBODY	MAXFEE	DEF					11.04	4/1/2021	12/31/2299	N
86677	HELICOBACTER PYLORI ANTIBODY	PRXOVR	DEF					NA	NA	NA	N
86677	HELICOBACTER PYLORI ANTIBODY	MAXFEE	DEF					12.64	4/1/2019	12/31/2299	N
86682	HELMINTH ANTIBODY	PRXOVR	DEF					NA	NA	NA	N
86682	HELMINTH ANTIBODY	MAXFEE	DEF					9.76	4/1/2021	12/31/2299	N
86683	HEMOGLOBIN; FECAL ANTIBODY	PRXOVR	DEF					NA	NA	NA	N
86683	HEMOGLOBIN; FECAL ANTIBODY	MAXFEE	DEF					NA			N
86684	HEMOPHILUS INFLUENZA ANTIBDY	PRXOVR	DEF					NA	NA	NA	N

## Ohio Medicaid LAB Contract 12-07-2023

86684	HEMOPHILUS INFLUENZA ANTIBDY	MAXFEE	DEF					11.88	4/1/2021	12/31/2299	N
86687	HTLV-I ANTIBODY	PRXOVR	DEF					NA	NA	NA	N
86687	HTLV-I ANTIBODY	MAXFEE	DEF					6.82	4/1/2021	12/31/2299	N
86688	HTLV-II ANTIBODY	PRXOVR	DEF					NA	NA	NA	N
86688	HTLV-II ANTIBODY	MAXFEE	DEF					10.50	4/1/2021	12/31/2299	N
86689	HTLV/HIV CONFIRMJ ANTIBODY	PRXOVR	DEF					NA	NA	NA	N
86689	HTLV/HIV CONFIRMJ ANTIBODY	MAXFEE	DEF					14.51	4/1/2021	12/31/2299	N
86692	HEPATITIS DELTA AGENT ANTBDY	PRXOVR	DEF					NA	NA	NA	N
86692	HEPATITIS DELTA AGENT ANTBDY	MAXFEE	DEF					12.87	4/1/2021	12/31/2299	N
86694	HERPES SIMPLEX NES ANTBDY	PRXOVR	DEF					NA	NA	NA	N
86694	HERPES SIMPLEX NES ANTBDY	MAXFEE	DEF					10.79	4/1/2021	12/31/2299	N
86695	HERPES SIMPLEX TYPE 1 TEST	PRXOVR	DEF					NA	NA	NA	N
86695	HERPES SIMPLEX TYPE 1 TEST	MAXFEE	DEF					9.89	4/1/2021	12/31/2299	N
86696	HERPES SIMPLEX TYPE 2 TEST	PRXOVR	DEF					NA	NA	NA	N
86696	HERPES SIMPLEX TYPE 2 TEST	MAXFEE	DEF					14.51	4/1/2021	12/31/2299	N
86698	HISTOPLASMA ANTIBODY	PRXOVR	DEF					NA	NA	NA	N
86698	HISTOPLASMA ANTIBODY	MAXFEE	DEF					10.34	4/1/2021	12/31/2299	N
86701	HIV-1ANTIBODY	PRXOVR	DEF					NA	NA	NA	N
86701	HIV-1ANTIBODY	MAXFEE	DEF					6.67	1/1/2021	12/31/2299	N
86702	HIV-2 ANTIBODY	PRXOVR	DEF					NA	NA	NA	N
86702	HIV-2 ANTIBODY	MAXFEE	DEF					10.14	4/1/2021	12/31/2299	N
86703	HIV-1/HIV-2 1 RESULT ANTBDY	PRXOVR	DEF					NA	NA	NA	N
86703	HIV-1/HIV-2 1 RESULT ANTBDY	MAXFEE	DEF					10.28	4/1/2021	12/31/2299	N

## Ohio Medicaid LAB Contract 12-07-2023

86704	HEP B CORE ANTIBODY TOTAL	PRXOVR	DEF					NA	NA	NA	N
86704	HEP B CORE ANTIBODY TOTAL	MAXFEE	DEF					9.04	4/1/2021	12/31/2299	N
86705	HEP B CORE ANTIBODY IGM	PRXOVR	DEF					NA	NA	NA	N
86705	HEP B CORE ANTIBODY IGM	MAXFEE	DEF					8.83	4/1/2021	12/31/2299	N
86706	HEP B SURFACE ANTIBODY	PRXOVR	DEF					NA	NA	NA	N
86706	HEP B SURFACE ANTIBODY	MAXFEE	DEF					8.06	4/1/2021	12/31/2299	N
86707	HEPATITIS BE ANTIBODY	PRXOVR	DEF					NA	NA	NA	N
86707	HEPATITIS BE ANTIBODY	MAXFEE	DEF					8.68	4/1/2021	12/31/2299	N
86708	HEPATITIS A ANTIBODY	PRXOVR	DEF					NA	NA	NA	N
86708	HEPATITIS A ANTIBODY	MAXFEE	DEF					9.29	4/1/2021	12/31/2299	N
86709	HEPATITIS A IGM ANTIBODY	PRXOVR	DEF					NA	NA	NA	N
86709	HEPATITIS A IGM ANTIBODY	MAXFEE	DEF					8.45	4/1/2021	12/31/2299	N
86710	INFLUENZA VIRUS ANTIBODY	PRXOVR	DEF					NA	NA	NA	N
86710	INFLUENZA VIRUS ANTIBODY	MAXFEE	DEF					10.16	4/1/2021	12/31/2299	N
86711	JOHN CUNNINGHAM ANTIBODY	PRXOVR	DEF					NA	NA	NA	N
86711	JOHN CUNNINGHAM ANTIBODY	MAXFEE	DEF					12.67	4/1/2019	12/31/2299	N
86713	LEGIONELLA ANTIBODY	PRXOVR	DEF					NA	NA	NA	N
86713	LEGIONELLA ANTIBODY	MAXFEE	DEF					11.48	4/1/2021	12/31/2299	N
86717	LEISHMANIA ANTIBODY	PRXOVR	DEF					NA	NA	NA	N
86717	LEISHMANIA ANTIBODY	MAXFEE	DEF					9.19	4/1/2021	12/31/2299	N
86720	LEPTOSPIRA ANTIBODY	PRXOVR	DEF					NA	NA	NA	N
86720	LEPTOSPIRA ANTIBODY	MAXFEE	DEF					12.15	4/1/2019	12/31/2299	N
86723	LISTERIA MONOCYTOGENES	PRXOVR	DEF					NA	NA	NA	N
86723	LISTERIA MONOCYTOGENES	MAXFEE	DEF					9.89	4/1/2021	12/31/2299	N
86727	LYMPH CHORIOMENINGITIS AB	PRXOVR	DEF					NA	NA	NA	N
86727	LYMPH CHORIOMENINGITIS AB	MAXFEE	DEF					9.65	4/1/2021	12/31/2299	N

## Ohio Medicaid LAB Contract 12-07-2023

86729	LYMPHO VENEREUM ANTIBODY	PRXOVR	DEF					NA	NA	NA	N
86729	LYMPHO VENEREUM ANTIBODY	MAXFEE	DEF					NA			N
86732	MUCORMYCOSIS ANTIBODY	PRXOVR	DEF					NA	NA	NA	N
86732	MUCORMYCOSIS ANTIBODY	MAXFEE	DEF					11.25	4/1/2019	12/31/2299	N
86735	MUMPS ANTIBODY	PRXOVR	DEF					NA	NA	NA	N
86735	MUMPS ANTIBODY	MAXFEE	DEF					9.79	4/1/2021	12/31/2299	N
86738	MYCOPLASMA ANTIBODY	PRXOVR	DEF					NA	NA	NA	N
86738	MYCOPLASMA ANTIBODY	MAXFEE	DEF					9.93	4/1/2021	12/31/2299	N
86741	NEISSERIA MENINGITIDIS	PRXOVR	DEF					NA	NA	NA	N
86741	NEISSERIA MENINGITIDIS	MAXFEE	DEF					9.89	4/1/2021	12/31/2299	N
86744	NOCARDIA ANTIBODY	PRXOVR	DEF					NA	NA	NA	N
86744	NOCARDIA ANTIBODY	MAXFEE	DEF					11.99	4/1/2019	12/31/2299	N
86747	PARVOVIRUS ANTIBODY	PRXOVR	DEF					NA	NA	NA	N
86747	PARVOVIRUS ANTIBODY	MAXFEE	DEF					11.27	4/1/2021	12/31/2299	N
86750	MALARIA ANTIBODY	PRXOVR	DEF					NA	NA	NA	N
86750	MALARIA ANTIBODY	MAXFEE	DEF					9.89	4/1/2021	12/31/2299	N
86753	PROTOZOA ANTIBODY NOS	PRXOVR	DEF					NA	NA	NA	N
86753	PROTOZOA ANTIBODY NOS	MAXFEE	DEF					9.29	4/1/2021	12/31/2299	N
86756	RESPIRATORY VIRUS ANTIBODY	PRXOVR	DEF					NA	NA	NA	N
86756	RESPIRATORY VIRUS ANTIBODY	MAXFEE	DEF					11.93	4/1/2019	12/31/2299	N
86757	RICKETTSIA ANTIBODY	PRXOVR	DEF					NA	NA	NA	N
86757	RICKETTSIA ANTIBODY	MAXFEE	DEF					14.51	4/1/2021	12/31/2299	N
86759	ROTAVIRUS ANTIBODY	PRXOVR	DEF					NA	NA	NA	N
86759	ROTAVIRUS ANTIBODY	MAXFEE	DEF					13.67	4/1/2019	12/31/2299	N
86762	RUBELLA ANTIBODY	PRXOVR	DEF					NA	NA	NA	N
86762	RUBELLA ANTIBODY	MAXFEE	DEF					10.79	4/1/2021	12/31/2299	N
86765	RUBEOLA ANTIBODY	PRXOVR	DEF					NA	NA	NA	N

## Ohio Medicaid LAB Contract 12-07-2023

86765	RUBEOLA ANTIBODY	MAXFEE	DEF					9.66	4/1/2021	12/31/2299	N
86768	SALMONELLA ANTIBODY	PRXOVR	DEF					NA	NA	NA	N
86768	SALMONELLA ANTIBODY	MAXFEE	DEF					9.89	4/1/2021	12/31/2299	N
86769	SARS-COV-2 COVID-19 ANTIBODY	PRXOVR	DEF					NA	NA	NA	N
86769	SARS-COV-2 COVID-19 ANTIBODY	MAXFEE	DEF					42.13	4/10/2020	12/31/2299	N
86771	SHIGELLA ANTIBODY	PRXOVR	DEF					NA	NA	NA	N
86771	SHIGELLA ANTIBODY	MAXFEE	DEF					18.36	4/1/2019	12/31/2299	N
86774	TETANUS ANTIBODY	PRXOVR	DEF					NA	NA	NA	N
86774	TETANUS ANTIBODY	MAXFEE	DEF					11.10	4/1/2021	12/31/2299	N
86777	TOXOPLASMA ANTIBODY	PRXOVR	DEF					NA	NA	NA	N
86777	TOXOPLASMA ANTIBODY	MAXFEE	DEF					10.79	4/1/2021	12/31/2299	N
86778	TOXOPLASMA ANTIBODY IGM	PRXOVR	DEF					NA	NA	NA	N
86778	TOXOPLASMA ANTIBODY IGM	MAXFEE	DEF					10.81	4/1/2021	12/31/2299	N
86780	TREPONEMA PALLIDUM	PRXOVR	DEF					NA	NA	NA	N
86780	TREPONEMA PALLIDUM	MAXFEE	DEF					9.93	1/1/2021	12/31/2299	N
86781	TREPONEMA PALLIDUM; CONFIRM	PRXOVR	DEF					NA	NA	NA	N
86781	TREPONEMA PALLIDUM; CONFIRM	MAXFEE	DEF					NA			N
86784	TRICHINELLA ANTIBODY	PRXOVR	DEF					NA	NA	NA	N
86784	TRICHINELLA ANTIBODY	MAXFEE	DEF					9.42	4/1/2021	12/31/2299	N
86787	VARICELLA-ZOSTER ANTIBODY	PRXOVR	DEF					NA	NA	NA	N
86787	VARICELLA-ZOSTER ANTIBODY	MAXFEE	DEF					9.66	4/1/2021	12/31/2299	N
86788	WEST NILE VIRUS AB IGM	PRXOVR	DEF					NA	NA	NA	N
86788	WEST NILE VIRUS AB IGM	MAXFEE	DEF					12.64	4/1/2021	12/31/2299	N
86789	WEST NILE VIRUS ANTIBODY	PRXOVR	DEF					NA	NA	NA	N
86789	WEST NILE VIRUS ANTIBODY	MAXFEE	DEF					10.79	4/1/2021	12/31/2299	N
86790	VIRUS ANTIBODY NOS	PRXOVR	DEF					NA	NA	NA	N

## Ohio Medicaid LAB Contract 12-07-2023

86790	VIRUS ANTIBODY NOS	MAXFEE	DEF					9.66	4/1/2021	12/31/2299	N
86793	YERSINIA ANTIBODY	PRXOVR	DEF					NA	NA	NA	N
86793	YERSINIA ANTIBODY	MAXFEE	DEF					9.89	4/1/2021	12/31/2299	N
86794	ZIKA VIRUS IGM ANTIBODY	PRXOVR	DEF					NA	NA	NA	N
86794	ZIKA VIRUS IGM ANTIBODY	MAXFEE	DEF					12.64	4/1/2021	12/31/2299	N
86800	THYROGLOBULIN ANTIBODY	PRXOVR	DEF					NA	NA	NA	N
86800	THYROGLOBULIN ANTIBODY	MAXFEE	DEF					11.93	4/1/2021	12/31/2299	N
86803	HEPATITIS C AB TEST	PRXOVR	DEF					NA	NA	NA	N
86803	HEPATITIS C AB TEST	MAXFEE	DEF					10.70	1/1/2021	12/31/2299	N
86804	HEP C AB TEST CONFIRM	PRXOVR	DEF					NA	NA	NA	N
86804	HEP C AB TEST CONFIRM	MAXFEE	DEF					11.62	4/1/2021	12/31/2299	N
86805	LYMPHOCYTOTOXICITY ASSAY	PRXOVR	DEF					NA	NA	NA	N
86805	LYMPHOCYTOTOXICITY ASSAY	MAXFEE	DEF					142.13	4/1/2019	12/31/2299	N
86806	LYMPHOCYTOTOXICITY ASSAY	PRXOVR	DEF					NA	NA	NA	N
86806	LYMPHOCYTOTOXICITY ASSAY	MAXFEE	DEF					35.69	4/1/2021	12/31/2299	N
86807	CYTOTOXIC ANTIBODY SCREENING	PRXOVR	DEF					NA	NA	NA	N
86807	CYTOTOXIC ANTIBODY SCREENING	MAXFEE	DEF					58.99	4/1/2019	12/31/2299	N
86808	CYTOTOXIC ANTIBODY SCREENING	PRXOVR	DEF					NA	NA	NA	N
86808	CYTOTOXIC ANTIBODY SCREENING	MAXFEE	DEF					22.26	4/1/2021	12/31/2299	N
86812	HLA TYPING A B OR C	PRXOVR	DEF					NA	NA	NA	N
86812	HLA TYPING A B OR C	MAXFEE	DEF					19.36	4/1/2021	12/31/2299	N
86813	HLA TYPING A B OR C	PRXOVR	DEF					NA	NA	NA	N
86813	HLA TYPING A B OR C	MAXFEE	DEF					43.50	4/1/2021	12/31/2299	N
86816	HLA TYPING DR/DQ	PRXOVR	DEF					NA	NA	NA	N



## Ohio Medicaid LAB Contract 12-07-2023

86816	HLA TYPING DR/DQ	MAXFEE	DEF					22.63	4/1/2021	12/31/2299	N
86817	HLA TYPING DR/DQ	PRXOVR	DEF					NA	NA	NA	N
86817	HLA TYPING DR/DQ	MAXFEE	DEF					79.61	4/1/2019	12/31/2299	N
86821	LYMPHOCYTE CULTURE MIXED	PRXOVR	DEF					NA	NA	NA	N
86821	LYMPHOCYTE CULTURE MIXED	MAXFEE	DEF					27.42	4/1/2021	12/31/2299	N
86822	LYMPHOCYTE CULTURE PRIMED	PRXOVR	DEF					NA	NA	NA	N
86822	LYMPHOCYTE CULTURE PRIMED	MAXFEE	DEF					NA			N
86825	HLA X-MATH NON-CYTOTOXIC	PRXOVR	DEF					NA	NA	NA	N
86825	HLA X-MATH NON-CYTOTOXIC	MAXFEE	DEF					82.12	4/1/2019	12/31/2299	N
86826	HLA X-MATCH NONCYTOTOXC ADDL	PRXOVR	DEF					NA	NA	NA	N
86826	HLA X-MATCH NONCYTOTOXC ADDL	MAXFEE	DEF					27.40	4/1/2019	12/31/2299	N
86828	HLA CLASS I&II ANTIBODY QUAL	PRXOVR	DEF					NA	NA	NA	N
86828	HLA CLASS I&II ANTIBODY QUAL	MAXFEE	DEF					48.14	4/1/2019	12/31/2299	N
86829	HLA CLASS I/II ANTIBODY QUAL	PRXOVR	DEF					NA	NA	NA	N
86829	HLA CLASS I/II ANTIBODY QUAL	MAXFEE	DEF					48.14	4/1/2019	12/31/2299	N
86830	HLA CLASS I PHENOTYPE QUAL	PRXOVR	DEF					NA	NA	NA	N
86830	HLA CLASS I PHENOTYPE QUAL	MAXFEE	DEF					71.64	4/1/2019	12/31/2299	N
86831	HLA CLASS II PHENOTYPE QUAL	PRXOVR	DEF					NA	NA	NA	N

