

**NEW YORK STATE
MEDICAID PROGRAM**

LABORATORY

PROCEDURE CODES

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GENERAL INFORMATION AND RULES

1. The fees in the Laboratory Fee Schedule apply to clinical laboratory tests selected from Physician's Current Procedural Terminology (CPT), Fourth Edition, 2005 revision or the Healthcare Common Procedure Coding System (HCPCS), Seventeenth Edition, 2005. Reimbursement is limited to indicated uses of procedures that are FDA approved for in vitro diagnostic use or, are recognized as generally acceptable by the New York State Department of Health.
2. The fees include the services of all licensed professionals required by certification in the performance of the test.
3. The fees include all costs related to specimen testing, including collection, storage and transport of specimens, in addition to performance and reporting of results. Unreported instrument controls are not separately reimbursable. "**By Report**" (BR), as indicated in the Fee Schedule, reimbursement requires a statement indicating the need for the service, the type of test performed, the number and source of the specimen(s) and documentation, of the laboratory's usual and customary charge to the general public for the service.
4. The fees are for **quantitative** analyses, unless otherwise specified. Mathematical calculations (e.g., calculation of A/G ratio, ionized calcium, free thyroxine index (T-7) or osmolality) are not reimbursable.
- 5A. Therapeutic drug monitoring is reimbursable when quantitative determination of blood concentration is clinically relevant as a part of a regimen designed to attain and sustain therapeutic effect by maintenance of blood level within a defined range. The intensity and probability of therapeutic or toxic effect must quantitatively correlate with blood concentration. In addition, one or more of the following criteria must be satisfied: (1) there is a narrow range between those concentrations giving the desired response and those producing toxicity, (2) readily assessed alternative endpoints(e.g., prothrombin time for oral anticoagulants) are lacking or (3) there is large interindividual variability in the absorption and disposition of the drug.

Therapeutic monitoring is a covered service only when performed on specimens of **blood**. Use the drug specific codes 80150-80202, 82980 or 83858. Codes 80299 or 82205 are to be used only for drugs, which meet the criteria for therapeutic monitoring, outlined above and are not listed by individual code. Codes 80299 and 82205 are billable "**By Report**" and the drug(s) must be specified in the procedure description field on the Claim Form.

Peak and trough (or predose and postdose) analyses, when clinically indicated (e.g., aminoglycosides), are reimbursable as two procedures.

- 5B. The fee for code 80100 or 80101 covers screening of one specimen for any drugs including but not limited to alcohol, amphetamines, barbiturates, benzodiazepines, cocaine and metabolites, methadone, methaqualones, opiates, phencyclidines, phenothiazine, propoxyphenes, quinine, tetrahydrocannabinoids (marijuana) and tricyclic antidepressants. Screening by a broad-spectrum chromatographic procedure, which detects multiple drug classes, should be billed using code 80100. Each step in the sequential development of a chromatograph is NOT considered a separate procedure. When an analytical condition, e.g., column temperature or flow rate, is changed such that additional controls must be run, subsequent analysis of the same specimen for additional drug(s) is considered a separate procedure for billing purposes. Screening by immunoassay or a chromatographic method, which detects a single drug or drug class should be billed, per procedure, using code 80101. Confirmation of presumptive positives (or presumptive negatives for compliance monitoring) MUST be by methodology of differing chemical and physical principle from that used in the initial screen. Code 80102 is billable per confirmatory procedure, regardless of analytical method. Quantitation of detected drugs is not reimbursable. Code 82205 is for therapeutic monitoring only.
- 6A. Certain laboratory procedures are often performed, either manually or on automated equipment, in combination with each other. For purposes of reimbursement, when a code defines a specific combination of procedures performed on a date of service, it is appropriate to utilize that unique code.
- 6B. When procedures for Vitamin B12 (82607) and Folate (82746 or 82747) are performed in combination, the maximum reimbursable fee for code 82746 or 82747 is \$6.25. When a procedure for Ferritin (82728) is performed in combination with Vitamin B12 or Folate, or any of the Organ or Disease Oriented Panels (80048-80076), or any of the individual chemistry analyte codes listed in the fee schedule (see Rule 6A), the maximum reimbursable fee for 82728 is \$5.70.
- 6C. When two or more Hepatitis B tests are performed in combination, reimbursement will be reduced by 50% for each test after the first. See also Rule 16. When Hepatitis A, C or D tests (codes 86692, 86708, 86709, 86803 or 87380) are performed in combination with each other or with any Hepatitis B test, the maximum reimbursable fee per Hepatitis A, C or D test is \$5.00. When multiple procedures for antigen or antibody to two or more infectious agents (codes 86602-86689 and 86698-86703 or 86710-86793) are performed in combination, reimbursement is limited to the greater fee plus 50% of the lesser fee(s). The fee for code 86701 Antibody HIV-1 includes reimbursement for up to three screen assays of a single specimen. Use code 87390 for P24 HIV antigen.
- 7A. For purposes of reimbursement based on the Laboratory Fee Schedule, a complete blood count (CBC) includes a hematocrit, hemoglobin determination, RBC count, RBC indices, WBC count and a platelet count. See code 85027. For a CBC with an automated differential WBC count, use code 85025. **Code 85060 requires interpretation by physician and written report.**

- 7B. Codes for CBC individual components (85013, 85014, 85018, 85048 and 85049) may not be billed in conjunction with procedure codes including a CBC (85025 and 85027). The code for automated differential WBC count (85004) may not be billed in conjunction with codes 85025 and 85027.
8. For purposes of reimbursement, codes 86850-86905 represent examples of procedures considered to be integral parts of outpatient transfusion and hemodialysis services. No separate reimbursement will be allowed.
9. For **pregnancy detection** and where the reported test result is qualitative or semi-quantitative, use code 81025 or 84703. Code 84702 is reimbursable for a quantitative HCG value reported for a diagnostic use (e.g., monitoring post surgical growth of germ cell neoplasm where quantitative HCG is relative to growth). Code 84702 is not reimbursable for a routine screen for pregnancy.
10. Appropriate billing of antibody and antigen procedures is as follows:
- A. For antibody or antigen as specific markers of infectious disease, use the most specific code corresponding to the organism name (e.g., 86618 Antibody; *Borrelia burgdorferi*) or the disease name (e.g., 87340 Hepatitis B surface antigen).
 - B. For an infectious agent antibody or antigen not listed by name, use the "**By Report**" code for the type of organism (e.g., 86609 Antibody; bacterium not elsewhere specified or the analytical method, e.g. 87299 Infectious agent antigen detection by immunofluorescent technique; not otherwise specified, each organism). Document the name of the organism, and, if applicable, the immunoglobulin subclass(es), on the Claim Form (See Rule 3).
 - C. For antibody other than to infectious agent(s) (e.g., autoantibodies) use the most specific code corresponding to the analyte (e.g., 86376 Microsomal antibody (e.g. thyroid or liver-kidney, each)).
 - D. For non-infectious agent antibody or antigen NOT listed by analyte, use the **most** specific code for the method used (e.g., 86255 Fluorescent **noninfectious** agent antibody; screen each antibody); when billing "**By Report**", the name of the analyte must be documented on the Claim Form (See Rule 3).
 - E. Multiple tests to detect (1) antibodies to organisms/analytes classified more precisely than the specificity allowed by available codes, (2) antibodies in paired specimens (acute vs. convalescent), or (3) antibodies of different immunoglobulin subclasses, are reimbursable as separate procedures; multiple units of a code (e.g., two units of 86658 for Coxsackie A and B species of enterovirus) may be claimed when analyses yield separately reported results for each subclassification, specimen or Ig subclass.

11. Organ or Disease Orientated Panel codes. Effective July 1, 2000, the panel codes 80047, 80048, 80051, 80053, 80061, 80069 and 80076 should be used to bill designated combinations of tests regardless of whether the tests are ordered and/or performed individually, as a panel, or as multiple panels at different times. If 2 or more panel codes with overlapping component tests, (i.e., 80047, 80048, 80051, 80053, 80076) are billed, the lab is not entitled to reimbursement for the duplicate tests. If one or more of the codes for chemistry tests where this rule applies are billed in combination with another and/or a panel code, total payment due for those chemistry tests is limited as follows: up to 2=\$5.03, 3-6=\$6.04, 7-9=\$7.25, 10-12=\$9.09, 13-16=\$10.00, 17-18=\$11.00, 19 or more=\$12.00.
12. Cytogenetic studies codes 88245, 88267 and 88269 must be billed in combination with code 88280 to report a 2-karyotype chromosome analysis as described in the quality control standards for cytogenetic licensure.
13. Reimbursement for immunoelectrophoresis includes payment for the electrophoretic separation and quantitation. Therefore, no separate reimbursement for code 84165 will be allowed when code(s) 86320-86325 are billed.
14. The molecular diagnostics codes (83890-83913) are reimbursable for **DNA-based genetic testing** performed as (1) a family study of up to six individuals (up to a maximum of six probes or primer pairs per individual) to determine the genetic carrier/disease status of an individual patient or a fetus as part of a comprehensive program of genetic counseling and where indicated by familial medical history or adjunctive prenatal testing **OR** (2) an individual study by diagnostic deletion analysis of a patient affected by a genetic disorder. DNA-based testing defined under State licensure as investigational for a certain disease is not reimbursable. Codes 83890-83913 are not reimbursable for non-genetic applications such as microbial detection or quantification, or testing for acquired changes in genetic material (e.g., T or B cell markers, immunoglobulin heavy or light chain rearrangements associated with malignancy). The listed fee for code 83912 is for interpretation and report of a single specimen, e.g., a carrier study. When using code 83912 to claim reimbursement for pedigree or linkage analysis, submit a report according to "**By Report**" instructions in Rule 3.
15. Code 82105, 82106, 82378, 83950, 83951, 84066, 84153, 84154, 84702 or 86316 is reimbursable for an **oncofetal antigen** (tumor marker) procedure used as an adjunctive test with other accepted tests in monitoring for tumor growth recurrence in a patient who has had a tumor irradiated or surgically removed. Codes 82105 and 82106 are also reimbursable for alpha-fetoprotein testing used for prenatal (nondiagnostic) gestational age dependent screening for neural tube defects. Code 86316 for immunoassay for a tumor antigen not elsewhere specified, e.g., CA 50, is billable "**By Report**". When a procedure for (CEA) carcinoembryonic antigen (82378) is performed in combination with Comprehensive Metabolic Panel (code 80053) the maximum reimbursable fee for code 82378 is \$8.00. A test for an oncofetal antigen (tumor marker) is reimbursable for diagnostic purposes only when used in accordance with the FDA approval criteria for its use.

