

Medicaid In Office Lab Testing



Effective September 1, 2018, the lab services below can be performed and reimbursed in an office setting. All other office-based lab services must be submitted through our contracted laboratory providers.

CPT	Description
G0306	Complete CBC, automated (Hgb, HCT, RBC, WBC, without platelet count) and automated WBC differential count
G0307	Complete (CBC), automated (Hgb, Hct, RBC, WBC; without platelet count)
G0480	Drug test(s), definitive, utilizing drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including, but not limited to GC/MS (any type, single or tandem) and LC/MS (any type, single or tandem and excluding immunoassays (eg, IA, EIA, ELISA, EMIT, FPIA) and enzymatic methods (eg, alcohol dehydrogenase)); qualitative or quantitative, all sources, includes specimen validity testing, per day, 1-7 drug class(es), including metabolite(s) if performed.
G0481	Drug test(s), definitive, utilizing drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including, but not limited to GC/MS (any type, single or tandem) and LC/MS (any type, single or tandem and excluding immunoassays (eg, IA, EIA, ELISA, EMIT, FPIA) and enzymatic methods (eg, alcohol dehydrogenase)); qualitative or quantitative, all sources, includes specimen validity testing, per day, 8-14 drug class(es), including metabolite(s) if performed.
Q0111	Wet mounts, including preparations of vaginal, cervical or skin specimens
80048	Basic Metabolic panel
80051	Electrolyte Panel (must include Carbon Dioxide, Chloride, Potassium and Sodium)
80061	Lipid panel and this panel include: Cholesterol, Serum, Total Lipoprotein, Direct Measurement(82465), High Density cholesterol-HDL Cholesterol (83718) and Triglycerides (84478)
80305	Drug tests(s), presumptive, any number of drug classes; any number of devices or procedures, (eg, immunoassay) capable of being read by direct optical observation only (eg, dipsticks, cups, cards, cartridges), includes sample validation when performed, per date of service.
80306	Drug tests(s), presumptive, any number of drug classes; any number of devices or procedures, (eg, immunoassay) read by instrument-assisted direct optical observation (eg, dipsticks, cups, cards, cartridges), includes sample validation when performed, per date of service.
80307	Drug tests(s), presumptive, any number of drug classes; any number of devices or procedures by instrument chemistry analyzers (eg, utilizing immunoassay, eg IA, EIA, ELISA, EMIT, FPIA, KIMS, RIA) chromatography, (eg. GC, HPLC) and mass spectrometry either with or without chromatography, (eg, DART, DESI, GC-MS, GC-MS/MS, ML- MS/MS, LDTD, MALDI, TOF) including sample validation when performed, per date of service.

CPT	Description
81000	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; non-automated, with microscopy
81001	leukocytes, nitrite, pH, protein specific gravity, urobilinogen, any number of these constituents; automated, with microscopy
81002	UA dip stick/tablet reagent; w/o micro non-auto
81003	Automated, urine analysis without microscopy
81005	Urinalysis; qualitative or semi-quantitative, except immunoassays
81025	Urine pregnancy test, by visual color comparison methods
82043	Albumin; urine, microalbumin, quantitative
82044	Albumin; urine, microalbumin, semiquantitative (eg, reagent strip assay)
82247	Bilirubin; Total
82270	Blood, occult, by peroxidase activity (eg, guaiac); feces, 1-3 simultaneous
82272	Blood, occult, by peroxidase activity, single specimen
82274	Blood, occult, by fecal hemoglobin determination by immunoassay, qualitative, feces, 13 simultaneous determinations
82465	Cholesterol, serum or whole blood, total
82565	Creatinine, Blood
82570	Creatinine; other source
82947	Glucose; quantitative, blood (except reagent strip)
82948	Glucose; blood, reagent strip
82950	Post glucose dose (includes glucose)
82951	Glucose; tolerance test (GTT), 3 specimens (includes glucose)
82962	Glucose, blood by glucose monitoring device(s) cleared by the FDA specifically for home
83036	HGA1c
83037	Hemoglobin; glycosylated (A1C) by device cleared by FDA for home use
83655	Lead
83986	pH, body fluid, except blood
84030	Phenylalanine (PKU), blood
84156	Protein, total, except by refractometry; urine
84520	Urea Nitrogen, Quantitative
84702	Quantitative HCG
84703	Gonadotropin, chorionic (HCG); qualitative
85004	Blood count; automated differential wbc count

CPT	Description
85007	Blood count; manual differential WBC count (includes RBC morphology and platelet estimation)
85013	Blood count; spun micro-hematocrit
85014	Blood count; other than spun hematocrit
85018	Blood count; hemaglobin
85025	Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count
85027	Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count)
85032	Blood count; manual cell count (erythrocyte leukocyte or platelet) each
85049	Blood count; platelet automated
85610	Prothrombin time
85651	Sedimentation rate, erythrocyte; non-automated
85730	Thromboplastin time, partial (PTT); plasma or whole blood
86140	C-reactive protein:
86308	Heterophile antibodies; screening
86318	Immunoassay for infectious agent antibody, qualitative or semiquantitative, single step
86403	Particle agglutination; screen, each antibody
86480	Tuberculosis test, cell mediated immunity antigen response measurement; gamma interferon
86580	Skin test; tuberculosis, intradermal
86677	H Pylori
86701	Antibody; HIC-1
86702	Antibody; HIC-2
86703	HIV-1/HIV-2 SINGLE RESULT
86710	Antibody; influenza virus
86756	Antibody; respiratory syncytial virus
87070	Culture, bacterial; any other source except urine, blood or stool, aerobic, with isolation and presumptive identification of isolates
87077	Culture, bacterial; aerobic isolate, additional methods required for definitive identification, each isolate
87081	Culture, presumptive, pathogenic organisms, screening only
87088	Culture, bacterial; with isolation and presumptive identification of isolates, urine
87086 *	Culture, bacterial; quantitative colony count, urine
87101	DTM Culture
87110	Culture, chlamydia, any source
87177	Ova and parasites, direct smears, concentration and identification