## Ohio Medicaid LAB Contract 12-07-2023

86831	HLA CLASS II PHENOTYPE QUAL	MAXFEE	DEF					61.41	4/1/2019	12/31/2299	N
86832	HLA CLASS I HIGH DEFIN QUAL	PRXOVR	DEF					NA	NA	NA	N
86832	HLA CLASS I HIGH DEFIN QUAL	MAXFEE	DEF					242.81	4/1/2019	12/31/2299	N
86833	HLA CLASS II HIGH DEFIN QUAL	PRXOVR	DEF					NA	NA	NA	N
86833	HLA CLASS II HIGH DEFIN QUAL	MAXFEE	DEF					244.35	4/1/2019	12/31/2299	N
86834	HLA CLASS I SEMIQUANT PANEL	PRXOVR	DEF					NA	NA	NA	N
86834	HLA CLASS I SEMIQUANT PANEL	MAXFEE	DEF					268.17	4/1/2021	12/31/2299	N
86835	HLA CLASS II SEMIQUANT PANEL	PRXOVR	DEF					NA	NA	NA	N
86835	HLA CLASS II SEMIQUANT PANEL	MAXFEE	DEF					242.22	4/1/2021	12/31/2299	N
86849	IMMUNOLOGY PROCEDURE	PRXOVR	DEF					NA	NA	NA	N
86849	IMMUNOLOGY PROCEDURE	MAXFEE	DEF					102.61	1/1/2018	12/31/2299	N
86850	RBC ANTIBODY SCREEN	PRXOVR	DEF					NA	NA	NA	N
86850	RBC ANTIBODY SCREEN	MAXFEE	DEF					7.33	4/1/2019	12/31/2299	N
86860	RBC ANTIBODY ELUTION	PRXOVR	DEF					NA	NA	NA	N
86860	RBC ANTIBODY ELUTION	MAXFEE	DEF					26.96	1/1/2018	12/31/2299	N
86870	RBC ANTIBODY IDENTIFICATION	PRXOVR	DEF					NA	NA	NA	N
86870	RBC ANTIBODY IDENTIFICATION	MAXFEE	DEF					22.58	1/1/2018	12/31/2299	N
86880	COOMBS TEST DIRECT	PRXOVR	DEF					NA	NA	NA	N
86880	COOMBS TEST DIRECT	MAXFEE	DEF					4.04	4/1/2021	12/31/2299	N
86885	COOMBS TEST INDIRECT QUAL	PRXOVR	DEF					NA	NA	NA	N

## Ohio Medicaid LAB Contract 12-07-2023

86885	COOMBS TEST INDIRECT QUAL	MAXFEE	DEF					4.29	4/1/2021	12/31/2299	N
86886	COOMBS TEST INDIRECT TITER	PRXOVR	DEF					NA	NA	NA	N
86886	COOMBS TEST INDIRECT TITER	MAXFEE	DEF					3.89	4/1/2021	12/31/2299	N
86890	AUTOLOGOUS BLOOD PROCESS	PRXOVR	DEF					NA	NA	NA	N
86890	AUTOLOGOUS BLOOD PROCESS	MAXFEE	DEF					12.14	1/1/2018	12/31/2299	N
86891	AUTOLOGOUS BLOOD OP SALVAGE	PRXOVR	DEF					NA	NA	NA	N
86891	AUTOLOGOUS BLOOD OP SALVAGE	MAXFEE	DEF					999.59	1/1/2018	12/31/2299	N
86900	BLOOD TYPING SEROLOGIC ABO	PRXOVR	DEF					NA	NA	NA	N
86900	BLOOD TYPING SEROLOGIC ABO	MAXFEE	DEF					2.24	4/1/2021	12/31/2299	N
86901	BLOOD TYPING SEROLOGIC RH(D)	PRXOVR	DEF					NA	NA	NA	N
86901	BLOOD TYPING SEROLOGIC RH(D)	MAXFEE	DEF					2.24	4/1/2021	12/31/2299	N
86902	BLOOD TYPE ANTIGEN DONOR EA	PRXOVR	DEF					NA	NA	NA	N
86902	BLOOD TYPE ANTIGEN DONOR EA	MAXFEE	DEF					4.76	4/1/2019	12/31/2299	N
86903	BLOOD TYPING; ANTIGEN SCREEN	PRXOVR	DEF					NA	NA	NA	N
86903	BLOOD TYPING; ANTIGEN SCREEN	MAXFEE	DEF					NA			N
86904	BLOOD TYPING PATIENT SERUM	PRXOVR	DEF					NA	NA	NA	N
86904	BLOOD TYPING PATIENT SERUM	MAXFEE	DEF					12.26	4/1/2019	12/31/2299	N

## Ohio Medicaid LAB Contract 12-07-2023

86905	BLOOD TYPING RBC ANTIGENS	PRXOVR	DEF					NA	NA	NA	N
86905	BLOOD TYPING RBC ANTIGENS	MAXFEE	DEF					2.87	4/1/2021	12/31/2299	N
86906	BLD TYPING SEROLOGIC RH PHNT	PRXOVR	DEF					NA	NA	NA	N
86906	BLD TYPING SEROLOGIC RH PHNT	MAXFEE	DEF					5.81	4/1/2021	12/31/2299	N
86915	BONE MARROW/STEM CELL PREP	PRXOVR	DEF					NA	NA	NA	N
86915	BONE MARROW/STEM CELL PREP	MAXFEE	DEF					0	7/1/2003	12/31/2299	N
86920	COMPATIBILITY TEST SPIN	PRXOVR	DEF					NA	NA	NA	N
86920	COMPATIBILITY TEST SPIN	MAXFEE	DEF					21.45	1/1/2018	12/31/2299	N
86921	COMPATIBILITY TEST INCUBATE	PRXOVR	DEF					NA	NA	NA	N
86921	COMPATIBILITY TEST INCUBATE	MAXFEE	DEF					21.45	1/1/2018	12/31/2299	N
86922	COMPATIBILITY TEST ANTIGLOB	PRXOVR	DEF					NA	NA	NA	N
86922	COMPATIBILITY TEST ANTIGLOB	MAXFEE	DEF					21.45	1/1/2018	12/31/2299	N
86923	COMPATIBILITY TEST ELECTRIC	PRXOVR	DEF					NA	NA	NA	N
86923	COMPATIBILITY TEST ELECTRIC	MAXFEE	DEF					13.46	1/1/2018	12/31/2299	N
86927	PLASMA FRESH FROZEN	PRXOVR	DEF					NA	NA	NA	N
86927	PLASMA FRESH FROZEN	MAXFEE	DEF					8.78	1/1/2018	12/31/2299	N
86930	FROZEN BLOOD PREP	PRXOVR	DEF					NA	NA	NA	N
86930	FROZEN BLOOD PREP	MAXFEE	DEF					21.45	1/1/2018	12/31/2299	N
86931	FROZEN BLOOD THAW	PRXOVR	DEF					NA	NA	NA	N
86931	FROZEN BLOOD THAW	MAXFEE	DEF					32.36	1/1/2018	12/31/2299	N

## Ohio Medicaid LAB Contract 12-07-2023

86932	FROZEN BLOOD FREEZE/THAW	PRXOVR	DEF					NA	NA	NA	N
86932	FROZEN BLOOD FREEZE/THAW	MAXFEE	DEF					42.89	1/1/2018	12/31/2299	N
86940	HEMOLYSINS/AGGLUTININS AUTO	PRXOVR	DEF					NA	NA	NA	N
86940	HEMOLYSINS/AGGLUTININS AUTO	MAXFEE	DEF					6.58	4/1/2021	12/31/2299	N
86941	HEMOLYSINS/AGGLUTININS	PRXOVR	DEF					NA	NA	NA	N
86941	HEMOLYSINS/AGGLUTININS	MAXFEE	DEF					9.08	4/1/2021	12/31/2299	N
86945	BLOOD PRODUCT/IRRADIATION	PRXOVR	DEF					NA	NA	NA	N
86945	BLOOD PRODUCT/IRRADIATION	MAXFEE	DEF					10.54	1/1/2018	12/31/2299	N
86950	LEUKACYTE TRANSFUSION	PRXOVR	DEF					NA	NA	NA	N
86950	LEUKACYTE TRANSFUSION	MAXFEE	DEF					28.58	1/1/2018	12/31/2299	N
86960	VOL REDUCTION OF BLOOD/PROD	PRXOVR	DEF					NA	NA	NA	N
86960	VOL REDUCTION OF BLOOD/PROD	MAXFEE	DEF					13.46	1/1/2018	12/31/2299	N
86965	POOLING BLOOD PLATELETS	PRXOVR	DEF					NA	NA	NA	N
86965	POOLING BLOOD PLATELETS	MAXFEE	DEF					13.50	1/1/2018	12/31/2299	N
86970	RBC PRETX INCUBATJ W/CHEMICL	PRXOVR	DEF					NA	NA	NA	N
86970	RBC PRETX INCUBATJ W/CHEMICL	MAXFEE	DEF					14.43	1/1/2018	12/31/2299	N
86971	RBC PRETX INCUBATJ W/ENZYMES	PRXOVR	DEF					NA	NA	NA	N
86971	RBC PRETX INCUBATJ W/ENZYMES	MAXFEE	DEF					14.43	1/1/2018	12/31/2299	N
86972	RBC PRETX INCUBATJ W/DENSITY	PRXOVR	DEF					NA	NA	NA	N
86972	RBC PRETX INCUBATJ W/DENSITY	MAXFEE	DEF					17.56	1/1/2018	12/31/2299	N

## Ohio Medicaid LAB Contract 12-07-2023

86975	RBC SERUM PRETX INCUBJ DRUGS	PRXOVR	DEF					NA	NA	NA	N
86975	RBC SERUM PRETX INCUBJ DRUGS	MAXFEE	DEF					14.43	1/1/2018	12/31/2299	N
86976	RBC SERUM PRETX ID DILUTION	PRXOVR	DEF					NA	NA	NA	N
86976	RBC SERUM PRETX ID DILUTION	MAXFEE	DEF					14.43	1/1/2018	12/31/2299	N
86977	RBC SERUM PRETX INCUBJ/INHIB	PRXOVR	DEF					NA	NA	NA	N
86977	RBC SERUM PRETX INCUBJ/INHIB	MAXFEE	DEF					14.43	1/1/2018	12/31/2299	N
86978	RBC PRETREATMENT SERUM	PRXOVR	DEF					NA	NA	NA	N
86978	RBC PRETREATMENT SERUM	MAXFEE	DEF					17.56	1/1/2018	12/31/2299	N
86985	SPLIT BLOOD OR PRODUCTS	PRXOVR	DEF					NA	NA	NA	N
86985	SPLIT BLOOD OR PRODUCTS	MAXFEE	DEF					13.50	1/1/2018	12/31/2299	N
86999	UNLISTED TRANSFUSION MED PX	PRXOVR	DEF					NA	NA	NA	N
86999	UNLISTED TRANSFUSION MED PX	MAXFEE	DEF					13.46	1/1/2018	12/31/2299	N
87001	SMALL ANIMAL INOCULATION	PRXOVR	DEF					NA	NA	NA	N
87001	SMALL ANIMAL INOCULATION	MAXFEE	DEF					NA			N
87003	SMALL ANIMAL INOCULATION	PRXOVR	DEF					NA	NA	NA	N
87003	SMALL ANIMAL INOCULATION	MAXFEE	DEF					12.63	4/1/2021	12/31/2299	N
87015	SPECIMEN INFECT AGNT CONCNTJ	PRXOVR	DEF					NA	NA	NA	N
87015	SPECIMEN INFECT AGNT CONCNTJ	MAXFEE	DEF					5.01	4/1/2021	12/31/2299	N
87040	BLOOD CULTURE FOR BACTERIA	PRXOVR	DEF					NA	NA	NA	N

## Ohio Medicaid LAB Contract 12-07-2023

87040	BLOOD CULTURE FOR BACTERIA	MAXFEE	DEF					7.74	4/1/2021	12/31/2299	N
87045	FECES CULTURE AEROBIC BACT	PRXOVR	DEF					NA	NA	NA	N
87045	FECES CULTURE AEROBIC BACT	MAXFEE	DEF					7.08	4/1/2021	12/31/2299	N
87046	STOOL CULTR AEROBIC BACT EA	PRXOVR	DEF					NA	NA	NA	N
87046	STOOL CULTR AEROBIC BACT EA	MAXFEE	DEF					7.08	4/1/2021	12/31/2299	N
87060	NOSE/THROAT CULTURE; BACT	PRXOVR	DEF					NA	NA	NA	N
87060	NOSE/THROAT CULTURE; BACT	MAXFEE	DEF					NA			N
87070	CULTURE OTHR SPECIMN AEROBIC	PRXOVR	DEF					NA	NA	NA	N
87070	CULTURE OTHR SPECIMN AEROBIC	MAXFEE	DEF					6.47	4/1/2021	12/31/2299	N
87071	CULTURE AEROBIC QUANT OTHER	PRXOVR	DEF					NA	NA	NA	N
87071	CULTURE AEROBIC QUANT OTHER	MAXFEE	DEF					7.42	4/1/2021	12/31/2299	N
87072	CULTURE OF SPECIMEN BY KIT	PRXOVR	DEF					NA	NA	NA	N
87072	CULTURE OF SPECIMEN BY KIT	MAXFEE	DEF					NA			N
87073	CULTURE BACTERIA ANAEROBIC	PRXOVR	DEF					NA	NA	NA	N
87073	CULTURE BACTERIA ANAEROBIC	MAXFEE	DEF					7.25	4/1/2021	12/31/2299	N
87075	CULTR BACTERIA EXCEPT BLOOD	PRXOVR	DEF					NA	NA	NA	N
87075	CULTR BACTERIA EXCEPT BLOOD	MAXFEE	DEF					7.10	4/1/2021	12/31/2299	N

## Ohio Medicaid LAB Contract 12-07-2023

87076	CULTURE ANAEROBE IDENT EACH	PRXOVR	DEF					NA	NA	NA	N
87076	CULTURE ANAEROBE IDENT EACH	MAXFEE	DEF					6.06	4/1/2021	12/31/2299	N
87077	CULTURE AEROBIC IDENTIFY	PRXOVR	DEF					NA	NA	NA	N
87077	CULTURE AEROBIC IDENTIFY	MAXFEE	DEF					6.06	4/1/2021	12/31/2299	N
87081	CULTURE SCREEN ONLY	PRXOVR	DEF					NA	NA	NA	N
87081	CULTURE SCREEN ONLY	MAXFEE	DEF					4.97	4/1/2021	12/31/2299	N
87082	CULTURE OF SPECIMEN BY KIT	PRXOVR	DEF					NA	NA	NA	N
87082	CULTURE OF SPECIMEN BY KIT	MAXFEE	DEF					NA			N
87083	CULTURE OF SPECIMEN BY KIT	PRXOVR	DEF					NA	NA	NA	N
87083	CULTURE OF SPECIMEN BY KIT	MAXFEE	DEF					NA			N
87084	CULTURE OF SPECIMEN BY KIT	PRXOVR	DEF					NA	NA	NA	N
87084	CULTURE OF SPECIMEN BY KIT	MAXFEE	DEF					20.30	4/1/2019	12/31/2299	N
87085	CULTURE OF SPECIMEN BY KIT	PRXOVR	DEF					NA	NA	NA	N
87085	CULTURE OF SPECIMEN BY KIT	MAXFEE	DEF					NA			N
87086	URINE CULTURE/COLONY COUNT	PRXOVR	DEF					NA	NA	NA	N
87086	URINE CULTURE/COLONY COUNT	MAXFEE	DEF					6.05	4/1/2021	12/31/2299	N
87087	URINE BACTERIA CULTURE	PRXOVR	DEF					NA	NA	NA	N
87087	URINE BACTERIA CULTURE	MAXFEE	DEF					NA			N
87088	URINE BACTERIA CULTURE	PRXOVR	DEF					NA	NA	NA	N
87088	URINE BACTERIA CULTURE	MAXFEE	DEF					6.07	4/1/2021	12/31/2299	N
87101	SKIN FUNGI CULTURE	PRXOVR	DEF					NA	NA	NA	N



## Ohio Medicaid LAB Contract 12-07-2023

87101	SKIN FUNGI CULTURE	MAXFEE	DEF					5.78	4/1/2021	12/31/2299	N
87102	FUNGUS ISOLATION CULTURE	PRXOVR	DEF					NA	NA	NA	N
87102	FUNGUS ISOLATION CULTURE	MAXFEE	DEF					6.31	4/1/2021	12/31/2299	N
87103	BLOOD FUNGUS CULTURE	PRXOVR	DEF					NA	NA	NA	N
87103	BLOOD FUNGUS CULTURE	MAXFEE	DEF					15.35	4/1/2019	12/31/2299	N
87106	FUNGI IDENTIFICATION YEAST	PRXOVR	DEF					NA	NA	NA	N
87106	FUNGI IDENTIFICATION YEAST	MAXFEE	DEF					7.74	4/1/2021	12/31/2299	N
87107	FUNGI IDENTIFICATION MOLD	PRXOVR	DEF					NA	NA	NA	N
87107	FUNGI IDENTIFICATION MOLD	MAXFEE	DEF					7.74	4/1/2021	12/31/2299	N
87109	MYCOPLASMA	PRXOVR	DEF					NA	NA	NA	N
87109	MYCOPLASMA	MAXFEE	DEF					11.54	4/1/2021	12/31/2299	N
87110	CHLAMYDIA CULTURE	PRXOVR	DEF					NA	NA	NA	N
87110	CHLAMYDIA CULTURE	MAXFEE	DEF					14.70	4/1/2021	12/31/2299	N
87116	MYCOBACTERIA CULTURE	PRXOVR	DEF					NA	NA	NA	N
87116	MYCOBACTERIA CULTURE	MAXFEE	DEF					8.10	4/1/2021	12/31/2299	N
87117	MYCOBACTERIA CULTURE	PRXOVR	DEF					NA	NA	NA	N
87117	MYCOBACTERIA CULTURE	MAXFEE	DEF					NA			N
87118	MYCOBACTERIC IDENTIFICATION	PRXOVR	DEF					NA	NA	NA	N
87118	MYCOBACTERIC IDENTIFICATION	MAXFEE	DEF					10.96	4/1/2019	12/31/2299	N
87140	CULTURE TYPE IMMUNOFLUORESC	PRXOVR	DEF					NA	NA	NA	N
87140	CULTURE TYPE IMMUNOFLUORESC	MAXFEE	DEF					4.18	4/1/2021	12/31/2299	N
87145	CULTURE TYPING; PHAGE METHOD	PRXOVR	DEF					NA	NA	NA	N
87145	CULTURE TYPING; PHAGE METHOD	MAXFEE	DEF					NA			N

