APPROVED MEDICAL AND SURGICAL PROCEDURES FOR THE PRIMARY CARE PLAN WITH PERTINENT CRITERIA

"PCN - CPT Code List"

The Primary Care Plan covers only the CPT codes in this list, subject to policy described in the Primary Care Plan Provider Manual. In addition to these restrictions, CPT codes in bold print require documentation for manual review and/or follow a prescribed criteria.

1. Unspecified services or procedures do not require Prior Authorization. These codes typically are five numbers ending ". . .99". Do not use unspecified service or procedure codes to provide services which are not a covered benefit. Submit documentation for these codes with the claim form for prepayment review. Documentation should include medical records, such as the operative report, patient history, physical examination report, pathology report, and discharge summary, which provide enough information to identify the procedure performed and to support medical necessity of the procedure.

2. For numbered criteria, such as CRITERIA #34, refer to CRITERIA at the end of this list.

3. Laboratory procedures are limited to medical necessity and controlled by CLIA certification requirements.

[Editor's note: A code newly added to this list is in bold print. An asterisk marks where a code or codes are newly removed from the list. A vertical line in the left margin marks a descriptor or other text change for a code.]

10060 INCISION & DRAINAGE OF ABSCESS, SIMPLE OR SINGLE
10080 DRAINAGE PILONIDAL CYST, SIMPLE
10120 INCISION & REMOVAL FOREIGN OBJ, SIMPLE
10140 INCISION,DRAINAGE OF HEMATOMA,SEROMA/FLUID COLLECT
10160 PUNCTURE ASPIRATION, ABSCESS OR HEMATOMA
11300 SHAVE EPIDERM/DERM LESION,SINGLE .5CM TRUNK,ARM,LEG
11301 SHAVE EPIDERM/DERM LESION,TRNK,ARM,LEG;.6 TO 1.0 CM
11302 SHAVE EPIDERM/DERM LESION, 1.1 TO 2 CM TRUNK, ARM, LEG
11303 SHAVE EPIDERM/DERM LESION, OVER 2 CM TRUNK, ARM, LEG
11305 SHAVE EPIDERM/DERM LESION,.5CM,SCALP,NECK,HAND,FEET
11306 SHAVE EPIDERM/DERM LESION,.6 TO 1.CM,SCALP,NECK,ETC
11307 SHAVE EPIDERM/DERM LESION, 1.1 TO 2 CM, SCALP, NECK HAND
11308 SHAVE EPIDERM/DERM LESION, OVER 2 CM, SCALP, NECK, HAND
11310 SHAVE EPIDERM/DERM LESION,.5CM,FACE,EAR,MUCOUS MEM
11311 SHAVE EPIDERM/DERM LESION, 0.6 TO 1 CM FACE, EAR, ETC
11312 SHAVE EPIDERM/DERM LESION 1.1 TO 2 CM, FACE, EAR, ETC
11313 SHAVE EPIDERM/DERM OVER 2 CM, FACE, EAR, ETC
11400 EXCISION,BENIGN LESION,TRUNK,ARMS/LEGS;0.5 CM OR<
. . . . . Refer to CRITERIA #34: Attach documentation to claim
11401 EXCISION,BENIGN LESION,TRUNK,ARMS/LEGS;.6 TO 1.0CM<
. . . . . Refer to CRITERIA #34: Attach documentation to claim
11402 EXCISION BENIGN LESION, TRUNK, ARMS/LEGS; 1.1 TO 2.0CM
. . . . . Refer to CRITERIA #34: Attach documentation to claim
11403 EXCISION BENIGN LESION, TRUNK, ARMS/LEGS; 2.1 TO 3.0CM
. . . . . Refer to CRITERIA #34: Attach documentation to claim
11404 EXCISION BENIGN LESION, TRUNK, ARMS/LEGS; 3.1 TO 4.0CM
. . . . . Attach documentation to claim

11406 EXCISION BENIGN LESION, TRUNK, ARMS/LEGS; OVER 4.0 CM
. . . . . Attach documentation to claim
11420 EXC,BENIGN LESIN,SCALP,NECK,HANDS,FEET,GENIT;.<5CM
. . . . . Attach documentation to claim
11421 EXC,BENIGN LES,SCLP,NK,HNDS,FEET,GENIT;.6 TO 1.0CM
. . . . . Attach documentation to claim
11422 EXCISION BENIGN LESION, NK, HNDS, FEET, GENIT; 1.1 TO 2.0CM
. . . . . Attach documentation to claim
11423 EXCISION BENIGN LESION, SCLP, NK, HNDS, FEET, GENIT; 2.1 TO 3.0CM
. . . . . Attach documentation to claim
11424 EXCISION BENIGN LESION SCLP, NK, HNDS, FEET, GENIT; 3.1 TO 4.0CM
. . . . . Attach documentation to claim
11426 EXCISION BENIGN LESION SCLP, NK, HNDS, FEET, GENIT; OVER 4.0CM
. . . . . Attach documentation to claim
11440 EXC,OTHER BENIGN LES,FACE,EARS,EYE,NOSE,LIPS;.5CM<
. . . . . Refer to CRITERIA #34: Attach documentation to claim
11441 EXCISION BENIGN LESION FACE, EARS, EYE, NOSE, LIPS; 0.6 TO 1.0CM
. . . . . Attach documentation to claim
11442 EXCISION BENIGN LESION FACE, EARS, EYE, NOSE, LIPS; 1.1 TO 2.0CM
. . . . . Attach documentation to claim
11443 EXCISION BENIGN LESION FACE, EARS, EYE, NOSE, LIPS; 2.1 TO 3.0CM
. . . . . Attach documentation to claim
11444 EXCISION BENIGN LESION FACE, EARS, EYE, NOSE, LIPS; 3.1 TO 4.0CM
. . . . . Attach documentation to claim
11446 EXCISION BENIGN LESION FACE, EARS, EYE, NOSE, LIPS; OVER 4.0CM
. . . . . Attach documentation to claim

12001 SIMPLE REPAIR/SUPERFCL WNDS/SCLP,NK,EXTREMIT;2.5 CM<
12002 SIMPLE REPAIR/SUPER WNDS/SCLP,NK,EXTREMIT;2.6-7.5 CM
12004 SIMPLE REPAIR/SUP WNDS/SCLP,NK,EXTREMIT;7.6-12.5 CM
12005 SIMPLE REPAIR/SUP WNDS/SCLP,NK,EXTREMIT;12.6-20.0 CM
12006 SIMPLE REPAIR/SUP WNDS/SCLP,NK,EXTREMIT;20.1-30.0 CM
12007 SIMPLE REPAIR/SUP WNDS/SCLP,NK,EXTREMIT;OVER 30.0 CM
12011 SIMPLE/REPAIR/SUP WNDS/FACE,EAR,LIP,MUC MEM;2.5 CM<
12013 SIMPLE REPAIR/SUP WNDS/FACE,EAR,LIP,MUC MEM;2.6-5 CM
12014 SIMPLE REPAIR/SUP WNDS/FACE,EAR,MUC MEM;5.1-7.5 CM
12015 SIMPLE REPAIR/SUP WNDS/FACE,EAR,MUC MEM;7.6-12.5 CM
12016 SIMPLE REPAIR/SUP WNDS/FACE,EAR,MUC MEM;12.6-20 CM
12017 SIMPLE REPAIR/SUP WNDS/FACE,EAR,MUC MEM;20.1-30.0 CM
12018 SIMPLE/REPAIR/SUP WNDS/FACE,EAR,MUC MEM;OVER 30 CM
12020 TREAT SUPERFICIAL WOUND DEHISCENCE; SIMPLE CLOSURE
12021 TREAT SUPERFICIAL WOUND DEHISCENCE WITH PACKING
12031 LAYER CLOSURE WOUND SCALP,AXILL,TRUNK; < 2.5 CM
12032 LAYER CLOSURE WOUND SCALP, AXILL, TRUNK, 2.6 TO 7.5 CM
12034 LAYER CLOSURE WOUND SCALP, AXILL, TRUNK, 7.6 TO 12.5 CM
12035 LAYER CLOSURE WOUND SCALP, AXILL, TRUNK, 12.6 TO 20 CM
12036 LAYER CLOSURE WOUND SCALP, AXILL, TRUNK, 20.1 TO 30 CM
12037 LAYER CLOSURE WOUND SCALP, AXILL, TRUNK, OVER 30 CM
12041 LAYER CLOSURE WOUNDS NECK,HAND,FEET,GENIT; <2.5 CM

12042 LAYER CLOSURE WOUNDS NECK,HAND,FEET,GENIT; 2.6 TO 7.5 CM
12044 LAYER CLOSURE WOUNDS NECK,HAND,FEET,GENIT; 7.6 TO 12.5 CM
12045 LAYER CLOSURE WOUNDS NECK,HAND,FEET,GENIT; 12.6 TO 20 CM
12046 LAYER CLOSURE WOUNDS NECK,HAND,FEET,GENIT; 20.1 TO 30 CM
12047 LAYER CLOSURE WOUNDS NECK,HAND,FEET,GENIT; OVER 30 CM
12051 LAYER CLOSURE WOUNDS FACE, EAR, LIP, MUC MEM; <2.5 CM
12052 LAYER CLOSURE WOUNDS FACE, EAR, LIP, MUC MEM; 2.6 TO 5 CM
12053 LAYER CLOSURE WOUNDS FACE, EAR, LIP, MUC MEM; 5.1 TO 7.5 CM
12054 LAYER CLOSURE WOUNDS FACE, EAR, LIP, MUC MEM; 7.6 TO 12.5 CM
12055 LAYER CLOSURE WOUNDS FACE, EAR, LIP, MUC MEM; 12.6 TO 20 CM
12056 LAYER CLOSURE WOUNDS FACE, EAR, LIP, MUC MEM; 20.1 TO 30 CM
12057 LAYER CLOSURE WOUNDS FACE, EAR, LIP, MUC MEM; OVER 30 CM
16000 BURN-INIT TREAT,1ST DEGREE,LOCAL ONLY
16020 DRESSING &/OR DEBRIDGE,INIT/SUBSEQ;W/O ANES,SMALL
17110 DESTRUCT,FLAT WARTS,MOLLUS,MILIA,UP TO 14 LESIONS
20612 ASPIRATION AND/OR INJECTION OF GANGLION CYSTS ANY LOC
36415 VENIPUNCTURE FOR BLOOD SPECIMEN COLLECTION
45330 SIGMOIDOSCOPY,FLEXIBLE,DIAGNOS,W W/O SPEC,BRUSH,WASH
45331 SIGMOIDOSCOPY,FLEXIBLE;W BIOPSY,SINGLE,MULTIPLE
57452 COLPOSCOPY OF CERVIX INCL UPPER/ADJACENT VAGINA;
57454 COLPOSCOPY;W/BIOPSY,CERVIX AND/OR ENDOCERVIC CURET
57460 COLPOSCOPY,W LOOP ELECTRODE BIOPSY(S) OF CERVIX
58300 INSERTION OF INTRAUTERINE DEVICE (IUD)
58301 REMOVAL OF INTRAUTERINE DEVICE (IUD)
70030 RADIOLOGIC EXAM,EYE,FOR DETECTION OF FOREIGN BODY
70100 RADIOLOGIC EXAM, MANDIBLE; PARTIAL < FOUR VIEWS
70110 RADIOLOGIC EXAM, MANDIBLE; COMPLETE,MIN OF 4 VIEWS
70120 RADIOLOGIC EXAM, MASTOIDS, <3 VIEWS
70130 RADIOLOGIC EXAM,MASTOIDS;COMPLETE,3+ VIEWS PR SIDE
70134 RADIOLOGIC EXAM,INTERNAL AUDITORY MEATI,COMPLETE
70140 RADIOLOGIC EXAM,FACIAL BONES,LESS THAN 3 VIEWS
70150 RADIOLOGIC EXAM,FACIAL BONES;COMPLETE,MIN 3 VIEWS
70160 RADIOLOGIC EXAM,NASAL BONES;COMPLETE,MIN 3 VIEWS
70190 RADIOLOGIC EXAM, OPTIC FORAMINA
70200 RADIOLOGIC EXAM; ORBITS, COMPLETE, MIN OF 4 VIEWS
70210 RADIOLOGIC EXAM, SINUSES, PARANASAL, < 3 VIEWS
70220 RADIOLOGIC EXAM,SINUSES,PARANASAL;COMPLETE,3+ VIEWS
70240 RADIOLOGIC EXAM, SELLA TURCICA
70250 RADIOLOGIC EXAMINATION, SKULL; LESS THAN FOUR VIEWS
70260 RADIOLOGIC EXAMINATION, SKULL; COMPLETE, MINIMUM OF FOUR VIEWS
70360 RADIOLOGIC EXAM; NECK, SOFT TISSUE
71010 RADIOLOGIC EXAM, CHEST; SINGLE VIEW, FRONTAL
71015 RADIOLOGIC EXAM, CHEST; STEREO, FRONTAL
71020 RADIOLOGIC EXAM, CHEST, 2 VIEWS, FRONTAL/LATERAL;
71021 RADIOLOGIC EXAM, CHEST,2 VIEWS;W APICAL LORDOT PRO
71022 RADIOLOGIC EXAM, CHEST,2 VIEWS;W OBLIQUE PROJECTION
71030 RADIOLOGIC EXAM, CHEST, COMPLETE, MIN OF 4 VIEWS;
71035 RADIOLOGIC EXAM, CHEST,SPECIAL VIEWS(EG,LAT DECUB)
71100 RADIOLOGIC EXAM, RIBS, UNILATERAL; 2 VIEWS
71101 RADIOLOGIC EXAM, RIBS, UNILATERAL; MIN OF 3 VIEWS