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When 84153 and 84152 or 84154 are billed in combination, the maximum fee for 84152 or 84154 is \$21.35.

16. Claims for reimbursement for procedures generally considered to be follow-up testing must be supported by reporting a specific (presumptive) diagnosis which considers the results of the initial test(s) as well as the patient's history, symptoms, etc. The ordering practitioner must supply such diagnosis, or reason for the patient encounter, to the laboratory. For example:
 - A. Code 82172 is reimbursable when performed for diagnostic purposes for a patient with documented elevated total cholesterol (>240 mg/dl) and an abnormally low HDL cholesterol level (< 35 mg/dl) and/or documented family history of coronary artery disease (CAD). A test for apolipoprotein(s) is **not** reimbursable when used as a **screening** procedure for CAD risk assessment.
 - B. Thyroid function tests other than "screen" tests for clinically suspected thyroid dysfunctions are reimbursable only when indicated for differential diagnosis, to resolve disagreement with documented clinical impressions, to resolve equivocal results or to monitor therapeutic regimens of diagnosed thyroid-dysfunctional patients. For purposes of this rule, a "screen" test is either total thyroxine (84436) or free thyroxine index (84436 + 84479) or sensitive-TSH (84443).
 - C. Serologic markers that are clinically indicated for staging, management or prognosis of viral hepatitis B are reimbursable only when it is determined by initial diagnostic testing that the patient has type B hepatitis.
17. The fee for presumptive identification of microbial culture isolates includes reimbursement for all procedures used to presumptively identify the organism, including stains. When definitive identification is medically necessary and additional methods are used for definitive identification, (e.g., molecular methods) use code 87076 or 87077, as applicable, in addition to the appropriate code for isolation (87040 - 87075).
18. Lymphocyte evaluation by immunophenotyping is reimbursable for analysis of lymphocyte subpopulations for monitoring of disease activity and therapeutic response in, for example, immunodeficiency or autoimmune disease, or cancer. Only those antibodies or "markers" FDA-approved or cleared and/or approved by the Department are reimbursable as follows:
 - A. Bill 1 unit of code 86360 when the lab performs an "abbreviated lymphocyte" analysis panel* by 2-color flow cytometric analysis or any acceptable tube combination out of the possible four analysis tubes by 3 or 4-color flow cytometric analysis, and reports absolute CD4 counts with CD8 counts;
 - B. Bill 2 units of code 86360 when the lab performs a "full lymphocyte" analysis panel* by 2, 3 or 4-color flow cytometric analysis and reports absolute CD4 counts with CD8 counts. Codes 86355, 86357, 86359, 88184, 88185 and 88187 through 88189 are not reimbursable for a 'full lymphocyte' analysis panel when only performing absolute CD4 counts with CD8 counts;

- C. Bill 1 unit of code 86361 when the lab performs lymphocyte subpopulation counts by a method other than flow cytometry or microscopy, and reports only absolute CD4 counts with or without CD8 counts;
- D. Bill 1 unit of one or more of the codes 86355, 86357, 86359, 86367, 88184 and whenever appropriate, 1 or more units of 88185, when the lab performs flow cytometric testing using multiple markers (e.g. lymphoma/leukemia testing). When CD4/CD8 analysis is included, 1 unit of 86360 should be billed in addition, and when CD4 analysis is included (without CD8), bill 1 unit of 86361 in addition. Codes 86360 and 86361 may not be billed for the same date of service. 88184 and 88185 should be used for unlisted markers, including markers used to draw gates, set cursors and monitor variability. Bill 1 unit of the appropriate interpretation code (88187 through 88189) based on the total number of markers performed;
- E. Bill code 88346 or 88347 when the lab performs microscopic or other non-flow cytometric subset analysis using tagged antibody(ies); bill 1 unit of code 88346 or 88347 per marker.

* "Abbreviated lymphocyte" and "full lymphocyte" panels are as defined by the New York State Cellular Immunology Proficiency Testing Program.

- 19. Code **86341 Islet cell antibody** is reimbursable when used to differentiate type I from type II diabetes in patients with equivocal clinical presentation. It is not reimbursable when used as a predictor of disease, e.g., in first-degree relatives of persons with diabetes mellitus.
- 20. Code **87536 HIV-1 quantitation** is reimbursable when used in patient management to predict clinical outcomes, to predict risk of disease progression, and/or to provide information for a decision to initiate antiretroviral drug therapy or to change treatment regimes. This test is allowed as clinically indicated up to a maximum of six per year.
- 21. HIV genotypic/phenotypic drug resistance testing and phenotypic prediction using genotypic comparison to known databases is a covered service when clinically indicated. Medicaid will reimburse each test (87900, 87901, 87903, 87904) up to a maximum of three times in a 365-day period across all providers or any combination of 87901 and 87903 up to a maximum of four times in a 365-day period across all providers.

Effective for dates of service on and after **April 1, 2002**, code 87903 reimburses \$675.29 for resistance determinations of up to 10 antiviral drugs. Code 87904 should be billed in addition to 87903 to claim reimbursement for additional drug resistance determinations, using one unit for **each (1) additional drug**.

When codes 87901 and 87903 are billed with the same date of service, the maximum reimbursable fee for the combination of 87901 and 87903 is \$925.29, i.e., \$100 less than the additive maximum fees for the codes.

22. For instrumented screening of PAP smears (codes 88174 and 88175), the following definitions apply:
 - A. For code 88174, “screening by automated system” means primary examination by a slide profiling system without human review and primary examination by human review of all fields of vision selected by a locations-guidance system, with or without quality assurance manual or automated re-screening.
 - B. For code 88175, “screening by automated systems and manual rescreening” means primary examination by human review of all or some fields of vision selected by a location guidance system, and, in addition, full slide review (e.g., AutoScan mode engaged), with or without quality assurance manual or automated rescreening.
23. Effective September 1, 2004, travel expenses associated with in-home phlebotomy services, i.e., blood draws, is reimbursable using code P9604. The recipient must be eligible for in-home phlebotomy as documented by a qualified ordering practitioner and defined below.

A recipient is eligible for in-home phlebotomy if:

1. The recipient is homebound, which means he or she has a condition due to illness or injury that precludes access to routine medical services outside of his/her residence without special arrangements for transportation, i.e., ambulance, ambulette, and taxi with assistance in areas where public transportation is unavailable; or has a condition that makes leaving the residence medically contraindicated; **and**,
2. The recipient is participating in a Medicaid-covered home care program or is currently receiving a Medicaid-covered home care service, i.e., personal care services, certified home health agency (CHHA) services, consumer-directed personal assistance services, or the Long Term Home Health Care Program (LTHHCP).

Travel expenses are NOT a covered service if they are solely to:

1. Draw blood from patients in a skilled nursing facility;
2. Draw blood from a recipient who receives medical services in his or her residence from a professional whose scope of practice authorizes the drawing of blood; or,
3. Pick-up and transport a specimen collected by a home health care provider or anyone other than a laboratory representative.

The laboratory is entitled to only one fee for one-way or round-trip travel to a single address, regardless of the number of specimens collected or the number of recipients drawn at that location. There is a limit of 12 claims per recipient per year for in-home phlebotomy service; this allows for 12 round-trips or 12 one-way trips, or any combination of no more than 12 round or one-way trips. The number of specimens collected per trip must be documented.

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To calculate the appropriate reimbursement amount for claiming travel to and from in-home phlebotomy services, multiply the number of trips or stops (including the return trip to the laboratory) by the fee and divide this amount by the number of patients seen. The laboratory will pro-rate when the claim is submitted based on the number of patients seen on that trip. The "same address" is defined as a building or complex with the same entrance and egress off of a public road, such as an apartment complex.

Rules for billing, including pro-rating for multiple recipients:

1. One recipient at one site: A laboratory representative travels from the laboratory to the home of one recipient and returns to the laboratory without making any other stops. The trip out and back is paid as a round-trip. The laboratory should submit a single line claim for **\$18.70** ($2 \times \$9.35 = \18.70).

2. One recipient at each of multiple sites: A laboratory representative travels in a circuit from the laboratory to the home of each of six recipients and returns to the laboratory. Each segment is paid as a one-way trip at a flat rate of \$9.35. The laboratory is entitled to a total of \$65.45 ($7 \times \$9.35 = \65.45) but, since a separate claim must be submitted for each recipient, \$65.45 must be divided by the number of recipients, which is six. Each of the six recipient claims would be submitted for **\$10.91**.

3. Multiple recipients at a single address: A laboratory representative travels from the laboratory to an apartment complex, draws blood from six recipients and returns to the laboratory. The laboratory is entitled to one round trip fee of \$18.70, but, since a separate claim must be submitted for each recipient, the \$18.70 must be divided by the number of recipients, which is six. Each of the six recipients' claims would be submitted for **\$3.12**.