## Ohio Medicaid LAB Contract 12-07-2023

87147	CULTURE TYPE IMMUNOLOGIC	PRXOVR	DEF					NA	NA	NA	N
87147	CULTURE TYPE IMMUNOLOGIC	MAXFEE	DEF					3.89	4/1/2021	12/31/2299	N
87149	DNA/RNA DIRECT PROBE	PRXOVR	DEF					NA	NA	NA	N
87149	DNA/RNA DIRECT PROBE	MAXFEE	DEF					15.04	4/1/2021	12/31/2299	N
87150	DNA/RNA AMPLIFIED PROBE	PRXOVR	DEF					NA	NA	NA	N
87150	DNA/RNA AMPLIFIED PROBE	MAXFEE	DEF					26.32	4/1/2021	12/31/2299	N
87151	CULTURE TYPING; SEROLOGIC	PRXOVR	DEF					NA	NA	NA	N
87151	CULTURE TYPING; SEROLOGIC	MAXFEE	DEF					NA			N
87152	CULTURE TYPE PULSE FIELD GEL	PRXOVR	DEF					NA	NA	NA	N
87152	CULTURE TYPE PULSE FIELD GEL	MAXFEE	DEF					5.81	4/1/2019	12/31/2299	N
87153	DNA/RNA SEQUENCING	PRXOVR	DEF					NA	NA	NA	N
87153	DNA/RNA SEQUENCING	MAXFEE	DEF					86.52	4/1/2021	12/31/2299	N
87154	CUL TYP ID BLD PTHGN 6+ TRGT	PRXOVR	DEF					NA	NA	NA	N
87154	CUL TYP ID BLD PTHGN 6+ TRGT	MAXFEE	DEF					163.55	4/1/2022	12/31/2299	N
87155	CULTURE TYPING; PRECIPITIN	PRXOVR	DEF					NA	NA	NA	N
87155	CULTURE TYPING; PRECIPITIN	MAXFEE	DEF					NA			N
87158	CULTURE TYPING ADDED METHOD	PRXOVR	DEF					NA	NA	NA	N
87158	CULTURE TYPING ADDED METHOD	MAXFEE	DEF					5.81	4/1/2019	12/31/2299	N
87163	SPECIAL MICROBIOLOGY CULTURE	PRXOVR	DEF					NA	NA	NA	N
87163	SPECIAL MICROBIOLOGY CULTURE	MAXFEE	DEF					NA			N
87164	DARK FIELD EXAMINATION	PRXOVR	DEF					NA	NA	NA	N

## Ohio Medicaid LAB Contract 12-07-2023

87164	DARK FIELD EXAMINATION	MAXFEE	DEF	26				14.93	1/1/2021	12/31/2299	N
87164	DARK FIELD EXAMINATION	MAXFEE	DEF					8.06	4/1/2021	12/31/2299	N
87166	DARK FIELD EXAMINATION	PRXOVR	DEF					NA	NA	NA	N
87166	DARK FIELD EXAMINATION	MAXFEE	DEF					8.48	4/1/2021	12/31/2299	N
87168	MACROSCOPIC EXAM ARTHROPOD	PRXOVR	DEF					NA	NA	NA	N
87168	MACROSCOPIC EXAM ARTHROPOD	MAXFEE	DEF					3.20	4/1/2021	12/31/2299	N
87169	MACROSCOPIC EXAM PARASITE	PRXOVR	DEF					NA	NA	NA	N
87169	MACROSCOPIC EXAM PARASITE	MAXFEE	DEF					3.23	4/1/2021	12/31/2299	N
87172	PINWORM EXAM	PRXOVR	DEF					NA	NA	NA	N
87172	PINWORM EXAM	MAXFEE	DEF					3.20	4/1/2021	12/31/2299	N
87174	ENDOTOXIN; BACTERIAL	PRXOVR	DEF					NA	NA	NA	N
87174	ENDOTOXIN; BACTERIAL	MAXFEE	DEF					NA			N
87175	ASSAY; ENDOTOXIN; BACTERIAL	PRXOVR	DEF					NA	NA	NA	N
87175	ASSAY; ENDOTOXIN; BACTERIAL	MAXFEE	DEF					NA			N
87176	TISSUE HOMOGENIZATION CULTR	PRXOVR	DEF					NA	NA	NA	N
87176	TISSUE HOMOGENIZATION CULTR	MAXFEE	DEF					4.41	4/1/2021	12/31/2299	N
87177	OVA AND PARASITES SMEARS	PRXOVR	DEF					NA	NA	NA	N
87177	OVA AND PARASITES SMEARS	MAXFEE	DEF					6.68	4/1/2021	12/31/2299	N
87181	MICROBE SUSCEPTIBLE DIFFUSE	PRXOVR	DEF					NA	NA	NA	N
87181	MICROBE SUSCEPTIBLE DIFFUSE	MAXFEE	DEF					3.56	4/1/2021	12/31/2299	N
87184	MICROBE SUSCEPTIBLE DISK	PRXOVR	DEF					NA	NA	NA	N
87184	MICROBE SUSCEPTIBLE DISK	MAXFEE	DEF					5.61	4/1/2021	12/31/2299	N

## Ohio Medicaid LAB Contract 12-07-2023

87185	MICROBE SUSCEPTIBLE ENZYME	PRXOVR	DEF					NA	NA	NA	N
87185	MICROBE SUSCEPTIBLE ENZYME	MAXFEE	DEF					3.56	4/1/2021	12/31/2299	N
87186	MICROBE SUSCEPTIBLE MIC	PRXOVR	DEF					NA	NA	NA	N
87186	MICROBE SUSCEPTIBLE MIC	MAXFEE	DEF					6.49	4/1/2021	12/31/2299	N
87187	MICROBE SUSCEPTIBLE MLC	PRXOVR	DEF					NA	NA	NA	N
87187	MICROBE SUSCEPTIBLE MLC	MAXFEE	DEF					30.13	4/1/2019	12/31/2299	N
87188	MICROBE SUSCEPT MACROBROTH	PRXOVR	DEF					NA	NA	NA	N
87188	MICROBE SUSCEPT MACROBROTH	MAXFEE	DEF					4.98	4/1/2021	12/31/2299	N
87190	MICROBE SUSCEPT MYCOBACTERI	PRXOVR	DEF					NA	NA	NA	N
87190	MICROBE SUSCEPT MYCOBACTERI	MAXFEE	DEF					5.48	4/1/2019	12/31/2299	N
87192	ANTIBIOTIC SENSITIVITY; EACH	PRXOVR	DEF					NA	NA	NA	N
87192	ANTIBIOTIC SENSITIVITY; EACH	MAXFEE	DEF					NA			N
87197	BACTERICIDAL LEVEL SERUM	PRXOVR	DEF					NA	NA	NA	N
87197	BACTERICIDAL LEVEL SERUM	MAXFEE	DEF					11.27	4/1/2021	12/31/2299	N
87198	CYTOMEGALOVIRUS ANTIBODY DFA	PRXOVR	DEF					NA	NA	NA	N
87198	CYTOMEGALOVIRUS ANTIBODY DFA	MAXFEE	DEF					NA			N
87199	ENTEROVIRUS ANTIBODY; DFA	PRXOVR	DEF					NA	NA	NA	N
87199	ENTEROVIRUS ANTIBODY; DFA	MAXFEE	DEF					NA			N
87205	SMEAR GRAM STAIN	PRXOVR	DEF					NA	NA	NA	N
87205	SMEAR GRAM STAIN	MAXFEE	DEF					3.20	4/1/2021	12/31/2299	N

## Ohio Medicaid LAB Contract 12-07-2023

87206	SMEAR FLUORESCENT/ACID STAI	PRXOVR	DEF					NA	NA	NA	N
87206	SMEAR FLUORESCENT/ACID STAI	MAXFEE	DEF					4.04	4/1/2021	12/31/2299	N
87207	SMEAR SPECIAL STAIN	PRXOVR	DEF					NA	NA	NA	N
87207	SMEAR SPECIAL STAIN	MAXFEE	DEF	26				13.63	4/1/2019	12/31/2299	N
87207	SMEAR SPECIAL STAIN	MAXFEE	DEF					4.49	4/1/2021	12/31/2299	N
87208	SMEAR; STAIN & INTERPRET	PRXOVR	DEF					NA	NA	NA	N
87208	SMEAR; STAIN & INTERPRET	MAXFEE	DEF					NA			N
87209	SMEAR COMPLEX STAIN	PRXOVR	DEF					NA	NA	NA	N
87209	SMEAR COMPLEX STAIN	MAXFEE	DEF					13.49	4/1/2021	12/31/2299	N
87210	SMEAR WET MOUNT SALINE/INK	PRXOVR	DEF					NA	NA	NA	N
87210	SMEAR WET MOUNT SALINE/INK	MAXFEE	DEF					4.37	4/1/2019	12/31/2299	N
87211	SMEAR; STAIN & INTERPRET	PRXOVR	DEF					NA	NA	NA	N
87211	SMEAR; STAIN & INTERPRET	MAXFEE	DEF					NA			N
87220	TISSUE EXAM FOR FUNGI	PRXOVR	DEF					NA	NA	NA	N
87220	TISSUE EXAM FOR FUNGI	MAXFEE	DEF					3.20	4/1/2021	12/31/2299	N
87230	ASSAY TOXIN OR ANTITOXIN	PRXOVR	DEF					NA	NA	NA	N
87230	ASSAY TOXIN OR ANTITOXIN	MAXFEE	DEF					14.81	4/1/2021	12/31/2299	N
87250	VIRUS INOCULATE EGGS/ANIMAL	PRXOVR	DEF					NA	NA	NA	N
87250	VIRUS INOCULATE EGGS/ANIMAL	MAXFEE	DEF					14.67	4/1/2021	12/31/2299	N
87252	VIRUS INOCULATION TISSUE	PRXOVR	DEF					NA	NA	NA	N
87252	VIRUS INOCULATION TISSUE	MAXFEE	DEF					19.55	4/1/2021	12/31/2299	N
87253	VIRUS INOCULATE TISSUE ADDL	PRXOVR	DEF					NA	NA	NA	N
87253	VIRUS INOCULATE TISSUE ADDL	MAXFEE	DEF					15.15	4/1/2021	12/31/2299	N

## Ohio Medicaid LAB Contract 12-07-2023

87254	VIRUS INOCULATION SHELL VIA	PRXOVR	DEF					NA	NA	NA	N
87254	VIRUS INOCULATION SHELL VIA	MAXFEE	DEF					14.67	4/1/2021	12/31/2299	N
87255	GENET VIRUS ISOLATE HSV	PRXOVR	DEF					NA	NA	NA	N
87255	GENET VIRUS ISOLATE HSV	MAXFEE	DEF					25.40	4/1/2021	12/31/2299	N
87260	ADENOVIRUS AG IF	PRXOVR	DEF					NA	NA	NA	N
87260	ADENOVIRUS AG IF	MAXFEE	DEF					10.82	4/1/2019	12/31/2299	N
87265	PERTUSSIS AG IF	PRXOVR	DEF					NA	NA	NA	N
87265	PERTUSSIS AG IF	MAXFEE	DEF					8.99	4/1/2021	12/31/2299	N
87267	ENTEROVIRUS ANTIBODY DFA	PRXOVR	DEF					NA	NA	NA	N
87267	ENTEROVIRUS ANTIBODY DFA	MAXFEE	DEF					10.07	4/1/2019	12/31/2299	N
87269	GIARDIA AG IF	PRXOVR	DEF					NA	NA	NA	N
87269	GIARDIA AG IF	MAXFEE	DEF					10.21	4/1/2019	12/31/2299	N
87270	CHLAMYDIA TRACHOMATIS AG IF	PRXOVR	DEF					NA	NA	NA	N
87270	CHLAMYDIA TRACHOMATIS AG IF	MAXFEE	DEF					8.99	4/1/2021	12/31/2299	N
87271	CYTOMEGALOVIRUS DFA	PRXOVR	DEF					NA	NA	NA	N
87271	CYTOMEGALOVIRUS DFA	MAXFEE	DEF					10.07	4/1/2019	12/31/2299	N
87272	CRYPTOSPORIDIUM AG IF	PRXOVR	DEF					NA	NA	NA	N
87272	CRYPTOSPORIDIUM AG IF	MAXFEE	DEF					8.99	4/1/2021	12/31/2299	N
87273	HERPES SIMPLEX 2 AG IF	PRXOVR	DEF					NA	NA	NA	N
87273	HERPES SIMPLEX 2 AG IF	MAXFEE	DEF					8.99	4/1/2021	12/31/2299	N
87274	HERPES SIMPLEX 1 AG IF	PRXOVR	DEF					NA	NA	NA	N
87274	HERPES SIMPLEX 1 AG IF	MAXFEE	DEF					8.99	4/1/2021	12/31/2299	N
87275	INFLUENZA B AG IF	PRXOVR	DEF					NA	NA	NA	N
87275	INFLUENZA B AG IF	MAXFEE	DEF					9.19	4/1/2021	12/31/2299	N
87276	INFLUENZA A AG IF	PRXOVR	DEF					NA	NA	NA	N
87276	INFLUENZA A AG IF	MAXFEE	DEF					12.05	4/1/2019	12/31/2299	N

## Ohio Medicaid LAB Contract 12-07-2023

87277	LEGIONELLA MICDADEI AG IF	PRXOVR	DEF					NA	NA	NA	N
87277	LEGIONELLA MICDADEI AG IF	MAXFEE	DEF					NA			N
87278	LEGION PNEUMOPHILIA AG IF	PRXOVR	DEF					NA	NA	NA	N
87278	LEGION PNEUMOPHILIA AG IF	MAXFEE	DEF					11.70	4/1/2019	12/31/2299	N
87279	PARAINFLUENZA AG IF	PRXOVR	DEF					NA	NA	NA	N
87279	PARAINFLUENZA AG IF	MAXFEE	DEF					12.32	4/1/2019	12/31/2299	N
87280	RESPIRATORY SYNCYTIAL AG IF	PRXOVR	DEF					NA	NA	NA	N
87280	RESPIRATORY SYNCYTIAL AG IF	MAXFEE	DEF					10.07	4/1/2019	12/31/2299	N
87281	PNEUMOCYSTIS CARINII AG IF	PRXOVR	DEF					NA	NA	NA	N
87281	PNEUMOCYSTIS CARINII AG IF	MAXFEE	DEF					8.99	4/1/2021	12/31/2299	N
87283	RUBEOLA AG IF	PRXOVR	DEF					NA	NA	NA	N
87283	RUBEOLA AG IF	MAXFEE	DEF					45.60	4/1/2019	12/31/2299	N
87285	TREPONEMA PALLIDUM AG IF	PRXOVR	DEF					NA	NA	NA	N
87285	TREPONEMA PALLIDUM AG IF	MAXFEE	DEF					9.14	4/1/2021	12/31/2299	N
87290	VARICELLA ZOSTER AG IF	PRXOVR	DEF					NA	NA	NA	N
87290	VARICELLA ZOSTER AG IF	MAXFEE	DEF					10.07	4/1/2019	12/31/2299	N
87299	ANTIBODY DETECTION NOS IF	PRXOVR	DEF					NA	NA	NA	N
87299	ANTIBODY DETECTION NOS IF	MAXFEE	DEF					12.08	4/1/2019	12/31/2299	N
87300	AG DETECTION POLYVAL IF	PRXOVR	DEF					NA	NA	NA	N
87300	AG DETECTION POLYVAL IF	MAXFEE	DEF					8.99	4/1/2021	12/31/2299	N
87301	ADENOVIRUS AG IA	PRXOVR	DEF					NA	NA	NA	N
87301	ADENOVIRUS AG IA	MAXFEE	DEF					8.99	4/1/2021	12/31/2299	N
87305	ASPERGILLUS AG IA	PRXOVR	DEF					NA	NA	NA	N
87305	ASPERGILLUS AG IA	MAXFEE	DEF					8.99	4/1/2021	12/31/2299	N
87320	CHLMYD TRACH AG IA	PRXOVR	DEF					NA	NA	NA	N
87320	CHLMYD TRACH AG IA	MAXFEE	DEF					11.25	4/1/2019	12/31/2299	N
87324	CLOSTRIDIUM AG IA	PRXOVR	DEF					NA	NA	NA	N
87324	CLOSTRIDIUM AG IA	MAXFEE	DEF					8.99	4/1/2021	12/31/2299	N

## Ohio Medicaid LAB Contract 12-07-2023

87327	CRYPTOCOCCUS NEOFORM AG IA	PRXOVR	DEF					NA	NA	NA	N
87327	CRYPTOCOCCUS NEOFORM AG IA	MAXFEE	DEF					10.07	4/1/2019	12/31/2299	N
87328	CRYPTOSPORIDIUM AG IA	PRXOVR	DEF					NA	NA	NA	N
87328	CRYPTOSPORIDIUM AG IA	MAXFEE	DEF					10.37	4/1/2019	12/31/2299	N
87329	GIARDIA AG IA	PRXOVR	DEF					NA	NA	NA	N
87329	GIARDIA AG IA	MAXFEE	DEF					8.99	4/1/2021	12/31/2299	N
87332	CYTOMEGALOVIRUS AG IA	PRXOVR	DEF					NA	NA	NA	N
87332	CYTOMEGALOVIRUS AG IA	MAXFEE	DEF					8.99	4/1/2021	12/31/2299	N
87335	E COLI 0157 AG IA	PRXOVR	DEF					NA	NA	NA	N
87335	E COLI 0157 AG IA	MAXFEE	DEF					9.50	4/1/2021	12/31/2299	N
87336	ENTAMOEB HIST DISPR AG IA	PRXOVR	DEF					NA	NA	NA	N
87336	ENTAMOEB HIST DISPR AG IA	MAXFEE	DEF					12	4/1/2019	12/31/2299	N
87337	ENTAMOEB HIST GROUP AG IA	PRXOVR	DEF					NA	NA	NA	N
87337	ENTAMOEB HIST GROUP AG IA	MAXFEE	DEF					8.99	4/1/2021	12/31/2299	N
87338	HPYLORI STOOL AG IA	PRXOVR	DEF					NA	NA	NA	N
87338	HPYLORI STOOL AG IA	MAXFEE	DEF					10.79	1/1/2021	12/31/2299	N
87339	H PYLORI AG IA	PRXOVR	DEF					NA	NA	NA	N
87339	H PYLORI AG IA	MAXFEE	DEF					12	4/1/2019	12/31/2299	N
87340	HEPATITIS B SURFACE AG IA	PRXOVR	DEF					NA	NA	NA	N
87340	HEPATITIS B SURFACE AG IA	MAXFEE	DEF					7.75	4/1/2021	12/31/2299	N
87341	HEP B SURFACE AG NEUTRLZJ IA	PRXOVR	DEF					NA	NA	NA	N
87341	HEP B SURFACE AG NEUTRLZJ IA	MAXFEE	DEF					7.75	4/1/2021	12/31/2299	N
87350	HEPATITIS BE AG IA	PRXOVR	DEF					NA	NA	NA	N
87350	HEPATITIS BE AG IA	MAXFEE	DEF					8.65	4/1/2021	12/31/2299	N
87380	HEPATITIS DELTA AGENT AG IA	PRXOVR	DEF					NA	NA	NA	N



