

Texas HMO Outpatient Reimbursable Lab Services List effective 9/1/2017

The following lab services will be reimbursed on a fee-for-service basis ***if performed in the physician's or other professional provider's office*** for **Blue EssentialsSM, Blue Advantage HMOSM or Blue PremierSM and My Blue HealthSM** members.

Test Description	CPT Code
Collection of venous blood by venipuncture	36415
Collection of capillary blood specimen	36416
Venipuncture, cutdown; under age 1 year	36420
Basic metabolic panel	80048
Electrolyte panel	80051
Tacrolimus	80197
Urinalysis, dipstick	81000
Urinalysis, with microscopy, automated	81001
Urinalysis, without microscopy, non-automated	81002
Urinalysis, without microscopy, automated	81003
Urinalysis, bacteriuria screen, except by culture or dipstick	81007
Pregnancy test, urine	81025
Stool for occult blood (Hemoccult)	82270
Stool for occult blood (Hemoccult single)	82272
Stool for occult blood (Immunologic)	82274
Glucose, blood, quantitative	82947
Glucose, blood, reagent strip	82948
Glucose, blood, monitoring device	82962
H. pylori; breath test analysis for urease activity, drug administration	83014
Microfluidic analysis utilizing an integrated collection and analysis device, tear osmolarity	83861
Bleeding time	85002
Blood count, differential WBC, automated	85004
Blood count, smear, WBC differential, manual	85007
Blood count, smear, no WBC differential	85008
Blood count, spun microhematocrit	85013
Blood count, hematocrit	85014
Blood count, hemoglobin	85018
Blood count, complete CBC & WBC differential, automated	85025
Blood count, complete CBC, automated	85027
Blood count, manual, each	85032
Blood count, platelet, automated	85049
Coagulation time, Lee and White	85345
Coagulation time, Lee and White, activated	85347
Coagulation time, Lee and White, other methods	85348
Prothrombin time	85610
Heterophile antibody screen for mononucleosis	86308
Skin test, coccidioidomycosis	86490
Skin test, histoplasmosis	86510
Skin test, tuberculosis, intradermal	86580
Wet mount for infectious agents	87210
Tissue exam by KOH slide	87220
Influenza	87400
Strep screening, qualitative	87430
Infectious agent detection by nucleic acid (DNA or RNA); Candida species, direct probe technique	87480
Infectious agent detection by nucleic acid (DNA or RNA); Gardnerella vaginalis, direct probe technique	87510
Infectious agent detection by nucleic acid (DNA or RNA); Trichomonas vaginalis, direct probe technique	87660
Influenza, rapid	87804
RSV, rapid	87807
Strep screening, rapid	87880
Culture of oocyte(s)/embryo(s), less than 4 days	89250
Assisted embryo hatching, micro techniques (any method)	89253
Oocyte identification from follicular fluid	89254
Preparation of embryo for transfer (any method)	89255
Sperm identification from aspiration (other than seminal fluid)	89257

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Texas HMO Outpatient Reimbursable Lab Services List effective 9/1/2017, continued

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Test Description, <i>continued</i>	CPT Code
Sperm isolation; complex prep (e.g., Percoll gradient, albumin gradient) for insemination or diagnostic with semen analysis	89261
Sperm identification from testis tissue, fresh or cryopreserved	89264
Insemination of oocytes	89268
Extended culture of oocyte(s)/embryo(s), 4-7 days	89272
Assisted oocyte fertilization, microtechnique: less than or equal to 10 oocytes	89280
Assisted oocyte fertilization, microtechnique: greater than 10 oocytes	89281
Sperm evaluation, cervical mucus penetration test	89330
Thawing of cryopreserved; embryo(s)	89352

Note: All other outpatient (physician or professional provider's office) clinical reference lab services not listed above must be referred to Blue Essentials, Blue Advantage HMO, Blue Premier and MyBlue Health in-network lab providers.

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