

# IN-OFFICE LABORATORY TESTING AND PROCEDURES LIST

**Policy Number:** LAB 003.26 T0  
**Effective Date:** December 1, 2014

**Related Policies:**

- [Infertility Procedures Requiring Notification and/or Precertification](#)
- [Laboratory Services Protocol](#)
- [Treatment of Infertility](#)
- [Treatment of Infertility for New Jersey Large Groups](#)
- [Treatment of Infertility for New York Small and Large Groups](#)
- [Treatment of Infertility for Connecticut Groups](#)

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*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 enrollees. 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. For the In Office Lab Testing Policy, the term Oxford includes Oxford Health Plans, LLC and all of its subsidiaries as appropriate for these policies as well as the Medicare Advantage products offered under the AARP® MedicareComplete®, AARP® MedicareComplete® Mosaic\*, and UnitedHealthcare® Medicare Advantage brands.*

*Certain policies may not be applicable to Self-Funded Members and certain insured products. Refer to the Member's plan of benefits 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's plan of benefits or Certificate of Coverage, the plan of benefits or Certificate of Coverage will govern.*

## APPLICABLE LINES OF BUSINESS/PRODUCTS

This policy applies to Commercial plans.

## POLICY

The **In-Office Laboratory Testing and Procedures List** is a list of laboratory procedural/testing codes that Oxford will reimburse its Network physicians to perform in their offices. This list represents the only procedures/tests that Oxford Network physicians can perform in their offices that will be reimbursed by Oxford.

All other lab procedures/tests must be performed by one of the participating laboratories in Oxford's network. Refer to the [Laboratory Services Protocol](#) policy for additional information.

**Note:**

- Certain provider contracts allow for additional tests to be reimbursed in the office. Refer to provider contract for additional coverage guidelines.

- Reimbursement for some of the procedures/tests is limited to physician's specialties.

Those labs marked with \*, \*\*, \*\*\*, \*\*\*\*, \*\*\*\*\* will be limited to one procedure within the same family of asterisks, per visit. For example, all labs that are marked with one \* will only be allowed to have one lab test performed out of all of the codes designated with the single.\*

### Specimen Handling and Venipuncture:

- If specimen handling and venipuncture codes are billed in conjunction with a lab code, only the lab and venipuncture codes will be reimbursed (and only if that lab code is on the above Lab Exception List).
- If specimen handling and venipuncture codes are billed without a lab code on Oxford's In Office Laboratory Testing and Procedures List or with other non-laboratory services, the specimen handling and venipuncture codes will be paid per the Oxford fee schedule.

### Primary Care Physicians and Specialists

CPT Code	Test Description
*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 (eg, guaiac), qualitative; feces, consecutive collected specimens with single determination, for colorectal neoplasm screening (ie, patient was provided three cards or single triple card for consecutive collection)
*****82271	Blood, occult, by peroxidase activity (eg, guaiac), qualitative; other sources
*****82272	Blood, occult, by peroxidase activity (eg, 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)
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

CPT Code	Test Description
99195	Phlebotomy, therapeutic (separate procedure)
*** 85025	<b>For Stat Purposes Only</b> Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count

#### Pediatricians

CPT Code	Test Description
82247	Bilirubin, Total

#### Dermatologists / Dermatopathologists

CPT Code	Test Description
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)

#### Rheumatologists

CPT Code	Test Description
89060	Crystal Identification by light microscopy with or without polarizing lens analysis; tissue or any body fluid (except urine)

#### Urologists

CPT Code	Test Description
#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 (eg, Kruger)

#Member must have the infertility benefit.

#### Pulmonologists

CPT Code	Test Description
82803	Gases, blood, any combination of pH, pCO <sub>2</sub> , pO <sub>2</sub> , CO <sub>2</sub> , HCO <sub>3</sub> (including calculated O <sub>2</sub> saturation)

#### Hematologists / Oncologists / Pediatric Hematologists

CPT Code	Test Description
***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)
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

Those labs marked with \*, \*\*, \*\*\*, \*\*\*\*, \*\*\*\*\* will be limited to one procedure (within the same family of asterisks) per visit. For example, all labs that are marked with one \* will only be allowed to have one lab test performed out of all of the codes designated with the single \*.

### Obstetricians / Gynecologists / Reproductive Endocrinologists / Infertility

**Note:** Codes in the list below that are preceded by an “#” indicate that the Member must have the infertility benefit in order for the service to be covered.

CPT Code	Test Description
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 (eg, sperm wash and swim-up) for insemination or diagnosis with semen analysis
#89261	Sperm isolation; complex prep (eg, 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

**Note:**

- Codes in the list below that are preceded by an “#” indicate Member must have the infertility benefit in order for the service to be covered.
- For additional information regarding coverage for infertility codes, refer to:
  - [Infertility Procedures Requiring Notification and/or Precertification](#)
  - [Treatment of Infertility](#)
  - [Treatment of Infertility for New Jersey Large Groups](#)
  - [Treatment of Infertility for New York Small and Large Groups](#)
  - [Treatment of Infertility for Connecticut Groups](#)

CPT Code	Test Description
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

CPT Code	Test Description
#89281	Assisted oocyte fertilization, microtechnique; greater than 10 oocytes
89322	Semen analysis; volume, count, motility, and differential using strict morphologic criteria (eg, Kruger)
#89352	Thawing of cryopreserved; embryo(s)

### Ophthalmologists\*

**\*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.

CPT Code	Test Description
83861	Microfluidic analysis utilizing an integrated collection and analysis device, tear osmolarity

### Endocrinologists

CPT Code	Test Description
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)

### 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](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
12/01/2014	<ul style="list-style-type: none"> <li>• Updated <i>applicable lines of business/products</i>; removed language indicating the policy applies to Medicare Advantage plans</li> <li>• Revised reimbursement guidelines; <ul style="list-style-type: none"> <li>○ Added reference link to policy titled <i>Laboratory Services Protocol</i> for information on referral of laboratory services</li> <li>○ Updated list of applicable CPT codes for <i>Obstetricians/Gynecologists/Reproductive Endocrinologists/Infertility</i> and <i>Reproductive Endocrinologists/Infertility</i>: <ul style="list-style-type: none"> <li>▪ Added language to clarify codes preceded by an “#” indicate the Member must have the infertility benefit in order for the service to be covered</li> </ul> </li> <li>○ Updated list of applicable CPT codes for <i>Ophthalmologists</i>: <ul style="list-style-type: none"> <li>▪ Added language to indicate Connecticut optometrists may be reimbursed for CPT code 83861 in the office if they are Clinical Laboratory Improvement Amendments of 1988 (CLIA) certified; if no CLIA certification is on file, the service is not eligible for reimbursement</li> </ul> </li> </ul> </li> <li>• Archived previous policy version LAB 003.25 T0</li> </ul>