## Ohio Medicaid LAB Contract 12-07-2023

87380	HEPATITIS DELTA AGENT AG IA	MAXFEE	DEF					13.77	4/1/2019	12/31/2299	N
87385	HISTOPLASMA CAPSUL AG IA	PRXOVR	DEF					NA	NA	NA	N
87385	HISTOPLASMA CAPSUL AG IA	MAXFEE	DEF					9.99	4/1/2019	12/31/2299	N
87389	HIV-1 AG W/HIV-1&-2 AB AG IA	PRXOVR	DEF					NA	NA	NA	N
87389	HIV-1 AG W/HIV-1&-2 AB AG IA	MAXFEE	DEF					18.06	1/1/2021	12/31/2299	N
87390	HIV-1 AG IA	PRXOVR	DEF					NA	NA	NA	N
87390	HIV-1 AG IA	MAXFEE	DEF					18.05	4/1/2019	12/31/2299	N
87391	HIV-2 AG IA	PRXOVR	DEF					NA	NA	NA	N
87391	HIV-2 AG IA	MAXFEE	DEF					16.43	4/1/2019	12/31/2299	N
87400	INFLUENZA A/B EACH AG IA	PRXOVR	DEF					NA	NA	NA	N
87400	INFLUENZA A/B EACH AG IA	MAXFEE	DEF					10.60	4/1/2019	12/31/2299	N
87420	RESP SYNCYTIAL VIRUS AG IA	PRXOVR	DEF					NA	NA	NA	N
87420	RESP SYNCYTIAL VIRUS AG IA	MAXFEE	DEF					10.43	4/1/2019	12/31/2299	N
87425	ROTAVIRUS AG IA	PRXOVR	DEF					NA	NA	NA	N
87425	ROTAVIRUS AG IA	MAXFEE	DEF					8.99	4/1/2021	12/31/2299	N
87426	SARSCOV CORONAVIRUS AG IA	PRXOVR	DEF					NA	NA	NA	N
87426	SARSCOV CORONAVIRUS AG IA	MAXFEE	DEF					35.33	4/1/2021	12/31/2299	N
87427	SHIGA-LIKE TOXIN AG IA	PRXOVR	DEF					NA	NA	NA	N
87427	SHIGA-LIKE TOXIN AG IA	MAXFEE	DEF					8.99	4/1/2021	12/31/2299	N
87428	SARSCOV & INF VIR A&B AG IA	PRXOVR	DEF					NA	NA	NA	N
87428	SARSCOV & INF VIR A&B AG IA	MAXFEE	DEF					30.94	4/1/2022	12/31/2299	N
87430	STREP A AG IA	PRXOVR	DEF					NA	NA	NA	N
87430	STREP A AG IA	MAXFEE	DEF					12.61	4/1/2019	12/31/2299	N
87449	NOS EACH ORGANISM AG IA	PRXOVR	DEF					NA	NA	NA	N
87449	NOS EACH ORGANISM AG IA	MAXFEE	DEF					8.99	1/1/2021	12/31/2299	N
87450	AG DETECT NOS IA SINGLE	PRXOVR	DEF					NA	NA	NA	N

## Ohio Medicaid LAB Contract 12-07-2023

87450	AG DETECT NOS IA SINGLE	MAXFEE	DEF					NA			N
87451	POLYVALENT MULT ORG EA AG IA	PRXOVR	DEF					NA	NA	NA	N
87451	POLYVALENT MULT ORG EA AG IA	MAXFEE	DEF					7.88	4/1/2021	12/31/2299	N
87467	HEPATITIS B SURFACE AG QUAN	PRXOVR	DEF					NA	NA	NA	N
87467	HEPATITIS B SURFACE AG QUAN	MAXFEE	DEF					11.29	7/1/2023	12/31/2299	N
87468	ANAPLSMA PHGCYTOPHLM AMP PRB	PRXOVR	DEF					NA	NA	NA	N
87468	ANAPLSMA PHGCYTOPHLM AMP PRB	MAXFEE	DEF					26.32	7/1/2023	12/31/2299	N
87469	BABESIA MICROTI AMP PRB	PRXOVR	DEF					NA	NA	NA	N
87469	BABESIA MICROTI AMP PRB	MAXFEE	DEF					26.32	7/1/2023	12/31/2299	N
87470	BARTONELLA DNA DIR PROBE	PRXOVR	DEF					NA	NA	NA	N
87470	BARTONELLA DNA DIR PROBE	MAXFEE	DEF					NA			N
87471	BARTONELLA DNA AMP PROBE	PRXOVR	DEF					NA	NA	NA	N
87471	BARTONELLA DNA AMP PROBE	MAXFEE	DEF					26.32	4/1/2021	12/31/2299	N
87472	BARTONELLA DNA QUANT	PRXOVR	DEF					NA	NA	NA	N
87472	BARTONELLA DNA QUANT	MAXFEE	DEF					32.13	4/1/2021	12/31/2299	N
87475	LYME DIS DNA DIR PROBE	PRXOVR	DEF					NA	NA	NA	N
87475	LYME DIS DNA DIR PROBE	MAXFEE	DEF					15.04	4/1/2021	12/31/2299	N
87476	LYME DIS DNA AMP PROBE	PRXOVR	DEF					NA	NA	NA	N
87476	LYME DIS DNA AMP PROBE	MAXFEE	DEF					26.32	4/1/2021	12/31/2299	N
87477	LYME DIS DNA QUANT	PRXOVR	DEF					NA	NA	NA	N
87477	LYME DIS DNA QUANT	MAXFEE	DEF					NA			N
87478	BORRELIA MIYAMOTOI AMP PRB	PRXOVR	DEF					NA	NA	NA	N
87478	BORRELIA MIYAMOTOI AMP PRB	MAXFEE	DEF					26.32	7/1/2023	12/31/2299	N

## Ohio Medicaid LAB Contract 12-07-2023

87480	CANDIDA DNA DIR PROBE	PRXOVR	DEF					NA	NA	NA	N
87480	CANDIDA DNA DIR PROBE	MAXFEE	DEF					15.04	4/1/2021	12/31/2299	N
87481	CANDIDA DNA AMP PROBE	PRXOVR	DEF					NA	NA	NA	N
87481	CANDIDA DNA AMP PROBE	MAXFEE	DEF					26.32	4/1/2021	12/31/2299	N
87482	CANDIDA DNA QUANT	PRXOVR	DEF					NA	NA	NA	N
87482	CANDIDA DNA QUANT	MAXFEE	DEF					41.81	4/1/2019	12/31/2299	N
87483	CNS DNA AMP PROBE TYPE 12-25	PRXOVR	DEF					NA	NA	NA	N
87483	CNS DNA AMP PROBE TYPE 12-25	MAXFEE	DEF					312.59	4/1/2021	12/31/2299	N
87484	EHRlichA CHAFFEENSIS AMP PRB	PRXOVR	DEF					NA	NA	NA	N
87484	EHRlichA CHAFFEENSIS AMP PRB	MAXFEE	DEF					26.32	7/1/2023	12/31/2299	N
87485	CHLMyD PNEUM DNA DIR PROBE	PRXOVR	DEF					NA	NA	NA	N
87485	CHLMyD PNEUM DNA DIR PROBE	MAXFEE	DEF					15.04	4/1/2021	12/31/2299	N
87486	CHLMyD PNEUM DNA AMP PROBE	PRXOVR	DEF					NA	NA	NA	N
87486	CHLMyD PNEUM DNA AMP PROBE	MAXFEE	DEF					26.32	4/1/2021	12/31/2299	N
87487	CHLMyD PNEUM DNA QUANT	PRXOVR	DEF					NA	NA	NA	N
87487	CHLMyD PNEUM DNA QUANT	MAXFEE	DEF					32.13	4/1/2021	12/31/2299	N
87490	CHLMyD TRACH DNA DIR PROBE	PRXOVR	DEF					NA	NA	NA	N
87490	CHLMyD TRACH DNA DIR PROBE	MAXFEE	DEF					17.06	4/1/2019	12/31/2299	N
87491	CHLMyD TRACH DNA AMP PROBE	PRXOVR	DEF					NA	NA	NA	N
87491	CHLMyD TRACH DNA AMP PROBE	MAXFEE	DEF					26.32	4/1/2021	12/31/2299	N
87492	CHLMyD TRACH DNA QUANT	PRXOVR	DEF					NA	NA	NA	N

## Ohio Medicaid LAB Contract 12-07-2023

87492	CHLMYD TRACH DNA QUANT	MAXFEE	DEF					40.10	4/1/2019	12/31/2299	N
87493	C DIFF AMPLIFIED PROBE	PRXOVR	DEF					NA	NA	NA	N
87493	C DIFF AMPLIFIED PROBE	MAXFEE	DEF					27.95	4/1/2021	12/31/2299	N
87495	CYTOMEG DNA DIR PROBE	PRXOVR	DEF					NA	NA	NA	N
87495	CYTOMEG DNA DIR PROBE	MAXFEE	DEF					22.52	4/1/2019	12/31/2299	N
87496	CYTOMEG DNA AMP PROBE	PRXOVR	DEF					NA	NA	NA	N
87496	CYTOMEG DNA AMP PROBE	MAXFEE	DEF					26.32	4/1/2021	12/31/2299	N
87497	CYTOMEG DNA QUANT	PRXOVR	DEF					NA	NA	NA	N
87497	CYTOMEG DNA QUANT	MAXFEE	DEF					32.13	4/1/2021	12/31/2299	N
87498	ENTEROVIRUS PROBE&REVR TRNS	PRXOVR	DEF					NA	NA	NA	N
87498	ENTEROVIRUS PROBE&REVR TRNS	MAXFEE	DEF					26.32	4/1/2021	12/31/2299	N
87500	VANOMYCIN DNA AMP PROBE	PRXOVR	DEF					NA	NA	NA	N
87500	VANOMYCIN DNA AMP PROBE	MAXFEE	DEF					26.32	4/1/2021	12/31/2299	N
87501	INFLUENZA DNA AMP PROB 1+	PRXOVR	DEF					NA	NA	NA	N
87501	INFLUENZA DNA AMP PROB 1+	MAXFEE	DEF					38.48	4/1/2021	12/31/2299	N
87502	INFLUENZA DNA AMP PROBE	PRXOVR	DEF					NA	NA	NA	N
87502	INFLUENZA DNA AMP PROBE	MAXFEE	DEF					71.85	4/1/2021	12/31/2299	N
87503	INFLUENZA DNA AMP PROB ADDL	PRXOVR	DEF					NA	NA	NA	N
87503	INFLUENZA DNA AMP PROB ADDL	MAXFEE	DEF					21.92	4/1/2019	12/31/2299	N
87505	NFCT AGENT DETECTION GI	PRXOVR	DEF					NA	NA	NA	N
87505	NFCT AGENT DETECTION GI	MAXFEE	DEF					96.22	4/1/2021	12/31/2299	N
87506	IADNA-DNA/RNA PROBE TQ 6- 11	PRXOVR	DEF					NA	NA	NA	N
87506	IADNA-DNA/RNA PROBE TQ 6- 11	MAXFEE	DEF					197.24	4/1/2021	12/31/2299	N
87507	IADNA-DNA/RNA PROBE TQ 12-25	PRXOVR	DEF					NA	NA	NA	N

## Ohio Medicaid LAB Contract 12-07-2023

87507	IADNA-DNA/RNA PROBE TQ 12-25	MAXFEE	DEF					312.59	4/1/2021	12/31/2299	N
87510	GARDNER VAG DNA DIR PROBE	PRXOVR	DEF					NA	NA	NA	N
87510	GARDNER VAG DNA DIR PROBE	MAXFEE	DEF					15.04	4/1/2021	12/31/2299	N
87511	GARDNER VAG DNA AMP PROBE	PRXOVR	DEF					NA	NA	NA	N
87511	GARDNER VAG DNA AMP PROBE	MAXFEE	DEF					26.32	4/1/2021	12/31/2299	N
87512	GARDNER VAG DNA QUANT	PRXOVR	DEF					NA	NA	NA	N
87512	GARDNER VAG DNA QUANT	MAXFEE	DEF					31.32	4/1/2021	12/31/2299	N
87515	HEPATITIS B DNA DIR PROBE	PRXOVR	DEF					NA	NA	NA	N
87515	HEPATITIS B DNA DIR PROBE	MAXFEE	DEF					NA			N
87516	HEPATITIS B DNA AMP PROBE	PRXOVR	DEF					NA	NA	NA	N
87516	HEPATITIS B DNA AMP PROBE	MAXFEE	DEF					26.32	4/1/2021	12/31/2299	N
87517	HEPATITIS B DNA QUANT	PRXOVR	DEF					NA	NA	NA	N
87517	HEPATITIS B DNA QUANT	MAXFEE	DEF					32.13	4/1/2021	12/31/2299	N
87520	HEPATITIS C RNA DIR PROBE	PRXOVR	DEF					NA	NA	NA	N
87520	HEPATITIS C RNA DIR PROBE	MAXFEE	DEF					23.42	4/1/2019	12/31/2299	N
87521	HEPATITIS C PROBE&RVRS TRNSC	PRXOVR	DEF					NA	NA	NA	N
87521	HEPATITIS C PROBE&RVRS TRNSC	MAXFEE	DEF					26.32	4/1/2021	12/31/2299	N
87522	HEPATITIS C REVRS TRNSCRPJ	PRXOVR	DEF					NA	NA	NA	N
87522	HEPATITIS C REVRS TRNSCRPJ	MAXFEE	DEF					32.13	4/1/2021	12/31/2299	N
87525	HEPATITIS G DNA DIR PROBE	PRXOVR	DEF					NA	NA	NA	N
87525	HEPATITIS G DNA DIR PROBE	MAXFEE	DEF					22.35	4/1/2019	12/31/2299	N
87526	HEPATITIS G DNA AMP PROBE	PRXOVR	DEF					NA	NA	NA	N
87526	HEPATITIS G DNA AMP PROBE	MAXFEE	DEF					29.45	4/1/2019	12/31/2299	N
87527	HEPATITIS G DNA QUANT	PRXOVR	DEF					NA	NA	NA	N
87527	HEPATITIS G DNA QUANT	MAXFEE	DEF					31.32	4/1/2021	12/31/2299	N

## Ohio Medicaid LAB Contract 12-07-2023

87528	HSV DNA DIR PROBE	PRXOVR	DEF					NA	NA	NA	N
87528	HSV DNA DIR PROBE	MAXFEE	DEF					15.04	4/1/2021	12/31/2299	N
87529	HSV DNA AMP PROBE	PRXOVR	DEF					NA	NA	NA	N
87529	HSV DNA AMP PROBE	MAXFEE	DEF					26.32	4/1/2021	12/31/2299	N
87530	HSV DNA QUANT	PRXOVR	DEF					NA	NA	NA	N
87530	HSV DNA QUANT	MAXFEE	DEF					32.13	4/1/2021	12/31/2299	N
87531	HHV-6 DNA DIR PROBE	PRXOVR	DEF					NA	NA	NA	N
87531	HHV-6 DNA DIR PROBE	MAXFEE	DEF					43.50	4/1/2019	12/31/2299	N
87532	HHV-6 DNA AMP PROBE	PRXOVR	DEF					NA	NA	NA	N
87532	HHV-6 DNA AMP PROBE	MAXFEE	DEF					26.32	4/1/2021	12/31/2299	N
87533	HHV-6 DNA QUANT	PRXOVR	DEF					NA	NA	NA	N
87533	HHV-6 DNA QUANT	MAXFEE	DEF					31.32	4/1/2021	12/31/2299	N
87534	HIV-1 DNA DIR PROBE	PRXOVR	DEF					NA	NA	NA	N
87534	HIV-1 DNA DIR PROBE	MAXFEE	DEF					16.44	4/1/2021	12/31/2299	N
87535	HIV-1 PROBE&REVERSE TRNSCRPJ	PRXOVR	DEF					NA	NA	NA	N
87535	HIV-1 PROBE&REVERSE TRNSCRPJ	MAXFEE	DEF					26.32	4/1/2021	12/31/2299	N
87536	HIV-1 QUANT&REVRSE TRNSCRPJ	PRXOVR	DEF					NA	NA	NA	N
87536	HIV-1 QUANT&REVRSE TRNSCRPJ	MAXFEE	DEF					63.83	4/1/2021	12/31/2299	N
87537	HIV-2 DNA DIR PROBE	PRXOVR	DEF					NA	NA	NA	N
87537	HIV-2 DNA DIR PROBE	MAXFEE	DEF					16.44	4/1/2021	12/31/2299	N
87538	HIV-2 PROBE&REVRSE TRNSCRIPJ	PRXOVR	DEF					NA	NA	NA	N
87538	HIV-2 PROBE&REVRSE TRNSCRIPJ	MAXFEE	DEF					26.32	4/1/2021	12/31/2299	N
87539	HIV-2 QUANT&REVRSE TRNSCRIPJ	PRXOVR	DEF					NA	NA	NA	N
87539	HIV-2 QUANT&REVRSE TRNSCRIPJ	MAXFEE	DEF					43.97	4/1/2019	12/31/2299	N

## Ohio Medicaid LAB Contract 12-07-2023

87540	LEGION PNEUMO DNA DIR PROB	PRXOVR	DEF					NA	NA	NA	N
87540	LEGION PNEUMO DNA DIR PROB	MAXFEE	DEF					15.04	4/1/2021	12/31/2299	N
87541	LEGION PNEUMO DNA AMP PROB	PRXOVR	DEF					NA	NA	NA	N
87541	LEGION PNEUMO DNA AMP PROB	MAXFEE	DEF					26.32	4/1/2021	12/31/2299	N
87542	LEGION PNEUMO DNA QUANT	PRXOVR	DEF					NA	NA	NA	N
87542	LEGION PNEUMO DNA QUANT	MAXFEE	DEF					31.32	4/1/2021	12/31/2299	N
87550	MYCOBACTERIA DNA DIR PROBE	PRXOVR	DEF					NA	NA	NA	N
87550	MYCOBACTERIA DNA DIR PROBE	MAXFEE	DEF					15.04	4/1/2021	12/31/2299	N
87551	MYCOBACTERIA DNA AMP PROBE	PRXOVR	DEF					NA	NA	NA	N
87551	MYCOBACTERIA DNA AMP PROBE	MAXFEE	DEF					36.18	4/1/2019	12/31/2299	N
87552	MYCOBACTERIA DNA QUANT	PRXOVR	DEF					NA	NA	NA	N
87552	MYCOBACTERIA DNA QUANT	MAXFEE	DEF					32.13	4/1/2021	12/31/2299	N
87555	M.TUBERCULO DNA DIR PROBE	PRXOVR	DEF					NA	NA	NA	N
87555	M.TUBERCULO DNA DIR PROBE	MAXFEE	DEF					20.16	4/1/2019	12/31/2299	N
87556	M.TUBERCULO DNA AMP PROBE	PRXOVR	DEF					NA	NA	NA	N
87556	M.TUBERCULO DNA AMP PROBE	MAXFEE	DEF					31.26	4/1/2019	12/31/2299	N
87557	M.TUBERCULO DNA QUANT	PRXOVR	DEF					NA	NA	NA	N
87557	M.TUBERCULO DNA QUANT	MAXFEE	DEF					32.13	4/1/2021	12/31/2299	N
87560	M.AVIUM-INTRA DNA DIR PROB	PRXOVR	DEF					NA	NA	NA	N
87560	M.AVIUM-INTRA DNA DIR PROB	MAXFEE	DEF					20.47	4/1/2019	12/31/2299	N

