GENOVA DIAGNOSTICS

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US Fee Schedule

Pricing Effective 02/13/2026

Gut Health

#	TESTING	LIMITATIONS	SPECIMEN	CASH	INSURANCE		
					INITIAL PAYMENT	ADDITIONAL AFTER INSURANCE†	LIST
2200	GI Effects® Comprehensive Profile	NY	Stool	$439	$179	$0 - 289	$2,499
2210	Add-on Microbiomix (2200)	NY MC	Stool	$349	No Insurance Billing		
2205	GI Effects Microbial Ecology Profile	NY	Stool	$339	$110	$0 - 310	$1,999
2207	GI Effects Gut Pathogen Profile	NY	Stool	$259	$75	$0 - 245	$480
2209	GI Effects Fundamentals Profile		Stool	$339	$125	$0 - 275	$1,115
1038	Add-on IgG Food Antibodies (87 IgG foods) (2200, 2209, 2210)	NY MC	Bloodspot	$79	No Insurance Billing		
2221	Add-on Parasitology Module (2209)		Stool	$65	$50	$0 - 15	$250
2211	Add-on Secretory IgA (2209)	NY	Stool	$35	$10	$0 - 25	$40
2323	Add-on Campylobacter		Stool	$25	$10	$0 - 15	$40
2325	Add-on Clostridium difficile EIA		Stool	$35	$10	$0 - 25	$114
2331	Add-on Direct Examination for Parasites (2200, 2205, 2209)		Stool	$25	$10	$0 - 15	$25
2132	Add-on Enterohemorrhagic E. coli Shiga-like toxin		Stool	$30	$10	$0 - 20	$41
2206	Add-on Fecal Lactoferrin (2200, 2205)	NY	Stool	$30	$10	$0 - 20	$74
2330	Add-on Helicobacter pylori EIA	NY	Stool	$45	$10	$0 - 35	$114
2338	Add-on KOH Preparation for Yeast (2200, 2205, 2209)	MC	Stool	$25	No Insurance Billing		
2336	Add-on Zonulin Family Peptide, Stool	NY MC	Stool	$40	No Insurance Billing		
2220	Microbiomix	NY MC	Stool	$415	No Insurance Billing		
1038	Add-on IgG Food Antibodies (87 IgG foods) (2220)	NY MC	Bloodspot	$79	No Insurance Billing		
2305	Intestinal Permeability Assessment		Urine	$135	$50	$0 - 85	$135
2306	SIBO (Small Intestinal Bacterial Overgrowth) - 2 Hour		Breath	$225	$85	$0 - 175	$325
2337	SIBO (Small Intestinal Bacterial Overgrowth) - 3 Hour		Breath	$225	$85	$0 - 175	$325
1038	Add-on IgG Food Antibodies (87 IgG foods) (2306, 2337)	NY MC	Bloodspot	$79	No Insurance Billing		

Immune Function

#	TESTING	LIMITATIONS	SPECIMEN	CASH	INSURANCE		
					INITIAL PAYMENT	ADDITIONAL AFTER INSURANCE†	LIST
Food Sensitivity+/Celiac Combination Pricing							
Food Sensitivity+/Celiac Combination Pricing (1000 - 1018)		NY	Serum	$429	$200	$0 - 258	$2,573
Any other combination priced per below:							
	Single Profile (Choose from 1000 - 1018)		Serum	$129	$50	$0 - 310	$899
	Each additional profile (Choose from 1000 - 1018)		Serum	$50	$25	*	$279
*Depending on combination, Additional After Insurance will vary from $0 - $325							
Individual Profile Price							
1000	IgE Food Antibodies (19 IgE foods)		Serum	$129	$50	$0 - 310	$899
1001	IgG Food Antibodies (87 IgG foods + Total IgE)	NY	Serum				
1002	IgG Vegetarian (21 IgG Foods)	NY	Serum				
1003	IgE Inhalants (14 IgE inhalants + Total IgE)		Serum				
1004	IgE Molds (15 IgE molds + Total IgE)		Serum				
1005	IgG Spices (24 IgG spices + Total IgE)	NY	Serum				
1018	Celiac Profile		Serum				
1019	IgG Food Antibodies (87 IgG foods)	NY	Bloodspot	$125	$50	$0 - 310	$899