71110 RADIOLOGIC EXAM, RIBS, BILATERAL; 3 VIEWS
71111 RADIOLOGIC EXAM, RIBS, BILATERAL; MIN OF 4 VIEWS
71120 RADIOLOGIC EXAM; STERNUM, MINIMUM OF 2 VIEWS
71130 RADIOLOGIC EXAM; STERNOCLAVICULAR JOINT,MIN 3 VIEWS
72010 RADIOLOGIC EXAM, SPINE,ENTIRE,SURVEY STUDY,ANT/LAT
72020 RADIOLOGIC EXAM, SPINE,SINGLE VIEW,SPECIFY LEVEL
72040 RADIOLOGIC EXAM, SPINE,CERVICAL;TWO OR THREE VIEWS
72050 RADIOLOGIC EXAM, SPINE, CERVICAL; MIN OF 4 VIEWS
72052 RADIOLOGIC EXAM, SPINE,CERV;COMPLETE,INCL STUDIES
72069 RADIOLOGIC EXAM, SPINE,THORACOLUMBAR,STANDING
72070 RADIOLOGIC EXAM, SPINE; THORACIC, TWO VIEWS
72072 RADIOLOGIC EXAM, SPINE; THORACIC, THREE VIEWS
72074 RADIOLOGIC EXAM, SPINE;THORACIC,MINIMUM FOUR VIEWS
72080 RADIOLOGIC EXAM, SPINE; THORACOLUMBAR, TWO VIEWS
72090 RADIOLOGIC EXAM, SPINE;SCOLIOSIS STUDY,SUPINE/EREC
72100 RADIOLOGIC EXAM, SPINE,LUMBOSACRAL;TWO/THREE VIEWS
72110 RADIOLOGIC EXAM, SPINE,LUMBOSACRAL;MIN FOUR VIEWS
72114 RADIOLOGIC EXAM, SPINE,LUMBOSACRAL;COMPL,BEND VIEW
72120 RADIOLOGIC EXAM, SPINE,LUMBOSACRAL,BEND VIEW,MIN 4
72170 RADIOLOGIC EXAM, PELVIS; ONE OR TWO VIEWS
72190 RADIOLOGIC EXAM, PELVIS;COMPLETE,MINIMUM OF 3 VIEWS
72200 RADIOLOGIC EXAM, SACROILIAC JOINTS; < 3 VIEWS
72202 RADIOLOGIC EXAM, SACROILIAC JOINTS;3 OR MORE VIEWS
72220 RADIOLOGIC EXAM, SACRUM & COCCYX,MINIMUM OF 2 VIEWS
73000 RADIOLOGIC EXAM; CLAVICLE, COMPLETE
73010 RADIOLOGIC EXAM; SCAPULA, COMPLETE
73020 RADIOLOGIC EXAM, SHOULDER; ONE VIEW
73030 RADIOLOGIC EXAM, SHOULDER; COMPLETE,MIN OF 2 VIEWS
73040 RADIOLOGIC EXAM, SHOULDER,ARTHROGRAPHY;SUPERV/INTR
73050 RADIOLOGIC EXAM; ACROMIOCLAVICULAR JOINTS,BILATERAL
73060 RADIOLOGIC EXAM; HUMERUS, MINIMUM OF 2 VIEWS
73070 RADIOLOGIC EXAMINATION, ELBOW; TWO VIEWS
73080 RADIOLOGIC EXAM, ELBOW;COMPLETE,MINIMUM OF 3 VIEWS
73090 RADIOLOGIC EXAMINATION; FOREARM, TWO VIEWS
73100 RADIOLOGIC EXAMINATION, WRIST; TWO VIEWS
73110 RADIOLOGIC EXAM, WRIST;COMPLETE,MINIMUM OF 3 VIEWS
73120 RADIOLOGIC EXAM, HAND; 2 VIEWS
73130 RADIOLOGIC EXAM, HAND;MINIMUM OF 3 VIEWS
73140 RADIOLOGIC EXAM, FINGER(S),MINIMUM OF 2 VIEWS
73500 RADIOLOGIC EXAM, HIP, UNILATERAL; ONE VIEW
73510 RADIOLOGIC EXAM, HIP,UNILAT;COMPLETE,MIN OF 2 VIEWS
73520 RADIOLOGIC EXAM, HIPS,BILAT,MIN 2 VIEWS EA,INC PLV
73550 RADIOLOGIC EXAMINATION, FEMUR, TWO VIEWS
73560 RADIOLOGIC EXAMINATION, KNEE; ONE OR TWO VIEWS
73562 RADIOLOGIC EXAMINATION, KNEE; THREE VIEWS
73564 RADIOLOGIC EXAM, KNEE;COMPLETE,FOUR OR MORE VIEWS
73565 RADIOLOGIC EXAM, BOTH KNEES,STANDING,ANTEROPOSTER
73590 RADIOLOGIC EXAMINATION; TIBIA & FIBULA, TWO VIEWS

73600 RADIOLOGIC EXAMINATION, ANKLE; TWO VIEWS
73610 RADIOLOGIC EXAM, ANKLE;COMPLETE,MINIMUM OF 3 VIEWS
73620 RADIOLOGIC EXAMINATION, FOOT; TWO VIEWS
73630 RADIOLOGIC EXAM, FOOT; COMPLETE,MINIMUM OF 3 VIEWS
73650 RADIOLOGIC EXAM; CALCANEOUS,MINIMUM OF 2 VIEWS
73660 RADIOLOGIC EXAM, TOE OR TOES; MINIMUM OF 2 VIEWS
74000 RADIOLOGIC EXAM, ABDOMEN;SINGLE ANTEROPOSTER VIEW
74010 RADIOLOGIC EXAM, ABDOMEN;ANTEROPOST/ADDL OBLIQ,CON
74020 RADIOLOGIC EXAM, ABDOMEN;COMPLETE-DECUBITIS/ERECT
74022 RADIOLOGIC EXAM, ABDOMEN;COMPLT ACUTE ABDOMEN SERIES
74210 RADIOLOGIC EXAM; PHARYNX AND/OR CERVICAL ESOPHAGUS
74220 RADIOLOGIC EXAM; ESOPHAGUS
74240 RADIOLOGIC EXAM, GASTROINTEST TRACT,UPPER;W/O KUB
74241 RADIOLOGIC EXAM, GASTROINTEST TRACT, UPPER; W KUB
74245 RADIOLOGIC EXAM, G.I. TRACT,UPPER;W SMALL INTESTINE
74246 RADIOLOGIC EXAM, GASTROINTEST,UP,AIR CONT;W/O KUB
74247 RADIOLOGIC EXAM, GASTROINTEST,UPPER,AIR CONT;W KUB
74249 RADIOLOGIC EXAM, GASTROINTEST,UP,AIR CONT;SM BOWEL
74250 RADIOLOGIC EXAM, SM BOWEL,INCL MULTI SERIAL FILM;
74270 RADIOLOGIC EXAM, COLON; BARIUM ENEMA, W W/O KUB
74280 RADIOLOGIC EXAM, COLON;AIR CONTRAST W SPEC BARIUM
74400 UROGRAPHY(PYELOGRAPHY),INTRAVENOUS,W W/O KUB
76006 MANUAL APP STRESS BY PHYSICIAN FOR JOINT RADIOGRPH
76082 COMPUTER AIDED DETECTION W/ FURTHER PHYSICIAN REVIEW
76083 COMPUTER AIDED SCREENING MAMMOGRAPHY
76090 MAMMOGRAPHY UNILATERAL
76091 MAMMOGRAPHY; BILATERAL
76092 SCRNG MAMMOGRAPHY,BILATERAL(2 VIEW FILM STDY EA/B)
76536 ULTRASOUND,SOFT TISSUE HEAD-NECK,B-SCAN/REAL IMAG
76604 ECHOGRAPHY,CHEST,B-SCAN/REAL TIME IMAGE DOCUMENT
76645 ULTRASOUND,BREAST,B-SCAN/REAL TIME IMAGE DOCUMENT
76700 ULTRASOUND,ABDOMINAL,B-SCAN/REAL TIME IMAGE;COMPL
76705 ECHOGRAPHY,ABDOMINAL,B-SCAN/REAL TIME IMAGE;LIMIT
76830 ULTRASOUND, TRANSVAGINAL
76856 ECHOGRAPHY,PELVIC(NON-OB)B-SCAN/REAL IMAGE;COMPLT
76857 ECHOGRAPHY,PELVIC(NON-OB)B-SCAN/REAL IMAGE;LIMITED
76870 ECHOGRAPHY,SCROTUM AND CONTENTS
77051 COMPUTER-AIDED DETECTION (COMPUTER ALGORITHM ANALYSIS OF DIGITAL IMAGE DATA...)
NOTE: Either standard mammography or digital mammography may be completed, payment will only be made for the base code 77055, 77056, or 77057.
77052 COMPUTER-AIDED DETECTION (COMPUTER ALGORITHM ANALYSIS OF DIGITAL IMAGE DATA...)
NOTE: Either standard mammography or digital mammography may be completed, payment will only be made for the base code 77055, 77056, or 77057.
77055 MAMMOGRAPHY, UNILATERAL
77056 MAMMOGRAPHY, BILATERAL
77057 SCREENING MAMMOGRAPHY; BILATERAL (2-VIEW FILM STUDY OF EACH BREAST)
77071 MANUAL APPLICATION OF STRESS PERFORMED BY A PHYSICIAN FOR JOINT RADIOGRAPHY...
78000 THYROID UPTAKE, SINGLE DETERMINATION
78001 THYROID UPTAKE; MULTIPLE DETERMINATIONS
78262 GASTROESOPHAGEAL REFLUX STUDY

78457 VENOUS THROMBOSIS IMAGING; UNILATERAL
78584 PULMONARY PERFUSION IMAG,PART,W/VENT;SNGL BREATH
80048 BASIC METABOLIC PANEL
80050 GENERAL HEALTH PANEL,AUTOMATED CHEMISTRIES,12/MORE
80051 ELECTROLYTE PANEL
80053 COMPREHENSIVE METABOLIC PANEL
80055 OBSTETRIC PANEL
80061 LIPID PANEL,CHOLEST,SERUM,LIPOPRO,HDL CHOLEST,ETC.
80069 RENAL FUNCTION PANEL
80074 ACUTE HEPATITIS PANEL
80076 HEPATIC FUNCTION PANEL
80100 DRUG SCREEN; MULTIPLE DRUG CLASSES, EACH PROCEDURE
80101 DRUG SCREEN; SINGLE DRUG CLASS, EACH DRUG CLASS
80150 AMIKACIN
80152 AMITRIPTYLINE
80154 BENZODIAZEPINES
80156 CARBAMAZEPINE; TOTAL
80157 CARBAMAZEPINE; FREE
80158 CYCLOSPORINE
80160 DESIPRAMINE
80162 DIGOXIN
80164 DIPROPYLACETIC ACID (VALPROIC ACID)
80166 DOXEPIN
80168 ETHOAUXIMIDE
80170 GENTAMICIN
80172 GOLD
80173 HALOPERIDOL
80174 IMIPRAMINE
80176 LIDOCAINE
80178 LITHIUM
80182 NORTRIPTYLINE
80184 PHENOBARBITAL
80185 PHENYTOIN; TOTAL
80186 PHENYTOIN, FREE
80188 PRIMIDONE
80190 PROCAINAMIDE
80192 PROCAINAMIDE;W/METABOLITES(EG,N-ACETYL PROCAINAMD)
80194 QUINIDINE
80195 SIROLIMUS
80196 SALICYLATE
80197 TACROLIMUS
80198 THEOPHYLLINE
80200 TOBRAMYCIN
80201 TOPIRAMATE
80202 VANCOMYCIN
80299 QUANTITATION OF DRUG, NOT ELSEWHERE SPECIFIED . . . . . Attach documentation to claim
80400 ACTH STIMULATION PANEL;FOR ADRENAL INSUFFICIENCY
80402 ACTH STIMULAT PANEL;FOR 21 HYDROXYLASE DEFICIENCY
80406 ACTH STIMULAT PANEL;3 BETA-HYDROXYDEHYD DEFICIENCY
80408 ALDOSTERONE SUPPRESSION EVALUATION PANEL

80410 CALCITIONIN STIMULATION PANEL
80412 CORTICOTROPIC RELEASING HORMONE STIMULATION PANEL
80414 CHORIONIC GONADOTROPHIN STIMUL PANEL; TESTESTERONE
80415 CHORIONIC GONADOTROPHIN STIMUL PANEL; ESTRADIOL
80416 RENAL VEIN RENIN STIMULATION PANEL(EG, CAPTOPRIL)
80417 PERIPHERAL VEIN RENIN STIMULATION PANEL
80418 COMBINED RAPID ANTERIOR PITUITARY EVALUATION PANEL
80420 DEXAMETHASONE SUPPRESSION PANEL, 48 HOUR
80422 GLUCAGON TOLERANCE PANEL; FOR INSULINOMA
80424 GLUCAGON TOLERANCE PANEL; FOR PHEOCHROMOCYTOMA
80426 GONADOTROPHIN RELEASING HORMONE STIMULATION PANEL
80428 GROWTH HORMONE STIMULATION PANEL
80430 GROWTH HORMONE SUPPRESSION PANEL (GLUCOSE ADMINIST)
80432 INSULIN-INDUCED C-PEPTIDE SUPPRESSION PANEL
80434 INSULIN TOLERANCE PANEL; FOR ACTH INSUFFICIENCY
80435 INSULIN TOLERANCE PANEL; GROWTH HORMONE DEFICIENCY
80436 METYRAPONE PANEL
80438 THYROTROPIN RELEASING HORMONE STIMUL PANEL;1 HOUR
80439 THYROTROPIN RELEASING HORMONE STIMULAT PANEL,2 HRS
80440 THYROTROPIN RELEASE HORMONE STIMULAT PANEL;HYPERPR
80500 CLINICAL PATH CONSULT;LTD W/0 REV HISTORY,MED RECS
80502 CLINICAL PATH CONSULT;COMPREHEN,CMPLX DIAG PROBLEM
81000 URINALYSIS,DIPSTICK/TAB REAGENT;NON-AUTO,MICROS
81001 URINALYSIS,DIPSTICK/TABLET REAGENT;AUTOMAT,MICRO
81002 URINALYSIS,DIPSTICK/REAGENT;NON-AUTO,W/O MICROSCOP
81003 URINALYSIS,DIPSTICK/TABLET REAGENT;AUTO,W/O MICROS
81005 U/A ROUTINE CHEMICAL, QUALITATIVE
81007 URINALYSIS;BACTERIURIA SCREEN,EXC CULTURE/DIPSTCK
81015 U/A MICROSCOPIC
81020 URINALYSIS; TWO OR THREE GLASS TEST
81025 URINE PREGNANCY TEST,BY VISUAL COLOR COMPARE METHOD
81050 VOLUME MEASUREMENT FOR TIMED COLLECTION, EACH
81099 UNLISTED URINALYSIS PROCEDURE . . . . . Attach documentation to claim
82000 ACETALDEHYDE, BLOOD
82003 ACETAMINOPHEN
82009 ACETONE OR OTHER KETONE BODIES,SERUM;QUALITATIVE
82010 QUANTITATIVE
82013 ACETYLCHOLINESTERASE
82016 ACYLCARITINES; QUALITATIVE, EACH SPECIMEN
82017 ACYLCARNITINES; QUANTITATIVE, EACH SPECIMEN
82024 ADRENOCORTICOTROPHIC HORMONE (ACTH)
82030 ADENOSINE 5' MONOPHOSPHATE,CYCLIC (CYCLIC AMP)
82040 ALBUMIN, SERUM
82042 ALBUMIN;URINE OR OTHER SOURCE,QUANTITATIVE,EA SPEC
82043 URINE,MICROALBUMIN, QUANTITATIVE
82044 ALBUMIN;URINE,MICROALBUMIN,SEMIQUANTITATIV,REAGENT
82045 ALBUMIN; ISCHEMIA MODIFIED
82055 ALCOHOL (ETHANOL); ANY SPECIMEN EXCEPT BREATH
82075 ALCOHOL, BREATH
82085 ALDOLASE