4. Multiple recipients at one address + one recipient at each of several additional sites: A laboratory representative travels from the laboratory to an apartment complex and draws blood from three recipients; he then continues his circuit to three separate residences, and draws blood from one recipient at each, and returns to the laboratory. The laboratory should bill as follows:

The laboratory is entitled to \$9.35 for the trip segment from the laboratory to the apartment complex;

For each of the three recipients drawn at separate addresses, the laboratory is entitled to \$9.35 trip segment. The laboratory is also entitled to \$9.35 for the return to the laboratory. The total would be four times \$9.35, or \$37.40.

The total number of stops are 5 (one stop from the laboratory to the apartment complex, stops at three recipients' homes and the return trip to the laboratory). The laboratory is entitled to a total of \$46.75 ($5 \times \$9.35 = \46.75), but since a separate claim must be submitted for each recipient, \$46.75 must be divided by the number of recipients which is six. Each of the six recipient's claims would be submitted for \$7.79.

24. The Medicaid definition for "date of service" for laboratory providers is the date of specimen collection. For laboratory tests that use a specimen taken from storage, the date of service is the date the specimen was removed from storage.

25. NCCI Modifiers:

Note- NCCI associated modifiers are recognized for NCCI code pairs/related edits. For additional information please refer to the CMS website:

<http://www.cms.hhs.gov/NationalCorrectCodInitEd/>

-59 Distinct procedural service

-91 Repeat clinical diagnostic laboratory test

<u>CODE</u>	<u>DESCRIPTION</u>
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ORGAN OR DISEASE ORIENTED PANELS (see Rule 11)

- | | |
|-------|--|
| 80047 | Basic metabolic panel (Calcium, ionized)
This panel must include the following:
Calcium, ionized (82330), Carbon dioxide (82374), Chloride (82435), Creatinine (82565), Glucose (82947), Potassium (84132), Sodium (84295), Urea Nitrogen (BUN) (84520) |
| 80048 | Basic metabolic panel (Calcium, total)
This panel must include the following:
Calcium, total (82310), Carbon dioxide (82374), Chloride (82435), Creatinine (82565), Glucose (82947), Potassium (84132), Sodium (84295), Urea Nitrogen (BUN) (84520) |
| 80051 | Electrolyte panel
This panel must include the following:
Carbon dioxide (82374), Chloride (82435), Potassium (84132), Sodium (84295) |
| 80053 | Comprehensive metabolic panel
This panel must include the following:
Albumin (82040), Bilirubin, total (82247), Calcium, total (82310), Carbon dioxide (bicarbonate) (82374), Chloride (82435), Creatinine (82565), Glucose (82947), Phosphatase, alkaline (84075), Potassium (84132), Protein, total (84155), Sodium (84295), Transferase, alanine amino (ALT) (SGPT) (84460), Transferase, aspartate amino (AST) (SGOT) (84450), Urea Nitrogen (BUN) (84520) |
| 80061 | Lipid panel
This panel must include the following:
Cholesterol, serum, total (82465), Lipoprotein, direct measurement, high density cholesterol (HDL cholesterol) (83718), Triglycerides (84478) |
| 80069 | Renal function panel
This panel must include the following:
Albumin (82040), Calcium, total (82310), Carbon dioxide (bicarbonate) (82374), Chloride (82435), Creatinine (82565), Glucose (82947), Phosphorus, inorganic (phosphate) (84100), Potassium (84132), Sodium (84295), Urea nitrogen (BUN) (84520) |
| 80076 | Hepatic function panel
This panel must include the following:
Albumin (82040), Bilirubin, total (82247), Bilirubin, direct (82248), Phosphatase, alkaline (84075), Protein, total (84155), Transferase, alanine amino (ALT) (SGPT) (84460), Transferase, aspartate amino (AST) (SGOT) (84450) |

<u>CODE</u>	<u>DESCRIPTION</u>
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DRUG TESTING

Qualitative screening tests are reimbursable per procedure, not method or analyte, using code 80100 or 80101. Use code 80102 for each procedure necessary for confirmation. See Rule 5B.

- | | |
|-------|--|
| 80100 | Drug screen, qualitative; multiple drug classes chromatographic method, each procedure |
| 80101 | single drug class method (e.g., immunoassay, enzyme assay), each drug class |
| 80102 | Drug confirmation, each procedure |

THERAPEUTIC DRUG ASSAYS

Quantitative therapeutic drug monitoring is reimbursable only when performed on specimens of **blood** as outlined in Rule 5A.

(For barbiturates not specifically listed by name, use 82205)

- | | |
|-------|-------------------------------------|
| 80150 | Amikacin |
| 80152 | Amitriptyline |
| 80156 | Carbamazepine; total |
| 80157 | free |
| 80158 | Cyclosporine |
| 80160 | Desipramine |
| 80162 | Digoxin |
| 80164 | Dipropylacetic acid (valproic acid) |
| 80166 | Doxepin |
| 80168 | Ethosuximide |
| 80170 | Gentamicin |

(For glutethimide, use 82980)

- | | |
|-------|-------------|
| 80173 | Haloperidol |
| 80174 | Imipramine |
| 80178 | Lithium |

(For methsuximide, use 83858)

- | | |
|-------|------------------|
| 80182 | Nortriptyline |
| 80184 | Phenobarbital |
| 80185 | Phenytoin; total |
| 80186 | free |
| 80188 | Primidone |
| 80194 | Quinidine |
| 80195 | Sirolimus |
| 80196 | Salicylate |
| 80197 | Tacrolimus |
| 80198 | Theophylline |

<u>CODE</u>	<u>DESCRIPTION</u>
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|-------|---|
| 80200 | Tobramycin |
| 80202 | Vancomycin |
| 80299 | Quantitation of drug, not elsewhere specified (see Rule 5A) |

EVOCATIVE/SUPPRESSION TESTING

The following tests involve the administration of evocative or suppressive agents and the baseline and subsequent measurement of their effects on chemical constituents. The costs of the evocative or suppressive agents are not included in the fee, with the exception of oral glucose for codes 80430 and 82950 – 82953. Reference to a particular analyte in the code description (e.g., cortisol x 2) indicates the minimum number of times that particular analysis must be performed in order to claim reimbursement for the test. When multiple evocative or suppressive tests are performed in combination reimbursement is limited to the greater fee plus 50% of the lesser fee(s).

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| 80400 | ACTH stimulation panel; for adrenal insufficiency (cortisol x 2) |
| 80402 | for 21 hydroxylase deficiency (cortisol x 2 and 17 hydroxyprogesterone x 2) |
| 80406 | for 3 beta-hydroxydehydrogenase deficiency (cortisol x 2 and 17 hydroxypregnenolone x 2) |
| 80410 | Calcitonin stimulation panel (e.g., calcium, pentagastrin) (calcitonin x 3) |
| 80414 | Chorionic gonadotropin stimulation panel; testosterone response (testosterone x 2) |
| 80415 | estradiol response (estradiol x 2) |
| 80416 | Renal vein renin stimulation panel (e.g., captopril) (renin x 6) |
| | (For a single measurement of blood cortisol after administration of dexamethasone, use 82533) |
| 80420 | Dexamethasone suppression panel, 48 hour (free cortisol/urine x 2 and cortisol x 2) |
| | (For gastrin-secretin stimulation test, use 82938) |
| | (For glucose tolerance test, use 82951 +/-82952) |
| 80426 | Gonadotropin releasing hormone stimulation panel (follicle stimulating hormone (FSH) x 4 and luteinizing hormone (LH) x 4) |
| 80428 | Growth hormone stimulation panel (e.g., arginine infusion, l-dopa administration) (human growth hormone (HGH) x 4) |
| 80430 | Growth hormone suppression panel (includes glucose) (glucose x 3 and human growth hormone (HGH) x 4) |
| 80432 | Insulin-induced C-peptide suppression panel (insulin x 1 and C-peptide x 5 and glucose x 5) |
| 80436 | Metyrapone panel (cortisol x 2 and 11-deoxycortisol x 2) |
| 80438 | Thyrotropin releasing hormone (TRH) stimulation panel; one hour (thyroid stimulating hormone (TSH) x 3) |
| | (For tolbutamide tolerance test, use 82953) |
| | (For xylose tolerance test, use 84620) |

<u>CODE</u>	<u>DESCRIPTION</u>
82143	Amniotic fluid scan (spectrophotometric)
82150	Amylase (see Rule 11)
82154	Androstenediol glucuronide
82157	Androstenedione
	(For androsterone, see ketogenic steroids 83593)
82172	Apolipoprotein, each (see Rule 16)
82175	Arsenic
82180	Ascorbic acid (Vitamin C), blood
82205	Barbiturates, not elsewhere specified (therapeutic monitoring only) (see Rule 5)
82232	Beta-2 microglobulin
82239	Bile acids; total
82240	cholyglycine
82247	Bilirubin; total (see Rule 11)
82248	direct (see Rule 11)
82261	Biotinidase, each specimen
82270	Blood, occult, by peroxidase activity (e.g., guaiac), qualitative; feces, consecutive collected specimens with single determination, for colorectal neoplasm screening (e.g., patient was provided three cards or single triple card for consecutive collection)
82274	Blood, occult, by fecal hemoglobin determination by immunoassay, qualitative, feces, 1-3 simultaneous determinations
82300	Cadmium
82306	Vitamin D; 25 hydroxy, includes fraction(s), if performed
82308	Calcitonin
82310	Calcium; total (see Rule 11)
82330	ionized (see Rule 11)
82340	urine quantitative, timed specimen (see Rule 11)
82355	Calculus; qualitative analysis
82360	quantitative analysis, chemical
82365	infrared spectroscopy
82370	x-ray diffraction
82373	Carbohydrate deficient transferrin
82374	Carbon dioxide (bicarbonate) (see Rule 11)
82375	Carboxyhemoglobin; quantitative
82378	Carcinoembryonic antigen (CEA) (see Rule 15)
82379	Carnitine (total and free), quantitative, each specimen
82382	Catecholamines; total urine
82383	blood
82384	fractionated
82390	Ceruloplasmin
82435	Chloride; blood (see Rule 11)
82436	urine (see Rule 11)