Nutritional Status

#	TESTING	LIMITATIONS	SPECIMEN	CASH	INSURANCE		
					INITIAL PAYMENT	ADDITIONAL AFTER INSURANCE†	LIST
NutrEval Profiles							
3000	NutrEval® FMV	NY	Blood/Urine	$439	$179	$0 - 289	$2,027
3001	NutrEval® Plasma	NY	Blood/Urine	$439	$179	$0 - 289	$2,027
3532	Add-on Vitamin D		Serum	$35	$10	$0 - 25	$154
5204	Add-on SNP - Apo E (C112R + R158C)	NY MC	Buccal Swab	$35	No Insurance Billing		
5201	Add-on SNP - MTHFR Combined (A1298C + C677T)	NY MC	Buccal Swab	$35	No Insurance Billing		
5203	Add-on SNP - TNFA	NY MC	Buccal Swab	$35	No Insurance Billing		
5202	Add-on SNP - COMT (V158M)	NY MC	Buccal Swab	$35	No Insurance Billing		
Methylation Profiles							
3534	Methylation Panel	NY MC	Blood	$239	No Insurance Billing		
3535	Add-On Methylation Genomics	NY MC	Buccal Swab	$139	No Insurance Billing		
3542	Methylation Genomics	NY MC	Buccal Swab	$359	No Insurance Billing		
Metabolomix+							
3200	Metabolomix+	NY	Urine	$329	$150	$0 - 250	$1,390
3202	Add-on Bloodspot Essential & Metabolic Fatty Acids	NY	Bloodspot	$35	$10	$0 - 25	$442
3203	Add-on Toxic Element Clearance Profile (Urine)	NY	Urine	$35	$10	$0 - 25	$172
3204	Add-on Comprehensive Urine Element Profile (Urine)	NY	Urine	$70	$20	$0 - 50	$294
1038	Add-on IgG Food Antibodies (87 IgG foods)	NY MC	Bloodspot	$79	No Insurance Billing		
5204	Add-on SNP - Apo E (C112R + R158C)	NY MC	Buccal Swab	$35	No Insurance Billing		
5201	Add-on SNP - MTHFR Combined (A1298C + C677T)	NY MC	Buccal Swab	$35	No Insurance Billing		
5203	Add-on SNP - TNFA	NY MC	Buccal Swab	$35	No Insurance Billing		
5202	Add-on SNP - COMT (V158M)	NY MC	Buccal Swab	$35	No Insurance Billing		
Organic Acid Profiles (OAT)							
3301	Organix®	NY MC	Urine	$259	$150	$0 - 250	$1,282
1038	Add-on IgG Food Antibodies (87 IgG foods)	NY MC	Bloodspot	$79	No Insurance Billing		
Amino Acid Profiles							
3500	Amino Acids Analysis, Urine	NY	Urine	$205	$80	$0 - 240	$535
3501	Amino Acids Analysis, Plasma	NY	Plasma	$205	$80	$0 - 240	$535
Fatty Acid Profiles							
3508	Essential & Metabolic Fatty Acids Analysis		Blood	$189	$80	$0 - 240	$442
3540	Essential & Metabolic Fatty Acids Bloodspot	NY	Bloodspot	$189	$70	$0 - 250	$442
3543	Fatty15 Cellular Strength Test	NY MC	Bloodspot; urine	$175	No Insurance Billing		
3545	Fatty15 Test	NY MC	Bloodspot	$159	No Insurance Billing		
Oxidative Stress Profiles							
3601	Oxidative Stress 2.0	NY	Urine	$210	$100	$0 - 220	$442
3517	Vitamin D Assay		Serum	$115	$50	$0 - 109	$159
Element Profiles							
3528	Elemental Analysis	NY	RBCs	$195	$110	$0 - 131	$301
3527	Comprehensive Urine Element Profile	NY	Urine	$139	$75	$0 - 161	$294
3529	Toxic Element Clearance Profile	NY	Urine	$119	$100	$0 - 72	$172