## Ohio Medicaid LAB Contract 12-07-2023

87561	M.AVIUM-INTRA DNA AMP PROB	PRXOVR	DEF					NA	NA	NA	N
87561	M.AVIUM-INTRA DNA AMP PROB	MAXFEE	DEF					26.32	4/1/2021	12/31/2299	N
87562	M.AVIUM-INTRA DNA QUANT	PRXOVR	DEF					NA	NA	NA	N
87562	M.AVIUM-INTRA DNA QUANT	MAXFEE	DEF					32.13	4/1/2021	12/31/2299	N
87563	M. GENITALIUM AMP PROBE	PRXOVR	DEF					NA	NA	NA	N
87563	M. GENITALIUM AMP PROBE	MAXFEE	DEF					26.32	1/1/2021	12/31/2299	N
87580	M.PNEUMON DNA DIR PROBE	PRXOVR	DEF					NA	NA	NA	N
87580	M.PNEUMON DNA DIR PROBE	MAXFEE	DEF					15.04	4/1/2021	12/31/2299	N
87581	M.PNEUMON DNA AMP PROBE	PRXOVR	DEF					NA	NA	NA	N
87581	M.PNEUMON DNA AMP PROBE	MAXFEE	DEF					26.32	4/1/2021	12/31/2299	N
87582	M.PNEUMON DNA QUANT	PRXOVR	DEF					NA	NA	NA	N
87582	M.PNEUMON DNA QUANT	MAXFEE	DEF					226.97	4/1/2019	12/31/2299	N
87590	N.GONORRHOEAE DNA DIR PROB	PRXOVR	DEF					NA	NA	NA	N
87590	N.GONORRHOEAE DNA DIR PROB	MAXFEE	DEF					20.16	4/1/2019	12/31/2299	N
87591	N.GONORRHOEAE DNA AMP PROB	PRXOVR	DEF					NA	NA	NA	N
87591	N.GONORRHOEAE DNA AMP PROB	MAXFEE	DEF					26.32	4/1/2021	12/31/2299	N
87592	N.GONORRHOEAE DNA QUANT	PRXOVR	DEF					NA	NA	NA	N
87592	N.GONORRHOEAE DNA QUANT	MAXFEE	DEF					32.13	4/1/2021	12/31/2299	N
87593	ORTHOPOXVIRUS AMP PRB EACH	PRXOVR	DEF					NA	NA	NA	N
87593	ORTHOPOXVIRUS AMP PRB EACH	MANUAL	DEF					NA	NA	NA	N
87620	HPV DNA DIR PROBE	PRXOVR	DEF					NA	NA	NA	N
87620	HPV DNA DIR PROBE	MAXFEE	DEF					NA			N
87621	HPV DNA AMP PROBE	PRXOVR	DEF					NA	NA	NA	N



## Ohio Medicaid LAB Contract 12-07-2023

87621	HPV DNA AMP PROBE	MAXFEE	DEF					NA			N
87622	HPV DNA QUANT	PRXOVR	DEF					NA	NA	NA	N
87622	HPV DNA QUANT	MAXFEE	DEF					NA			N
87623	HPV LOW-RISK TYPES	PRXOVR	DEF					NA	NA	NA	N
87623	HPV LOW-RISK TYPES	MAXFEE	DEF					26.32	4/1/2021	12/31/2299	N
87624	HPV HIGH-RISK TYPES	PRXOVR	DEF					NA	NA	NA	N
87624	HPV HIGH-RISK TYPES	MAXFEE	DEF					26.32	4/1/2021	12/31/2299	N
87625	HPV TYPES 16 & 18 ONLY	PRXOVR	DEF					NA	NA	NA	N
87625	HPV TYPES 16 & 18 ONLY	MAXFEE	DEF					30.41	4/1/2019	12/31/2299	N
87631	RESP VIRUS 3-5 TARGETS	PRXOVR	DEF					NA	NA	NA	N
87631	RESP VIRUS 3-5 TARGETS	MAXFEE	DEF					106.97	4/1/2021	12/31/2299	N
87632	RESP VIRUS 6-11 TARGETS	PRXOVR	DEF					NA	NA	NA	N
87632	RESP VIRUS 6-11 TARGETS	MAXFEE	DEF					163.55	4/1/2021	12/31/2299	N
87633	RESP VIRUS 12-25 TARGETS	PRXOVR	DEF					NA	NA	NA	N
87633	RESP VIRUS 12-25 TARGETS	MAXFEE	DEF					312.59	4/1/2021	12/31/2299	N
87634	RSV DNA/RNA AMP PROBE	PRXOVR	DEF					NA	NA	NA	N
87634	RSV DNA/RNA AMP PROBE	MAXFEE	DEF					52.65	1/1/2021	12/31/2299	N
87635	SARS-COV-2 COVID-19 AMP PRB	PRXOVR	DEF					NA	NA	NA	N
87635	SARS-COV-2 COVID-19 AMP PRB	MAXFEE	DEF					51.31	4/1/2021	12/31/2299	N
87636	SARSCOV2 & INF A&B AMP PRB	PRXOVR	DEF					NA	NA	NA	N
87636	SARSCOV2 & INF A&B AMP PRB	MAXFEE	DEF					142.63	4/1/2021	12/31/2299	N
87637	SARSCOV2&INF A&B&RSV AMP PRB	PRXOVR	DEF					NA	NA	NA	N
87637	SARSCOV2&INF A&B&RSV AMP PRB	MAXFEE	DEF					142.63	4/1/2021	12/31/2299	N
87640	STAPH A DNA AMP PROBE	PRXOVR	DEF					NA	NA	NA	N
87640	STAPH A DNA AMP PROBE	MAXFEE	DEF					26.32	4/1/2021	12/31/2299	N
87641	MR-STAPH DNA AMP PROBE	PRXOVR	DEF					NA	NA	NA	N

## Ohio Medicaid LAB Contract 12-07-2023

87641	MR-STAPH DNA AMP PROBE	MAXFEE	DEF					26.32	4/1/2021	12/31/2299	N
87650	STREP A DNA DIR PROBE	PRXOVR	DEF					NA	NA	NA	N
87650	STREP A DNA DIR PROBE	MAXFEE	DEF					15.04	4/1/2021	12/31/2299	N
87651	STREP A DNA AMP PROBE	PRXOVR	DEF					NA	NA	NA	N
87651	STREP A DNA AMP PROBE	MAXFEE	DEF					26.32	4/1/2021	12/31/2299	N
87652	STREP A DNA QUANT	PRXOVR	DEF					NA	NA	NA	N
87652	STREP A DNA QUANT	MAXFEE	DEF					31.32	4/1/2021	12/31/2299	N
87653	STREP B DNA AMP PROBE	PRXOVR	DEF					NA	NA	NA	N
87653	STREP B DNA AMP PROBE	MAXFEE	DEF					26.32	4/1/2021	12/31/2299	N
87660	TRICHOMONAS VAGIN DIR PROBE	PRXOVR	DEF					NA	NA	NA	N
87660	TRICHOMONAS VAGIN DIR PROBE	MAXFEE	DEF					15.04	4/1/2021	12/31/2299	N
87661	TRICHOMONAS VAGINALIS AMPLIF	PRXOVR	DEF					NA	NA	NA	N
87661	TRICHOMONAS VAGINALIS AMPLIF	MAXFEE	DEF					26.32	4/1/2021	12/31/2299	N
87662	ZIKA VIRUS DNA/RNA AMP PROBE	PRXOVR	DEF					NA	NA	NA	N
87662	ZIKA VIRUS DNA/RNA AMP PROBE	MAXFEE	DEF					38.48	4/1/2021	12/31/2299	N
87797	DETECT AGENT NOS DNA DIR	PRXOVR	DEF					NA	NA	NA	N
87797	DETECT AGENT NOS DNA DIR	MAXFEE	DEF					22.52	4/1/2019	12/31/2299	N
87798	DETECT AGENT NOS DNA AMP	PRXOVR	DEF					NA	NA	NA	N
87798	DETECT AGENT NOS DNA AMP	MAXFEE	DEF					26.32	4/1/2021	12/31/2299	N
87799	DETECT AGENT NOS DNA QUANT	PRXOVR	DEF					NA	NA	NA	N
87799	DETECT AGENT NOS DNA QUANT	MAXFEE	DEF					32.13	4/1/2021	12/31/2299	N
87800	DETECT AGNT MULT DNA DIREC	PRXOVR	DEF					NA	NA	NA	N
87800	DETECT AGNT MULT DNA DIREC	MAXFEE	DEF					32.75	4/1/2021	12/31/2299	N

## Ohio Medicaid LAB Contract 12-07-2023

87801	DETECT AGNT MULT DNA AMPLI	PRXOVR	DEF					NA	NA	NA	N
87801	DETECT AGNT MULT DNA AMPLI	MAXFEE	DEF					52.65	4/1/2021	12/31/2299	N
87802	STREP B ASSAY W/OPTIC	PRXOVR	DEF					NA	NA	NA	N
87802	STREP B ASSAY W/OPTIC	MAXFEE	DEF					9.99	4/1/2019	12/31/2299	N
87803	CLOSTRIDIUM TOXIN A W/OPTIC	PRXOVR	DEF					NA	NA	NA	N
87803	CLOSTRIDIUM TOXIN A W/OPTIC	MAXFEE	DEF					12	4/1/2019	12/31/2299	N
87804	INFLUENZA ASSAY W/OPTIC	PRXOVR	DEF					NA	NA	NA	N
87804	INFLUENZA ASSAY W/OPTIC	MAXFEE	DEF					12.41	4/1/2019	12/31/2299	N
87806	HIV AG W/HIV1&2 ANTB W/OPTIC	PRXOVR	DEF					NA	NA	NA	N
87806	HIV AG W/HIV1&2 ANTB W/OPTIC	MAXFEE	DEF					24.58	4/1/2019	12/31/2299	N
87807	RSV ASSAY W/OPTIC	PRXOVR	DEF					NA	NA	NA	N
87807	RSV ASSAY W/OPTIC	MAXFEE	DEF					9.83	4/1/2021	12/31/2299	N
87808	TRICHOMONAS ASSAY W/OPTIC	PRXOVR	DEF					NA	NA	NA	N
87808	TRICHOMONAS ASSAY W/OPTIC	MAXFEE	DEF					11.47	4/1/2019	12/31/2299	N
87809	ADENOVIRUS ASSAY W/OPTIC	PRXOVR	DEF					NA	NA	NA	N
87809	ADENOVIRUS ASSAY W/OPTIC	MAXFEE	DEF					16.32	4/1/2019	12/31/2299	N
87810	CHLMYD TRACH ASSAY W/OPTIC	PRXOVR	DEF					NA	NA	NA	N
87810	CHLMYD TRACH ASSAY W/OPTIC	MAXFEE	DEF					26.47	4/1/2019	12/31/2299	N
87811	SARS-COV-2 COVID19 W/OPTIC	PRXOVR	DEF					NA	NA	NA	N
87811	SARS-COV-2 COVID19 W/OPTIC	MAXFEE	DEF					41.38	4/1/2021	12/31/2299	N
87850	N. GONORRHOEAE ASSAY W/OPTIC	PRXOVR	DEF					NA	NA	NA	N

## Ohio Medicaid LAB Contract 12-07-2023

87850	N. GONORRHOEAE ASSAY W/OPTIC	MAXFEE	DEF					18.42	4/1/2019	12/31/2299	N
87880	STREP A ASSAY W/OPTIC	PRXOVR	DEF					NA	NA	NA	N
87880	STREP A ASSAY W/OPTIC	MAXFEE	DEF					12.40	4/1/2019	12/31/2299	N
87899	AGENT NOS ASSAY W/OPTIC	PRXOVR	DEF					NA	NA	NA	N
87899	AGENT NOS ASSAY W/OPTIC	MAXFEE	DEF					12.05	4/1/2019	12/31/2299	N
87900	PHENOTYPE INFECT AGENT DRUG	PRXOVR	DEF					NA	NA	NA	N
87900	PHENOTYPE INFECT AGENT DRUG	MAXFEE	DEF					97.76	4/1/2021	12/31/2299	N
87901	NFCT AGT GNTYP ALYS HIV1 REV	PRXOVR	DEF					NA	NA	NA	N
87901	NFCT AGT GNTYP ALYS HIV1 REV	MAXFEE	DEF					193.09	4/1/2021	12/31/2299	N
87902	NFCT AGT GNTYP ALYS HEP C	PRXOVR	DEF					NA	NA	NA	N
87902	NFCT AGT GNTYP ALYS HEP C	MAXFEE	DEF					193.09	4/1/2021	12/31/2299	N
87903	PHENOTYPE DNA HIV W/CULTURE	PRXOVR	DEF					NA	NA	NA	N
87903	PHENOTYPE DNA HIV W/CULTURE	MAXFEE	DEF					366.50	4/1/2021	12/31/2299	N
87904	PHENOTYPE DNA HIV W/CLT ADD	PRXOVR	DEF					NA	NA	NA	N
87904	PHENOTYPE DNA HIV W/CLT ADD	MAXFEE	DEF					19.55	4/1/2021	12/31/2299	N
87905	SIALIDASE ENZYME ASSAY	PRXOVR	DEF					NA	NA	NA	N
87905	SIALIDASE ENZYME ASSAY	MAXFEE	DEF					9.17	1/1/2021	12/31/2299	N
87906	NFCT AGT GNTYP ALYS HIV1	PRXOVR	DEF					NA	NA	NA	N
87906	NFCT AGT GNTYP ALYS HIV1	MAXFEE	DEF					96.55	4/1/2021	12/31/2299	N
87910	NFCT AGT GNTYP ALYS CMV	PRXOVR	DEF					NA	NA	NA	N
87910	NFCT AGT GNTYP ALYS CMV	MAXFEE	DEF					193.09	4/1/2021	12/31/2299	N
87912	NFCT AGT GNTYP ALYS HEP B	PRXOVR	DEF					NA	NA	NA	N
87912	NFCT AGT GNTYP ALYS HEP B	MAXFEE	DEF					193.09	4/1/2021	12/31/2299	N

## Ohio Medicaid LAB Contract 12-07-2023

87913	NFCT AGT GNTYP ALYS SARSCOV2	PRXOVR	DEF					NA	NA	NA	N
87913	NFCT AGT GNTYP ALYS SARSCOV2	MAXFEE	DEF					193.09	7/1/2023	12/31/2299	N
87999	UNLISTED MICROBIOLOGY PX	PRXOVR	DEF					NA	NA	NA	N
87999	UNLISTED MICROBIOLOGY PX	MANUAL	DEF					NA	NA	NA	N
88104	CYTOPATH FL NONGYN SMEARS	PRXOVR	DEF					NA	NA	NA	N
88104	CYTOPATH FL NONGYN SMEARS	MAXFEE	DEF					52.16	4/1/2019	12/31/2299	N
88104	CYTOPATH FL NONGYN SMEARS	MAXFEE	DEF	TC				30.48	4/1/2019	12/31/2299	N
88104	CYTOPATH FL NONGYN SMEARS	MAXFEE	DEF	26				21.68	4/1/2019	12/31/2299	N
88106	CYTOPATH FL NONGYN FILTER	PRXOVR	DEF					NA	NA	NA	N
88106	CYTOPATH FL NONGYN FILTER	MAXFEE	DEF					46.09	4/1/2019	12/31/2299	N
88106	CYTOPATH FL NONGYN FILTER	MAXFEE	DEF	TC				31.22	4/1/2019	12/31/2299	N
88106	CYTOPATH FL NONGYN FILTER	MAXFEE	DEF	26				14.87	4/1/2019	12/31/2299	N
88107	CYTOPATH FL NONGYN SM/FLTR	PRXOVR	DEF					NA	NA	NA	N
88107	CYTOPATH FL NONGYN SM/FLTR	MAXFEE	DEF					NA			N
88108	CYTOPATH CONCENTRATE TECH	PRXOVR	DEF					NA	NA	NA	N
88108	CYTOPATH CONCENTRATE TECH	MAXFEE	DEF					43.75	4/1/2019	12/31/2299	N
88108	CYTOPATH CONCENTRATE TECH	MAXFEE	DEF	TC				26.51	4/1/2019	12/31/2299	N
88108	CYTOPATH CONCENTRATE TECH	MAXFEE	DEF	26				17.24	4/1/2019	12/31/2299	N

## Ohio Medicaid LAB Contract 12-07-2023

88112	CYTOPATH CELL ENHANCE TECH	PRXOVR	DEF					NA	NA	NA	N
88112	CYTOPATH CELL ENHANCE TECH	MAXFEE	DEF					49.43	4/1/2019	12/31/2299	N
88112	CYTOPATH CELL ENHANCE TECH	MAXFEE	DEF	TC				28	4/1/2019	12/31/2299	N
88112	CYTOPATH CELL ENHANCE TECH	MAXFEE	DEF	26				21.43	4/1/2019	12/31/2299	N
88120	CYTP URNE 3-5 PROBES EA SPEC	PRXOVR	DEF					NA	NA	NA	N
88120	CYTP URNE 3-5 PROBES EA SPEC	MAXFEE	DEF					449.38	4/1/2019	12/31/2299	N
88120	CYTP URNE 3-5 PROBES EA SPEC	MAXFEE	DEF	TC				405.10	4/1/2019	12/31/2299	N
88120	CYTP URNE 3-5 PROBES EA SPEC	MAXFEE	DEF	26				44.28	4/1/2019	12/31/2299	N
88121	CYTP URINE 3-5 PROBES CMPTR	PRXOVR	DEF					NA	NA	NA	N
88121	CYTP URINE 3-5 PROBES CMPTR	MAXFEE	DEF					374.66	4/1/2019	12/31/2299	N
88121	CYTP URINE 3-5 PROBES CMPTR	MAXFEE	DEF	TC				336.74	4/1/2019	12/31/2299	N
88121	CYTP URINE 3-5 PROBES CMPTR	MAXFEE	DEF	26				37.92	4/1/2019	12/31/2299	N
88130	SEX CHROMATIN IDENTIFICATION	PRXOVR	DEF					NA	NA	NA	N
88130	SEX CHROMATIN IDENTIFICATION	MAXFEE	DEF					13.49	4/1/2021	12/31/2299	N
88140	SEX CHROMATIN IDENTIFICATION	PRXOVR	DEF					NA	NA	NA	N
88140	SEX CHROMATIN IDENTIFICATION	MAXFEE	DEF					5.99	4/1/2021	12/31/2299	N
88141	CYTOPATH C/V INTERPRET	PRXOVR	DEF					NA	NA	NA	N
88141	CYTOPATH C/V INTERPRET	MAXFEE	DEF					23.66	4/1/2019	12/31/2299	N