82088 ALDOSTERONE;
82101 ALKALOIDS, URINE, QUANTITATIVE
82103 ALPHA-1-ANTITRYPSIN; TOTAL
82104 ALPHA-1-ANTITRYPSIN; PHENOTYPE
82105 ALPHA-FETOPROTEIN; SERUM
82106 ALPHA-FETOPROTEIN; AMNIOTIC FLUID
82107 ALPHA-FETOPROTEIN (AFP); AFP-L3 FRACTION ISOFORM AND TOTAL AFP (INCLUDING RATIO)
82108 ALUMINUM
82127 AMINO ACIDS; SINGLE, QUALITATIVE, EACH SPECIMEN
82128 AMINO ACIDS;MULTIPLE,QUALITATIVE,EACH SPECIMEN
82131 AMINO ACIDS;SINGLE,QUANTITATIVE,EACH SPECIMEN
82135 AMINOLEVULINIC ACID, DELTA
82136 AMINO ACIDS, 2 TO 5 AMINO ACIDS,QUANTITATIVE,EA SP
82139 AMINO ACIDS,6+ AMINO ACIDS,QUANTITATIVE, EA SPECIMEN
82140 AMMONIA
82143 AMNIOTIC FLUID SCAN (SPECTROPHOTOMETRIC)
82145 AMPHETAMINE OR METHAMPHETAMINE
82150 AMYLASE
82154 ANDROSTANDEDIOL GLUCURONIDE
82157 ANDROSTENEDIONE
82160 ANDROSTERONE
82163 ANGIOTENSIN II
82164 ANGIOTENSIN-CONVERTING ENZYME
82172 APOLIPOPROTEIN, EACH
82175 ARSENIC
82180 BLOOD, ASCORBIC ACID
82190 ATOMIC ABSORPTION SPECTROSCOPY, EACH ANALYTE
82205 BARBITURATES NES
82232 BETA-2 MICROGLOBULIN
82239 BILE ACIDS; TOTAL
82240 BILE ACIDS, CHOLYGLYCINE
82247 BILIRUBIN; TOTAL
82248 BILIRUBIN; DIRECT
82252 BILIRUBIN, FECES, QUALITATIVE
82261 BIOTINIDASE, EACH SPECIMEN
82270 BLOOD, OCCULT,PEROXIDASE;FECES 1-3 SIMULT DETERMN
82271 BLOOD, OCCULT, BY PEROXIDASE ACTIVITY (EG, GUAIAC), QUALITATIVE; OTHER SOURCES
82273 BLOOD, OCCULT,PEROXIDASE,QUALITIVE;OTHER SOURCES,
82286 BRADYKININ
82300 CADMIUM
82306 CALCIFEDIOL (25-OH VIT.D-3)
82307 CALCIFEROL (VITAMIN D)
82308 CALCITONIN
82310 CALCIUM; TOTAL
82330 CALCIUM; IONIZED
82331 CALCIFEDIOL, AFTER CALCIUM INFUSION TEST
82340 CALCIUM; URINE QUANTITATIVE, TIMED SPECIMEN
82355 CALCULUS; QUALITATIVE ANALYSIS
82360 CALCULUS (STONE); QUANTITATIVE ANALYSIS, CHEMICAL
82365 URINE CALCULUS, INFRARED SPECTROSCOPY

82370 URINE CALCULUS, X-RAY DEFRACTION
82373 CARBOHYDRATE DEFICIENT TRANSFERRIN
82374 CARBON DIOXIDE, (BICARBONATE)
82375 CARBON MONOXIDE, BLOOD
82376 CARBON MONOXIDE, QUALITATIVE
82378 CARCINOEMBRYONIC ANTIGEN (CEA)
82379 CARNITINE (TOTAL AND FREE),QUANTITATIVE, EA SPECIMEN
82380 CAROTENE
82382 CATECHOLAMINES TOTAL URINE
82383 CATECHOLAMINES, BLOOD
82384 CATECHOLAMINES, FRACTIONATED
82387 CATHEPSIN - D
82390 CERULOPLASMIN
82397 CHEMILUMINESCENT ASSAY
82415 CHLORAMPHENICOL
82435 BLOOD, CHLORIDES
82436 CHLORIDES, URINE
82438 CHLORIDES, OTHER SOURCE
82441 CHLORINATED HYDROCARBONS, SCREEN
82465 CHOLESTEROL, SERUM OR WHOLE BLOOD, TOTAL
82480 CHOLINESTERASE, SERUM
82482 CHOLINESTERASE, RBC
82485 CHONDROITIN B SULFATE, QUANTITATIVE
82486 CHROMATOGRAPHY,QUALITATIVE;NOT ELSEWHERE SPECIFIED
82487 CHROMATOGRAPHY,QUALITATIVE;PAPER,1-DIMENSION NES
82488 CHROMATOGRAPHY,QUALITATIVE; PAPER,2-DIMENSION NES
82489 CHROMATOGRAPHY;QUALITATIVE;THIN LAYER,NES
82491 CHROMOTOGRAPHY,QUANTITATIVE,COLUMN;ANALYTE NES
82492 CHROMATOGRAPHY,QUANTITATIVE;MULT ANALYTES,SINGLE
82495 CHROMIUM
82507 CITRIC ACID
82520 COCAINE OR METABOLITE
82523 COLLAGEN CROSS LINKS, ANY METHOD
82525 COPPER
82528 CORTICOSTERONE
82530 CORTISOL; FREE
82533 CORTISOL; TOTAL
82540 CREATINE
82541 COLUMN CHROMATOGRAPHY/MASS SPEC,NES;QUALITATIVE
82542 COLUMN CHROMATOGRAPHY/MASS,NES;QUANTITATIVE
82543 COLUMN CHROMATOGRAPHY/MASS,NES;STABLE ISO,QUANTI
82544 COLUMN CHROMATOGRAPHY/MASS,NES;STABLE ISO,MULT AN
82550 CREATINE KINASE (CK) (CPK); TOTAL
82552 CREATIVE, ISOENZYMES
82553 CREATINE KINASE (CK),(CPK); MB FRACTION ONLY
82554 CREATINE KINASE (CK), (CPK); ISOFORMS
82565 CREATININE; BLOOD
82570 CREATININE, OTHER SOURCE
82575 BLOOD, CREATININE CLEARANCE
82585 CRYOFIBRINOGEN

82595 CRYOGLOBULIN, QUALITATIVE OR SEMI-QUANTITATIVE
82600 CYANIDE
82607 CYANOCOBALAMIN (VITAMIN B-12)
82608 CYANOCOBALAMIN;UNSATURATED BINDING CAPACITY
82615 CYSTINE, URINE, QUALITATIVE
82626 DEHYDROPIANDROSTERONE
82627 DEHYDROEPIANDROSTERONE-SULFATE (DHEA-S)
82633 DESOXYCORTICOSTERONE, 11-
82634 DEOXYCORTISOL, 11-
82638 DIBUCAINE NUMBER
82646 DIHYDROCODINONE
82649 DIHYDROMORPHINONE
82651 DIHYDROTESTOSTERONE (DHT)
82652 DIHYDROXYVITAMIN D, 1, 25-
82654 DIMETHOADINIONE
82657 ENZYME ACT BLOOD CELLS,NES;NONRADIO SUBST,EA SPEC
82658 ENZYME ACT BLOOD CELLS,CULT;RADIOACT SUBST,EA SPEC
82664 ELECTROPHORETIC TECH,NOT ELSEWHERE SPEC
82666 EPIANDROSTERONE
82668 ERTHROPOIETIN
82670 ESTRADIOL
82671 ESTROGENS, FRACTIONATED
82672 ESTROGENS; TOTAL
82677 ESTRIOL
82679 ESTRONE
82690 ETHCHLORVYNOL
82693 ETHYLENE GLYCOL
82696 ETIOCHOLANOLONE
82705 FAT OR LIPIDS, FECES; QUALITATIVE
82710 FAT OR LIPIDS, FECES; QUANTITATIVE
82715 FAT DIFFERENTIAL, FECES, QUANTITATIVE
82725 FATTY ACIDS, NON-ESTERIFIED
82726 VERY LONG CHAIN FATTY ACIDS
82728 FERRITIN
82731 FETAL FIBRONECTIN,CERVCOVAGINL SECRET,SEMI-QUANT
82735 FLUORIDE
82742 FLURAZEPAM
82746 FOLIC ACID; SERUM
82747 FOLIC ACID; RBC
82757 FRUCTOSE, SEMEN
82759 GALACTOKINASE, RBC
82760 GALACTOSE
82775 GALACTOSE-1-PHOSPHATE URIDYL TRANSFERASE
82776 GALACTOSE, SCREEN
82784 GAMMAGLOBULIN,IGA, IGD, IGG, IGM, EACH
82785 GAMMAGLOBULIN, IGE
82787 GAMMAGLOBULIN; IMMUNOGLOBULIN SUBCLASSES, EACH
82800 GASES, BLOOD, PH ONLY
82803 GASES,BLOOD,ANY COMBINAT OF PH,PCO2,PO2,CO2,HCO2
82805 GASES,BLOOD,ANY COMB PH,PCO2,PO2,C02,HCO2;02 SATUR

82810 GASES,BLOOD,02 SATURAT,DIRECT MEAS,EXCEPT OXIMETRY
82820 HEMOGLOBIN-OXYGEN AFFINITY,PO2 FOR 50%HEMOGLOB,OXY
82926 GASTRIC ACID,FREE/TOTAL,SINGLE SPECIMEN
82928 GASTRIC ACID, FREE OR TOTAL,SINGLE SPEC
82938 GASTRIN AFTER SECRETIN STIMULATION
82941 GASTRIN
82943 GLUCAGON
82945 GLUCOSE, BODY FLUID, OTHER THAN BLOOD
82946 GLUCAGON TOLERANCE TEST
82947 GLUCOSE;QUANTITATIVE,BLOOD(EXCEPT REAGENT STRIP)
82948 GLUCOSE, BLOOD, REAGENT STRIP
82950 POST GLUCOSE DOSE (INCLUDES GLUCOSE)
82951 TOLERANCE TEST (GTT),3 SPEC(INCL.GLUCO)
82952 TOLERANCE TEST,EACH ADD.BEYOND 3 SPEC
82953 TOLBUTAMIDE TOLERANCE TEST
82955 GLUCOSE-6-PHOSPHATE DEHYDROGENASE;QUANTITATIVE
82960 GLUCOSE-6-PHOSPHATE DEHYDROGENASE;SCREEN
82963 GLUCOSIDASE, BETA
82965 GLUTAMATE DEHYDOGENASE
82975 GLUTAMINE(GLUTAMIC ACID AMIDE)
82977 GLUTAMYLYTRANSFERASE. GAMMA (GGT)
82978 GLUTAHIONE
82979 GLUTAHIONE REDUCTASE, RBC
82980 GLUTEHIMIDE
82985 GLYCATED PROTEIN
83001 GONADOTROPIN; FOLLICLE STIMULATING HORMONE (FSH)
83002 GONADOTROPIN,LUTEINIZING HORMONE (LH)
83003 GROWTH HORMONE,HUMAN(HGH),(SOMATOT);
83008 GUANOSINE MONOPHOSPHATE (GMP),CYCLIC
83010 HAPTOGLOBIN, QUANITATIVE
83012 HAPTOGLOBIN, PHENOTYPES
83015 HEAVY METAL SCR(ARSEN,BAR,BERYLL,BISM,ANTIT,MERC)
83018 HEAVY METAL QUANTITATIVE,EACH
83020 HEMOGLOBIN FRACTION,QUANTITATION;ELECTROPHORESIS
83021 HEMOGLOBIN FRACTIONATIN/QUANTITATION;CHROMOTOGRAPH
83026 HEMOGLOBIN; BY COPPER SULFATE METHOD,NON-AUTOMATED
83030 HEMOGLOBIN, F(FETAL), CHEMICAL
83033 HEMOGLOBIN; F (FETAL), QUALITATIVE
83036 HEMOGLOBIN; GLYCATED
83045 HEMOGLOBIN, METHENOGLOBIN, QUALITATIVE
83050 HEMOGLOBIN, METHEMOGLOBIN, QUANTITATIVE
83051 METHEMOGLOBIN, PLASMA
83055 HEMOGLOBIN, SULFHEMOGLOBIN, QUALITATIVE
83060 HEMOGLOBIN, SULFHEMOGLOBIN, QUANTITATIVE
83065 THERMOLABILE
83068 THERMOLABILE, UNSTABLE, SCREEN
83069 THERMOLABILE, URINE
83070 HEMOSIDERIN, QUALITATIVE
83071 HEMOSIDERIN, QUANTITATIVE
83080 B-HEXOSAMINIDASE, EACH ASSAY

83088 HISTAMINE
83090 HOMOCYSTINE
83150 HOMO-VANILLIC ACID, (HVA)
83491 HYDROXYCORTICOSTEROIDS,17-(17-OHCS)
83497 HYDROXYINOLACETIC ACID,5-(HIAA)
83498 HYDROXPROGESTERONE 17-D
83499 HYDROXPROGESTERONE 20-
83500 HYDROXY-PROLINE; FREE
83505 HYDROXY-PROLINE, URINE, TOTAL
83516 IMMUNOASSAY,ANALYTE O/T INFECT AGNT;MULT STEP METH
83518 IMMUNOASSAY,ANAYLTE OTH THAN ANTIBODY, QUALIT/SEMI
83519 IMMUNOASSAY,ANALYTE QUANT;RADIOPHARM TECHNIQUE
83520 IMMUNOASSAY,ANALYTE;NOT OTHERWISE SPECIFIED
83525 INSULIN; TOTAL
83527 INSULIN; FREE
83528 INTRINSIC FACTOR
83540 IRON
83550 IRON BINDING CAPACITY
83570 ISOCITRIC DEHYDROGENASE (IDH)
83582 KETOGENIC STEROIDS, FRACTIONATION
83586 KETOSTEROIDS, 17- (17-KS), TOTAL
83593 KETOSTEROIDS,17- (17-KS); FRACTIONATION.
83605 LACTATE, BLOOD
83615 LACTIC DEHYDROGENASE (LD) (LDH)
83625 LACTATE DEHYDROGENASE,ISOENZYMES,SEPART,QUANTITATN
83631 LACTOFERRIN, FECAL; QUANTITATIVE
83632 LACTOGEN,HUMAN PLACENTAL HUMAN CHORIONIC SOMATOMAM
83633 LACTOSE, URINE, QUALITATIVE
83634 LACTOSE, URINE, QUANTITATIVE
83655 LEAD
83661 FETAL LUNG MATURITY ASSESS;LECITHIN SPHINGOMYELIN
83662 LECITHIN-SPHINGOMYELIN RATIO(L/S);FOAM STABIL TEST
83663 FETAL LUNG MATURITY ASSESS;FLUORESCENCE POLARIZTN
83664 FETAL LUNG MATURITY ASSESS;LAMELLAR BODY DENSITY
83670 LEUCINE AMINO-PEPTIDASE
83690 LIPASE
83695 LIPOPROTEIN (A)
83698 LIPOPROTEIN-ASSOCIATED PHOSPHOLIPASE A2, (LP-PLA2)
83715 LIPOPROTEIN,ELECTROPHORECT SEPRAT & QUANTITATION
83716 LIPOPROTEIN, BLOOD; HIGH RESOLUTION FRACTIONATION AND QUANTITATION OF LIPOPROTEINS INCLUDING LIPOPROTEIN SUBCLASSES WHEN PERFORMED (EG, ELECTROPHORESIS, NUCLEAR MAGNETIC RESONANCE, ULTRACENTRIFUGATION)
83718 LIPOPROTEIN, DIRECT MEASUREMENT; HIGH DENSITY CHOLESTEROL
83719 LIPOPROTEIN, DIRECT MEASUREMENT; VLDL CHOLESTEROL
83721 LIPOPROTEIN, DIRECT MEASUREMENT; LDL CHOLESTEROL
83727 LUTEINIZING RELEASING FACTOR (LRH)
83735 MAGNESIUM
83775 MALATE DEHYROGENASE
83785 MANGANESE
83788 MASS SPECTROMETRY TANDEM MASS SPEC,NES;QUAL,EA SP