Hormonal Health

#	TESTING	LIMITATIONS	SPECIMEN	CASH	INSURANCE		
					INITIAL PAYMENT	ADDITIONAL AFTER INSURANCE†	LIST
Combination Profiles							
4121	Women's Health+	NY MC	Saliva, Urine	$349	No Insurance Billing		
5305	Add-on SNP - CYP1A1 (MSPI + I462V)	NY MC	Buccal Swab	$35	No Insurance Billing		
5304	Add-on SNP - CYP1B1 (N453S + L432V)	NY MC	Buccal Swab	$35	No Insurance Billing		
5301	Add-on SNP - MTHFR Combined (A1298C + C677T)	NY MC	Buccal Swab	$35	No Insurance Billing		
5303	Add-on SNP - Apo E (C112R + R158C)	NY MC	Buccal Swab	$35	No Insurance Billing		
5302	Add-on SNP - COMT (V158M)	NY MC	Buccal Swab	$35	No Insurance Billing		
4008	Endo+						
	Base Fee **(total price = base fee + each profile + each add-on selected)**			$79	No Insurance Billing		
	Salivary Hormones	NY	Saliva	$100	No Insurance Billing		
	Serum Hormones		Serum	$179	No Insurance Billing		
	Urine Estrogens	NY	Urine	$179	No Insurance Billing		
	Thyroid Hormones		Serum	$119	No Insurance Billing		
	Adrenocortex		Saliva	$60	No Insurance Billing		
	Melatonin	NY	Saliva	$65	No Insurance Billing		
	Add-ons (see online ordering)			$30-$50	No Insurance Billing		
Sex Hormones -Serum Profiles							
4000	Hormonal Health™		Serum	$309	$160	$0 - 178	$742
3532	Add-on Vitamin D		Serum	$35	$10	$0 - 25	$154
4002	Add-on Androstenedione		Serum	$40	$10	$0 - 30	$115
4003	Add-on Follicle Stimulating Hormone		Serum	$50	$10	$0 - 40	$168
4004	Add-on Luteinizing Hormone		Serum	$50	$10	$0 - 40	$169
4005	Add-on Prolactin		Serum	$50	$10	$0 - 40	$176
4010	Add-on Insulin-like Growth Factor 1		Serum	$50	$10	$0-40	$168
Sex Hormones - Saliva Profiles							
4100	Menopause Plus™	NY	Saliva	$375	$150	$0 - 254	$1,448
4101	Menopause™	NY	Saliva	$199	$100	$0 - 300	$1,024
4102	Rhythm Plus™	NY	Saliva	$399	$200	$0 - 228	$2,076
4103	Rhythm™		Saliva	$299	$125	$0 - 291	$1,731
4104	Menopause Check Plus™ (Single Sample w/DHEA)	NY	Saliva	$239	$100	$0 - 220	$478
4105	Male Hormones Plus™	NY	Saliva	$319	$125	$0 - 223	$752
4106	One Day Hormone Check™	NY	Saliva	$309	$150	$0 - 250	$1,003
4110	Cortisol, Salivary		Saliva	$69	$65	$0 - 4	$69
4119	EndoSelect-Salivary		Saliva	$99	$49	$0 - 50	$99
	EndoSelect-Salivary Each Additional Biomarker		Saliva	$12	$6	$0 - 14	$20
4120	Sleep Assessment	NY	Saliva	$179	$99	$0 - 221	$421
4309	Add-on Cortisol Awakening Response (4100, 4102, 4105, 4106)	NY	Saliva	$35	$30	$0 - 5	$35
Sex Hormones - Urine Profiles							
4209	Essential Estrogens™ FMV /24 HR (4210)	NY	Urine	$265	$105	$0 - 219	$766
5304	Add-on SNP - CYP1B1 (N453S + L432V)	NY MC	Buccal Swab	$35	No Insurance Billing		
5301	Add-on SNP - MTHFR Combined (A1298C + C677T)	NY MC	Buccal Swab	$35	No Insurance Billing		
5303	Add-on SNP - VDR	NY MC	Buccal Swab	$35	No Insurance Billing		
5302	Add-on SNP - COMT (V158M)	NY MC	Buccal Swab	$35	No Insurance Billing		
4213	Estrogen Metabolism Assessment	NY	Urine	$189	$100	$0 - 118	$241

Hormonal Health offerings continued on next page

#	TESTING	LIMITATIONS	SPECIMEN	CASH	INSURANCE		
					INITIAL PAYMENT	ADDITIONAL AFTER INSURANCE†	LIST
Additional Endocrines							
4300	Adrenocortex Stress Profile		Saliva	$135	$75	$0 - 216	$363
4309	Add-on Cortisol Awakening Response	NY	Saliva	$35	$30	$0 - 5	$35
4400	Comprehensive Thyroid Assessment		Serum	$195	$155	$0 - 76	$288
4108	Comprehensive Melatonin Profile	NY	Saliva	$145	$85	$0 - 60	$145