CPT	Description
87205	Smear, primary source with interpretation, Gram or Giemsa stain for bacteria, fungi, or cell types
87210	Smear, primary source with interpretation; wet mount for infectious agents (eg, saline, India ink, KOH preps)
87220	KOH Prep
87320	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple-step method; Chlamydia trachomatis
87389	HIV-1 AG W/HIV-1 & HIV-2 AB
87390	Antibody; HIV-1 and HIV-2, single result
87391	IV-2 AG IA
87400	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple step method; Influenza, A or B, each
87425	Rotavirus
87430	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple step method; Streptococcus, group A
87480 *	Infectious agent detection by nucleic acid (DNA or RNA); Candida species, direct probe technique
87490	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, direct probe technique
87491	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, amplified probe technique
87492	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, quantification
87501	Infectious agent detection by nucleic acid (DNA or RNA); influenza virus, reverse transcription and amplified probe technique, each type or subtype
87502	Infectious agent detection by nucleic acid (DNA or RNA); influenza virus, for multiple types or sub-types, multiplex reverse transcription and amplified probe technique, first 2 types or sub-types
87503	Infectious agent detection by nucleic acid (DNA or RNA); influenza virus, for multiple types or sub-types, multiplex reverse transcription and amplified probe technique, each additional influenza virus type or sub-type beyond 2 (List separately in addition to code for primary procedure)
87660	Infectious agent detection by nucleic acid (DNA or RNA); Trichomonas vaginalis, direct probe technique
87800 *	Infectious agent detection by nucleic acid (DNA or RNA), multiple organisms; direct probe(s) technique
87802	Infectious agent antigen detection by immunoassay with direct optical observation; Streptococcus, group B
87803	Infectious agent antigen detection by immunoassay with direct optical observation; Clostridium difficile toxin A
87804	Infectious agent antigen detection by immunoassay with direct optical observation; Influenza
87806	Infectious agent detection by immunoassay with direct optical observation; HIV-1 antigen(s) with HIV-1 and HIV-2 antibodies

CPT	Description
87807	Infectious agent antigen detection by immunoassay with direct optical observation; respiratory syncytial virus
87808	Infectious agent antigen detection by immunoassay with direct optical observation; Trichomonas vaginalis
87810	Infectious agent antigen detection by immunoassay with direct optical observation; Chlamydia trachomatis
87880	Infectious agent detection by immunoassay with direct optical observation; Streptococcus, group A
87905	Infectious agent enzymatic activity other than virus (eg., sialidase activity in vaginal fluid)
88230	Tissue culture for non-neoplastic disorders; lymphocyte
88233	Tissue culture for non-neoplastic disorders; skin or other solid tissue biopsy
88235	Tissue culture for non-neoplastic disorders; amniotic fluid or chorionic villus cells
88237	Tissue culture for neoplastic disorders; bone marrow, blood cells
88239	Tissue culture for neoplastic disorders; solid tumor
88240	Cryopreservation, freezing and storage of cells, each cell line
88241	Thawing and expansion of frozen cells, each aliquot
88245	Chromosome analysis for breakage syndromes; baseline Sister Chromatid Exchange (SCE), 20-25 cells
88248	Chromosome analysis for breakage syndromes; baseline breakage, score 50-100 cells, count 20 cells, 2 karyotypes (eg, for ataxia telangiectasia, Fanconi anemia, fragile X)
88249	Chromosome analysis for breakage syndromes; score 100 cells, clastogen stress (eg, diepoxybutane, mitomycin C, ionizing radiation, UV radiation)
88261	Chromosome analysis; count 5 cells, 1 karyotype, with banding
88262	Chromosome analysis; count 15-20 cells, 2 karyotypes, with banding
88263	Chromosome analysis; count 45 cells for mosaicism, 2 karyotypes, with banding
88264	Chromosome analysis; analyze 20-25 cells
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 (eg, FISH)
88272	Molecular cytogenetics; chromosomal in situ hybridization, analyze 3-5 cells (eg, for derivatives and markers)
88273	Molecular cytogenetics; chromosomal in situ hybridization, analyze 10-30 cells (eg, for microdeletions)

CPT	Description
88274	Molecular cytogenetics; interphase in situ hybridization, analyze 25-99 cells
88275	Molecular cytogenetics; interphase in situ hybridization, analyze 100-300 cells
88280	Chromosome analysis; additional karyotypes, each study
88285	Chromosome analysis; additional cells counted, each study
88289	Chromosome analysis; additional high resolution study
88291	Cytogenetics and molecular cytogenetics, interpretation and report
89051	Cell count, miscellaneous body fluids (eg, cerebrospinal fluid, joint fluid), except blood; with differential count
89190	Nasal smear for eosinophils

Note: All other office-based lab services must be submitted through our contracted laboratory providers. Specialty lab services will continue to be submitted through Doctors Laboratory, Genzyme Genetics, Finan Dermatopathology, Atlanta Dermatology and Pathology and Chatham County Board of Health Lab.

Note: Any service rendered by a non-contracted laboratory provider requires that the ordering provider obtain prior authorization for the service.