

FEE CHANGE REFERRAL

NOTIFICATION DATE: July 6, 2012 **EFFECTIVE DATE:** Immediately

ANTI-ENTEROCYTE ANTIBODIES

Test ID: FAEAB Secondary ID: 91854

EXPLANATION OF CHANGE: We have received notification from Children's Hospital of Philadelphia (RUSSO), of the following fee change, effective immediately.

CURRENT FEE	New Fee	CPT CODE
\$518.08	\$547.46	No change

QUESTIONS: Contact Mary Erath, MML Laboratory Technologist Resource Coordinator Telephone: 800-533-1710