Specialty Testing

#	TESTING	LIMITATIONS	SPECIMEN	CASH	INSURANCE		
					INITIAL PAYMENT	ADDITIONAL AFTER INSURANCE†	LIST
5400	Alzheimer's Assessment (p-Tau217)	NY MC	Blood	$299	No Insurance Billing		
Cardiovascular Health							
3702	Cardio Check		Blood	$175	$100	$0 - 163	$328
Genomics							
5001	DetoxiGenomic® Profile	NY MC	Buccal Swab	$599	No Insurance Billing		
5100	Base Fee	NY MC	Buccal Swab	$205	No Insurance Billing		
5101	GSTP1 (I104V + A113V)	NY MC	Buccal Swab	$129	No Insurance Billing		
5102	COMT (V158M)	NY MC	Buccal Swab	$65	No Insurance Billing		
5103	SOD2 (A16V)	NY MC	Buccal Swab	$65	No Insurance Billing		
5104	GSTM1	NY MC	Buccal Swab	$65	No Insurance Billing		
5106	TNFA	NY MC	Buccal Swab	$65	No Insurance Billing		
5109	VDR	NY MC	Buccal Swab	$65	No Insurance Billing		
5110	MTHFR (C677T)	NY MC	Buccal Swab	$65	No Insurance Billing		
5111	MTHFR Combined (A1298C + C677T)	NY MC	Buccal Swab	$135	No Insurance Billing		
5112	Apo E (C112R + R158C)	NY MC	Buccal Swab	$145	No Insurance Billing		

This information is for the sole use of a licensed healthcare practitioner and is for educational purposes only. It is not meant for use as diagnostic information. All claims submitted to Medicare/Medicaid for Genova Diagnostics' laboratory services must be for tests that are medically necessary. "Medically necessary" is defined as a test or procedure that is reasonable and necessary for the diagnosis or treatment of illness or injury, or to improve the functioning of a malformed body member. Consequently, tests performed for screening purposes will not be reimbursed by the Medicare program. Physicians may deem it medically necessary to order a single test or a portion of a profile.

PRICING: Prices (U.S. Dollars) subject to change without notice. Prices are rounded to the nearest dollar. A separate Fee Schedule is available for New York.
KEY FEE SCHEDULE DEFINITIONS:
INSURANCE:

- **INITIAL INSURANCE PAYMENT:** This is an estimate of patient responsibility and will provide eligibility for a Prompt Pay Discount.* This payment should be provided at sample submission.
- **†ADDITIONAL AFTER INSURANCE:** The range of costs a patients can expect to pay after insurance is billed, and after we apply eligible credits and prompt pay discounts. Patients are eligible for credits and discounts by 1) providing their initial payment, and 2) paying any additional balances within 60 days receipt of their statement.

PRACTITIONER: Payment either by credit card on file or paid within 30 days receipt of their statement.
LIST: Retail price of the test.
CASH: Amount due for customers who do not wish to use insurance or for patients who prefer to submit to insurance themselves.

STATE LIMITATIONS: *NY & FL residents/patients are not eligible for Prompt Pay Discounts on patient responsibility. If No Insurance (Cash Pay) is selected, they will be automatically provided an insurance-ready receipt for individual submission. Practitioner billing not available in New Jersey, New York, or Rhode Island.
LIMITATIONS: NY – Not currently available in New York State. MC - Not Reimbursable by Medicare.

SHIPPING: Shipping for US Territories (Puerto Rico, Guam, and US Virgin Islands) is not included.
Shipping Method for receiving specimen collection packs: FedEx Ground – No shipping charges incurred. Expedited shipping charges may apply.
Shipping Method for returning specimen collection packs: FedEx – No shipping charges incurred when shipped from physician's office or established FedEx location.
Return shipping of specimen to Genova Diagnostics is included in the price. Shipping terms may change due to contracted carrier changes.
Components of a profile may be ordered individually. Specific analytes can be found online at www.gdx.net, select Test Menu. International customers contact Client Services for a distributor in your country. International Fee Schedules are available upon request. For more details, please visit www.gdx.net/billing

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