

IN-OFFICE LABORATORY TESTING AND PROCEDURES LIST

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Related Policies

- [Infertility Diagnosis and Treatment](#)
- [New York Participating Provider Laboratory & Pathology Protocol](#)

INSTRUCTIONS FOR USE

The services described in Oxford policies are subject to the terms, conditions and limitations of the member's contract or certificate. Unless otherwise stated, Oxford policies do not apply to Medicare Advantage members. Oxford reserves the right, in its sole discretion, to modify policies as necessary without prior written notice unless otherwise required by Oxford's administrative procedures or applicable state law. The term Oxford includes Oxford Health Plans, LLC and all of its subsidiaries as appropriate for these policies.

Certain policies may not be applicable to Self-Funded members and certain insured products. Refer to the member specific benefit plan document or Certificate of Coverage to determine whether coverage is provided or if there are any exclusions or benefit limitations applicable to any of these policies. If there is a difference between any policy and the member specific benefit plan document or Certificate of Coverage, the member specific benefit plan document or Certificate of Coverage will govern.

UnitedHealthcare may also use tools developed by third parties, such as the MCG™ Care Guidelines, to assist us in administering health benefits. The MCG™ Care Guidelines are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.

APPLICABLE LINES OF BUSINESS/PRODUCTS

This policy applies to Oxford Commercial plan membership.

APPLICATION

This policy applies to all network physicians providing laboratory testing/procedures provided in an office setting.

Note: Certain physician contracts allow for additional laboratory testing/procedures that Oxford to be considered for reimbursement when provided in the physician's office. Review the provider contract for additional coverage guidelines.

OVERVIEW

The **In-Office Laboratory Testing and Procedures List** is a list of testing/laboratory procedure codes that Oxford will consider for reimbursement to its Network physicians when performed in their office. This list represents the only laboratory testing/procedures that Oxford Network physicians may provide in their offices. All other laboratory testing/procedures **must** be performed by one of the participating laboratories in Oxford's network.

Refer to the [New York Participating Provider Laboratory & Pathology Protocol](#) for commercial members enrolled on New York (NY) products and to the [Provider Administrative Guide](#) for additional information on participating provider responsibilities for all other commercial plan membership (New Jersey and Connecticut commercial products).

In-Office Laboratory Testing and Procedures

Reimbursement of network physicians for the performance of in-office laboratory testing/procedures is limited to those codes listed on the [in-office laboratory testing and procedures list](#). Reimbursement for some of the Laboratory testing/procedures is limited to certain physician specialties. Refer to the [Applicable Codes](#) section below for a list of specific CPT codes.

All In-Office Laboratory Testing and Procedures:

- Marked with *, **, ***, ****, and ***** will be limited to one procedure within the same family of asterisks, per visit. **Example:** All laboratory testing/procedure codes that are marked with one * will only be allowed to have one laboratory test/procedure performed, per visit, out of all of the codes designated with the single *.
- Marked with a # symbol, will only be considered for reimbursement if the member has an infertility benefit and the provider has the appropriate specialty. Refer to the policy titled [Infertility Diagnosis and Treatment](#) for additional information related to infertility coverage.

Specimen Handling and Venipuncture

When specimen handling and venipuncture codes are billed;

- **With** a laboratory/procedure code on the [in-office laboratory testing and procedures list](#), only the laboratory testing/procedure and venipuncture codes will be considered for reimbursement. **Note:** The laboratory testing/procedure code will only be considered for reimbursement if the code is listed in the [Applicable Codes](#) section of the policy and the provider has the appropriate specialty, if required.
- **Without** a laboratory testing/procedure code on the [in-office laboratory testing and procedures list](#) or with other non-laboratory testing/procedure services, the specimen handling and venipuncture codes will be considered for reimbursement.

APPLICABLE CODES

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies may apply.

All In-Office Laboratory Testing and Procedures:

- Marked with *, **, ***, ****, and ***** will be limited to one procedure within the same family of asterisks, per visit. **Example:** All laboratory testing/procedure codes that are marked with one * will only be allowed to have one laboratory test/procedure performed, per visit, out of all of the codes designated with the single *.
- Marked with the # symbol will only be considered for reimbursement if the member has **an infertility benefit** and the provider has the appropriate specialty. Refer to the policy titled [Infertility Diagnosis and Treatment](#) for additional information related to infertility coverage.