83789 MASS SPECTROMETRY TANDEM MASS SPEC,NES;QUANT EA SP
83805 MEPROBAMATE
83825 MERCURY, QUANTITATIVE
83835 METANEPHRINES
83840 METHADONE
83857 METHEMALBUMIN
83858 METHSUXIMIDE
83864 MUCOPOLYSACCHARIDES, ACID; QUANTITATIVE
83866 MUCOPOLYSACCHARIDES, SCREEN
83872 MUCIN, SYNOVIAL FLUID (ROPES TEST)
83873 MYELIN BASIC PROTEIN, CEREBROSPINAL FLUID
83874 MYOGLOBIN
83880 NATRIURETIC PEPTIDE
83883 NEPHELOMETRY,EACH ANALYTE NOT ELSEWHERE SPECIFIED
83885 NICKEL
83887 NICOTINE
83890 MOLECULAR DIAGNOSTICS;MOLECULAR ISOLATION/EXTRACT
83891 MOLECULAR DIAG;ISOLATION/EXTRACT PURIFIED NUC ACID
83892 NUCLEAR MOLECULAR DIAGNOSTICS;ENZYMATIC DIGESTION
83893 MOLECULAR DIAGNOSTICS; DOT/SLOT BLOT PRODUCTION
83894 MOLECULAR DIAGNOSTICS;SEPART BY GEL ELECTROPHORES
83896 NUCLEAR MOLECULAR DIAGNOSTIC;NUCLEIC ACID PROBE EA
83897 MOLECULAR DIAGNOSTICS; NUCLEIC ACID TRANSFER
83898 MOLECULAR DIAGNOSTICS;AMPLIFICATION,EA PRIM PAIR
83900 MOLECULAR DIAGNOSTICS;AMPLIFICATION PATIENT NUCLEIC ACID, MULTIPLEX, FIRST TWO
83901 MOLECULAR DIAG;AMP PATIENT NUCLEIC ACID,EA MULTIP
83902 MOLECULAR DIAGNOSTICS; REVERSE TRANSCRIPTION
83903 MOLECULAR DIAG;MUTATION SCAN,SINGLE SEGMENT,EACH
83904 MOLECULAR DIAG;MUTATION IDENTIFI SEQ,SNGL SEG,EA
83905 MOLECULAR DIAG;MUTAT ID BY ALLELE SPEC,SNGL SEG,E
83906 MOLECULAR DIAG;MUT ID BY ALLELE SPEC TRANSLATION
83908 MOLECULAR DIAG;SIGNAL AMPLIFICATION PATIENT NUCLEIC ACID,EA
83909 MOLECULAR DIAG;SEPARATION AND IDENTIF BY HIGH RESOLUTION
83912 NUCLEAR MOLECULAR DIAGNOSTICS;INTERPRETAT,REPORT
83914 MUTATION IDENTIF BY ENZYMATIC LIGATION OR PRIMER EXTENSION, SINGLE
83915 NUCLEOTIDASE 5'
83916 OLIGOCLONAL IMMUNE (OLIGOCLONAL BANDS)
83918 ORGANIC ACIDS;TOTAL,QUANTITATIVE,EACH SPECIMEN
83919 ORGANIC ACIDS; QUALITATIVE, EACH SPECIMEN
83921 ORGANIC ACID, SINGLE, QUANTITATIVE
83925 OPIATES, (EG, MORPHINE, MEPERIDINE)
83930 OSMOLALITY, BLOOD
83935 OSMOLALITY, URINE
83937 OSTEOCALCIN (BONE G1A PROTEIN)
83945 OXALATE
83970 PARATHORMONE
83986 PESTICIDE, PH, BODY FLUID, EXCEPT BLOOD
83992 PHENCYCLINDINE (PCP)
84022 PHENOTHIAZINE
84030 PHENYLALANINE,BLOOD,(PKU)

84035 PHENYLKETONES, QUALITATIVE
84060 PHOSPHATASE ACID; TOTAL
84061 PHOSPHATASE, ACID; FORENSIC EXAMINATION
84066 PHOSPHATASE, ACID; PROSTATIC
84075 PHOSPHATASE, ALKALINE
84078 PHOSPHATASE, HEAT STABLE (TOTAL NOT INC
84080 PHOSPHATASE, ALKALINE; ISOENZYMES
84081 PHOSPHATIDYLGLYCEROL
84085 PHOSPHOGLUCONATE, 6-, DEHYDROGENASE, RB
84087 PHOSPHOHEXOSE ISOMERASE
84100 PHOSPHORUS INORGANIC (PHOSPHATE)
84105 URINE
84106 PORPHOBILINOGEN, URINE, QUALITATIVE
84110 URINE,PORPHOBLNOGN,D-AMNOLVULN ACD,QUANY
84119 PORPHYRINS, URINE, QUALITATIVE
84120 PORPHYRINS,URINE,FRACTIONATION, QUANTITATION
84126 PORPHYRINS, FECES, QUANTITATIVE
84127 PORPHYRINS, FECES; QUALITATIVE
84132 POTASSIUM; SERUM
84133 POTASSIUM, URINE
84134 PREALBUMIN
84135 PREGNANEDIOL
84138 PREGNANETRIOL
84140 PREGNENOLONE
84143 17 - HYDROXYPREGNENOLONE
84144 PROGESTERONE
84146 PROLACTIN
84150 PROSTAGLANDIN, EACH
84152 PROSTATE SPECIFIC ANTIGEN (PSA); COMPLEXED
84153 PROSTATE SPECIFIC ANTIGEN (PSA); TOTAL
84154 PROSTATE SPECIFIC ANTIGEN (PSA); FREE
84155 PROTEIN,TOTAL,EXCEPT BY REFRACTOMETRY;SERUM
84156 PROTEIN,TOTAL,EXCEPT BY REFRACTOMETRY;URINE
84157 PROTEIN,TOTAL,EXCEPT REFRACTOMETRY;OTHER SOURCE
84165 PROTEIN, ELECTROPHOR FRACTIONAT&QUANTIT SERUM
84181 PROTEIN;WESTERN BLOT,W/INTERPRET,REPRT,BLOOD,FLUID
84182 PROTEIN;WESTERN BLOT,INTERP,REPT,BLOOD,FLUID,IMMUN
84202 PROTOPORPHYRIN, RBC, QUANTITATIVE
84203 PROTOPORPHYRIN, RBC, SCREEN
84206 PROINSULIN
84207 PYRIDOXAL PHOSPHATE (VITAMIN B-6)
84210 PYRUVATE
84220 PYRUVIC-KINASE
84228 QUININE
84233 RECEPTOR ASSAY; ESTROGEN
84234 RECEPTOR ASSAY; PROGESTERONE
84235 RECEPTOR ASSAY; ENDOCRINE, (SPEC.HORMONE)
84238 RECEPTOR ASSAY; NON-ENDOCRINE
84244 RENIN
84252 RIBOFLAVIN (VITAMIN B-2)

84255 SELENIUM
84260 SEROTONIN
84270 SEX HORMONE BINDING GLOBULIN (SHBG)
84275 SIALIC ACID
84285 SILICA
84295 SODIUM; SERUM
84300 SODIUM, URINE
84305 SOMATOMEDIN
84307 SOMATOSTATIN
84311 SPECTROPHOTOMETRY, ANALYTE NOT ELSEWHERE SPECIFIED
84315 SPECIFIC GRAVITY (EXCLUDING URINE)
84375 SUGAR, URINE, CHROMATOGRAPHIC SEPARAT
84376 SUGARS; SINGLE QUALITATIVE, EACH SPECIMEN
84377 SUGARS; MULTIPLE QUALITATIVE, EACH SPECIMEN
84378 SUGARS; SINGLE QUANTITATIVE, EACH SPECIMEN
84379 SUGARS; MULTIPLE QUANTITATIVE, EACH SPECIMEN
84392 SULFATE, URINE
84402 TESTOSTERONE; FREE
84403 TESTOSTERONE; TOTAL
84425 THIAMINE
84430 THIOCYANATE
84432 THYROGLOBULIN
84436 THYROXINE; TOTAL
84437 THYROXINE; REQUIRING ELUTION (EG, NEONATAL)
84439 THYROXINE; FREE
84442 THYROXINE BINDING GLOBULIN (TBG)
84443 THYROID STIM HORMONE (TSH)
84445 THYROID STIMULATING IMMUNE GLOBULINS (TSI)
84446 TOCOPHERAL ALPHA (VITAMIN E)
84449 TRANSCORTIN (CORTISOL BINDING GLOBULIN)
84450 TRANSFERASE; ASPARTATE AMINO (AST) (SGOT)
84460 TRNSAMNS,SGPT,BD,TIMD KINET ULTRAVLT MT
84466 TRANSFERRIN
84478 TRIGLYCERIDES
84479 THYROID HORMONE(T-3/T-4)UPTAKE/BINDING RATIO(THBR)
84480 TRIDOTHYRONINE (T-3); TOTAL (TT-3)
84481 TRIDOTHYRONINE, FREE (T-3)
84482 TRIDOTHYRONINE (T-3); REVERSE
84484 TROPONIN, QUANTITATIVE
84485 TRYPSIN, DUODENAL FLUID
84488 TRYPSIN,FECES,QUALITATIVE
84490 TRYPSIN,FECES,QUANTITATIVE,24 HR COLLECTION
84510 TYROSINE
84512 TROPONIN, QUALITATIVE
84520 UREA NITROGEN;QUANTITATIVE
84525 UREA NITROGEN,SEMIQUANTITATIVE(EG REAGENT STRIP)
84540 UREA NITROGEN, URINE
84545 BLOOD UREA CLEARANCE
84550 URIC ACID; BLOOD
84560 URIC ACID, OTHER SOURCE

84577 UROBILINOGEN, FECES, QUANTITATIVE
84578 UROBILINOGEN, URINE; QUALITATIVE
84580 UROBILINOGEN, URINE, QUAN, TIMED SPEC
84583 UROBILINOGEN, URINE, SEMIQUANTITATIVE
84585 VANILLYLMANDELIC ACID (VMA), URINE
84586 VASOACTIVE INTESTINAL PEPTIDE (VIP)
84588 VASOPRESSIN (ANTIDIURETIC HORMONE ADH)
84590 VITAMIN A
84591 VITAMIN, NOT OTHERWISE SPECIFIED . . . . . Attach documentation to claim
84597 VITAMIN K
84600 VOLATILES (ACETIC ANHYDRIDE, CARBON TETRA, ETC.)
84620 XYLOSE ABSORP TEST,BLOOD &/OR URINE
84630 ZINC
84681 C-PEPTIDE
84702 GONADOTROPIN, CHORIONIC; QUANTITATIVE
84703 GONADOTROPIN, CHORIONIC; QUALITATIVE
84830 OVULATION TEST,VIS COLOR COMPAR METH,LUTEIN HORMONE
84999 UNLISTED CHEMISTRY PROCEDURE . . . . . Attach documentation to claim
85002 BLEEDING TIME
85007 BLOOD COUNT;BLOOD SMEAR,MICROSCOP EXAM W/WBC COUNT
85008 BLOOD COUNT;BLOOD SMEAR,MICROSCOP EXAM W/O WBC CNT
85009 BLOOD COUNT;MANUAL DIFFERENTL WBC COUNT,BUFFY COAT
85013 BLOOD COUNT; SPUN MICROHEMATOCRIT
85014 BLOOD COUNT;HEMATOCRIT (HCT)
85018 BLOOD COUNT; HEMOGLOBIN
85025 BLOOD COUNT;COMPLETE,AUTOMATED & AUTO DIFF WBC CNT
85027 BLOOD COUNT;COMPLETE,AUTOMATED
85041 BLOOD COUNT;RED BLOOD CELL(RBC),AUTOMATED
85044 BLOOD COUNT;RETICULOCYTE,MANUAL
85045 BLOOD COUNT;RETICULOCYTE,AUTOMATED
85046 BLOOD COUNT;RETICULOCYTES,HEMOGLOBIN CONCENTRATIN
85048 BLOOD COUNT;LEUKOCYTE(WBC),AUTOMATED
85055 RETICULATED PLATELET ASSAY (used in HIV and thrombocytopenia evaluation)
85060 BLOOD SMEAR,PERIPHERAL,INTERP BY PHYS W REPORT
85097 BONE MARROW; SMEAR INTERPRETATIONS
85130 CHROMOGENIC SUBSTRATE ASSAY
85170 CLOT RETRACTION
85175 CLOT LYSIS TIME, WHOLE BLOOD DILUTION
85210 CLOT FACTRS,PLAS/SPEC/FACTOR 2(PROTHROM)
85220 CLOT FACTRS/SPEC/FACT V (PRO-ACCELERIN)
85230 CLOT FACTRS,PLAS SPEC,FACTR 7(PROCONVERT
85240 CLOT FACTRS,PLAS,SPECIFIC FACTOR 8 (AHG)
85244 CLOTTING;FACTOR VIII RELATED ANTIGEN
85245 CLOTTING;FACTOR VIII,VW FACTOR,RISTOCETIN COFACTOR
85246 CLOTTING; FACTOR VIII, VW FACTOR ANTIGEN
85247 CLOTTING;FACTOR VIII,VON WILLEBRAND'S FACTOR,MULTI
85250 CLOT FACTRS,PLAS SPEC FACT 9(PTC/CHRSTMS)
85260 CLOT FACTRS,PLAS,SPC FACT X(STUART-PROW)
85270 CLOT FACTOR,PLASMA,SPEC FACTOR XI (PTA)
85280 CLOT FACTRS,PLAS,SPEC FACTOR 12(HAGEMANN)