## Ohio Medicaid LAB Contract 12-07-2023

88142	CYTOPATH C/V THIN LAYER	PRXOVR	DEF					NA	NA	NA	N
88142	CYTOPATH C/V THIN LAYER	MAXFEE	DEF					15.20	4/1/2021	12/31/2299	N
88143	CYTOPATH C/V THIN LAYER REDO	PRXOVR	DEF					NA	NA	NA	N
88143	CYTOPATH C/V THIN LAYER REDO	MAXFEE	DEF					17.28	4/1/2019	12/31/2299	N
88147	CYTOPATH C/V AUTOMATED	PRXOVR	DEF					NA	NA	NA	N
88147	CYTOPATH C/V AUTOMATED	MAXFEE	DEF					37.92	4/1/2019	12/31/2299	N
88148	CYTOPATH C/V AUTO RESCREEN	PRXOVR	DEF					NA	NA	NA	N
88148	CYTOPATH C/V AUTO RESCREEN	MAXFEE	DEF					12	4/1/2021	12/31/2299	N
88150	CYTOPATH C/V MANUAL	PRXOVR	DEF					NA	NA	NA	N
88150	CYTOPATH C/V MANUAL	MAXFEE	DEF					11.94	4/1/2022	12/31/2299	N
88152	CYTOPATH C/V AUTO REDO	PRXOVR	DEF					NA	NA	NA	N
88152	CYTOPATH C/V AUTO REDO	MAXFEE	DEF					20.73	4/1/2019	12/31/2299	N
88153	CYTOPATH C/V REDO	PRXOVR	DEF					NA	NA	NA	N
88153	CYTOPATH C/V REDO	MAXFEE	DEF					18.02	4/1/2019	12/31/2299	N
88154	CYTOPATH C/V SELECT	PRXOVR	DEF					NA	NA	NA	N
88154	CYTOPATH C/V SELECT	MAXFEE	DEF					NA			N
88155	CYTOPATH C/V INDEX ADD-ON	PRXOVR	DEF					NA	NA	NA	N
88155	CYTOPATH C/V INDEX ADD-ON	MAXFEE	DEF					10.99	4/1/2019	12/31/2299	N
88160	CYTOPATH SMEAR OTHER SOURCE	PRXOVR	DEF					NA	NA	NA	N
88160	CYTOPATH SMEAR OTHER SOURCE	MAXFEE	DEF					52.04	4/1/2019	12/31/2299	N
88160	CYTOPATH SMEAR OTHER SOURCE	MAXFEE	DEF	TC				32.21	4/1/2019	12/31/2299	N
88160	CYTOPATH SMEAR OTHER SOURCE	MAXFEE	DEF	26				19.82	4/1/2019	12/31/2299	N

## Ohio Medicaid LAB Contract 12-07-2023

88161	CYTOPATH SMEAR OTHER SOURCE	PRXOVR	DEF					NA	NA	NA	N
88161	CYTOPATH SMEAR OTHER SOURCE	MAXFEE	DEF					47.33	4/1/2019	12/31/2299	N
88161	CYTOPATH SMEAR OTHER SOURCE	MAXFEE	DEF	TC				28.25	4/1/2019	12/31/2299	N
88161	CYTOPATH SMEAR OTHER SOURCE	MAXFEE	DEF	26				19.08	4/1/2019	12/31/2299	N
88162	CYTOPATH SMEAR OTHER SOURCE	PRXOVR	DEF					NA	NA	NA	N
88162	CYTOPATH SMEAR OTHER SOURCE	MAXFEE	DEF					69.68	4/1/2019	12/31/2299	N
88162	CYTOPATH SMEAR OTHER SOURCE	MAXFEE	DEF	TC				40.16	4/1/2019	12/31/2299	N
88162	CYTOPATH SMEAR OTHER SOURCE	MAXFEE	DEF	26				29.52	4/1/2019	12/31/2299	N
88164	CYTOPATH TBS C/V MANUAL	PRXOVR	DEF					NA	NA	NA	N
88164	CYTOPATH TBS C/V MANUAL	MAXFEE	DEF					11.94	4/1/2022	12/31/2299	N
88165	CYTOPATH TBS C/V REDO	PRXOVR	DEF					NA	NA	NA	N
88165	CYTOPATH TBS C/V REDO	MAXFEE	DEF					31.67	4/1/2019	12/31/2299	N
88166	CYTOPATH TBS C/V AUTO REDO	PRXOVR	DEF					NA	NA	NA	N
88166	CYTOPATH TBS C/V AUTO REDO	MAXFEE	DEF					11.94	4/1/2022	12/31/2299	N
88167	CYTOPATH TBS C/V SELECT	PRXOVR	DEF					NA	NA	NA	N
88167	CYTOPATH TBS C/V SELECT	MAXFEE	DEF					11.94	4/1/2022	12/31/2299	N
88170	FINE NEEDLE ASPIRATION	PRXOVR	DEF					NA	NA	NA	N
88170	FINE NEEDLE ASPIRATION	MAXFEE	DEF					NA			N
88171	FINE NEEDLE ASPIRATION	PRXOVR	DEF					NA	NA	NA	N
88171	FINE NEEDLE ASPIRATION	MAXFEE	DEF					NA			N
88172	CYTP DX EVAL FNA 1ST EA SITE	PRXOVR	DEF					NA	NA	NA	N



## Ohio Medicaid LAB Contract 12-07-2023

88172	CYTP DX EVAL FNA 1ST EA SITE	MAXFEE	DEF					42.04	4/1/2019	12/31/2299	N
88172	CYTP DX EVAL FNA 1ST EA SITE	MAXFEE	DEF	TC				14.39	4/1/2019	12/31/2299	N
88172	CYTP DX EVAL FNA 1ST EA SITE	MAXFEE	DEF	26				27.65	4/1/2019	12/31/2299	N
88173	CYTOPATH EVAL FNA REPORT	PRXOVR	DEF					NA	NA	NA	N
88173	CYTOPATH EVAL FNA REPORT	MAXFEE	DEF					111.55	4/1/2019	12/31/2299	N
88173	CYTOPATH EVAL FNA REPORT	MAXFEE	DEF	TC				57.24	4/1/2019	12/31/2299	N
88173	CYTOPATH EVAL FNA REPORT	MAXFEE	DEF	26				54.31	4/1/2019	12/31/2299	N
88174	CYTOPATH C/V AUTO IN FLUID	PRXOVR	DEF					NA	NA	NA	N
88174	CYTOPATH C/V AUTO IN FLUID	MAXFEE	DEF					19.03	4/1/2019	12/31/2299	N
88175	CYTOPATH C/V AUTO FLUID REDO	PRXOVR	DEF					NA	NA	NA	N
88175	CYTOPATH C/V AUTO FLUID REDO	MAXFEE	DEF					19.96	4/1/2021	12/31/2299	N
88177	CYTP FNA EVAL EA ADDL	PRXOVR	DEF					NA	NA	NA	N
88177	CYTP FNA EVAL EA ADDL	MAXFEE	DEF					22.40	4/1/2019	12/31/2299	N
88177	CYTP FNA EVAL EA ADDL	MAXFEE	DEF	TC				5.45	4/1/2019	12/31/2299	N
88177	CYTP FNA EVAL EA ADDL	MAXFEE	DEF	26				16.94	4/1/2019	12/31/2299	N
88180	CELL MARKER STUDY	PRXOVR	DEF					NA	NA	NA	N
88180	CELL MARKER STUDY	MAXFEE	DEF					NA			N
88182	CELL MARKER STUDY	PRXOVR	DEF					NA	NA	NA	N
88182	CELL MARKER STUDY	MAXFEE	DEF					93.74	4/1/2019	12/31/2299	N
88182	CELL MARKER STUDY	MAXFEE	DEF	TC				64.20	4/1/2019	12/31/2299	N
88182	CELL MARKER STUDY	MAXFEE	DEF	26				29.54	4/1/2019	12/31/2299	N
88184	FLOWCYTOMETRY/ TC 1 MARKER	PRXOVR	DEF					NA	NA	NA	N
88184	FLOWCYTOMETRY/ TC 1 MARKER	MAXFEE	DEF					46.85	4/1/2019	12/31/2299	N

## Ohio Medicaid LAB Contract 12-07-2023

88185	FLOWCYTOMETRY/TC ADD-ON	PRXOVR	DEF					NA	NA	NA	N
88185	FLOWCYTOMETRY/TC ADD-ON	MAXFEE	DEF					21.05	4/1/2019	12/31/2299	N
88187	FLOWCYTOMETRY/READ 2-8	PRXOVR	DEF					NA	NA	NA	N
88187	FLOWCYTOMETRY/READ 2-8	MAXFEE	DEF					34.73	4/1/2019	12/31/2299	N
88188	FLOWCYTOMETRY/READ 9-15	PRXOVR	DEF					NA	NA	NA	N
88188	FLOWCYTOMETRY/READ 9-15	MAXFEE	DEF					48.32	4/1/2019	12/31/2299	N
88189	FLOWCYTOMETRY/READ 16 & >	PRXOVR	DEF					NA	NA	NA	N
88189	FLOWCYTOMETRY/READ 16 & >	MAXFEE	DEF					64.70	4/1/2019	12/31/2299	N
88199	UNLISTED CYTOPATHOLOGY PX	PRXOVR	DEF					NA	NA	NA	N
88199	UNLISTED CYTOPATHOLOGY PX	MAXFEE	DEF					10.65	1/1/2018	12/31/2299	N
88199	UNLISTED CYTOPATHOLOGY PX	MAXFEE	DEF	26				7.99	1/1/2018	12/31/2299	N
88199	UNLISTED CYTOPATHOLOGY PX	MAXFEE	DEF	TC				2.66	1/1/2018	12/31/2299	N
88230	TISSUE CULTURE LYMPHOCYTE	PRXOVR	DEF					NA	NA	NA	N
88230	TISSUE CULTURE LYMPHOCYTE	MAXFEE	DEF					87.37	4/1/2021	12/31/2299	N
88233	TISSUE CULTURE SKIN/BIOPSY	PRXOVR	DEF					NA	NA	NA	N
88233	TISSUE CULTURE SKIN/BIOPSY	MAXFEE	DEF					105.55	4/1/2021	12/31/2299	N
88235	TISSUE CULTURE PLACENTA	PRXOVR	DEF					NA	NA	NA	N
88235	TISSUE CULTURE PLACENTA	MAXFEE	DEF					112.73	4/1/2021	12/31/2299	N
88237	TISSUE CULTURE BONE MARROW	PRXOVR	DEF					NA	NA	NA	N
88237	TISSUE CULTURE BONE MARROW	MAXFEE	DEF					107.81	4/1/2021	12/31/2299	N

## Ohio Medicaid LAB Contract 12-07-2023

88239	TISSUE CULTURE TUMOR	PRXOVR	DEF					NA	NA	NA	N
88239	TISSUE CULTURE TUMOR	MAXFEE	DEF					110.64	4/1/2021	12/31/2299	N
88240	CELL CRYOPRESERVE/STORAGE	PRXOVR	DEF					NA	NA	NA	N
88240	CELL CRYOPRESERVE/STORAGE	MAXFEE	DEF					9.80	4/1/2019	12/31/2299	N
88241	FROZEN CELL PREPARATION	PRXOVR	DEF					NA	NA	NA	N
88241	FROZEN CELL PREPARATION	MAXFEE	DEF					9.07	4/1/2019	12/31/2299	N
88245	CHROMOSOME ANALYSIS 20- 25	PRXOVR	DEF					NA	NA	NA	N
88245	CHROMOSOME ANALYSIS 20- 25	MAXFEE	DEF					129.88	4/1/2021	12/31/2299	N
88248	CHROMOSOME ANALYSIS 50- 100	PRXOVR	DEF					NA	NA	NA	N
88248	CHROMOSOME ANALYSIS 50- 100	MAXFEE	DEF					129.88	4/1/2021	12/31/2299	N
88249	CHROMOSOME ANALYSIS 100	PRXOVR	DEF					NA	NA	NA	N
88249	CHROMOSOME ANALYSIS 100	MAXFEE	DEF					129.88	4/1/2021	12/31/2299	N
88261	CHROMOSOME ANALYSIS 5	PRXOVR	DEF					NA	NA	NA	N
88261	CHROMOSOME ANALYSIS 5	MAXFEE	DEF					198.26	4/1/2019	12/31/2299	N
88262	CHROMOSOME ANALYSIS 15- 20	PRXOVR	DEF					NA	NA	NA	N
88262	CHROMOSOME ANALYSIS 15- 20	MAXFEE	DEF					94.12	4/1/2021	12/31/2299	N
88263	CHROMOSOME ANALYSIS 45	PRXOVR	DEF					NA	NA	NA	N
88263	CHROMOSOME ANALYSIS 45	MAXFEE	DEF					112.72	4/1/2021	12/31/2299	N
88264	CHROMOSOME ANALYSIS 20- 25	PRXOVR	DEF					NA	NA	NA	N
88264	CHROMOSOME ANALYSIS 20- 25	MAXFEE	DEF					108.46	4/1/2019	12/31/2299	N
88267	CHROMOSOME ANALYS PLACENTA	PRXOVR	DEF					NA	NA	NA	N

## Ohio Medicaid LAB Contract 12-07-2023

88267	CHROMOSOME ANALYS PLACENTA	MAXFEE	DEF					141.43	4/1/2021	12/31/2299	N
88269	CHROMOSOME ANALYS AMNIOTIC	PRXOVR	DEF					NA	NA	NA	N
88269	CHROMOSOME ANALYS AMNIOTIC	MAXFEE	DEF					130.25	4/1/2021	12/31/2299	N
88271	CYTOGENETICS DNA PROBE	PRXOVR	DEF					NA	NA	NA	N
88271	CYTOGENETICS DNA PROBE	MAXFEE	DEF					16.07	4/1/2021	12/31/2299	N
88272	CYTOGENETICS 3-5	PRXOVR	DEF					NA	NA	NA	N
88272	CYTOGENETICS 3-5	MAXFEE	DEF					30.53	4/1/2019	12/31/2299	N
88273	CYTOGENETICS 10-30	PRXOVR	DEF					NA	NA	NA	N
88273	CYTOGENETICS 10-30	MAXFEE	DEF					26.11	4/1/2021	12/31/2299	N
88274	CYTOGENETICS 25-99	PRXOVR	DEF					NA	NA	NA	N
88274	CYTOGENETICS 25-99	MAXFEE	DEF					31.79	4/1/2019	12/31/2299	N
88275	CYTOGENETICS 100-300	PRXOVR	DEF					NA	NA	NA	N
88275	CYTOGENETICS 100-300	MAXFEE	DEF					38.39	4/1/2019	12/31/2299	N
88280	CHROMOSOME KARYOTYPE STUDY	PRXOVR	DEF					NA	NA	NA	N
88280	CHROMOSOME KARYOTYPE STUDY	MAXFEE	DEF					25.10	4/1/2019	12/31/2299	N
88283	CHROMOSOME BANDING STUDY	PRXOVR	DEF					NA	NA	NA	N
88283	CHROMOSOME BANDING STUDY	MAXFEE	DEF					51.45	4/1/2021	12/31/2299	N
88285	CHROMOSOME COUNT ADDITIONAL	PRXOVR	DEF					NA	NA	NA	N
88285	CHROMOSOME COUNT ADDITIONAL	MAXFEE	DEF					20.18	4/1/2019	12/31/2299	N
88289	CHROMOSOME STUDY ADDITIONAL	PRXOVR	DEF					NA	NA	NA	N
88289	CHROMOSOME STUDY ADDITIONAL	MAXFEE	DEF					25.82	4/1/2021	12/31/2299	N
88291	CYTO/MOLECULAR REPORT	PRXOVR	DEF					NA	NA	NA	N

## Ohio Medicaid LAB Contract 12-07-2023

88291	CYTO/MOLECULAR REPORT	MAXFEE	DEF					24.35	4/1/2019	12/31/2299	N
88299	UNLISTED CYTOGENETIC STUDY	PRXOVR	DEF					NA	NA	NA	N
88299	UNLISTED CYTOGENETIC STUDY	MANUAL	DEF					NA	NA	NA	N
88300	SURGICAL PATH GROSS	PRXOVR	DEF					NA	NA	NA	N
88300	SURGICAL PATH GROSS	MAXFEE	DEF					11.84	4/1/2019	12/31/2299	N
88300	SURGICAL PATH GROSS	MAXFEE	DEF	TC				8.45	4/1/2019	12/31/2299	N
88300	SURGICAL PATH GROSS	MAXFEE	DEF	26				3.40	4/1/2019	12/31/2299	N
88302	TISSUE EXAM BY PATHOLOGIST	PRXOVR	DEF					NA	NA	NA	N
88302	TISSUE EXAM BY PATHOLOGIST	MAXFEE	DEF	TC				16.61	4/1/2019	12/31/2299	N
88302	TISSUE EXAM BY PATHOLOGIST	MAXFEE	DEF	26				5.48	4/1/2019	12/31/2299	N
88302	TISSUE EXAM BY PATHOLOGIST	MAXFEE	DEF					22.10	4/1/2019	12/31/2299	N
88304	TISSUE EXAM BY PATHOLOGIST	PRXOVR	DEF					NA	NA	NA	N
88304	TISSUE EXAM BY PATHOLOGIST	MAXFEE	DEF					29.21	4/1/2019	12/31/2299	N
88304	TISSUE EXAM BY PATHOLOGIST	MAXFEE	DEF	TC				20.33	4/1/2019	12/31/2299	N
88304	TISSUE EXAM BY PATHOLOGIST	MAXFEE	DEF	26				8.87	4/1/2019	12/31/2299	N
88305	TISSUE EXAM BY PATHOLOGIST	PRXOVR	DEF					NA	NA	NA	N
88305	TISSUE EXAM BY PATHOLOGIST	MAXFEE	DEF					49.83	4/1/2019	12/31/2299	N
88305	TISSUE EXAM BY PATHOLOGIST	MAXFEE	DEF	TC				20.82	4/1/2019	12/31/2299	N
88305	TISSUE EXAM BY PATHOLOGIST	MAXFEE	DEF	26				29.01	4/1/2019	12/31/2299	N