CPT Code	Description
Primary Care Physicians and Specialists	
80305	Drug test(s), presumptive, any number of drug classes, any number of devices or procedures; capable of being read by direct optical observation only (e.g., utilizing immunoassay [e.g., dipsticks, cups, cards, or cartridges]), includes sample validation when performed, per date of service
80306	Drug test(s), presumptive, any number of drug classes, any number of devices or procedures; read by instrument assisted direct optical observation (e.g., utilizing immunoassay [e.g., dipsticks, cups, cards, or cartridges]), includes sample validation when performed, per date of service
81000*	Urinalysis, non-automated, with microscopy
81001*	Urinalysis, automated, with microscopy
81002*	Urinalysis, non-automated, without microscopy
81003*	Urinalysis, automated, without microscopy
81025	Urine pregnancy test, by visual color comparison methods
82270*****	Blood, occult, by peroxidase activity (e.g., guaiac), qualitative; feces, consecutive collected specimens with single determination, for colorectal neoplasm screening (i.e., patient was provided three cards or single triple card for consecutive collection)

CPT Code	Description
Primary Care Physicians and Specialists	
82271*****	Blood, occult, by peroxidase activity (e.g., guaiac), qualitative; other sources
82272*****	Blood, occult, by peroxidase activity (e.g., guaiac), qualitative, feces, 1-3 simultaneous determinations, performed for other than colorectal neoplasm screening
82948	Glucose; blood, reagent strip
82962	Glucose, blood sugar by glucometer
83014	Helicobacter pylori, breath test analysis; drug administration (Note: Dianon is providing test kit free of charge — call 800-328-2666)
83026	Hemoglobin; by copper sulfate method, non-automated
83655	Lead
85013***	Blood count; spun microhematocrit
85018***	Blood count; hemoglobin (Hgb)
85025***	For Stat Purposes Only Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count
85651	Sedimentation rate, erythrocyte; non-automated
86403****	Particle agglutination, screen, each antibody
86485-86580	Skin tests; various
87070**	Culture, bacterial; any other source but urine, blood or stool, with isolation and presumptive identification of isolates.
87081**	Culture, bacterial, screening only, for single organisms
87177	Ova and parasites, direct smears, concentration and identification.
87210	Smear, wet mount with simple stain, for bacteria, fungi, ova, and/or parasites
87220	Tissue examination for fungi (e.g., KOH slide)
87804	Infectious agent antigen detection by immunoassay with direct optical observation; Influenza
87880****	Infectious agent detection by immunoassay-streptococcus group A
88738	Hemoglobin (Hgb), quantitative, transcutaneous
89100	Duodenal intubation and aspiration; single specimen plus appropriate test
89105	Duodenal intubation and aspiration; collection of multiple fractional specimens with pancreatic or gallbladder stimulation, single or double lumen tube
89130-89141	Gastric intubation and aspiration; various
89350	Sputum, obtaining specimen, aerosol-induced technique
99195	Phlebotomy, therapeutic (separate procedure)
Primary Care Physicians (including Adolescent Medicine, Family Practice, General Practitioner, Internal Medicine and Obstetricians/Gynecologists)	
87651	Infectious agent detection by nucleic acid (DNA or RNA); Streptococcus, group A, amplified probe technique.
Pediatricians	
80305	Drug test(s), presumptive, any number of drug classes, any number of devices or procedures; capable of being read by direct optical observation only (e.g., utilizing immunoassay [e.g., dipsticks, cups, cards, or cartridges]), includes sample validation when performed, per date of service
80306	Drug test(s), presumptive, any number of drug classes, any number of devices or procedures; read by instrument assisted direct optical observation (e.g., utilizing immunoassay [e.g., dipsticks, cups, cards, or cartridges]), includes sample validation when performed, per date of service
82247	Bilirubin, total
87651	Infectious agent detection by nucleic acid (DNA or RNA); Streptococcus, group A, amplified probe technique.