85290 SPECIFIC FACTOR XIII (FIBRIN STABLIZ)
85291 CLOTTING, FACTOR XIII(FIBRIN STAB)SCRN SO
85292 PREKALLIKREIN ASSAY (FLETCHER FACTOR)
85293 HIGH MOLECULAR WEIGHT KININOGEN ASSAY
85300 CLOT INHIBITRS/ANIT-COAGS,ANTI-THROMBIN III,ACTIV
85301 ANTITHROMBIN III TEST
85302 CLOTTING INHIBITOR/ANTICOAGULANT,PROTEIN C,ANTIGEN
85303 CLOTTING INHIBITORS/ANTICOAGULANTS;PROTEIN C,ACTIV
85305 CLOTTING INHIBITOR/ANTICOAGULANT;PROTEIN S,TOTAL
85306 CLOTTING INHIBITORS/ANTICOAGULANTS;PROTEIN S,FREE
85307 ACTIVATED PROTEIN C (APC) RESISTANCE ASSAY
85335 FACTOR INHIBITOR TEST
85337 THROMBOMODULIN
85345 COAGULATION TIME (LEE AND WHITE)
85347 BLOOD, COAGULATION TIME, ACTIVATED
85348 COAGULATION TIME; OTHER METHODS
85360 EUGLOBULIN
85362 FIBRIN DEGRADATION (SPLIT)-FDP-FSP-SLIDE,SEMIQUANT
85366 FIBRIN(OGEN)DEGRADATION(SPLIT)PROD(FDP,FSP);PARACO
85370 FIBRIN(OGEN)DEGRADAT(SPLIT)PROD(FDP,FSP);QUANTITAT
85378 FIBRIN DEGRADATN PRODUCTS,D-DIMER;QUAL/SEMIQUANTV
85379 FIBRIN DEGRADATION PRODUCTS,D-DIMER;QUANTITATIVE
85384 FIBRINOGEN; ACTIVITY
85385 FIBRINOGEN; ANTIGEN
85390 FIBRINOLYSINS/COAGULOPATHY SCREEN,INTERP & REPORT
85400 FIBRINOLYTIC FACTORS AND INHIBITORS; PLASMIN
85410 FIBRINOLYTIC MECHAN.;ALPHA-2 ANTIPLASMIN
85415 FIBRINOLYTIC FACTORS,INHIBITORS;PLASMINOGEN ACTIVA
85420 PLASMINOGEN, EXCEPT ANTIGENIC ASSAY
85421 PLASMINOGEN, ANTIGENIC ASSAY
85441 HEINZ BODIES, DIRECT
85445 HEINZ BODIES,INDUCED,ACTEYL PHENYLHYDRA
85460 HEMOGLOBIN/RBCS,FETAL,HEMORRHAG;DIFFERNTIAL LYSIS
85461 HGB/RBCS,FETAL,FETOMATERNAL HEMORRHAGE;ROSETTE
85475 HEMOLYSIN, ACID
85520 HEPARIN ASSAY
85525 HEPARIN NEUTRALIZATION
85530 HEPARIN-PROTOMINE TOLERANCE TEST
85536 IRON STAIN, PERIPHERAL BLOOD
85540 LEUKOCYTE ALKALINE PHOSPHATASE
85547 MECHANICAL FRAGILITY, RBC
85549 MURADMIDASE
85555 OSMOTIC FRAGILITY, RBC; UNINCUBATED
85557 OSMOTIC FRAGILITY, RBC; INCUBATED
85576 PLATELET, EACH AGENT
85597 PLATELET NEURALIZATION
85610 PROTHROMBIN TIME
85611 PROTHROMBIN TIME;SUBSTITUTION,PLASMA FRACTIONS,EA
85612 RUSSELL VIPER VENOM TIME (INCLUDES VENOM);UNDILUTED
85613 RUSSELL VIPER VENOM TIME (INCLUDES VENOM);DILUTED

85635 REPTILASE TEST
85651 SEDIMENTATION RATE, ERYTHROCYTE; NON-AUTOMATED
85652 SEDIMENTATION RATE, ERYTHROCYTE; AUTOMATED
85660 SICKLING OF RBC, REDUCTION,SLIDE METHOD
85670 THROMBIN TIME; PLASMA
85675 THROMBIN TIME; TITER
85705 THROMBOPLASTIN INHIBITION; TISSUE
85730 THROMBOPLASTIN TIME, PARTIAL (PTT)
85732 THROMBOPLASTIN TIME,PART;SUBSTITUT,PLASMA FRACT,EA
85810 VISCOSITY
85999 UNLISTED HEMATOLOGY AND COAGULATION PROCEDURE . . . . . Attach documentation to claim
86000 AGGLUTININS; FEBRILE, EA ANTIGEN

86003 ALLERGEN,SPECIF IGE;QUANTITAT/SEMIQUAN,EA ALLERGEN . . . . Attach documentation to claim
86005 ALLERGEN SPECIFIC IGE;QUALITAT,MULTIALLERG SCREEN
86021 ANTIBODY IDENTIFICATION; LEUKOCYTE ANTI.
86022 ANTIBODY IDENTIFICATION, PLATELET ANTI.
86023 ANITBODY ID;PLATELET ASSOC IMMUNOGLOB
86038 ANTINUCLEAR ANTIBODIES (ANA)
86039 ANTINUCLEAR ANTIBODIES (ANA); TITER
86060 ANTISTREPTOLYSIN O,TITER
86063 ANTISTREPTOSLYSIN, SCREEN
86064 B CELLS; TOTAL COUNT
86077 BLOOD BANK PHYS SVC;DIFF XMATCH-EVAL IRREG ANTIBDY
86078 BLOOD BANK PHYS SVC;INVESTIGATE TRANSFUSION REACTN
86079 BLOOD BANK PHYS SVC;AUTH DEVIATION FROM STAND PROC
86140 C-REACTIVE PROTEIN
86146 BETA 2 GLYCOPROTEIN 1 ANTIBODY, EACH
86147 CARDIOLIPIN (PHOSPHOLIPID) ANTIBODY,EACH IG CLASS
86148 ANTI-PHOSPHATIDYLSERINE (PHOSPHOLIPID) ANTIBODY
86155 CHEMOTAXIS ASSAY, SPECIFY METHOD
86156 COLD AGGLUTININ; SCREEN
86157 COLD AGGLUTININ; TITER
86160 COMPLEMENT; ANTIGEN, EACH COMPONENT
86161 COMPLEMENT; FUNCTIONAL ACTIVITY, EACH COMPONENT
86162 COMPLEMENT;CH50 TOTAL HEMOLYTIC
86171 COMPLEMENT FIXATION TESTS,EA.ANTIGEN
86185 COUNTERELECTROPHORESIS, EACH ANTIGEN
86200 CYCLIC CITRULLINATED PEPTIDE (CCP), ANTIBODY
86215 DEOXYRIBONUCLEASE, ANTIBODY
86225 DEOXYRIBONUCLEIC ACID ANTIBODY;NATIVE/DOUBLE STRAND
86226 DEOXYRIBONUCLEIC ACID(DNA)ANTIBODY;SINGLE STRANDED
86235 EXTRACTABLE NUCLEAR ANTIGEN,ANTIBODY TO,ANY METHOD
86243 FC RECEPTOR
86255 FLUORESCENT NONINFEC ANTIBODY;SCREEN,EA ANTIBODY
86256 FLUORESCENT ANTIBODY; TITER, EACH ANTIBODY
86277 GROWTH HORMONE, HUMAN, ANTIBODY
86280 HEMAGGLUTINATION INHIBITION TEST (HAI)
86294 IMMUNOASSAY TUMOR ANTIGEN,QUALITATIVE/SEMIQUANT
86300 IMMUNOASSAY TUMOR ANTIGEN, QUANTITATIVE; CA 15-3

86304 IMMUNOASSAY TUMOR ANTIGEN, QUANTITATIVE; CA 125
86308 HETEROPHILE ANTIBODIES; SCREENING
86309 HETEROPHILE ANTIBODIES; TITER
86310 HETEROPHILE ANTIBODIES; TITERS AFTER ABSORP W CELL
86317 IMMUNO.INFECTIOUS AGENT ANTIBODY,QUANTITATIVE NOS
86318 IMMUNOASSAY INFECT AGENT ANTIBODY,QUALIT/SEMIQUANT
86320 IMMUNOELECTROPHORESIS; SERUM
86325 IMMUNOELECTROPHORESIS;OTHER FLUIDS W CONCENTRATION
86327 IMMUNOELECTROPHORESIS; CROSSED
86329 IMMUNODIFFUSION; NES
86331 IMMUNODIF;GEL DIFF.QUAL.EA ANTIG/ANTIBO
86332 IMMUNE COMPLEX ASSAY
86334 IMMUNOFIXATION ELECTROPHORESIS
86337 INSULIN ANTIBODIES
86340 INTRINSIC FACTOR ANTIBODIES
86341 ISLET CELL ANTIBODY
86343 LEUKOCYTE HISTAMINE RELEASE TEST (LHR)
86344 LEUKOCYTE PHAGOCYTOSIS
86353 LYMPHOCYTE TRANSFORMATION,MITOGEN/ANTIGEN INDUCED
86355 B CELLS, TOTAL COUNT
86357 NATURAL KILLER (NK) CELLS, TOTAL COUNT
86359 T CELLS; TOTAL COUNT
86360 T CELLS; ABSOLUTE CD4 AND CD8 COUNT,INCLUDNG RATIO
86361 T CELLS; ABSOLUTE CD4 COUNT
86367 STEM CELLS (IE, CD34), TOTAL COUNT
86376 MICROSOMAL ANTIBODY (THYROID/LIVER-KIDNEY) EACH
86378 MIGRATION INHIBITORY FACTOR TEST (MIF)
86379 NATURAL KILLER (NK); TOTAL COUNT
86382 NEUTRALIZATION TEST, VIRAL
86384 NITOBLUE TETRAZOLIUM DYE TEST, (NTD)
86403 PARTICLE AGGLUTINATION; SCREEN, EACH ANTIBODY
86406 PARTICLE AGGLUTINATION; TITER, EACH ANTIBODY
86430 RHEUMATOID FACTOR, QUALITATIVE
86431 RHEUMATOID FACTOR; QUANTITATIVE
86480 TUBERCULOSIS TEST, CELL MEDIATED IMMUNITY MEASUREMENT OF GAMMA INTERFERON
86485 SKIN TEST; CANDIDA
86490 SKIN TEST; COCCIDIOIDOMYCOSIS
86510 SKIN TEST; HISTOPLASMOSIS
86580 SKIN TEST; TUBERCULOSIS, INTRADERMAL
86586 UNLISTED ANTIGEN, EACH
86590 STREPTOKINASE, ANTIBODY
86592 SYPHILIS TEST; QUALITATIVE
86593 SYPHILIS TEST; QUANTITATIVE
86602 ANTIBODY; ACTINOMYCES
86603 ANTIBODY; ADENOVIRUS
86606 ANTIBODY; ASPIRGILLUS
86609 ANTIBODY; BACTERIUM, NOT ELSEWHERE SPECIFIED
86611 ANTIBODY; BARTONELLA
86612 ANTIBODY; BLASTOMYCES
86615 ANTIBODY; BORDETELLA

86617 ANTIBODY; BORRELIA BURGDORFERI CONFIRMATORY TEST
86618 ANTIBODY; BORRELIA BURGDORFERI (LYME DISEASE)
86619 ANTIBODY; BORRELIA (RELAPSING FEVER)
86622 ANTIBODY; BRUCELLA
86625 ANTIBODY; CAMPYLOBACTER
86628 ANTIBODY; CANDIDA
86631 ANTIBODY; CHLAMYDIA
86632 ANTIBODY; CHLAMYDIA, IGM
86635 ANTIBODY; COCCIDIOIDES
86638 ANTIBODY; COXIELLA BRUNETII (Q FEVER)
86641 ANTIBODY; CRYPTOCOCCUS
86644 ANTIBODY; CYTOMEGALOVIRUS
86645 ANTIBODY; CYTOMEGALOVIRUS (CMV), IGM
86648 ANTIBODY; DIPTHERIA
86651 ANTIBODY; ENCEPHALITIS, CALIFORNIA (LA CROSSE)
86652 ANTIBODY; ENCEPHALITIS; EASTERN EQUINE
86653 ANTIBODY; ENCEPHALITIS, ST. LOUIS
86654 ANTIBODY; ENCEPHALITIS, WESTERN EQUINE
86658 ANTIBODY; ENTEROVIRUS (EG. COXSACKIE, ECHO, POLIO)
86663 ANTIBODY; EPSTEIN-BARR(EB)VIRUS, EARLY ANTIGEN (EA)
86664 ANTIBODY; EPSTEIN-BARR(EB)VIRUS,NUCLEAR ANTIGEN,EBN
86665 ANTIBODY; EPSTEIN-BARR(EB)VIRUS,VIRAL CAPSID (VCA)
86666 ANTIBODY; EHRLICHIA
86668 ANTIBODY; FRANCISELLA TULARENSIS
86671 ANTIBODY; FUNGUS, NOT ELSEWHERE SPECIFIED
86674 ANTIBODY; GIARDIA LAMBLIA
86677 ANTIBODY; HELICOBACTER PYLORI
86682 ANTIBODY; HELMINTH, NOT ELSEWHERE SPECIFIED
86684 ANTIBODY; HEMOPHILUS INFLUENZA
86687 ANTIBODY; HTLV I
86688 ANTIBODY; HTLV-II
86689 ANTIBODY; HTLV OR HIV ANTIBODY,CONFIRMATORY TEST
86692 ANTIBODY; HEPATITIS, DELTA AGENT
86694 ANTIBODY; HERPES SIMPLEX, NON-SPECIFIC TYPE TEST
86695 ANTIBODY; HERPES SIMPLEX, TYPE I
86696 ANTIBODY; HERPES SIMPLEX, TYPE 2
86698 ANTIBODY; HISTOPLASMA
86701 ANTIBODY; HIV - 1
86702 ANTIBODY; HIV - 2
86703 ANTIBODY; HIV-1 AND HIV-2, SINGLE ASSAY
86704 HEPATITIS B CORE ANTIBODY (HBCAB), TOTAL
86705 HEPATITIS B CORE ANTIBODY (HBCAB); IGM ANTIBODY
86706 HEPATITIS B SURFACE ANTIBODY (HBSAB)
86707 HEPATITIS BE ANTIBODY (HBEAB)
86708 HEPATITIS A ANTIBODY (HAAB), TOTAL
86709 HEPATITIS A ANTIBODY (HAAB); IGM ANTIBODY
86710 ANTIBODY; INFLUENZA VIRUS
86713 ANTIBODY; LEGIONELLA
86717 ANTIBODY; LEISHMANIA
86720 ANTIBODY; LEPTOSPIRA