## Ohio Medicaid LAB Contract 12-07-2023

88307	TISSUE EXAM BY PATHOLOGIST	PRXOVR	DEF					NA	NA	NA	N
88307	TISSUE EXAM BY PATHOLOGIST	MAXFEE	DEF					188.97	4/1/2019	12/31/2299	N
88307	TISSUE EXAM BY PATHOLOGIST	MAXFEE	DEF	TC				125.33	4/1/2019	12/31/2299	N
88307	TISSUE EXAM BY PATHOLOGIST	MAXFEE	DEF	26				63.64	4/1/2019	12/31/2299	N
88309	TISSUE EXAM BY PATHOLOGIST	PRXOVR	DEF					NA	NA	NA	N
88309	TISSUE EXAM BY PATHOLOGIST	MAXFEE	DEF					287.76	4/1/2019	12/31/2299	N
88309	TISSUE EXAM BY PATHOLOGIST	MAXFEE	DEF	TC				174.87	4/1/2019	12/31/2299	N
88309	TISSUE EXAM BY PATHOLOGIST	MAXFEE	DEF	26				112.89	4/1/2019	12/31/2299	N
88311	DECALCIFY TISSUE	PRXOVR	DEF					NA	NA	NA	N
88311	DECALCIFY TISSUE	MAXFEE	DEF					16.12	4/1/2019	12/31/2299	N
88311	DECALCIFY TISSUE	MAXFEE	DEF	TC				6.46	4/1/2019	12/31/2299	N
88311	DECALCIFY TISSUE	MAXFEE	DEF	26				9.66	4/1/2019	12/31/2299	N
88312	SPECIAL STAINS GROUP 1	PRXOVR	DEF					NA	NA	NA	N
88312	SPECIAL STAINS GROUP 1	MAXFEE	DEF					69.44	4/1/2019	12/31/2299	N
88312	SPECIAL STAINS GROUP 1	MAXFEE	DEF	TC				49.04	4/1/2019	12/31/2299	N
88312	SPECIAL STAINS GROUP 1	MAXFEE	DEF	26				20.40	4/1/2019	12/31/2299	N
88313	SPECIAL STAINS GROUP 2	PRXOVR	DEF					NA	NA	NA	N
88313	SPECIAL STAINS GROUP 2	MAXFEE	DEF					50.04	4/1/2019	12/31/2299	N
88313	SPECIAL STAINS GROUP 2	MAXFEE	DEF	TC				40.88	4/1/2019	12/31/2299	N
88313	SPECIAL STAINS GROUP 2	MAXFEE	DEF	26				9.17	4/1/2019	12/31/2299	N
88314	HISTOCHEMICAL STAINS ADD-ON	PRXOVR	DEF					NA	NA	NA	N
88314	HISTOCHEMICAL STAINS ADD-ON	MAXFEE	DEF					60.85	4/1/2019	12/31/2299	N

## Ohio Medicaid LAB Contract 12-07-2023

88314	HISTOCHEMICAL STAINS ADD-ON	MAXFEE	DEF	TC				43.60	4/1/2019	12/31/2299	N
88314	HISTOCHEMICAL STAINS ADD-ON	MAXFEE	DEF	26				17.25	4/1/2019	12/31/2299	N
88318	CHEMICAL HISTOCHEMISTRY	PRXOVR	DEF					NA	NA	NA	N
88318	CHEMICAL HISTOCHEMISTRY	MAXFEE	DEF					NA			N
88319	ENZYME HISTOCHEMISTRY	PRXOVR	DEF					NA	NA	NA	N
88319	ENZYME HISTOCHEMISTRY	MAXFEE	DEF					62.99	4/1/2019	12/31/2299	N
88319	ENZYME HISTOCHEMISTRY	MAXFEE	DEF	TC				42.61	4/1/2019	12/31/2299	N
88319	ENZYME HISTOCHEMISTRY	MAXFEE	DEF	26				20.38	4/1/2019	12/31/2299	N
88321	CONSLTJ&REPRT SLD PREP ELSWR	PRXOVR	DEF					NA	NA	NA	N
88321	CONSLTJ&REPRT SLD PREP ELSWR	MAXFEE	FAC					64.07	4/1/2019	12/31/2299	N
88321	CONSLTJ&REPRT SLD PREP ELSWR	MAXFEE	NFF					75.70	4/1/2019	12/31/2299	N
88323	CONSLTJ&REPRT MATRL PREP SLD	PRXOVR	DEF					NA	NA	NA	N
88323	CONSLTJ&REPRT MATRL PREP SLD	MAXFEE	DEF					89.62	4/1/2019	12/31/2299	N
88323	CONSLTJ&REPRT MATRL PREP SLD	MAXFEE	DEF	TC				23.05	4/1/2019	12/31/2299	N
88323	CONSLTJ&REPRT MATRL PREP SLD	MAXFEE	DEF	26				66.56	4/1/2019	12/31/2299	N
88325	CONSLTJ COMPRE RVW REC REPRT	PRXOVR	DEF					NA	NA	NA	N
88325	CONSLTJ COMPRE RVW REC REPRT	MAXFEE	FAC					114.14	4/1/2019	12/31/2299	N
88325	CONSLTJ COMPRE RVW REC REPRT	MAXFEE	NFF					136.43	4/1/2019	12/31/2299	N
88329	PATH CONSLTJ DRG SURG	PRXOVR	DEF					NA	NA	NA	N
88329	PATH CONSLTJ DRG SURG	MAXFEE	FAC					27.66	4/1/2019	12/31/2299	N
88329	PATH CONSLTJ DRG SURG	MAXFEE	NFF					38.06	4/1/2019	12/31/2299	N

## Ohio Medicaid LAB Contract 12-07-2023

88331	PATH CONSLTJ SURG 1 BLK 1SPC	PRXOVR	DEF					NA	NA	NA	N
88331	PATH CONSLTJ SURG 1 BLK 1SPC	MAXFEE	DEF					71.03	4/1/2019	12/31/2299	N
88331	PATH CONSLTJ SURG 1 BLK 1SPC	MAXFEE	DEF	TC				22.80	4/1/2019	12/31/2299	N
88331	PATH CONSLTJ SURG 1 BLK 1SPC	MAXFEE	DEF	26				48.22	4/1/2019	12/31/2299	N
88332	PATH CONSLTJ SURG EA ADD BLK	PRXOVR	DEF					NA	NA	NA	N
88332	PATH CONSLTJ SURG EA ADD BLK	MAXFEE	DEF					38.60	4/1/2019	12/31/2299	N
88332	PATH CONSLTJ SURG EA ADD BLK	MAXFEE	DEF	TC				14.88	4/1/2019	12/31/2299	N
88332	PATH CONSLTJ SURG EA ADD BLK	MAXFEE	DEF	26				23.72	4/1/2019	12/31/2299	N
88333	PATH CONSLTJ SURG CYTO XM 1	PRXOVR	DEF					NA	NA	NA	N
88333	PATH CONSLTJ SURG CYTO XM 1	MAXFEE	DEF					65.60	4/1/2019	12/31/2299	N
88333	PATH CONSLTJ SURG CYTO XM 1	MAXFEE	DEF	TC				17.36	4/1/2019	12/31/2299	N
88333	PATH CONSLTJ SURG CYTO XM 1	MAXFEE	DEF	26				48.24	4/1/2019	12/31/2299	N
88334	PATH CONSLTJ SURG CYTO XM EA	PRXOVR	DEF					NA	NA	NA	N
88334	PATH CONSLTJ SURG CYTO XM EA	MAXFEE	DEF					40.61	4/1/2019	12/31/2299	N
88334	PATH CONSLTJ SURG CYTO XM EA	MAXFEE	DEF	TC				11.15	4/1/2019	12/31/2299	N
88334	PATH CONSLTJ SURG CYTO XM EA	MAXFEE	DEF	26				29.46	4/1/2019	12/31/2299	N
88341	IMHCHEM/IMCYTCHM EA ADD ANTB	PRXOVR	DEF					NA	NA	NA	N



## Ohio Medicaid LAB Contract 12-07-2023

88341	IMHCHEM/IMCYTCHM EA ADD ANTB	MAXFEE	DEF					66.24	4/1/2019	12/31/2299	N
88341	IMHCHEM/IMCYTCHM EA ADD ANTB	MAXFEE	DEF	TC				44.57	4/1/2019	12/31/2299	N
88341	IMHCHEM/IMCYTCHM EA ADD ANTB	MAXFEE	DEF	26				21.68	4/1/2019	12/31/2299	N
88342	IMHCHEM/IMCYTCHM 1ST ANTB	PRXOVR	DEF					NA	NA	NA	N
88342	IMHCHEM/IMCYTCHM 1ST ANTB	MAXFEE	DEF					78.20	4/1/2019	12/31/2299	N
88342	IMHCHEM/IMCYTCHM 1ST ANTB	MAXFEE	DEF	TC				51.03	4/1/2019	12/31/2299	N
88342	IMHCHEM/IMCYTCHM 1ST ANTB	MAXFEE	DEF	26				27.18	4/1/2019	12/31/2299	N
88343	IMMUNOHISTO ANTIBOD ADD SLID	PRXOVR	DEF					NA	NA	NA	N
88343	IMMUNOHISTO ANTIBOD ADD SLID	MAXFEE	DEF					NA			N
88344	IMHCHEM/IMCYTCHM EA MLT ANTB	PRXOVR	DEF					NA	NA	NA	N
88344	IMHCHEM/IMCYTCHM EA MLT ANTB	MAXFEE	DEF					124.40	4/1/2019	12/31/2299	N
88344	IMHCHEM/IMCYTCHM EA MLT ANTB	MAXFEE	DEF	TC				94.61	4/1/2019	12/31/2299	N
88344	IMHCHEM/IMCYTCHM EA MLT ANTB	MAXFEE	DEF	26				29.79	4/1/2019	12/31/2299	N
88346	IMFLUOR 1ST 1ANTB STAIN PX	PRXOVR	DEF					NA	NA	NA	N
88346	IMFLUOR 1ST 1ANTB STAIN PX	MAXFEE	DEF					67.37	4/1/2019	12/31/2299	N
88346	IMFLUOR 1ST 1ANTB STAIN PX	MAXFEE	DEF	TC				39.89	4/1/2019	12/31/2299	N
88346	IMFLUOR 1ST 1ANTB STAIN PX	MAXFEE	DEF	26				27.48	4/1/2019	12/31/2299	N
88347	IMMUNOFLUORESCENT STUDY	PRXOVR	DEF					NA	NA	NA	N
88347	IMMUNOFLUORESCENT STUDY	MAXFEE	DEF					NA			N

## Ohio Medicaid LAB Contract 12-07-2023

88348	ELECTRON MICROSCOPY DX	PRXOVR	DEF					NA	NA	NA	N
88348	ELECTRON MICROSCOPY DX	MAXFEE	DEF					246.80	4/1/2019	12/31/2299	N
88348	ELECTRON MICROSCOPY DX	MAXFEE	DEF	TC				188.78	4/1/2019	12/31/2299	N
88348	ELECTRON MICROSCOPY DX	MAXFEE	DEF	26				58.01	4/1/2019	12/31/2299	N
88349	SCANNING ELECTRON MICROSCOPY	PRXOVR	DEF					NA	NA	NA	N
88349	SCANNING ELECTRON MICROSCOPY	MAXFEE	DEF					NA			N
88350	IMFLUOR EA ADDL 1ANTB STN PX	PRXOVR	DEF					NA	NA	NA	N
88350	IMFLUOR EA ADDL 1ANTB STN PX	MAXFEE	DEF					51.95	4/1/2019	12/31/2299	N
88350	IMFLUOR EA ADDL 1ANTB STN PX	MAXFEE	DEF	TC				29.96	4/1/2019	12/31/2299	N
88350	IMFLUOR EA ADDL 1ANTB STN PX	MAXFEE	DEF	26				21.98	4/1/2019	12/31/2299	N
88355	M/PHMTRC ALYS SKELETAL MUSC	PRXOVR	DEF					NA	NA	NA	N
88355	M/PHMTRC ALYS SKELETAL MUSC	MAXFEE	DEF					96.05	4/1/2019	12/31/2299	N
88355	M/PHMTRC ALYS SKELETAL MUSC	MAXFEE	DEF	TC				33.45	4/1/2019	12/31/2299	N
88355	M/PHMTRC ALYS SKELETAL MUSC	MAXFEE	DEF	26				62.60	4/1/2019	12/31/2299	N
88356	ANALYSIS NERVE	PRXOVR	DEF					NA	NA	NA	N
88356	ANALYSIS NERVE	MAXFEE	DEF					160.70	4/1/2019	12/31/2299	N
88356	ANALYSIS NERVE	MAXFEE	DEF	TC				65.93	4/1/2019	12/31/2299	N
88356	ANALYSIS NERVE	MAXFEE	DEF	26				94.77	4/1/2019	12/31/2299	N
88358	ANALYSIS TUMOR	PRXOVR	DEF					NA	NA	NA	N
88358	ANALYSIS TUMOR	MAXFEE	DEF					68.54	4/1/2019	12/31/2299	N
88358	ANALYSIS TUMOR	MAXFEE	DEF	TC				32.96	4/1/2019	12/31/2299	N
88358	ANALYSIS TUMOR	MAXFEE	DEF	26				35.60	4/1/2019	12/31/2299	N

## Ohio Medicaid LAB Contract 12-07-2023

88360	TUMOR IMMUNOHISTOCHEM/MANUAL	PRXOVR	DEF					NA	NA	NA	N
88360	TUMOR IMMUNOHISTOCHEM/MANUAL	MAXFEE	DEF					95.58	4/1/2019	12/31/2299	N
88360	TUMOR IMMUNOHISTOCHEM/MANUAL	MAXFEE	DEF	TC				61.67	4/1/2019	12/31/2299	N
88360	TUMOR IMMUNOHISTOCHEM/MANUAL	MAXFEE	DEF	26				33.91	4/1/2019	12/31/2299	N
88361	TUMOR IMMUNOHISTOCHEM/COMPUT	PRXOVR	DEF					NA	NA	NA	N
88361	TUMOR IMMUNOHISTOCHEM/COMPUT	MAXFEE	DEF					103.95	4/1/2019	12/31/2299	N
88361	TUMOR IMMUNOHISTOCHEM/COMPUT	MAXFEE	DEF	TC				67.86	4/1/2019	12/31/2299	N
88361	TUMOR IMMUNOHISTOCHEM/COMPUT	MAXFEE	DEF	26				36.09	4/1/2019	12/31/2299	N
88362	NERVE TEASING PREPARATIONS	PRXOVR	DEF					NA	NA	NA	N
88362	NERVE TEASING PREPARATIONS	MAXFEE	DEF					151.31	4/1/2019	12/31/2299	N
88362	NERVE TEASING PREPARATIONS	MAXFEE	DEF	TC				67.14	4/1/2019	12/31/2299	N
88362	NERVE TEASING PREPARATIONS	MAXFEE	DEF	26				84.17	4/1/2019	12/31/2299	N
88363	XM ARCHIVE TISSUE MOLEC ANAL	PRXOVR	DEF					NA	NA	NA	N
88363	XM ARCHIVE TISSUE MOLEC ANAL	MAXFEE	FAC					15.14	4/1/2019	12/31/2299	N
88363	XM ARCHIVE TISSUE MOLEC ANAL	MAXFEE	NFF					17.61	4/1/2019	12/31/2299	N
88364	INSITU HYBRIDIZATION (FISH)	PRXOVR	DEF					NA	NA	NA	N

## Ohio Medicaid LAB Contract 12-07-2023

88364	INSITU HYBRIDIZATION (FISH)	MAXFEE	DEF					94.30	4/1/2019	12/31/2299	N
88364	INSITU HYBRIDIZATION (FISH)	MAXFEE	DEF	TC				67.61	4/1/2019	12/31/2299	N
88364	INSITU HYBRIDIZATION (FISH)	MAXFEE	DEF	26				26.68	4/1/2019	12/31/2299	N
88365	INSITU HYBRIDIZATION (FISH)	PRXOVR	DEF					NA	NA	NA	N
88365	INSITU HYBRIDIZATION (FISH)	MAXFEE	DEF					128.08	4/1/2019	12/31/2299	N
88365	INSITU HYBRIDIZATION (FISH)	MAXFEE	DEF	TC				94.36	4/1/2019	12/31/2299	N
88365	INSITU HYBRIDIZATION (FISH)	MAXFEE	DEF	26				33.72	4/1/2019	12/31/2299	N
88366	INSITU HYBRIDIZATION (FISH)	PRXOVR	DEF					NA	NA	NA	N
88366	INSITU HYBRIDIZATION (FISH)	MAXFEE	DEF					186.99	4/1/2019	12/31/2299	N
88366	INSITU HYBRIDIZATION (FISH)	MAXFEE	DEF	TC				139.42	4/1/2019	12/31/2299	N
88366	INSITU HYBRIDIZATION (FISH)	MAXFEE	DEF	26				47.57	4/1/2019	12/31/2299	N
88367	INSITU HYBRIDIZATION AUTO	PRXOVR	DEF					NA	NA	NA	N
88367	INSITU HYBRIDIZATION AUTO	MAXFEE	DEF					76.76	4/1/2019	12/31/2299	N
88367	INSITU HYBRIDIZATION AUTO	MAXFEE	DEF	TC				50.29	4/1/2019	12/31/2299	N
88367	INSITU HYBRIDIZATION AUTO	MAXFEE	DEF	26				26.47	4/1/2019	12/31/2299	N
88368	INSITU HYBRIDIZATION MANUAL	PRXOVR	DEF					NA	NA	NA	N
88368	INSITU HYBRIDIZATION MANUAL	MAXFEE	DEF					86.73	4/1/2019	12/31/2299	N
88368	INSITU HYBRIDIZATION MANUAL	MAXFEE	DEF	TC				54.99	4/1/2019	12/31/2299	N
88368	INSITU HYBRIDIZATION MANUAL	MAXFEE	DEF	26				31.74	4/1/2019	12/31/2299	N
88369	M/PHMTRC ALYSISHQUANT/SEMIQ	PRXOVR	DEF					NA	NA	NA	N
88369	M/PHMTRC ALYSISHQUANT/SEMIQ	MAXFEE	DEF					78.18	4/1/2019	12/31/2299	N
88369	M/PHMTRC ALYSISHQUANT/SEMIQ	MAXFEE	DEF	TC				53.51	4/1/2019	12/31/2299	N
88369	M/PHMTRC ALYSISHQUANT/SEMIQ	MAXFEE	DEF	26				24.68	4/1/2019	12/31/2299	N