CPT Code	Description
Obstetricians/Gynecologists/Reproductive Endocrinologists/Infertility	
82670	Estradiol
83001	Gonadotropin; follicle stimulating hormone (FSH)
83002	Gonadotropin; luteinizing hormone (LH)
84144	Progesterone
84702	Gonadotropin, chorionic (hCG); quantitative
89250#	Culture of oocyte(s)/embryo(s), less than 4 days
89253#	Assisted Embryo hatching, microtechniques (any method)
89254#	Oocyte identification from follicular fluid
89255#	Preparation of embryo for transfer (any method)
89257#	Sperm identification from aspiration (other than seminal fluid)
89260#	Sperm isolation; simple prep (e.g., sperm wash and swim-up) for insemination or diagnosis with semen analysis
89261#	Sperm isolation; complex prep (e.g., Percoll gradient, albumin gradient) for insemination or diagnosis with semen analysis
89300#	Semen analysis; presence and/or motility of sperm including Huhner test (post coital)
89310	Semen analysis; motility and count (not including Huhner test)
89320	Semen analysis; volume, count, motility and differential
89321	Semen analysis; sperm presence and motility of sperm, if performed
89325#	Sperm antibodies
89330#	Sperm evaluation; cervical mucus penetration test, with or without spinnbarkeit test
Reproductive Endocrinologists/Infertility	
84146	Prolactin
84443	Thyroid stimulating hormone (TSH)
89264#	Sperm identification from testis tissue, fresh or cryopreserved
89268#	Insemination of oocytes
89272#	Extended culture of oocyte(s)/embryo(s), 4-7 days
89280#	Assisted oocyte fertilization, microtechnique; less than or equal to 10 oocytes
89281#	Assisted oocyte fertilization, microtechnique; greater than 10 oocytes
89322	Semen analysis; volume, count, motility, and differential using strict morphologic criteria (e.g., Kruger)
89352#	Thawing of cryopreserved; embryo(s)
Endocrinologists	
88172	Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy for diagnosis, first evaluation episode, each site
88177	Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy for diagnosis, each separate additional evaluation episode, same site (List separately in addition to code for primary procedure)
Dermatologists/Dermatopathologists	
88331	Pathology consultation during surgery; first tissue block, with frozen section(s), single specimen
88332	Pathology consultation during surgery; each additional tissue block with frozen section(s) (List separately in addition to code for primary procedure)
Hematologists/Oncologists/Pediatric Hematologists	
85007***	Blood count; automated differential WBC count blood smear, microscopic examination with manual differential WBC count
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)

CPT Code	Description
Hematologists/Oncologists/Pediatric Hematologists	
85097	Bone marrow; smear interpretation only, with or without differential cell count
86077	Blood bank physician services; difficult cross-match and/or evaluation of irregular antibody(s), interpretation and written report
86078	Blood bank physician services; investigation of transfusion reaction, including suspicion of transmissible disease, interpretation and written report
86079	Blood bank physician services; authorization for deviation from standard blood-banking procedures, with written report
86927-86999	Transfusion medicine
Ophthalmologists and Connecticut CLIA Certified Optometrists	
Note: Connecticut optometrists may be reimbursed for CPT code 83861 in the office if they are CLIA Certified (Clinical Laboratory Improvement Amendments of 1988 (CLIA)). If no CLIA certification is on file, the service is not eligible for reimbursement.	
83861	Microfluidic analysis utilizing an integrated collection and analysis device, tear osmolarity
Ophthalmologists and Optometrists	
83516	Immunoassay for analyte other than infectious agent antibody or infectious agent antigen; qualitative or semiquantitative, multiple step method
87809	Infectious agent antigen detection by immunoassay with direct optical observation; adenovirus
Pulmonologists	
82803	Gases, blood, any combination of pH, pCO ₂ , pO ₂ , CO ₂ , HCO ₃ (including calculated O ₂ saturation)
Rheumatologists	
89060	Crystal Identification by light microscopy with or without polarizing lens analysis; tissue or any body fluid (except urine)
Urologists	
89264#	Sperm identification from testis tissue, fresh or cryopreserved
89300	Semen analysis; presence and/or motility of sperm including Huhner test (post coital)
89310	Semen analysis; motility and count (not including Huhner test)
89320	Semen analysis; volume, count, motility and differential
89321	Semen analysis; sperm presence and motility of sperm, if performed
89322	Semen analysis; volume, count, motility, and differential using strict morphologic criteria (e.g., Kruger)

REFERENCES

American Medical Association. Current Procedural Terminology: CPT Professional Edition.

How to Apply for a CLIA Certificate, Including International Laboratories from the CMS.gov web site:

http://www.cms.gov/Regulations-and-Guidance/Legislation/CLIA/How_to_Apply_for_a_CLIA_Certificate_International_Laboratories.html

POLICY HISTORY/REVISION INFORMATION

Date	Action/Description
01/01/2018	<ul style="list-style-type: none"> Updated list of applicable CPT codes to reflect annual code edits; revised description for 80305 and 80306 Archived previous policy version LAB 003.30 T0