<u>CODE</u>	<u>DESCRIPTION</u>
82438	other source (see Rule 11) (For sweat collection by iontophoresis, use 89230)
82465	Cholesterol, serum or whole blood, total (see Rule 11) (For high density lipoprotein (HDL), see 83718)
82480	Cholinesterase; serum
82495	Chromium
82507	Citrate
82523	Collagen cross links, any method
82525	Copper
82530	Cortisol; free
82533	total
82550	Creatine kinase (CK),(CPK); total (see Rule 11)
82552	isoenzymes
82553	MB fraction only
82565	Creatinine; blood (see Rule 11)
82570	other source (see Rule 11)
82575	clearance (see Rule 11)
82595	Cryoglobulin, qualitative or semi-quantitative (e.g., cryocrit)
82607	Cyanocobalamin (Vitamin B-12); (see Rule 6B)
82608	unsaturated binding capacity
82615	Cystine and homocystine, urine, qualitative
82626	Dehydroepiandrosterone (DHEA)
82627	Dehydroepiandrosterone-sulfate (DHEA-S)
82634	Deoxycortisol, 11-
82656	Elastase, pancreatic (EL-1), fecal, qualitative or semi-quantitative
82668	Erythropoietin
82670	Estradiol
82672	Estrogens; total
82677	Estriol
82679	Estrone (For etiocholanolone, see ketogenic steroids 83593)
82705	Fat or lipids, feces; qualitative
82710	quantitative
82726	Very long chain fatty acids
82728	Ferritin
82731	Fetal fibronectin, cervicovaginal secretions, semi-quantitative
82746	Folic acid; serum (see Rule 6B)
82747	RBC (see Rule 6B) (For fructosamine, use 82985)

<u>CODE</u>	<u>DESCRIPTION</u>
82759	Galactokinase, RBC
82760	Galactose
82775	Galactose-1-phosphate uridyl transferase; quantitative
82784	Gammaglobulin (immunoglobulin); IgA, IgD, IgG, IgM, each
82785	IgE
82787	immunoglobulin subclasses (eg, IgG1, 2, 3 or 4), each
82803	Gases, blood, any combination of (two or more) pH, pCO ₂ , pO ₂ , CO ₂ , HC0 ₃ (including calculated O ₂ saturation);
82805	with O ₂ saturation, by direct measurement, except pulse oximetry
82810	Gases, blood, O ₂ saturation only, by direct measurement, except pulse oximetry
82820	Hemoglobin-oxygen affinity (pO ₂ for 50% hemoglobin saturation with oxygen)
82938	Gastrin after secretin stimulation
82941	Gastrin
82943	Glucagon
82945	Glucose, body fluid, other than blood (see Rule 11)
82947	Glucose; quantitative, blood (except reagent strip) (see Rule 11)
82948	blood, reagent strip
82950	post glucose dose (includes glucose)
82951	tolerance test (GTT), three specimens (includes glucose)
82952	tolerance test, each additional beyond three specimens
82953	tolbutamide tolerance test (glucose x 7 and insulin x 7) (includes glucose, for more information see Evocative/Suppression Testing Section)
82955	Glucose-6-phosphate dehydrogenase (G6PD); quantitative
82960	screen
82963	Glucosidase, beta
82965	Glutamate dehydrogenase
82977	Glutamyltransferase, gamma (GGT) (see Rule 11)
82980	Glutethimide
82985	Glycated protein (For gonadotropin, chorionic, see 81025, 84702, 84703)
83001	Gonadotropin; follicle stimulating hormone (FSH)
83002	luteinizing hormone (LH)
83003	Growth hormone, human (HGH) (somatotropin) (For multiple measurements of growth hormone in stimulation/suppression tests, see 80428 – 80430)
83009	Helicobacter pylori, blood test analysis for urease activity, non-radioactive isotope (e.g., C-13) (includes kit)
83010	Haptoglobin; quantitative
83013	Helicobacter pylori; breath test analysis for urease activity, non-radioactive isotope (includes kit)
83015	Heavy metal (arsenic, barium, beryllium, bismuth, antimony, mercury); screen

<u>CODE</u>	<u>DESCRIPTION</u>
83020	Hemoglobin fractionation and quantitation; electrophoresis (e.g., A2, S, C, and/or F)
83021	chromatography (e.g., A2, S, C, and/or F)
83030	Hemoglobin; F (fetal), chemical
83036	glycosylated (A1C)
	(For fecal hemoglobin detection by immunoassay, use 82274)
83050	methemoglobin, quantitative
83051	plasma
83080	b-Hexosaminidase, each assay (Tay Sachs diagnostic/carrier testing)
83090	Homocystine
83150	Homovanillic acid (HVA)
83497	Hydroxyindolacetic acid, 5-(HIAA)
83498	Hydroxyprogesterone, 17-d
83500	Hydroxyproline; free
83505	total
83525	Insulin; total
83527	free
83540	Iron (see Rule 11)
83550	Iron binding capacity (see Rule 11)
83586	Ketosteroids, 17- (17-KS); total
83593	fractionation
83605	Lactate (lactic acid)
83615	Lactate dehydrogenase (LD), (LDH); (see Rule 11)
83625	isoenzymes, separation and quantitation
83630	Lactoferrin, fecal; qualitative
83631	quantitative
83655	Lead
83661	Fetal lung maturity assessment; lecithin sphingomyelin (L/S) ratio
83662	foam stability test
83663	fluorescence polarization
83664	lamellar body density
83690	Lipase
83718	Lipoprotein, direct measurement; high density cholesterol (HDL cholesterol) (see Rule 11)
83727	Luteinizing releasing factor (LRH)
83735	Magnesium (see Rule 11)
83785	Manganese
83825	Mercury, quantitative
83835	Metanephrines
83858	Methsuximide
83864	Mucopolysaccharides, acid; quantitative
83866	screen
83876	Myeloperoxidase (MPO)

<u>CODE</u>	<u>DESCRIPTION</u>
83880	Natriuretic peptide (For coding guidelines for molecular diagnostic services, 83890-83913, see Rule 14)
83890	Molecular diagnostics; molecular isolation or extraction, each nucleic acid type (ie, DNA or RNA)
83891	isolation or extraction of highly purified nucleic acid, each nucleic acid type (ie, DNA or RNA)
83892	enzymatic digestion, each enzyme treatment
83893	dot/slot blot production, each nucleic acid preparation
83894	separation by gel electrophoresis (eg, agarose, polyacrylamide), each nucleic acid preparation
83896	nucleic acid probe, each
83897	nucleic acid transfer (eg, Southern, Northern), each nucleic acid preparation
83898	amplification, target, each nucleic acid sequence
83900	amplification, target, multiplex, first two nucleic acid sequences
83901	amplification, target, multiplex, each additional nucleic acid sequence beyond 2 (List separately in addition to primary procedure) (see Rule 14)
83902	reverse transcription
83903	mutation scanning, by physical properties (e.g., single strand conformational polymorphisms (SSCP), heteroduplex, denaturing gradient gel electrophoresis (DGGE), (RNA'ase A), single segment, each
83904	mutation identification by sequencing, single segment, each segment
83905	mutation identification by allele specific transcription, single segment, each segment
83906	mutation identification by allele specific translation, single segment, each segment
83907	lysis of cells prior to nucleic acid extraction (eg, stool specimens, paraffin embedded tissue), each specimen
83908	amplification, signal, each nucleic acid sequence (For multiplex amplification, see 83900, 83901)
83909	separation and identification by high resolution technique (eg, capillary electrophoresis), each nucleic acid preparation
83912	interpretation and report (see Rule 14)
83913	RNA stabilization
83914	Mutation identification by enzymatic ligation or primer extension, single segment, each segment (e.g., oligonucleotide ligation assay (OLA), single base chain extension (SBCE), or allele-specific primer extension (ASPE))
S3713	KRAS mutation analysis testing
S3818	Complete gene sequence analysis; BRCA 1 gene
S3819	BRCA 2 gene