86723 ANTIBODY; LISTERIA MONOCYTOGENES
86727 ANTIBODY; LYMPHOCYTIC CHORIOMENINGITIS
86729 ANTIBODY; LYMPHOGRANULOMA VENEREUM
86732 ANTIBODY; MUCORMYCOSIS
86735 ANTIBODY; MUMPS
86738 ANTIBODY; MYCOPLASMA
86741 ANTIBODY; NEISSERIA MENINGITIDIS
86744 ANTIBODY; NOCARDIA
86747 ANTIBODY; PARVOVIRUS
86750 ANTIBODY; PLASMODIUM (MALARIA)
86753 ANTIBODY; PROTOZOA, NOT ELSEWHERE SPECIFIED
86756 ANTIBODY; RESPIRATORY SYNCYTIAL VIRUS
86757 ANTIBODY; RICKETTSIA
86759 ANTIBODY; ROTAVIRUS
86762 ANTIBODY; RUBELLA
86765 ANTIBODY; RUBEOLA
86768 ANTIBODY; SALMONELLA
86771 ANTIBODY; SHIGELLA
86774 ANTIBODY; TETANUS
86777 ANTIBODY; TOXOPLASMA
86778 ANTIBODY; TOXOPLASMA, IGM
86781 ANTIBODY; TREPONEMA PALLIDUM,CONFIRM TEST,(FTA-ABS)
86784 ANTIBODY; TRICHINELLA
86787 ANTIBODY; VARICELLA-ZOSTER
86788 ANTIBODY; WEST NILE VIRUS, IGM
86789 ANTIBODY; WEST NILE VIRUS
86790 ANTIBODY; VIRUS, NOT ELSEWHERE SPECIFIED
86793 ANTIBODY; YERSINIA
86800 THYROGLOBULIN ANTIBODY
86803 HEPATITIS C ANTIBODY;
86804 HEPATITIS C ANTIBODY; CONFIRM TEST(EG, IMMUNOBLOT)
86805 LYMPHOCYTOTOXICITY ASSAY,X-MATCH;WITH TITRATION
86806 LYMPHOCUTOTOXICITY ASSAY,X-MATCH;W/O TITRATION
86807 SERUM SCREEN CYTOTOXIC % REACT ANTIBDY;STAND METH
86808 SERUM SCREEN CYTOTOXIC % REACT ANTIBDY;QUICK METH
86812 HLA TYPING; A,B,/C,SNGL ANTIGEN
86813 HLA TYPING; A,B &/OR C,MULTIPLE ANTIGENS
86816 HLA TYPING; DR/DQ, SINGLE ANTIGEN
86817 HLA TYPING; DR/DQ, MULTIPLE ANTIGEN
86821 TISSUE TYPING; LYMPHOCYTE CULTURE, MIXED
86822 TISSUE TYPING; LYMPHOCYTE CULTURE,PRIMED
86849 UNLISTED IMMUNOLOGY PROCEDURE . . . . . Attach documentation to claim
86850 ANTIBODY SCREEN, RBC. EACH SERUM TECHNIQUE
86860 ANTIBODY ELUTION (RBC), EACH ELUTION
86870 ANTIBODY IDENTIFICAT,RBC ANTIBODIES, EA PANEL,TECH
86880 ANTIHUMAN GLOBULIN TEST(COOMBS)DIRECT EA ANTISERUM
86885 ANTIHUMAN GLOBUL TEST;INDIRECT,QUALITAT,EA ANTISER
86886 ANTIHUMAN GLOBULIN TEST(COOMBS);INDIRECT,TITER,EA
86890 AUTOLOGOUS BLOOD/COMPONENT,COLL,PROC,STOR,PREDEPOS
86891 AUTOLOG BLOOD/COMPON,COL,PROC,STOR;INTRA/POST SALV

86900 BLOOD TYPING; ABO
86901 BLOOD TYPING; RH (D)
86903 BLOOD TYPING;ANTIGEN SCREEN COMPAT UNIT,REAG SERUM
86904 BLOOD TYPING;ANTIGEN SCREEN COMPAT UNIT,PT SERUM
86905 BLOOD TYPING;RBC ANTIGENS,OTHER THAN ABO/RH(D)EACH
86906 BLOOD TYPING; RH PHENOTYPING, COMPLET
86920 COMPATIBILITY TEST EACH UNIT;IMMEDIATE SPIN TECHNIQ
86921 COMPATIBILITY TEST EACHUNIT;INCUBATION TECHNIQUE
86922 COMPATIBILITY TEST EACH UNIT; ANTIGLOBULIN TECHNIQ
86923 COMPATIBILITY TEST EACH UNIT; ELECTRONIC
86927 FRESH FROZEN PLASMA, THAWING, EACH UNIT
86930 FROZEN BLOOD,EACH UNIT;FREEZING(INCL PREPARATION)
86931 FROZEN BLOOD,EACH UNIT;THAWING
86932 FROZEN BLOOD,EACH UNIT;FREEZING(INCL PREP)THAWING
86940 HEMOLYSINS AND AGGLUTININS, AUTO, SCREEN, EACH;
86941 HEMOLYSINS, AGGLUTININS,AUTO,SCREEN,EACH;INCUBATED
86945 IRRADIATION OF BLOOD PRODUCT, EACH UNIT
86950 LEUKOCYTE TRANSFUSION
86960 VOLUME REDUCTION OF BLOOD OR BLOOD PRODUCTS (EG, RED BLOOD CELLS; PLATELETS)
86965 POOLING OF PLATELETS OR OTHER BLOOD PRODUCTS
86970 PRETREAT RBC'S,AB DETECT,IDENT,COMPAT;INCUB AGENTS
86971 PRETREAT RBC'S,AB DETECT,IDENT,COMPAT;INCUB ENZYME
86972 PRETREAT RBC'S,AB DETECT,IDENT,COMPAT,DENSITY SEP
86975 PRETREAT SERUM FOR RBC AB IDENT;INCUBAT W/DRUGS EA
86976 PRETREAT SERUM FOR RBC ANTIBODY IDENT;BY DILUTION
86977 PRETREAT SERUM FOR RBC AB IDENT;INCUB W/ INHIBITOR
86978 PRETREAT SERUM,RBC AB IDENT;DIFFER RED CELL ABSORP
86985 SPLITTING OF BLOOD OR BLOOD PRODUCTS, EACH UNIT
86999 UNLISTED TRANSFUSION MEDICINE PROCEDURE . . . . . Attach documentation to claim
87001 ANIMAL INOCULATION, SMLL ANIM.W/OBSERV
87003 ANIMAL INOCUL, W/OBSERVATION AND DISSECT
87015 CONCENTRATION (ANY TYPE), FOR INFECTIOUS AGENTS
87040 CULTURE,BACTERIAL; BLOOD, AEROBIC, WITH ISOLATION AND PRESUMPTIVE IDENTIFICATION OF ISOLATES (INCLUDES ANAEROBIC CULTURE, IF APPROPRIATE)
87045 CULTURE,BACTERIAL;STOOL, AEROBIC, WITH ISOLATION AND PRELIMINARY EXAMINATION (EG, KIA, LIA), SALMONELLA AND SHIGELLA SPECIES
87046 CULTURE,BACTERIAL;STOOL,ADD PATHOGENS,PRELIM EXAM
87070 CULTURE,BACTERIAL; ANY OTHER SOURCE EXCEPT URINE, BLOOD OR STOOL, AEROBIC, WITH ISOLATION AND PRESUMPTIVE IDENTIFICATION OF ISOLATES
87071 CULTURE,BACTERIAL;QUANTITATIVE,AEROBIC W ISOLATIN
87073 CULTURE,BACTERIAL;QUANTITATIVE,ANAEROBIC W ISOLAT
87075 CULTURE,BACTERIAL; ANY SOURCE, EXCEPT BLOOD, ANAEROBIC WITH ISOLATION AND PRESUMPTIVE IDENTIFICATION OF ISOLATES
87076 CULTURE,BACTERIAL;ANAEROBIC ISOLATE,ADD METHOD,EA
87077 CULTURE,BACTERIAL;AEROBIC ISOLATE,ADD METHODS,EA
87081 CULTURE,PRESUMPTIVE,PATHOGENIC ORGANISMS,SCREEN;
87084 CULTURE,PRESUMPTV,SCREENING,KIT;W COLONY ESTIMATN
87086 CULTURE,BACT;URINE;QUANTITATV COLONY COUNT,URINE
87088 CULTURE,BACT;W ISOLATE & PRESUMPTV IDENT ISOLATES
87101 CULTURE,FUNGI,ISOLAT,W PRESUM IDENT;SKIN,HAIR,NAIL
87102 CULTURE,FUNGI,ISOL;OTHER SOURCE (EX.BLOOD)

87103 CULTURE,FUNGI,ISOLATION (W W/O PRESUMP ID);BLOOD
87106 CULTURE,FUNGI,DEFINITIVE IDENTI,EA ORGANISM;YEAST
87107 CULTURE,FUNGI,DEFINITIVE IDENTIF,EA ORGANISM;MOLD
87109 CULTURE,MYCOPLASMA, ANY SOURCE
87110 CULTURE,CHLAMYDIA, ANY SOURCE
87116 CULTURE,TUBERCLE/OTH BACILLI,ANY SOURC,W ISOLATES
87118 CULTURE,MYCOBACTERIA,DEFINITV IDENTIF,EA ISOLATE
87140 CULTURE,TYPING;IMMUNOFLUORESCNT METH,EA ANTISERUM
87143 CULTURE,TYPING;GAS LIQUID CHROMATOGRAPHY METHOD
87147 CULTURE,TYPING;IMMUNOLOGIC METHOD,PER ANTISERUM
87149 CULTURE,TYPING;IDENTIFICATION NUCLEIC ACID PROBE
87152 CULTURE,TYPING;IDENTIFICATN PULSE FIELD GEL TYPING
87158 CULTURE,TYPING; OTHER METHODS
87164 DARK FIELD EXAM,ANY SOURCE;INC SPECIMEN COLLECTN
87166 DARK FIELD EXAM,ANY SOURCE;WITHOUT COLLECTION
87168 MACROSCOPIC EXAMINATION; ARTHROPOD
87169 MACROSCOPIC EXAMINATION; PARASITE
87172 PINWORM EXAM
87176 HOMOGENIZATION, TISSUE, FOR CULTURE
87177 OVA & PARASITES,DIRECT SMEARS,CONCENTRATN & IDENT
87181 SUSCEPTIBILITY STUDIES,ANTIMICRO AGNT;AGAR DILUTIN
87184 SUSCEPTIBILITY STUDIES,ANTIMICRO;DISK METH,PLATE
87185 SUSCEPTIBILITY STUDIES,ANTIMICROBIAL AGENT;ENZYME
87186 SUSCEPTIBILITY STUDIES,ANTIMICRO;MICRODILUTN,PLATE
87187 SUSCEPTIBILITY STUDIES,ANTIMICROBIL;MICRODILUTION
87188 SUSCEPTIBILITY STUDIES,ANTIMICRO;MACROBROTH DILUT
87190 SUSCEPTIBILITY STUDIES,ANTIMICRO;MYCOBACTERIA,EA
87197 SERUM BACTERICIDAL TITER (SCHLICTER TEST)
87205 SMEAR,PRIMARY SOURCE,W INTERP;GRAM/GIEMSA STAIN
87206 SMEAR,PRIM SOURC,W INTERP;FLUOR &/OR ACID STAIN
87207 SMEAR,PRIMARY SOURCE,WITH INTERP;SPECIAL STAIN
87209 SMEAR,PRIMARY SOURCE WITH INTERP;COMPLEX SPECIAL STAIN
87210 SMEAR,PRIM SOURC,W INTERP;WET MOUNT INFECT AGENTS
87220 TISSUE EXAM KOH SLIDE SAMPLES,SKIN,HAIR,NAIL,MITES
87230 TOXIN OR ANTITOXIN ASSAY,TISSUE CULTURE
87250 VIRUS ISOLT,INOCULTN EGGS/SM ANIML,OBSRV &DISSECTN
87252 VIRUS ISOLT;TISSUE CULTURE INOCULATN & OBSERVATN
87253 VIRUS ISOLT;TISSUE CULTUR,ADDL STUDIES,EA ISOLATE
87254 VIRUS ISOLATION;SHELL VIAL,INCL IDENTIFI,EA VIRUS
87260 INFECT AGENT ANTIGEN DETECT IMMUNOFLUOR;ADENOVIRUS
87265 INFECT ANTIGEN DETECT;BORDETELLA PERTUSSIS/PARAPER
87269 INFECTIOUS AGENT DETECT BY IMMUNOFLUORES;GIARDIA Note: The code 87269 will be denied as mutually exclusive when submitted with code 87329.
87270 INFECT AGENT ANTIGEN DETECT; CHLAMYDIA TRACHOMATIS
87272 INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECHNIQUE; CRYPTOSPORIDIUM
87273 INFECTIOUS AGENT ANTIGEN DETECTION;HERPES SIMPLEX
87274 INFECT AGENT ANTIGEN DETECT;HERPES SIMPLEX VIRUS 1
87275 INFECTIOUS AGENT ANTIGEN DETECTION; INFLUENZA B
87276 INFECT AGENT ANTIGEN DETECT TECH;INFLUENZA A VIRUS