## Ohio Medicaid LAB Contract 12-07-2023

88371	PROTEIN WESTERN BLOT TISSUE	PRXOVR	DEF					NA	NA	NA	N
88371	PROTEIN WESTERN BLOT TISSUE	MAXFEE	DEF					16.67	4/1/2021	12/31/2299	N
88371	PROTEIN WESTERN BLOT TISSUE	MAXFEE	DEF	26				14.93	1/1/2021	12/31/2299	N
88372	PROTEIN ANALYSIS W/PROBE	PRXOVR	DEF					NA	NA	NA	N
88372	PROTEIN ANALYSIS W/PROBE	MAXFEE	DEF					19.67	4/1/2019	12/31/2299	N
88372	PROTEIN ANALYSIS W/PROBE	MAXFEE	DEF	26				13.63	4/1/2019	12/31/2299	N
88373	M/PHMTRC ALYS ISHQUANT/SEMIQ	PRXOVR	DEF					NA	NA	NA	N
88373	M/PHMTRC ALYS ISHQUANT/SEMIQ	MAXFEE	DEF					56.38	4/1/2019	12/31/2299	N
88373	M/PHMTRC ALYS ISHQUANT/SEMIQ	MAXFEE	DEF	TC				35.41	4/1/2019	12/31/2299	N
88373	M/PHMTRC ALYS ISHQUANT/SEMIQ	MAXFEE	DEF	26				20.98	4/1/2019	12/31/2299	N
88374	M/PHMTRC ALYS ISHQUANT/SEMIQ	PRXOVR	DEF					NA	NA	NA	N
88374	M/PHMTRC ALYS ISHQUANT/SEMIQ	MAXFEE	DEF					243.53	4/1/2019	12/31/2299	N
88374	M/PHMTRC ALYS ISHQUANT/SEMIQ	MAXFEE	DEF	TC				209.98	4/1/2019	12/31/2299	N
88374	M/PHMTRC ALYS ISHQUANT/SEMIQ	MAXFEE	DEF	26				33.55	4/1/2019	12/31/2299	N
88375	OPTICAL ENDOMICROSCPY INTERP	PRXOVR	DEF					NA	NA	NA	N
88375	OPTICAL ENDOMICROSCPY INTERP	MAXFEE	DEF					37.82	4/1/2019	12/31/2299	N
88377	M/PHMTRC ALYS ISHQUANT/SEMIQ	PRXOVR	DEF					NA	NA	NA	N
88377	M/PHMTRC ALYS ISHQUANT/SEMIQ	MAXFEE	DEF					290.06	4/1/2019	12/31/2299	N

## Ohio Medicaid LAB Contract 12-07-2023

88377	M/PHMTRC ALYS ISHQUANT/SEMIQ	MAXFEE	DEF	TC				241.20	4/1/2019	12/31/2299	N
88377	M/PHMTRC ALYS ISHQUANT/SEMIQ	MAXFEE	DEF	26				48.86	4/1/2019	12/31/2299	N
88380	MICRODISSECTION LASER	PRXOVR	DEF					NA	NA	NA	N
88380	MICRODISSECTION LASER	MAXFEE	DEF					98.66	4/1/2019	12/31/2299	N
88380	MICRODISSECTION LASER	MAXFEE	DEF	TC				56.75	4/1/2019	12/31/2299	N
88380	MICRODISSECTION LASER	MAXFEE	DEF	26				41.91	4/1/2019	12/31/2299	N
88381	MICRODISSECTION MANUAL	PRXOVR	DEF					NA	NA	NA	N
88381	MICRODISSECTION MANUAL	MAXFEE	DEF					87.03	4/1/2019	12/31/2299	N
88381	MICRODISSECTION MANUAL	MAXFEE	DEF	TC				67.89	4/1/2019	12/31/2299	N
88381	MICRODISSECTION MANUAL	MAXFEE	DEF	26				19.14	4/1/2019	12/31/2299	N
88384	EVAL MOLECULAR PROBES 11-50	PRXOVR	DEF					NA	NA	NA	N
88384	EVAL MOLECULAR PROBES 11-50	MANUAL	DEF					NA	NA	NA	N
88385	EVAL MOLECUL PROBES 51- 250	PRXOVR	DEF					NA	NA	NA	N
88385	EVAL MOLECUL PROBES 51- 250	MAXFEE	DEF					NA			N
88386	EVAL MOLECUL PROBES 251- 500	PRXOVR	DEF					NA	NA	NA	N
88386	EVAL MOLECUL PROBES 251- 500	MAXFEE	DEF					NA			N
88387	TISS EXAM MOLECULAR STUDY	PRXOVR	DEF					NA	NA	NA	N
88387	TISS EXAM MOLECULAR STUDY	MAXFEE	DEF					25.81	4/1/2019	12/31/2299	N
88387	TISS EXAM MOLECULAR STUDY	MAXFEE	DEF	TC				4.23	4/1/2019	12/31/2299	N
88387	TISS EXAM MOLECULAR STUDY	MAXFEE	DEF	26				21.57	4/1/2019	12/31/2299	N

## Ohio Medicaid LAB Contract 12-07-2023

88388	TISS EX MOLECUL STUDY ADD-ON	PRXOVR	DEF					NA	NA	NA	N
88388	TISS EX MOLECUL STUDY ADD-ON	MAXFEE	DEF					25.20	4/1/2019	12/31/2299	N
88388	TISS EX MOLECUL STUDY ADD-ON	MAXFEE	DEF	TC				6.95	4/1/2019	12/31/2299	N
88388	TISS EX MOLECUL STUDY ADD-ON	MAXFEE	DEF	26				18.24	4/1/2019	12/31/2299	N
88399	UNLISTED SURGICAL PATH PX	PRXOVR	DEF					NA	NA	NA	N
88399	UNLISTED SURGICAL PATH PX	MAXFEE	DEF					10.09	1/1/2018	12/31/2299	N
88399	UNLISTED SURGICAL PATH PX	MAXFEE	DEF	26				7.57	1/1/2018	12/31/2299	N
88399	UNLISTED SURGICAL PATH PX	MAXFEE	DEF	TC				2.52	1/1/2018	12/31/2299	N
88400	BILIRUBIN TOTAL TRANSCUT	PRXOVR	DEF					NA	NA	NA	N
88400	BILIRUBIN TOTAL TRANSCUT	MAXFEE	DEF					NA			N
88720	BILIRUBIN TOTAL TRANSCUT	PRXOVR	DEF					NA	NA	NA	N
88720	BILIRUBIN TOTAL TRANSCUT	MAXFEE	DEF					3.77	4/1/2021	12/31/2299	N
88738	HGB QUANT TRANSCUTANEOUS	PRXOVR	DEF					NA	NA	NA	N
88738	HGB QUANT TRANSCUTANEOUS	MAXFEE	DEF					3.77	4/1/2021	12/31/2299	N
88740	TRANSCUTANEOUS CARBOXYHB	PRXOVR	DEF					NA	NA	NA	N
88740	TRANSCUTANEOUS CARBOXYHB	MAXFEE	DEF					7.03	4/1/2019	12/31/2299	N
88741	TRANSCUTANEOUS METHB	PRXOVR	DEF					NA	NA	NA	N
88741	TRANSCUTANEOUS METHB	MAXFEE	DEF					7.03	4/1/2019	12/31/2299	N
88749	UNLISTED IN VIVO LAB SERVICE	PRXOVR	DEF					NA	NA	NA	N
88749	UNLISTED IN VIVO LAB SERVICE	MAXFEE	DEF					4.99	1/1/2018	12/31/2299	N
89049	CHCT FOR MAL HYPERthermia	PRXOVR	DEF					NA	NA	NA	N

## Ohio Medicaid LAB Contract 12-07-2023

89049	CHCT FOR MAL HYPERTHERMIA	MAXFEE	FAC					46.89	4/1/2019	12/31/2299	N
89049	CHCT FOR MAL HYPERTHERMIA	MAXFEE	NFF					173.66	4/1/2019	12/31/2299	N
89050	BODY FLUID CELL COUNT	PRXOVR	DEF					NA	NA	NA	N
89050	BODY FLUID CELL COUNT	MAXFEE	DEF					3.54	4/1/2021	12/31/2299	N
89051	BODY FLUID CELL COUNT	PRXOVR	DEF					NA	NA	NA	N
89051	BODY FLUID CELL COUNT	MAXFEE	DEF					4.20	4/1/2021	12/31/2299	N
89055	LEUKOCYTE ASSESSMENT FECAL	PRXOVR	DEF					NA	NA	NA	N
89055	LEUKOCYTE ASSESSMENT FECAL	MAXFEE	DEF					3.20	4/1/2021	12/31/2299	N
89060	EXAM SYNOVIAL FLUID CRYSTALS	PRXOVR	DEF					NA	NA	NA	N
89060	EXAM SYNOVIAL FLUID CRYSTALS	MAXFEE	DEF					5.50	4/1/2021	12/31/2299	N
89060	EXAM SYNOVIAL FLUID CRYSTALS	MAXFEE	DEF	26				13.63	4/1/2019	12/31/2299	N
89100	SAMPLE INTESTINAL CONTENTS	PRXOVR	DEF					NA	NA	NA	N
89100	SAMPLE INTESTINAL CONTENTS	MAXFEE	DEF					NA			N
89105	SAMPLE INTESTINAL CONTENTS	PRXOVR	DEF					NA	NA	NA	N
89105	SAMPLE INTESTINAL CONTENTS	MAXFEE	DEF					NA			N
89125	SPECIMEN FAT STAIN	PRXOVR	DEF					NA	NA	NA	N
89125	SPECIMEN FAT STAIN	MAXFEE	DEF					4.41	4/1/2019	12/31/2299	N
89130	SAMPLE STOMACH CONTENTS	PRXOVR	DEF					NA	NA	NA	N
89130	SAMPLE STOMACH CONTENTS	MAXFEE	DEF					NA			N
89132	SAMPLE STOMACH CONTENTS	PRXOVR	DEF					NA	NA	NA	N
89132	SAMPLE STOMACH CONTENTS	MAXFEE	DEF					NA			N
89135	SAMPLE STOMACH CONTENTS	PRXOVR	DEF					NA	NA	NA	N



## Ohio Medicaid LAB Contract 12-07-2023

89135	SAMPLE STOMACH CONTENTS	MAXFEE	DEF					NA			N
89136	SAMPLE STOMACH CONTENTS	PRXOVR	DEF					NA	NA	NA	N
89136	SAMPLE STOMACH CONTENTS	MAXFEE	DEF					NA			N
89140	SAMPLE STOMACH CONTENTS	PRXOVR	DEF					NA	NA	NA	N
89140	SAMPLE STOMACH CONTENTS	MAXFEE	DEF					NA			N
89141	SAMPLE STOMACH CONTENTS	PRXOVR	DEF					NA	NA	NA	N
89141	SAMPLE STOMACH CONTENTS	MAXFEE	DEF					NA			N
89160	EXAM FECES FOR MEAT FIBERS	PRXOVR	DEF					NA	NA	NA	N
89160	EXAM FECES FOR MEAT FIBERS	MAXFEE	DEF					3.64	4/1/2019	12/31/2299	N
89190	NASAL SMEAR FOR EOSINOPHILS	PRXOVR	DEF					NA	NA	NA	N
89190	NASAL SMEAR FOR EOSINOPHILS	MAXFEE	DEF					4.34	4/1/2019	12/31/2299	N
89225	STARCH GRANULES; FECES	PRXOVR	DEF					NA	NA	NA	N
89225	STARCH GRANULES; FECES	MAXFEE	DEF					NA			N
89230	COLLECT SWEAT FOR TEST	PRXOVR	DEF					NA	NA	NA	N
89230	COLLECT SWEAT FOR TEST	MAXFEE	DEF					2.50	4/1/2019	12/31/2299	N
89235	WATER LOAD TEST	PRXOVR	DEF					NA	NA	NA	N
89235	WATER LOAD TEST	MAXFEE	DEF					NA			N
89240	UNLISTED MISC PATH TEST	PRXOVR	DEF					NA	NA	NA	N
89240	UNLISTED MISC PATH TEST	MANUAL	DEF					NA	NA	NA	N
89355	EXAM FECES FOR STARCH	PRXOVR	DEF					NA	NA	NA	N
89355	EXAM FECES FOR STARCH	MAXFEE	DEF					NA			N
89360	COLLECT SWEAT FOR TEST	PRXOVR	DEF					NA	NA	NA	N
89360	COLLECT SWEAT FOR TEST	MAXFEE	DEF					NA			N
89365	WATER LOAD TEST	PRXOVR	DEF					NA	NA	NA	N
89365	WATER LOAD TEST	MAXFEE	DEF					NA			N
89398	UNLISTED REPROD MED LAB PROC	PRXOVR	DEF					NA	NA	NA	N

## Ohio Medicaid LAB Contract 12-07-2023

89398	UNLISTED REPROD MED LAB PROC	MANUAL	DEF					NA	NA	NA	N
89399	PATHOLOGY LAB PROCEDURE	PRXOVR	DEF					NA	NA	NA	N
89399	PATHOLOGY LAB PROCEDURE	MANUAL	DEF					NA	NA	NA	N
G0431	DRUG SCREEN MULTIPLE CLASS	PRXOVR	DEF					NA	NA	NA	N
G0431	DRUG SCREEN MULTIPLE CLASS	MAXFEE	DEF					NA			N
G0434	DRUG SCREEN MULTI DRUG CLASS	PRXOVR	DEF					NA	NA	NA	N
G0434	DRUG SCREEN MULTI DRUG CLASS	MAXFEE	DEF					NA			N
G0452	MOLECULAR PATHOLOGY INTERPR	PRXOVR	DEF					NA	NA	NA	N
G0452	MOLECULAR PATHOLOGY INTERPR	MAXFEE	DEF					11.01	1/1/2018	12/31/2299	N
G0452	MOLECULAR PATHOLOGY INTERPR	MAXFEE	DEF	26				11.01	1/1/2018	12/31/2299	N
G0472	HEP C SCREEN HIGH RISK/OTHER	PRXOVR	DEF					NA	NA	NA	N
G0472	HEP C SCREEN HIGH RISK/OTHER	MAXFEE	DEF					34.76	4/1/2021	12/31/2299	N
G0477	DRUG TEST PRESUMP OPTICAL	PRXOVR	DEF					NA	NA	NA	N
G0477	DRUG TEST PRESUMP OPTICAL	MAXFEE	DEF					NA			N
G0480	DRUG TEST DEF 1-7 CLASSES	PRXOVR	DEF					NA	NA	NA	S
G0480	DRUG TEST DEF 1-7 CLASSES	MAXFEE	DEF					85.82	1/1/2021	12/31/2299	S
G0481	DRUG TEST DEF 8-14 CLASSES	PRXOVR	DEF					NA	NA	NA	S
G0481	DRUG TEST DEF 8-14 CLASSES	MAXFEE	DEF					117.44	1/1/2021	12/31/2299	S
G0482	DRUG TEST DEF 15-21 CLASSES	PRXOVR	DEF					NA	NA	NA	S
G0482	DRUG TEST DEF 15-21 CLASSES	MAXFEE	DEF					149.06	1/1/2021	12/31/2299	S

## Ohio Medicaid LAB Contract 12-07-2023

G0483	DRUG TEST DEF 22+ CLASSES	PRXOVR	DEF					NA	NA	NA	Y
G0483	DRUG TEST DEF 22+ CLASSES	MAXFEE	DEF					185.19	1/1/2021	12/31/2299	Y
G2023	SPECIMEN COLLECT COVID-19	PRXOVR	DEF					NA	NA	NA	N
G2023	SPECIMEN COLLECT COVID-19	MAXFEE	DEF					NA			N
G2024	SPEC COLL SNF/LAB COVID-19	PRXOVR	DEF					NA	NA	NA	N
G2024	SPEC COLL SNF/LAB COVID-19	MAXFEE	DEF					NA			N
P9612	CATHETERIZE FOR URINE SPEC	PRXOVR	DEF					NA	NA	NA	N
P9612	CATHETERIZE FOR URINE SPEC	MAXFEE	DEF					2.25	1/1/2018	12/31/2299	N
P9615	URINE SPECIMEN COLLECT MULT	PRXOVR	DEF					NA	NA	NA	N
P9615	URINE SPECIMEN COLLECT MULT	MAXFEE	DEF					2.25	1/1/2018	12/31/2299	N
Q0111	WET MOUNTS/ W PREPARATIONS	PRXOVR	DEF					NA	NA	NA	N
Q0111	WET MOUNTS/ W PREPARATIONS	MAXFEE	DEF					11.94	4/1/2022	12/31/2299	N
Q0112	POTASSIUM HYDROXIDE PREPS	PRXOVR	DEF					NA	NA	NA	N
Q0112	POTASSIUM HYDROXIDE PREPS	MAXFEE	DEF					4.37	4/1/2019	12/31/2299	N
Q0113	PINWORM EXAMINATIONS	PRXOVR	DEF					NA	NA	NA	N
Q0113	PINWORM EXAMINATIONS	MAXFEE	DEF					3.56	4/1/2019	12/31/2299	N
Q0114	FERN TEST	PRXOVR	DEF					NA	NA	NA	N
Q0114	FERN TEST	MAXFEE	DEF					7.31	4/1/2019	12/31/2299	N
S3620	NEWBORN METABOLIC SCREENING	PRXOVR	DEF					NA	NA	NA	N
S3620	NEWBORN METABOLIC SCREENING	MAXFEE	DEF					33.75	2/1/2003	12/31/2299	N
T1015	CLINIC SERVICE	PRXOVR	DEF					NA	NA	NA	N
T1015	CLINIC SERVICE	UCCENC	UCA					NA	NA	NA	N
U0001	2019-NCOV DIAGNOSTIC P	PRXOVR	DEF					NA	NA	NA	N

## Ohio Medicaid LAB Contract 12-07-2023

U0001	2019-NCOV DIAGNOSTIC P	MAXFEE	DEF					35.92	2/4/2020	12/31/2299	N
U0002	COVID-19 LAB TEST NON-CDC	PRXOVR	DEF					NA	NA	NA	N
U0002	COVID-19 LAB TEST NON-CDC	MAXFEE	DEF					51.31	2/4/2020	12/31/2299	N
U0003	COV-19 AMP PRB HGH THRUPUT	PRXOVR	DEF					NA	NA	NA	N
U0003	COV-19 AMP PRB HGH THRUPUT	MAXFEE	DEF					NA			N
U0004	COV-19 TEST NON-CDC HGH THRU	PRXOVR	DEF					NA	NA	NA	N
U0004	COV-19 TEST NON-CDC HGH THRU	MAXFEE	DEF					NA			N
U0005	INFEC AGEN DETEC AMPLI PROBE	PRXOVR	DEF					NA	NA	NA	N
U0005	INFEC AGEN DETEC AMPLI PROBE	MAXFEE	DEF					NA			N