<u>CODE</u>	<u>DESCRIPTION</u>
S3820	Complete BRCA1 and BRCA2 gene sequence analysis for susceptibility to breast and ovarian cancer
S3822	Single mutation analysis (in individual with a known BRCA1 or BRCA2 mutation in the family) for susceptibility to breast and ovarian cancer
S3823	Three-mutation BRCA1 and BRCA2 analysis for susceptibility to breast and ovarian cancer in Ashkenazi individuals
S3828	Complete gene sequence analysis; MLH1 gene
S3829	Complete gene sequence analysis; MLH2 gene
S3830	Complete MLH1 and MLH2 gene sequence analysis for hereditary nonpolyposis colorectal cancer (HNPCC) genetic testing
S3831	Single-mutation analysis (in individual with a known MLH1 and MLH2 mutation in the family) for hereditary nonpolyposis colorectal cancer (HNPCC) genetic testing
S3833	Complete APC gene sequence analysis for susceptibility to familial adenomatous polyposis (FAP) and attenuated FAP
S3834	Single-mutation analysis (in individual with a known APC mutation in the family) for susceptibility to familial adenomatous polyposis (FAP) and attenuated FAP
S3835	Complete gene sequence analysis for cystic fibrosis genetic testing
S3840	DNA analysis for germline mutations of the RET proto-oncogene for susceptibility to multiple endocrine neoplasia type 2
S3842	Genetic testing for Von Hippel-Lindau disease
S3843	DNA analysis of the F5 gene for susceptibility to factor V Leiden thrombophilia
S3844	DNA analysis of the connexin 26 gene (GJB2) for susceptibility to congenital, profound deafness
S3845	Genetic testing for alpha-thalassemia
S3846	Genetic testing for hemoglobin E beta-thalassemia
S3847	Genetic testing for Tay-Sachs disease
S3848	Genetic testing for Gaucher disease
S3849	Genetic testing for Niemann-Pick disease
S3850	Genetic testing for sickle cell anemia
S3851	Genetic testing for Canavan disease
S3852	DNA analysis for APOE epsilon 4 allele for susceptibility to Alzheimer's disease
S3853	Genetic testing for myotonic muscular dystrophy
S3860	Genetic testing, comprehensive cardiac ion channel analysis, for variants in 5 major cardiac ion channel genes for individuals with high index of suspicion for familial long QT syndrome (LQTS) or related syndromes
S3861	Genetic testing, sodium channel, voltage-gated, type V, alpha subunit (SCN5A) and variants for suspected Brugada Syndrome
S3865	Comprehensive gene sequence analysis for hypertrophic cardiomyopathy
S3866	Genetic analysis for a specific gene mutation for hypertrophic cardiomyopathy (HCM) in an individual with a known HCM mutation in the family
S3870	Comparative genomic hybridization (CGH) microarray testing for developmental delay, autism spectrum disorder and/or mental retardation

<u>CODE</u>	<u>DESCRIPTION</u>
83918	Organic acids; total, quantitative, each specimen
83919	qualitative, each specimen
83921	Organic acid, single, quantitative
83930	Osmolality; blood (see Rule 4)
83935	urine (see Rule 4)
83945	Oxalate
83950	Oncoprotein; HER-2/neu (see Rule 15)
83951	des-gamma-carboxy-prothrombin (DCP)
83970	Parathormone (parathyroid hormone)
83993	Calprotectin, fecal
84030	Phenylalanine (PKU), blood
84060	Phosphatase, acid; total (see Rule 11)
84066	prostatic (see Rule 15)
84075	Phosphatase, alkaline; (see Rule 11)
84078	heat stable (total not included) (see Rule 11)
84080	isoenzymes
84081	Phosphatidylglycerol (separate procedure)
84087	Phosphohexose isomerase
84100	Phosphorus inorganic (phosphate); (see Rule 11)
84105	urine (see Rule 11)
84106	Porphobilinogen, urine; qualitative
84110	quantitative
84119	Porphyrins, urine; qualitative
84120	quantitation and fractionation
84132	Potassium; serum, plasma or whole blood (see Rule 11)
84133	urine (see Rule 11)
	(For pregnancy test, use 81025 or 84703)
84134	Prealbumin
84140	Pregnenolone
84143	17-hydroxypregnenolone
84144	Progesterone
	(For 17-hydroxyprogesterone, use 83498)
84146	Prolactin
84152	Prostate specific antigen (PSA); complexed (direct measurement)
84153	total (see Rule 15)
84154	free (see Rule 15)
84155	Protein, total, except by refractometry; serum, plasma or whole blood (see Rule 11)
84156	urine (see Rule 11)
84157	other source (e.g., synovial fluid, cerebrospinal fluid) (see Rule 11)
84160	Protein, total, by refractometry, any source (see Rule 11)
84163	Pregnancy-associated plasma protein-A (PAPP-A)

<u>CODE</u>	<u>DESCRIPTION</u>
84165	Protein; electrophoretic fractionation and quantitation, serum
84166	electrophoretic fractionation and quantitation, other fluids with concentration (e.g., urine, CSF)
84202	Protoporphyrin, RBC; quantitative
84207	Pyridoxal phosphate (Vitamin B-6)
84220	Pyruvate kinase
84233	Receptor assay; estrogen
84234	progesterone
84275	Sialic acid
84295	Sodium; serum, plasma or whole blood (see Rule 11)
84300	urine (see Rule 11)
84302	other source
	(For Somatotropin, see 83003)
84305	Somatomedin
84375	Sugars, chromatographic, TLC or paper chromatography
84376	Sugars (mono-, di-, and oligosaccharides); single qualitative, each specimen
84377	multiple qualitative, each specimen
84378	single quantitative, each specimen
84379	multiple quantitative, each specimen
84402	Testosterone; free
84403	total
84425	Thiamine (Vitamin B-1)
84436	Thyroxine; total
84439	free
84442	Thyroxine binding globulin (TBG)
84443	Thyroid stimulating hormone (TSH)
84446	Tocopherol alpha (Vitamin E)
84449	Transcortin (cortisol binding globulin)
84450	Transferase; aspartate amino (AST) (SGOT) (see Rule 11)
84460	alanine amino (ALT) (SGPT) (see Rule 11)
84466	Transferrin
84478	Triglycerides (see Rule 11)
84479	Thyroid hormone (T3 or T4) uptake (with or without) thyroid hormone binding ratio (THBR)
84480	Triiodothyronine T3; total (TT-3)
84481	free
84482	reverse
84484	Troponin, quantitative
84510	Tyrosine
84512	Troponin, qualitative
84520	Urea nitrogen; quantitative (see Rule 11)
84540	urine (see Rule 11)

Laboratory Procedure Codes

<u>CODE</u>	<u>DESCRIPTION</u>
84550	Uric acid; blood (see Rule 11)
84560	other source (see Rule 11)
84585	Vanillylmandelic acid (VMA), urine
84588	Vasopressin (antidiuretic hormone, ADH)
84590	Vitamin A
84591	Vitamin, not otherwise specified
84597	Vitamin K
84620	Xylose absorption test, blood and/or urine
84630	Zinc
84681	C-peptide
84702	Gonadotropin, chorionic (hCG); quantitative (see Rules 9 and 15)
84703	qualitative (see Rule 9)
84704	free beta chain
84999	Unlisted chemistry/genetic testing procedure (see Rule 3) (Reimbursement is limited to the listed analytes for the purpose of providing information for diagnosis or monitoring of genetic disease or carrier state. Clinical applications other than genetic testing are subject to a coverability determination for unlisted procedures.)

Acetylglucosamidase,
 Alpha N-
 Acid Maltase
 Acyl-CoA Dehydrogenase,
 Medium Chain
 Short Chain
 Adenosine deaminase
 Adenylate kinase
 Aldolase
 Arginosuccinase
 Arylsulfatase A,B and/or C
 ATPase
 Citrate Synthase
 Cytochrome Oxidase
 Dihydropteridine Reductase
 Dystrophin
 Enolase
 Fatty Acids, Long Chain
 Fucosidase, Alpha and/or Beta

Fumarase
 Galactocerebrosidase, Beta
 Galactose -4- Sulfatase
 Galactose -6- Sulfatase
 Galactosidase, Alpha
 and/or Beta
 Glucocerebrosidase, Beta
 Glucuronidase, Beta
 Glyceraldehyde -3-P-
 Dehydrogenase
 Glycerophosphate Dehydrogenase,
 Alpha
 Hexosaminidase, A
 Iduronidase, alpha
 Iduronosulfatase
 Mannosidase, Alpha and/or Beta
 Myoadenylate Deaminase
 NADH Cytochrome C Reductase
 NADH Dehydrogenase

Neuraminidase
 Nucleoside Phosphorylase
 Ornithine Carbamyl
 Transferase (OCT)
 Phosphofructokinase
 Phosphoglucomutase,
 Isoenzymes
 Phosphoglycerate Kinase
 Phosphoglycerate Mutase
 Phosphorylase
 Phosphorylase B Kinase
 Phytanic acid
 Pyruvate Decarboxylase
 Sphingomyelinase
 Succinate Cytochrome C
 Reductase
 Succinate Dehydrogenase
 Sulfaminidase
 Triose phosphate Isomerase

CODE

DESCRIPTION

HEMATOLOGY and COAGULATION

85002	Bleeding time
85004	Blood count; automated differential WBC count
85007	blood smear, microscopic examination with manual differential WBC count (includes RBC morphology and platelet estimation)
85013	spun microhematocrit
85014	hematocrit
85018	hemoglobin (Hgb)
85025	complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count), and automated differential WBC count
85027	complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count)
85032	manual cell count (erythrocyte, leukocyte, or platelet) each
85041	red blood cell (RBC), automated
85044	reticulocyte, manual
85045	reticulocyte, automated
85046	reticulocytes, automated, including one or more cellular parameters (e.g. reticulocyte hemoglobin content (CHR), immature reticulocyte volume (MRV), RNA content), direct measurement
85048	leukocyte (WBC), automated
85049	platelet, automated
85055	Reticulated platelet assay
85060	Blood smear, peripheral,(including) interpretation by physician with written report
85097	Bone marrow; smear interpretation
	(For bone marrow biopsy or cell block interpretation, use 88305)
85210	Clotting; factor II, prothrombin, specific
85220	factor V (AcG or proaccelerin), labile factor
85230	factor VII (proconvertin, stable factor)
85240	factor VIII (AHG), one stage
85244	factor VIII related antigen
85245	factor VIII, VW factor, ristocetin cofactor
85246	factor VIII, VW factor antigen
85247	factor VIII, Von Willebrand factor, multimetric analysis
85250	factor IX (PTC or Christmas)
85260	factor X (Stuart-Prower)
85270	factor XI (PTA)
85280	factor XII (Hageman)
85290	factor XIII (fibrin stabilizing)
85291	factor XIII (fibrin stabilizing), screen solubility
85292	prekallikrein assay (Fletcher factor assay)
85293	high molecular weight kininogen assay (Fitzgerald factor assay)