87277 INFECTIOUS AGENT ANTIGEN DETECT;LEGIONELLA MICDADE
87278 INFECT AGENT ANTIGEN DETECT;LEGIONELLA PNEUMOPHILA
87279 INFECTIOUS AGENT ANTIGEN DETECT;PARAINFLUENZA,EA
87280 INFECT ANTIGEN DETECT; RESPIRATORY SYNCYTIAL VIRUS
87281 INFECTIOUS AGENT ANTIGEN DETECT;PNEUMOCYSTIS CARIN
87283 INFECTIOUS AGENT ANTIGEN DETECTION; RUBEOLA
87285 INFECT AGENT ANTIGEN DETECT; TREPONEMA PALLIDUM
87290 INFECT AGENT ANTIGEN DETECT;VARICELLA ZOSTER VIRUS
87299 INFECT AGENT ANTIGEN DETECTION;NOS,EACH ORGANISM
87300 INFECTIOUS AGENT ANTIGEN,EA POLYVALENT ANTISERUM . . . . . Attach documentation to claim
87301 INFECTIOUS AGENT ANTIGEN DETECTION; ADENOVIRUS
87320 INFECT AGENT ANTIGEN DETECT; CHLAMYDIA TRACHOMATIS
87324 INFECT ANTIGEN DETECT;CLOSTRIDIUM DIFFICILE TOXIN
87327 INFECTIOUS AGENT ANTIGEN;CRYPTOCOCCUS NEOFORMANS
87328 INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE, QUALITATIVE OR SEMIQUANTITATIVE, MULTIPLE STEP METHOD; CRYPTOSPORIDIUM
87329 INFECTIOUS AGENT DETECT ENZYME IMMUNOASSAY;GIARDIA
87332 INFECTIOUS AGENT ANTIGEN DETECT; CYTOMEGALOVIRUS
87335 INFECT AGENT ANTIGEN DETECT;ESCHERICHIA COLI 0157
87336 INFECTIOUS AGENT ANTIGEN;ENTAMOEBA HIST DISPAR GRP
87337 INFECTIOUS AGENT ANTIGEN;ENTAMOEBA HISTOLYTICA GRP
87338 INFECTIOUS AGENT ANTIGEN;HELICOBACTOR PYLORI,STOOL
87340 INFECT ANTIGEN DETECT;HEPATITIS B ANTIGEN (HBSAG)
87341 INFECT AGENT ANTIGEN;HEPATITIS B SURFACE ANTIGEN
87350 INFECT ANTIGEN DETECT;HEPATITIS BE ANTIGEN (HBEAG)
87380 INFECT AGENT ANTIGEN DETECT; HEPATITIS,DELTA AGENT
87385 INFECT AGENT ANTIGEN DETECT;HISTOPLASMA CAPSULATUM
87390 INFECTIOUS AGENT ANTIGEN DETECT; ADENOVIRUS HIV-1
87391 INFECTIOUS AGENT ANTIGEN DETECT; ADENOVIRUS HIV-2
87400 INFECTIOUS AGENT ANTIGEN; INFLUENZA, A OR B, EACH
87420 INFECT ANTIGEN DETECT;RESPIRATORY SYNCYTIAL VIRUS
87425 INFECTIOUS AGENT ANTIGEN DETECTION; ROTAVIRUS
87427 INFECTIOUS AGENT ANTIGEN; SHIGA-LIKE TOXIN
87430 INFECT AGENT ANTIGEN DETECT; STREPTOCOCCUS GROUP A
87449 INFECT AGENT ANTIGEN DETECT;MULT STEP METHOD,NOS
87450 INFECT AGENT ANTIGEN DETECT;SINGLE STEP METHOD,NOS
87451 INFECT AGENT ANTIGEN;MULT STEP,EA POLYV ANTISERUM . . . . . Attach documentation to claim
87470 INFECT AGENT; BARTONELLA HENSELAE/QUINTANA,DIR PROBE
87471 INFECT AGENT; BARTONELLA HENSELAE/QUINTANA,AMP PROBE
87472 INFECT AGENT; BARTONELLA HENSELAE/QUINTANA, QUANT
87475 INFECT AGENT DETECT;BORRELIA BURGDORFERI,DIR PROBE
87476 INFECT AGENT DETECT;BORRELIA BURGDORFERI,AMP PROBE
87477 INFECT AGENT DETECT;BORRELIA BURGDORFERI, QUANT
87480 INFECTIOUS AGENT DETECT; CANDIDA SPECIES,DIR PROBE
87481 INFECTIOUS AGENT DETECT; CANDIDA SPECIES,AMP PROBE
87482 INFECTIOUS AGENT DETECT; CANDIDA SPECIES, QUANT
87485 INFECT AGENT DETECT;CHLAMYDIA PNEUMONIAE,DIR PROBE
87486 INFECT AGENT DETECT;CHLAMYDIA PNEUMONIAE,AMP PROBE
87487 INFECT AGENT DETECT;CHLAMYDIA PNEUMONIAE, QUANT
87490 INFECT AGENT DETECT;CHLAMYDIA TRACHOMATIS,DIR PROBE

87491 INFECT AGENT DETECT;CHLAMYDIA TRACHOMATIS,AMP PROBE
87492 INFECT AGENT DETECT;CHLAMYDIA TRACHOMATIS, QUANT
87495 INFECTIOUS AGENT DETECT;CYTOMEGALOVIRUS,DIR PROBE
87496 INFECTIOUS AGENT DETECT;CYTOMEGALOVIRUS,AMP PROBE
87497 INFECTIOUS AGENT DETECT;CYTOMEGALOVIRUS, QUANT
87498 INFECT AGENT DETECT BY NUCLEIC ACID (DNA OR RNA); ENTEROVIRUS, AMPLIFIED PROBE...
87510 INFECT AGENT DETECT; GARDNERELLA VAGINALIS,DIR PROBE
87511 INFECT AGENT DETECT; GARDNERELLA VAGINALIS,AMP PROBE
87512 INFECT AGENT DETECT; GARDNERELLA VAGINALIS, QUANT
87515 INFECT AGENT DETECT; HEPATITIS B VIRUS, DIR PROBE
87516 INFECT AGENT DETECT; HEPATITIS B VIRUS, AMP PROBE
87517 INFECTIOUS AGENT DETECT; HEPATITIS B VIRUS, QUANT
87520 INFECTIOUS AGENT DETECT;HEPATITIS C,DIR PROBE TECH
87521 INFECTIOUS AGENT DETECT;HEPATITIS C,AMP PROBE TECH
87522 INFECTIOUS AGENT DETECT;HEPATITIS C,QUANTIFICATION
87525 INFECTIOUS AGENT DETECT;HEPATITIS G,DIR PROBE TECH
87526 INFECTIOUS AGENT DETECT;HEPATITIS G,AMP PROBE TECH
87527 INFECTIOUS AGENT DETECT;HEPATITIS G,QUANTIFICATION
87528 INFECT AGENT DETECT;HERPES SIMPLEX VIRUS,DIR PROBE
87529 INFECT AGENT DETECT;HERPES SIMPLEX VIRUS,AMP PROBE
87530 INFECTIOUS AGENT DETECT;HERPES SIMPLEX VIRUS,QUANT
87531 INFECTIOUS AGENT DETECT; HERPES VIRUS-6,DIR PROBE
87532 INFECTIOUS AGENT DETECT; HERPES VIRUS-6, AMP PROBE
87533 INFECTIOUS AGENT DETECTION; HERPES VIRUS-6, QUANT
87534 INFECTIOUS AGENT DETECT; HIV-1,DIR PROBE TECHNIQUE
87535 INFECTIOUS AGENT DETECT; HIV-1,AMP PROBE TECHNIQUE
87536 INFECTIOUS AGENT DETECTION; HIV-1, QUANTIFICATION
87537 INFECTIOUS AGENT DETECTION; HIV-2, DIR PROBE TECH
87538 INFECTIOUS AGENT DETECTION; HIV-2, AMP PROBE TECH
87539 INFECTIOUS AGENT DETECTION; HIV-2, QUANTIFICATION
87540 INFECT AGNT DETECT;LEGIONELLA PNEUMOPHILA,DIR PROB
87541 INFECT AGNT DETECT;LEGIONELLA PNEUMOPHILA,AMP PROB
87542 INFECT AGENT DETECT; LEGIONELLA PNEUMOPHILA, QUANT
87550 INFECT AGENT DETECT;MYCOBACTERIA SPECIES,DIR PROBE
87551 INFECT AGENT DETECT;MYCOBACTERIA SPECIES,AMP PROBE
87552 INFECTIOUS AGENT DETECT;MYCOBACTERIA SPECIES,QUANT
87555 INFECT AGNT DETECT;MYCOBACTERIA TUBERCULO,DIR PROB
87556 INFECT AGNT DETECT;MYCOBACTERIA TUBERCULO,AMP PROB
87557 INFECT AGNT DETECT;MYCOBACTERIA TUBERCULOSIS,QUANT
87560 INFECT AGNT DETECT;MYCOBACTERI AVIUM-INTRA,DIR PROB
87561 INFECT AGNT DETECT;MYCOBACTERI AVIUM-INTRA,AMP PROB
87562 INFECT AGENT DETECT;MYCOBACTERIA AVIUM-INTRA,QUANT
87580 INFECT AGENT DETECT;MYCOPLASMA PNEUMONIAE,DIR PROB
87581 INFECT AGENT DETECT;MYCOPLASMA PNEUMONIAE,AMP PROB
87582 INFECT AGENT DETECT;MYCOPLASMA PNEUMONIAE, QUANT
87590 INFECT AGENT DETECT;NEISSERIA GONORRHOEAE,DIR PROB
87591 INFECT AGENT DETECT;NEISSERIA GONORRHOEAE,AMP PROB
87592 INFECT AGENT DETECT;NEISSERIA GONORRHOEAE, QUANT
87620 INFECT AGENT DETECT;PAPILLOMAVIRUS,HUMAN,DIR PROBE
87621 INFECT AGENT DETECT;PAPILLOMAVIRUS,HUMAN,AMP PROBE

87622 INFECT AGENT DETECT;PAPILLOMAVIRUS, HUMAN, QUANT
87641 INFECT AGENT DETECT BY NUCLEIC ACID (DNA OR RNA); STAPHYLOCOCCUS AUREUS, MET...
87650 INFECT AGENT DETECT;STREPTOCOCCUS,GRP A,DIR PROBE
87651 INFECT AGENT DETECT;STREPTOCOCCUS,GRP A,AMP PROBE
87652 INFECT AGENT DETECT;STREPTOCOCCUS, GROUP A, QUANT
87660 INFECT AGENT ANTIGEN DETECTION (DNA/RNA); TRICHOMONAS VAGINALIS
87797 INFECTIOUS AGENT DETECTION; NOS, DIRECT PROBE TECH . . . . Attach documentation to claim
87798 INFECTIOUS AGENT DETECTION; NOS, AMPLIFIED PROBE . . . . . Attach documentation to claim
87799 INFECTIOUS AGENT DETECTION; NOS, QUANTIFICATION . . . . . Attach documentation to claim
87800 INFECTIOUS AGENT DETECTION; DIRECT PROBE(S) TECH . . . . . Attach documentation to claim
87801 INFECTIOUS AGENT DETECTION; AMPLIFIED PROBE(S) TECH
87802 STREPTOCOCCUS, GROUP B W/ DIRECT OPTICAL OBSERV
87804 INFECTIOUS AGENT ANTIGEN W/DIRECT OBSERV;INFLUENZA
87810 INFECT AGENT DETECT W/OPTIC; CHLAMYDIA TRACHOMATIS
87850 INFECT AGENT DETECT W/OPTIC; NEISSERIA GONORRHOEAE
87880 INFECT AGENT DETECT W/OPTIC; STREPTOCOCCUS,GROUP A
87899 INFECTIOUS AGENT DETECT W/OPTICAL OBSERVATION;NOS . . . . Attach documentation to claim
87900 INFECTIOUS AGENT DRUG SUSCEPTIBILITY PHENOTYPE PREDICTION
87901 INFECTIOUS AGENT GENOTYPE ANALYSIS, HIV 1
87903 INFECTIOUS AGENT PHENOTYPE ANALYSIS;UP TO 10 DRUGS
87904 INFECT AGENT PHENOTYPE ANALY;EA ADD DRUG,UP TO 5
87999 UNLISTED MICROBIOLOGY PROCEDURE . . . . . Attach documentation to claim
88104 CYTOPATHOL FLUIDS,WASH/BRUSH,EXCPT CERV/VAG;SMEAR
88106 CYTOPATHOL FLUIDS,WASH/BRUSH,EXCPT CERV/VAG;FILTER
88107 CYTOPATHOLOGY,FLUIDS,EXCPT CERV/VAG;SMEARS/FILTER
88108 CYTOPATHOLOGY,CONCENTRATION TECH,SMEARS & INTRPT
88112 CYTOPATHOLOGY, SELECTIVE CELLULAR ENHANCEMENT TECH W/ INTRPT (i.e. liquid based slide preparation method), <u>except cervical and vaginal</u>. (Note: CPT 2004 guidelines state do not report code 88112 with code 88108, mutually exclusive)
88130 SEX CHROMATIN INDENTIFICATION; BARR BODIES
88140 SEX CHROMATIN INDENTIF;PERIPHERAL BLOOD SMEAR
88141 CYTOPATHOLOGY, CERVICAL OR VAGINAL; INTERPRETATION
88142 CYTOPATHOLOGY, CERV/VAG,THIN LAYER PREPARE;SCREEN
88143 CYTOPATHOLOGY, CERV/VAG,THIN LAYER PREPARE;RESCREEN
88147 CYTOPATH SMEARS, CERV/VAG;SCREEN AUTO SYS PHYS SUPR
88148 CYTOPATH SMEARS,CERV/VAG;SCREEN AUTO MAN RESCREEN
88150 CYTOPATHOLOGY, SLIDES,CERV/VAGINAL;PHYS SUPERVISION
88152 CYTOPATHOLOGY,SMEARS,CERV/VAGINAL;COMP RESCREENING
88153 CYTOPATH,SLIDES,CERV/VAG;RESCREEN PHYS SUPERVISION
88154 CYTOPATH,SLIDES,CERV/VAG;COMPTR RESCR CELL SELECT
88155 CYTOPATHOLOGY,SLIDES,CERV/VAG,DEFIN HORMONAL EVAL
88160 CYTOPATHOLOGY,SMEARS,ANY OTH SOURCE;SCREEN,INTERP
88161 CYTOPATHOLOGY,ANY OTHER SOURCE;PREP/SCREEN/INTRPR
88162 CYTOPATHOLOGY,OTH SOURCE;EXT STUDY 5+SLIDES/STAIN
88164 CYTOPATH,SLIDES,CERV/VAG(BETHESDA SYS);MAN SCREEN
88165 CYTOPATH,SLIDES,CERV/VAG(BETHESDA SYS);RESCREEN
88166 CYTOPATH,SLIDES,CERV/VAG(BETHESDA SYS);COMPTR RES
88167 CYTOPATH,SLIDES,CERV/VAG(BETHESDA);RESCR CELL SEL
88172 CYTOPATH,EVAL FINE NEEDLE ASPRT;IMMED CYTOHIST STD
88173 CYTOPATH,EVAL FINE NEEDLE ASPRT;INTERPRET & REPORT