<u>CODE</u>	<u>DESCRIPTION</u>
85300	Clotting inhibitors or anticoagulants; antithrombin III, activity
85301	antithrombin III, antigen assay
85302	protein C, antigen
85303	protein C, activity
85305	protein S, total
85306	protein S, free
85307	Activated Protein C (APC) resistance assay
85335	Factor inhibitor test
85337	Thrombomodulin
85347	Coagulation time; activated
85348	other methods
85360	Euglobulin lysis
85362	Fibrin(ogen) degradation (split) products (FDP) (FSP); agglutination slide, semiquantitative
85366	paracoagulation
85370	quantitative
85378	Fibrin degradation products, D-dimer; qualitative or semiquantitative
85379	quantitative
85380	ultrasensitive (e.g., for evaluation for venous thromboembolism), qualitative or semiquantitative
85384	Fibrinogen; activity
85385	antigen
85397	Coagulation and fibrinolysis, functional activity, not otherwise specified (eg, ADAMTS-13), each analyte
85441	Heinz bodies; direct
85445	induced, acetyl phenylhydrazine (For hemoglobin, see 83020-83051)
85460	Hemoglobin or RBCs, fetal, for fetomaternal hemorrhage; differential lysis (Kleihauer-Betke)
85461	rosette
85475	Hemolysin, acid
85520	Heparin assay
85536	Iron stain, peripheral blood (For iron stains on bone marrow smears, use code 88313) (For Leder (esterase) stain, use 88319)
85540	Leukocyte alkaline phosphatase with count (For LE factor by latex, use 86235; for lupus anticoagulant, see 85613, 85705)
85549	Muramidase
85555	Osmotic fragility, RBC; unincubated
85557	incubated

<u>CODE</u>	<u>DESCRIPTION</u>
85576	Platelet; aggregation (in vitro), each agent
85610	Prothrombin time
85612	Russell viper venom time (includes venom); undiluted
85613	diluted
85635	Reptilase test
85651	Sedimentation rate, erythrocyte; non-automated
85652	automated
85670	Thrombin time; plasma
85705	Thromboplastin inhibition; tissue
85730	Thromboplastin time, partial (PTT); plasma or whole blood
85732	substitution, plasma fractions, each
85810	Viscosity

IMMUNOLOGY

Immunologic tests for antigen or antibody should be reported using the most specific code available. **For infectious agent antibody or antigen tests, see codes 86602 – 86793 and the cross-references located in that coding range.** See Rules 6 and 10. For antigen identification in solid tissue, see 88342-88347 in Surgical Pathology.

86038	Antinuclear antibodies (ANA);
86039	titer
86060	Antistreptolysin O; titer
86063	screen
86140	C-reactive protein;
86141	high sensitivity (hsCRP)
86146	Beta 2 Glycoprotein 1 antibody, each
86147	Cardiolipin (phospholipid) antibody, each Ig class
86148	Anti-phosphatidylserine (phospholipid) antibody
86157	Cold agglutinin; titer
86160	Complement; antigen, each component
86161	functional activity, each component
86162	total hemolytic (CH50)
86215	Deoxyribonuclease, antibody
86225	Deoxyribonucleic acid (DNA) antibody; native or double stranded
86235	Extractable nuclear antigen, antibody to, any method (e.g., nRNP, SS-A, SS-B, Sm, RNP, Scl70, J01), each antibody
86255	Fluorescent noninfectious agent antibody; screen, each antibody, (not elsewhere specified) (see Rule 10)
86256	titer, each antibody (not elsewhere specified) (see Rule 10)
86294	Immunoassay for tumor antigen, qualitative or semiquantitative (e.g., bladder tumor antigen) (see Rule 15)
86300	Immunoassay for tumor antigen, quantitative; CA 15-3 (27.29) (see Rule 15)
86301	CA 19-9 (see Rule 15)
86304	CA 125 (see Rule 15)

<u>CODE</u>	<u>DESCRIPTION</u>
86305	Human epididymis protein 4 (HE4)
86308	Heterophile antibodies; screening
86309	titer
86316	Immunoassay for tumor antigen; other antigen, quantitative, (e.g., CA 50,72-4, 549), each (not elsewhere specified) (see Rule 15)
	(For measurement of serum HER-2/neu oncoprotein, see 83950)
	(For quantitative immunoassay of infectious agent antibody, use the organism specific codes 86602 et seq.)
86318	Immunoassay for infectious agent antibody, qualitative or semiquantitative, single step method (not elsewhere specified) (e.g., reagent strip)
	(For Streptococcus screen, see 86063 or 87880)
86320	Immunoelectrophoresis; serum
86325	other fluids (e.g., urine, cerebrospinal fluid) with concentration
86329	Immunodiffusion; not elsewhere specified
	(For quantitation of antigenic complement, e.g., C2 or C3, use 86160)
86334	Immunofixation electrophoresis; serum
86335	other fluids with concentration (e.g., urine, CSF)
86336	Inhibin A
86337	Insulin antibodies
86340	Intrinsic factor antibodies
86341	Islet cell antibody (see Rule 19)
86355	B cells, total count (see Rule 18)
86357	Natural killer (NK) cells, total count (see Rule 18)
86359	T cells; total count
86360	absolute CD4 and CD8 count, including ratio
86361	absolute CD4 count
	(For T-cell immunophenotyping, see Rule 18)
86367	Stem cells (e.g., CD34), total count (see Rule 18)
86376	Microsomal antibodies (e.g., thyroid or liver-kidney), each
86382	Neutralization test, viral
86403	Particle agglutination; screen, each antibody
86430	Rheumatoid factor; qualitative
86431	quantitative
86480	Tuberculosis test, cell mediated immunity measurement of gamma interferon antigen response
86592	Syphilis test, non-treponemal antibody; qualitative (e.g., VDRL, RPR, ART)
86593	quantitative (includes screen and titer)
	(For infectious agent antibody or antigen tests not listed by name, see Rule 10 A, B; for maximum reimbursable amounts for two or more infectious agent tests, see Rule 6C.)

<u>CODE</u>	<u>DESCRIPTION</u>
86602	Antibody; actinomyces
86603	adenovirus
86606	Aspergillus
86609	bacterium, not elsewhere specified
86611	Bartonella
86612	Blastomyces
86615	Bordetella
86617	Borrelia burgdorferi (Lyme disease) confirmatory test (e.g., Western blot or immunoblot)
86618	Borrelia burgdorferi (Lyme disease)
86619	Borrelia (relapsing fever)
86622	Brucella
86625	Campylobacter
86631	Chlamydia
86632	Chlamydia, IgM
86635	Coccidioides
86638	Coxiella brunetii (Q fever)
86641	Cryptococcus
86644	cytomegalovirus (CMV)
86645	cytomegalovirus (CMV), IgM
86651	encephalitis, California (La Crosse)
86652	encephalitis, Eastern equine
86653	encephalitis, St. Louis
86654	encephalitis, Western equine
86658	enterovirus (e.g., coxsackie, echo, polio)
86663	Epstein-Barr (EB) virus, early antigen (EA)
86664	Epstein-Barr (EB) virus, nuclear antigen (EBNA)
86665	Epstein-Barr (EB) virus, viral capsid (VCA)
86666	Ehrlichia
86668	Francisella tularensis
86671	fungus, not elsewhere specified
86674	Giardia lamblia
86677	Helicobacter pylori
86682	helminth, not elsewhere specified

(For fecal hemoglobin detection by immunoassay, use 82274)

86684	Hemophilus influenza
86687	HTLV-I
86689	HTLV or HIV antibody, confirmatory test (e.g., Western Blot)
86692	hepatitis, delta agent
86696	herpes simplex, type 2
86698	histoplasma
86701	HIV-1
86702	HIV-2

<u>CODE</u>	<u>DESCRIPTION</u>
86703	HIV-1 and HIV-2, single assay (For maximum reimbursable amounts for hepatitis tests performed in combination, see Rule 6C)
86704	Hepatitis B core antibody (HBcAb), total
86705	IgM antibody
86706	Hepatitis B surface antibody (HBsAb)
86707	Hepatitis Be antibody (HBeAb)
86708	Hepatitis A antibody (HAAb), total
86709	IgM antibody
86710	Antibody; influenza virus
86713	Legionella
86717	Leishmania
86720	Leptospira
86723	Listeria monocytogenes
86727	lymphocytic choriomeningitis
86729	lymphogranuloma venereum
86735	mumps
86738	mycoplasma (For Neisseria gonorrhoeae antigen, see 87590 or 87591)
86741	Neisseria meningitidis
86744	Nocardia
86747	parvovirus
86750	Plasmodium (malaria)
86753	protozoa, not elsewhere specified
86756	respiratory syncytial virus
86757	Rickettsia
86759	rotavirus
86762	rubella
86765	rubeola
86768	Salmonella
86771	Shigella (For Streptococcus direct screen, see 87880)
86777	Toxoplasma
86778	Toxoplasma, IgM
86780	Treponema pallidum (For syphilis testing by non-treponemal antibody analysis, see 86592, 86593)
86784	Trichinella
86787	varicella-zoster
86788	West Nile virus, IgM
86789	West Nile virus

Laboratory Procedure Codes

<u>CODE</u>	<u>DESCRIPTION</u>
87101	Culture, fungi (mold or yeast) isolation, with presumptive identification of isolates; skin, hair, or nail
87102	other source (except blood)
87103	blood
87106	Culture, fungi, definitive identification, each organism; yeast (Use in addition to codes 87101, 87102, or 87103 when appropriate)
87107	mold
87109	Culture, mycoplasma, any source
87110	Culture, chlamydia, any source
87116	Culture, tubercle or other acid-fast bacilli (e.g., TB, AFB, mycobacteria) any source, with isolation and presumptive identification of isolates
87118	Culture, mycobacterial, definitive identification, each isolate
87164	Dark field examination, any source (e.g., penile, vaginal, oral, skin); includes specimen collection
87166	without collection
87169	Macroscopic examination; parasite
87172	Pinworm exam (e.g., cellophane tape prep)
87177	Ova and parasites, direct smears, concentration and identification
87181	Susceptibility studies, antimicrobial agent; agar dilution method, per agent (e.g., antibiotic gradient strip)
87184	disk method, per plate (12 or fewer agents)
87185	enzyme detection (e.g., beta lactamase), per enzyme
87186	microdilution or agar dilution (minimum inhibitory concentration (MIC) or breakpoint), each multi-antimicrobial, per plate
87188	macrobroth dilution method, each agent
87190	mycobacteria, proportion method, each agent
87205	Smear, primary source with interpretation; Gram or Giemsa stain for bacteria, fungi or cell types
87206	fluorescent and/or acid fast stain for bacteria, fungi, parasites, viruses or cell types
87207	special stain for inclusion bodies or parasites (e.g., malaria, coccidia, microsporidia, trypanosomes, herpes viruses)
87209	complex special stain (e.g., trichrome, iron hemotoxylin) for ova and parasites
87210	wet mount for infectious agents (e.g., saline, India ink, KOH preps) (Does not include KOH on skin, hair or nails)
87230	Toxin or antitoxin assay, tissue culture (e.g., Clostridium difficile toxin)
87250	Virus isolation; inoculation of embryonated eggs, or small animal, includes observation and dissection
87252	tissue culture inoculation, observation, and presumptive identification by cytopathic effect
87253	tissue culture, additional studies or definitive identification (e.g., hemabsorption, neutralization, immunofluorescence stain), each isolate

<u>CODE</u>	<u>DESCRIPTION</u>
87254	centrifuge enhanced (shell vial) technique, includes identification with immunofluorescence stain, each virus
87255	including identification by non-immunologic method, other than by cytopathic effect (e.g., virus specific enzymatic activity)
87260	Infectious agent antigen detection by immunofluorescent technique; adenovirus
87265	Bordetella pertussis/parapertussis
87269	giardia
87270	Chlamydia trachomatis
87271	Cytomegalovirus, direct fluorescent antibody (DFA)
87272	cryptosporidium
87273	Herpes simplex virus type 2
87274	Herpes simplex virus type 1
87275	influenza B virus
87276	influenza A virus
	(For rapid flu test, use 87804)
87278	Legionella pneumophila
87279	Parainfluenza virus, each type
87280	respiratory syncytial virus
87281	Pneumocystis carinii
87290	Varicella zoster virus
87299	not otherwise specified, each organism (see Rule 10B)
87301	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple step method; adenovirus enteric types 40/41
87305	Aspergillus
87320	Chlamydia trachomatis
87324	Clostridium difficile toxin(s)
87327	Cryptococcus neoformans
87328	cryptosporidium
87329	giardia
87332	cytomegalovirus
87335	Escherichia coli 0157
87336	Entamoeba histolytica dispar group
87337	Entamoeba histolytica group
87338	Helicobacter pylori, stool
87340	hepatitis B surface antigen (HBsAg)
87341	hepatitis B surface antigen (HBsAg) neutralization
87350	hepatitis Be antigen (HBeAg)
87380	hepatitis, delta agent
87385	Histoplasma capsulatum
87390	HIV-1 (e.g., P24 antigen)
87420	respiratory syncytial virus
87425	rotavirus

<u>CODE</u>	<u>DESCRIPTION</u>
87427	Shiga-like toxin
87430	Streptococcus, group A
	(For streptococcus screen, see 87880)
87449	Infectious agent antigen detection by enzyme immunoassay technique qualitative or semiquantitative; multiple step method, not otherwise specified, each organism
87450	single step method, not otherwise specified, each organism
87476	Infectious agent detection by nucleic acid (DNA or RNA); Borrelia burgdorferi, amplified probe technique
87480	Candida species, direct probe technique
87486	Chlamydia pneumoniae, amplified probe technique
87490	Chlamydia trachomatis, direct probe technique
87491	Chlamydia trachomatis, amplified probe technique
87495	cytomegalovirus, direct probe technique
87498	enterovirus, amplified probe technique
87500	vancomycin resistance (eg, enterococcus species van a, van b), amplified probe technique
87510	Gardnerella vaginalis, direct probe technique
87516	hepatitis B virus, amplified probe technique
87521	hepatitis C, amplified probe technique
87522	hepatitis C, quantification
87535	HIV-1, amplified probe technique
87536	HIV-1, quantification
87551	Mycobacteria species, amplified probe technique
87556	Mycobacteria tuberculosis, amplified probe technique
87561	Mycobacteria avium-intracellulare, amplified probe technique
87581	Mycoplasma pneumoniae, amplified probe technique
87590	Neisseria gonorrhoeae, direct probe technique
87591	Neisseria gonorrhoeae, amplified probe technique
87620	papillomavirus, human, direct probe technique
87621	papillomavirus, human, amplified probe technique
87640	Staphylococcus aureus, amplified probe technique
87641	Staphylococcus aureus, methicillin resistant, amplified probe technique (includes staphylococcus aureus identification)
87650	Streptococcus, group A, direct probe technique
87653	Streptococcus, group B, amplified probe technique
87660	Trichomonas vaginalis, direct probe technique
87797	Infectious agent detection by nucleic acid (DNA or RNA), not otherwise specified; direct probe technique, each organism
87798	amplified probe technique, each organism
87800	Infectious agent detection by nucleic acid(DNA or RNA), multiple organisms; direct probe(s) technique
87801	amplified probe(s) technique

<u>CODE</u>	<u>DESCRIPTION</u>
87803	Infectious agent antigen detection by immunoassay with direct optical observation; Clostridium difficile toxin A
87804	influenza
87807	respiratory syncytial virus
87808	Trichomonas vaginalis
87809	adenovirus
87880	Infectious agent detection by immunoassay with direct optical observation; Streptococcus, group A
87899	not otherwise specified
87900	Infectious agent drug susceptibility phenotype prediction using regularly updated genotypic bioinformatics
87901	Infectious agent genotype analysis by nucleic acid (DNA or RNA); HIV 1, reverse transcriptase and protease
87902	Hepatitis C virus
87903	Infectious agent phenotype analysis by nucleic acid (DNA or RNA) with drug resistance tissue culture analysis, HIV 1; first through 10 drugs tested
87904	each additional drug tested (List separately in addition to primary procedure)

CYTOPATHOLOGY

88104	Cytopathology, fluids, washings or brushings, except cervical or vaginal; smears with interpretation
88106	simple filter method with interpretation
88107	smears and simple filter preparation with interpretation
88108	Cytopathology, concentration technique, smears and interpretation (e.g., Saccomanno technique)
88112	Cytopathology, selective cellular enhancement technique with interpretation (e.g., liquid based slide preparation method), except cervical or vaginal (Do not report 88112 with 88108)
88141	Cytopathology, cervical or vaginal (any reporting system); requiring interpretation by physician (List separately in addition to code for technical service)
88142	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; manual screening under physician supervision
88143	with manual screening and rescreening under physician supervision
88147	Cytopathology smears, cervical or vaginal; screening by automated system under physician supervision
88148	screening by automated system with manual re-screening under physician supervision
88150	Cytopathology, slides, cervical or vaginal; manual screening under physician supervision

<u>CODE</u>	<u>DESCRIPTION</u>
88153	with manual screening and rescreening under physician supervision
88160	Cytopathology, smears, any other source (specify); screening and interpretation
88161	preparation, screening and interpretation
88162	extended study involving over 5 slides and/or multiple stains
88164	Cytopathology, slides, cervical or vaginal (the Bethesda System); manual screening under physician supervision
88165	with manual screening and rescreening under physician supervision
88173	Cytopathology, evaluation of fine needle aspirate; interpretation and report
88174	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; screening by automated system, under physician supervision
88175	with screening by automated system and manual rescreening or review under physician supervision
	(See Rule 22 for instrumented PAP screening definitions)
88184	Flow cytometry, cell surface, cytoplasmic, or nuclear marker, technical component only; first marker
88185	each additional marker (List separately in addition to code for first marker)
88187	Flow cytometry, interpretation; 2 to 8 markers
88188	9 to 15 markers
88189	16 or more markers

CYTOGENETIC STUDIES

Cytogenetic studies procedure codes 88245, 88267 and 88269 must be billed in combination with procedure code 88280 to report a 2-karyotype chromosome analysis as described in the quality control standards for cytogenetic licensure.

(For acetylcholinesterase, use 82013)

(For alpha-fetoprotein, serum or amniotic fluid, use 82105, 82106)

88230	Tissue culture for non-neoplastic disorders; lymphocyte
88233	skin or other solid tissue biopsy
88235	amniotic fluid or chorionic villus cells
88237	Tissue culture for neoplastic disorders; bone marrow, blood cells
88239	solid tumor
88245	Chromosome analysis for breakage syndromes; baseline Sister Chromatid Exchange (SCE), 20-25 cells
88248	baseline breakage, score 50-100 cells, count 20 cells, 2 karyotypes (e.g., for ataxia telangiectasia, Fanconi anemia, fragile X)
88249	score 100 cells, clastogen stress (e.g., diepoxybutane, mitomycin C, ionizing radiation, UV radiation)
88262	Chromosome analysis; count 15-20 cells, 2 karyotypes, with banding
88263	count 45 cells for mosaicism, 2 karyotypes, with banding

<u>CODE</u>	<u>DESCRIPTION</u>
88267	Chromosome analysis, amniotic fluid or chorionic villus, count 15 cells, 1 karyotype, with banding
88269	Chromosome analysis, in situ for amniotic fluid cells, count cells from 6-12 colonies, 1 karyotype, with banding
88271	Molecular cytogenetics; DNA probe, each (e.g. FISH)
88272	chromosomal in situ hybridization, analyze 3-5 cells (e.g. for derivatives and markers)
88273	chromosomal in situ hybridization, analyze 10-30 cells (e.g. for microdeletions)
88274	interphase in situ hybridization, analyze 25-99 cells
88275	interphase in situ hybridization, analyze 100-300 cells
88280	Chromosome analysis; additional karyotypes, each study (Use in addition to code 88267, 88269)
88285	additional cells counted, each study (Use in addition to code 88269)
88291	Cytogenetics and molecular cytogenetics, interpretation and report

SURGICAL PATHOLOGY

Surgical pathology procedure codes are reimbursable per specimen. A specimen is defined as tissue or tissues that is (are) submitted for individual and separate attention, requiring individual examination and pathologic diagnosis. Any unlisted specimen should be assigned to the code which most closely reflects the work involved when compared to other specimens assigned to that code.