88174 CYTOPATH,CERV OR VAG, AUTO THIN LAYER PREP, SCREEN BY AUTOMATED, PHYS SUPERVS
88175 CYTOPATH,SCREEN BY AUTOMATED & MANUAL RESCREEN, PHYS SUPERVS
88180 FLOW CYTOMETRY;EA CELL SURFACE,CYTOPLASMIC/NUCLEAR
88182 FLOW CYTOMETRY,CELL CYCLE OR DNA ANALYSIS
88184 FLOW CYTOMETRY,CELL SURFACE,CYTOPLASMIC OR NUCLR MARKER,TECH COMPON ONLY FIRST MARKER
88185 ...EACH ADDITIONAL MARKER (ADD-ON)
88187 FLOW CYTOMETRY, INTERPRETATION; 2 TO 8 MARKERS
88188 ...9 TO 15 MARKERS
88189 ...16 OR MORE MARKERS
88199 UNLISTED CYTOPATHOLOGY PROCEDURE . . . . . Attach documentation to claim
88300 LEVEL I-SURGICAL PATHOLOGY,GROSS EXAMINATION ONLY
88302 LEVEL II-SURGICAL PATHOLOGY,GROSS,MICROSCOPIC EXAM
88304 LEVEL III-SURGICAL PATHOLOGY,GROSS,MICROSCOPIC EXAM
88305 LEVEL IV-SURGICAL PATHOLOGY,GROSS,MICROSCOPIC EXAM
88307 LEVEL V-SURGICAL PATHOLOGY,GROSS,MICROSCOPIC EXAM
88309 LEVEL VI-SURGICAL PATHOLOGY,GROSS,MICROSCOPIC EXAM
88311 SURG.PATH,DECALCIFICATION PROCEDURE
88312 SPECIAL STAINS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY SERVICE); GROUP I FOR MICROORGANISMS (EG, GRIDLEY, ACID FAST, METHENAMINE SILVER), EACH
88313 SPECL STAINS(LIST SEPRT)GRP II,OTHER, EACH
88314 SPECL STAIN(LIST SEP)HISTOCHEM STAIN W FROZN SECT
88318 DETERMINATIVE HISTOCHEM TO IDENTIFY CHEM COMPONEN
88319 DETERMINATIVE HISTO/CYTOCHEM,IDENT ENZYME CONSTIT
88329 CONSULTATION DURING SURGERY
88331 PATHOLOGY CONSULT SURG;1ST TISSUE BLOCK,SNGL SPECI
88332 CONSULT DURING SURG; FROZEN SEC, ADD
88342 IMMUNOHISTOCHEMISTRY (INCLUDING TISSUE IMMUNOPEROXIDASE), EACH ANTIBODY
88346 IMMUNOFLUORESCENT STUDY, EACH ANTIBODY
88347 IMMUNOFLUORESCENT STUDY, EACH ANTIBODY INDIRECT MT
88348 ELECTRON MICROSCOPY, DIAGNOSTIC
88349 ELECTRON MICROSCOPY, SCANNING
88355 MORPHOMETRIC ANALYSIS; SKELETAL MUSCLE
88356 MORPHOMETRIC ANALYSIS, NERVE
88365 TISSUE IN SITU HYBRIDIZATION,INTERPRETATION & REPORT
88371 PROTEIN ANALY,TISSUE WESTERN BLOT,INTERPRET & REPORT
88372 PROTEIN ANALY TISSUE,INTERP,REPORT;IMMUNOLOG PROBE
88399 UNLISTED SURGICAL PATHOLOGY PROCEDURE . . . . . Attach documentation to claim
88400 BILIRUBIN, TOTAL TRANSCUTANEOUS
89049 CAFFEINE HALOTHANE CONTRACTURE TEST (CHCT) FOR MALIGNANT HYPERTHERMIA
89050 CELL COUNT,MISCELLANEOUS BODY FLUID, EXCEPT BLOOD;
89051 CELL COUNT,MISC BODY FLUID,EXCP BLOOD;W DIFF COUNT
89060 CRYSTAL ID,LIGHT MICROSC W/WO POLARIZ LENS ANALYS
89100 DUODENAL INTUBATION & ASPIRATION; SINGLE SPECIMEN
89105 DUODENAL INTUBATION/ASPIRATION;MULTI FRACTNL SPECS
89125 FAT STAIN,FECES,URINE,OR RESPIRATORY SECRETIONS
89130 GASTRIC INTUBAT/ASPIRAT,DIAG,EA,CHEM ANALY/CYTOP;
89132 GASTRIC INTUB/ASPIRAT,DIAG,EA,CHEM ANALY;STIMULATN
89135 GASTRIC INTUB, ASPIR,FRACTIONAL COLLECTIONS;1 HR
89136 GASTRIC INTUB,ASPIR,FRACTIONAL COLLECTIONS,2 HRS

89140 GASTRIC INTUB,ASPIR,FRACT COLL,2 HRS & GASTR STIMU
89141 GASTRIC INTUB,ASPIR,FRACT COLL;3 HRS & GASTR STIMU
89160 MEAT FIBERS, FECES
89190 NASAL SMEAR FOR EOSINOPHILS
89225 STARCH GRANULES, FECES
89230 SWEAT COLLECTION BY INOTOPHORESIS
89235 WATER LOAD TEST
89240 UNLISTED MISCELLANEOUS PATHOLOGY TEST . . . . . Attach documentation to claim
90281 IMMUNE GLOBULIN (Ig) FOR IM USE
90471 IMMUNIZATION ADMIN;SINGLE OR COMB VACCINE/TOXOID
90472 IMMUNIZATION ADMIN;2+ SINGLE/COMB VACCINE/TOXOIDS
90473 IMMUNE ADMIN INTRANASAL/ORAL ROUTE; ONE VACCINE
90632 HEPATITIS A VACC,ADULT DOSAGE,INTRAMUSCULAR USE
90636 HEPATITIS A/HEPATITIS B VACC,ADULT,INTRAMUSCULAR
90633 HEPATITIS A, PEDIATRIC/ADOLESCENT, 2 DOSE SCHEDULE limited to use through age 18
90634 HEPATITIS A, ADOLESCENT, 3 DOSE SCHEDULE limited to use in those age 19 through 20
90658 INFLUENZA VACCINE, SPLIT VIRUS, 3+ YEARS, IM
90665 LYME DISEASE VACCINE, ADULT DOSAGE, INTRAMUSCULAR
90675 RABIES VACCINE, FOR INTRAMUSCULAR USE
90703 TETANUS TOXOID ADSORBED, FOR INTRAMUSCULAR USE
90704 MUMPS VIRUS VACCINE, LIVE, FOR SUBCUTANEOUS USE
90705 MEASLES VIRUS VACCINE, LIVE, FOR SUBCUTANEOUS USE
90706 RUBELLA VIRUS VACCINE, LIVE, FOR SUBCUTANEOUS USE
90707 MEASLES,MUMPS AND RUBELLA VIRUS VACCINE (MMR), LIVE, FOR SUBCUTANEOUS USE
90708 MEASLES AND RUBELLA VIRUS VACCINE, LIVE, FOR SUBCUTANEOUS USE
90710 MEASLES, MUMPS, RUBELLA, VARICELLA, LIVE, SUBCUT
90713 POLIOVIRUS VACCINE, INACTIVATED, (IPV), SUBCUT, limited to use through age 18
90714 TETANUS AND DIPHTHERIA TOXOIDS ABSORBED,PRESERV FREE,7 YRS OR OLDER, IM
90715 TETANUS, DIPHTHERIA TOXOIDS AND ACELLULAR PERTUSSIS VACCINE,7 YRS OR OLDER, IM
90716 VARICELLA VIRUS VACCINE,LIVE,FOR SUBCUTANEOUS USE
90718 TETANUS AND DIPHTHERIA TOXOIDS (TD) ADSORBED FOR USE IN INDIVIDUALS SEVEN YEARS OR OLDER, FOR INTRAMUSCULAR USE
90732 PNEUMOCOCCAL POLYSACCHARIDE VACC,ADULT,SUBCUTAN
Note: a minimum of 5 years is required before revaccination
90733 MENINGOCOCCAL POLYSACCHARIDE VACCINE (ANY GROUP(S)), FOR SUBCUTANEOUS USE
90740 HEP B VACCINE,DIALYSIS/IMMUNOSUPP PT 3 DOSE SCHEDULE, IM
90743 HEP B VACCINE ADOLESCENT, IM USE, limited to age 19 through age 20
90744 HEP B VACCINE PED/ADOLESCENT, IM USE, limited to age 18
90746 HEPATITIS B VACCINE,ADULT DOSAGE,INTRAMUSCULAR
90747 HEPATITIS B VACCINE ADULT DIALYSIS/IMMUNOSUPP PT 4 DOSE SCHEDULE, IM
90748 HEPATITIS B/HIB VACCINE limited to age 18
90749 UNLISTED VACCINE OR TOXOID . . . . . Attach documentation to claim
92002 OPHTHALMOLOGICAL SERVICE, MED EXAM, EVAL, INTERMED, NEW PATIENT
92004 OPHTHALMOLOGICAL SERVICE, MED EXAM, EVAL, COMPREHENSIVE, NEW PATIENT
92012 OPHTHALMOLOGICAL SERVICE, MED EXAM, EVAL, INTERMED, ESTABLISHED PATIENT
92014 OPHTHALMOLOGICAL SERVICE, MED EXAM, EVAL, COMPREHENSIVE, NEW PATIENT
92020 GONIOSCOPY (SEPARATE PROCEDURE)
92083 VISUAL FIELD EXAM, UNI/BILAT, MED DIAG EVAL; EXTENDED
92135 SCAN COMPUTER OPHTHALMIC DIAG IMAG W INTER/REPORT, UNILAT
93000 ELECTROCARDIOGRAM,ROUTINE ECG MIN 12 LEADS,REPORT

93010 ELECTROCARDIOGRAM,ROUTINE 12+ LEADS,INTRP/RPT ONLY
99050 SERVICES REQUESTED AFTER POSTED OFFICE HOURS IN ADDITION TO BASIC SERVICE
99201 OFFICE / OUTPAT VISIT NEW 3/3 H:PF E:PF D:SF
99202 OFFICE / OUTPAT VISIT NEW 3/3 H:EP E:EP D:SF
99203 OFFICE / OUTPAT VISIT NEW 3/3 H:DT E:DT D:LC
99204 OFFICE / OUTPAT VISIT NEW 3/3 H:CM E:CM D:MC
99205 OFFICE / OUTPAT VISIT NEW 3/3 H:CM E:CM D:HC
99211 OFC, OUTPAT VISIT E/M EST MAY NOT REQUIRE PHYSICIAN
99212 OFFICE / OUTPAT VISIT ESTAB. 2/3 H:PF E:PF D:SF
99213 OFFICE / OUTPAT VISIT ESTAB. 2/3 H:EP E:EP D:LC
99214 OFFICE / OUTPAT VISIT ESTAB. 2/3 H:DT E:DT D:MC
99215 OFFICE / OUTPAT VISIT ESTAB. 2/3 H:CM E:CM D:HC
99281 EMERGENCY DEPT. VISIT 3/3 H:PF E:PF D:SF
99282 EMERGENCY DEPT. VISIT 3/3 H:EP E:EP D:LC
99283 EMERGENCY DEPT. VISIT 3/3 H:EP E:EP D:MC
99284 EMERGENCY DEPT. VISIT 3/3 H:DT E:DT D:MC
99285 EMERGENCY DEPT. VISIT 3/3 H:CM E:CM D:HC
99385 INITIAL COMPREH PREVENTIVE MEDICINE EXAM, 18-39 YEARS, limited one/year
99386 INITIAL COMPREH PREVENTIVE MEDICINE EXAM, 40-64 YEARS, limited one/year
99395 PERIODIC COMPREH PREVENTIVE MEDICINE EXAM, 18-39 YEARS, limited one/year
99396 PERIODIC COMPREH PREVENTIVE MEDICINE EXAM, 40-64 YEARS, limited one/year

CRITERIA FOR MEDICAL AND SURGICAL PROCEDURES

Criteria #34: Removal of Benign or Premalignant Skin Lesions

Benign or premalignant skin lesions skin lesions are covered only when the following indications documented in the medical record indicate the lesion removal is medically necessary and not cosmetic.

1. The lesion is in anatomical area subject to recurrent physical trauma, and there is documentation that such trauma has in fact repeatedly occurred or the lesion obstructs an orifice or clinically restricts vision.

2. A prior biopsy suggests or is indicative of lesion malignancy, or based on the lesion's appearance, such as recent changes in color or enlargement, malignancy is a realistic consideration.

3. Lesions which may be considered for coverage may include those which bleed, itches intensely and/or are painful.

4. To consider removal of a benign lesion not cosmetic, medical records maintained by the physician must clearly document the medical necessity for lesion removal.

5. Codes will be considered for coverage only when the diagnosis code is listed in the group below. However, benign or premalignant skin lesions must also meet the requirements stated under **Limitations** (which follows the list of ICD-9 codes below).

078.0	Molluscum contagiosum
078.10	Viral warts, unspecified
078.11	Condyloma acuminatum
078.19	Other specified viral warts
171.0	Malignant neoplasm of connective and other soft tissue, head, face and neck
173.0	Other malignant neoplasm of skin of lip
173.2	Other malignant neoplasm of skin, ear and external auditory canal
173.3	Other malignant neoplasm of skin, unspecified parts of face
173.4	Other malignant neoplasm of skin, scalp and skin of neck
173.5	Other malignant neoplasm of skin, skin of truck, except scrotum
173.6	Other malignant neoplasm of skin, upper limb, including shoulder
173.7	Other malignant neoplasm of skin, lower limb, including shoulder
173.8	Other malignant neoplasm of skin, other specified sites of skin
173.9	Other malignant neoplasm of skin, unspecified
216.0	Benign neoplasm of skin of lip
216.1	Benign neoplasm of eyelid, including canthus
216.2	Benign neoplasm of skin of ear and external auditory canal
232.0	Carcinoma in situ of skin of lip
232.1	Carcinoma in situ of eyelid, including canthus
232.2	Carcinoma in situ of ear and external auditory canal
232.3	Carcinoma in situ of skin of other and unspecified parts of face
232.4	Carcinoma in situ of scalp and skin of neck
232.5	Carcinoma in situ of skin of trunk except scrotum
232.6	Carcinoma in situ of upper limb including shoulder
232.7	Carcinoma in situ of lower limb, including hip
686.1	Pyogenic granuloma of skin and subcutaneous tissue
701.0	Circumscribed scleroderma
701.2	Acquired acanthosis nigricans
707.10	Ulcer of lower limb, except decubitus ulcer, unspecified
707.11	Ulcer of thigh
707.12	Ulcer of calf
707.13	Ulcer of ankle

707.14	Ulcer of heel and midfoot
707.15	Ulcer of other part of foot
707.19	Ulcer of other part of lower limb
707.8	Chronic ulcer of other specified sites
707.9	Chronic ulcer of unspecified site
919.7	Superficial foreign body (splinter) of other, multiple, and unspecified sites, without major open wound, infected

Limitations

1. Benign lesions such as seborrheic keratoses, hemangiomas, lipomas, and sebaceous epidermoid cysts, are not covered.

2. A record statement of “irritated skin lesion” is not sufficient justification for lesion removal when based on the patient’s complaint or the physician’s physical findings. Similarly, use of ICD-9 code 702.11, inflamed seborrheic keratosis, is not sufficient to justify lesion removal without medical record documentation of the patient’s symptoms and physical findings.

3. Removal of benign skin lesions that do not pose a threat to function or health are considered cosmetic and are not covered.

4. Lesions in sensitive anatomic locations that are not problematic do not qualify for removal coverage based on location alone.

5. Covered benign lesion excision codes 11300 -11310 and 11400 - 11446 and 17110, may be reviewed under this policy. Submitted medical record documentation must include the number of lesions and their anatomical location, size, shape, character, and color. Pathology reports must also be included with the documentation for review. Medical record documentation must support the medical necessity of surgical excision over another removal procedure and support that the removal was not for cosmetic purposes.