88302 LEVEL II - Surgical pathology, gross and microscopic examination

Appendix, Incidental	Foreskin, Newborn	Skin, Plastic Repair
Fallopian Tube, Sterilization	Hernia Sac, Any Location	Sympathetic Ganglion
Fingers/Toes, Amputation, Traumatic	Hydrocele Sac	Testis, Castration
	Nerve	Vaginal Mucosa, Incidental
		Vas Deferens, Sterilization

88304 LEVEL III - Surgical pathology, gross and microscopic examination

Abortion, Induced	Diverticulum -	Neuroma-
Abscess	Esophagus/Small Intestine	Morton's/Traumatic
Aneurysm - Arterial/Ventricular	Dupuytren's Contracture	Pilonidal Cyst/Sinus
Anus, Tag	Tissue	Polyps, Inflammatory -
Appendix, Other than Incidental	Femoral Head,	Nasal/Sinusoidal
Artery, Atheromatous Plaque	Other than Fracture	Skin - Cyst/Tag/Debridement
Bartholin's Gland Cyst	Fissure/Fistula	Soft Tissue, Debridement
Bone Fragment(s),	Foreskin, Other than Newborn	Soft Tissue, Lipoma
Other than	Gallbladder	Spermatocoele
Pathologic Fracture	Ganglion Cyst	Tendon/Tendon Sheath
Bursa/Synovial Cyst	Hematoma	Testicular Appendage
Carpal Tunnel Tissue	Hemorrhoids	Thrombus or Embolus
Cartilage, Shavings	Hydatid of Morgagni	Tonsil and/or Adenoids
Cholesteatoma	Intervertebral Disc	Varicocele
Colon, Colostomy Stoma	Joint, Loose Body	Vas Deferens, Other than
Conjunctiva - Biopsy/Pterygium	Meniscus	Sterilization
Cornea	Mucocele, Salivary	Vein, Varicosity

Laboratory Procedure Codes

CODE

DESCRIPTION

88305 LEVEL IV - Surgical pathology, gross and microscopic examination

Abortion – Spontaneous/ Missed	Heart Valve	Polyp, Stomach/Small Intestine
Artery, Biopsy	Joint, Resection	Prostate, Needle Biopsy
Bone Marrow, Biopsy	Kidney, Biopsy	Prostate, TUR
Bone, Exostosis	Larynx, Biopsy	Salivary Gland, Biopsy
Brain/Meninges, Other than For Tumor Resection	Leiomyoma (s), Uterine Myomectomy without Uterus	Sinus, Paranasal Biopsy
Breast, Biopsy, Not Requiring Microscopic Evaluation of Surgical Margins	Lip, Biopsy/Wedge Resection	Skin, Other than Cyst/Tag/ Debridement/Plastic Repair
Breast, Reduction Mammoplasty	Lung, Transbronchial Biopsy	Small Intestine, Biopsy
Bronchus, Biopsy	Lymph Node, Biopsy	Soft Tissue, Other than
Cell Block, Any Source	Muscle, Biopsy	Tumor/Mass/Lipoma/Debridement
Cervix, Biopsy	Nasal Mucosa, Biopsy	Spleen
Colon, Biopsy	Nasopharynx/Oropharynx, Biopsy	Stomach, Biopsy
Duodenum, Biopsy	Nerve, Biopsy	Synovium
Endocervix, Curettings/Biopsy	Odontogenic/Dental Cyst	Testis, Other than Tumor/ Biopsy/Castration
Endometrium Curettings/Biopsy	Omentum, Biopsy	Thyroglossal Duct/Brachial Cleft Cyst
Esophagus, Biopsy	Ovary with or without Tube, Non-neoplastic	Tongue, Biopsy
Extremity, Amputation, Traumatic	Ovary, Biopsy/ Wedge Resection	Tonsil, Biopsy
Fallopian Tube, Biopsy	Parathyroid Gland	Trachea, Biopsy
Fallopian Tube, Ectopic Pregnancy	Peritoneum, Biopsy	Ureter, Biopsy
Femoral Head, Fracture	Pituitary Tumor	Urethra, Biopsy
Finger/Toes, Amputation, Non-traumatic	Placenta, Other than Third Trimester	Urinary Bladder, Biopsy
Gingiva/Oral Mucosa, Biopsy	Pleura/Pericardium- Biopsy/Tissue	Uterus, with or without Tubes & Ovaries, for Prolapse
	Polyp, Cervical/Endometrial	Vagina, Biopsy
	Polyp, Colorectal	Vulva/Labia, Biopsy

88307 LEVEL V - Surgical pathology, gross and microscopic examination

Adrenal, Resection	Kidney, Partial/Total Nephrectomy	Salivary Gland
Bone - Biopsy/Curettings	Larynx, Partial/Total Resection	Sentinel Lymph Node
Bone Fragment(s), Pathologic Fracture	Liver, Biopsy - Needle/Wedge	Small Intestine, Resection, Other than for Tumor
Brain, Biopsy	Liver, Partial Resection	Soft Tissue Mass (except Lipoma) - Biopsy/Simple Excision
Brain/Meninges, Tumor Resection	Lung, Wedge Biopsy	Stomach - Subtotal/Total Resection, Other than for Tumor
Breast, Excision of Lesion, Requiring Microscopic Evaluation of Surgical Margins	Lymph Nodes, Regional Resection	Testis, Biopsy
Breast, Mastectomy - Partial/Simple	Mediastinum, Mass	Thymus, Tumor
Cervix, Conization	Myocardium, Biopsy	Thyroid, Total/Lobe
Colon, Segmental Resection, Other than for Tumor	Odontogenic Tumor	Ureter, Resection
Extremity, Amputation, Non-traumatic	Ovary with or without Tube, Neoplastic	Urinary Bladder, TUR
Eye, Enucleation	Pancreas, Biopsy	Uterus, with or without Tubes and Ovaries, Other than Neoplastic/Prolapse
	Placenta, Third Trimester	
	Prostate, Except Radical Resection	

CODE

DESCRIPTION

88309 LEVEL VI - Surgical pathology, gross and microscopic examination

Bone Resection	Lung - Total/Lobe/ Segment Resection	Testis, Tumor
Breast, Mastectomy - with Regional Lymph Nodes	Pancreas - Total/Subtotal Resection	Tongue/Tonsil - Resection for Tumor
Colon, Segmental Resection for Tumor	Prostate, Radical Resection	Urinary Bladder, Partial/ Total Resection
Colon, Total Resection	Small Intestine, Resection for Tumor	Uterus, with or without Tubes & Ovaries, Neoplastic
Esophagus, Partial/ Total Resection	Soft Tissue Tumor, Extensive Resection	Vulva - Total/ Subtotal Resection
Extremity, Disarticulation	Stomach - Subtotal/Total Resection, Tumor	
Fetus, with Dissection	..Lymph Nodes	
Larynx, Partial/Total Resection - with Regional		

88312 Special stains (List separately in addition to code for primary service); Group I for microorganisms (e.g., Gridley, acid fast, methenamine silver), including interpretation and report, each

88313 Group II, all other (e.g., iron, trichrome), except immunocytochemistry and immunoperoxidase stains, including interpretation and report, each

88319 Determinative histochemistry or cytochemistry to identify enzyme constituents, each

88342 Immunohistochemistry (including tissue immunoperoxidase), each antibody
(For immunophenotyping, see Rule 18)

88346 Immunofluorescent study, each antibody; direct method

88347 indirect method

88360 Morphometric analysis, tumor immunohistochemistry (e.g., Her-2/Neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, each antibody; manual

88361 using computer assisted technology (**computer generated**)

(Do not report 88360 or 88361 with 88342 unless each procedure is for a different antibody)

(When semi-thin plastic-embedded sections are performed in conjunction with morphometric analysis, only the morphometric analysis should be reported; if performed as an independent procedure, see codes 88302-88309 for surgical pathology)

OTHER PROCEDURES

89050 Cell count, miscellaneous body fluids (e.g., cerebrospinal fluid, joint fluid), except blood;

89051 with differential count

89055 Leukocyte assessment, fecal, qualitative or semiquantitative

89060 Crystal identification by light microscopy with or without polarizing lens analysis, tissue or any body fluid (except urine)

89190 Nasal smear for eosinophils

Laboratory Procedure Codes

CODE

DESCRIPTION

89230	Sweat collection by iontophoresis (includes analysis)
89321	Semen analysis; sperm presence and motility of sperm, if performed
91065	Breath hydrogen test (e.g., for detection of lactase deficiency, fructose intolerance, bacterial overgrowth, or oro-cecal gastrointestinal transit)
P9604	Travel allowance one way in connection with medically necessary laboratory specimen collection drawn from home bound or nursing home bound patient; prorated trip charge (Limited to home bound phlebotomy; see Rule 23)