

**NEW YORK STATE  
MEDICAID PROGRAM**

**LABORATORY**

**FEE SCHEDULE**

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## GENERAL INFORMATION AND RULES

1. The fees in this schedule apply to clinical laboratory tests selected from Physician's Current Procedural Terminology (CPT), Fourth Edition, 2005 revision or the Healthcare Common Procedure Coding System (HCPCS), Seventeenth Edition, 2005. Reimbursement is limited to indicated uses of procedures that are FDA approved for in vitro diagnostic use or, are recognized as generally acceptable by the New York State Department of Health.
2. The fees in this schedule include the services of all licensed professionals required by certification in the performance of the test.
3. The fees in this schedule include all costs related to specimen testing, including collection, storage and transport of specimens, in addition to performance and reporting of results. Unreported instrument controls are not separately reimbursable. "**By Report**" (BR) reimbursement requires a statement indicating the need for the service, the type of test performed, the number and source of the specimen(s) and documentation, of the laboratory's usual and customary charge to the general public for the service.
4. The fees in this schedule are for **quantitative** analyses, unless otherwise specified. Mathematical calculations (eg, calculation of A/G ratio, ionized calcium, free thyroxine index (T-7) or osmolality) are not reimbursable.
- 5A. Therapeutic drug monitoring is reimbursable when quantitative determination of blood concentration is clinically relevant as a part of a regimen designed to attain and sustain therapeutic effect by maintenance of blood level within a defined range. The intensity and probability of therapeutic or toxic effect must quantitatively correlate with blood concentration. In addition, one or more of the following criteria must be satisfied: (1) there is a narrow range between those concentrations giving the desired response and those producing toxicity, (2) readily assessed alternative endpoints(eg, prothrombin time for oral anticoagulants) are lacking or (3) there is large interindividual variability in the absorption and disposition of the drug.

Therapeutic monitoring is a covered service only when performed on specimens of **blood**. Use the drug specific codes 80150-80202, 82980 or 83858. Codes 80299 or 82205 are to be used only for drugs, which meet the criteria for therapeutic monitoring, outlined above and are not listed by individual code. Codes 80299 and 82205 are billable "**By Report**" and the drug(s) must be specified in the procedure description field on the Claim Form.

Peak and trough (or predose and postdose) analyses, when clinically indicated (eg, aminoglycosides), are reimbursable as two procedures.

- 5B. The fee for code 80100 or 80101 covers screening of one specimen for any drugs

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including but not limited to alcohol, amphetamines, barbiturates, benzodiazepines, cocaine and metabolites, methadone, methaqualones, opiates, phencyclidines, phenothiazine, propoxyphenes, quinine, tetrahydrocannabinoids (marijuana) and tricyclic antidepressants. Screening by a broad-spectrum chromatographic procedure, which detects multiple drug classes, should be billed using code 80100. Each step in the sequential development of a chromatograph is NOT considered a separate procedure. When an analytical condition, eg, column temperature or flow rate, is changed such that additional controls must be run, subsequent analysis of the same specimen for additional drug(s) is considered a separate procedure for billing purposes. Screening by immunoassay or a chromatographic method, which detects a single drug or drug class should be billed, per procedure, using code 80101. Confirmation of presumptive positives (or presumptive negatives for compliance monitoring) MUST be by methodology of differing chemical and physical principle from that used in the initial screen. Code 80102 is billable per confirmatory procedure, regardless of analytical method. Quantitation of detected drugs is not reimbursable. Code 82205 is for therapeutic monitoring only.

- 6A. Certain laboratory procedures are often performed, either manually or on automated equipment, in combination with each other. For purposes of reimbursement, when a code defines a specific combination of procedures performed on a date of service, it is appropriate to utilize that unique code.
- 6B. When procedures for Vitamin B12 (82607) and Folate (82746 or 82747) are performed in combination, the maximum reimbursable fee for code 82746 or 82747 is \$6.25. When a procedure for Ferritin (82728) is performed in combination with Vitamin B12 or Folate, or any of the Organ or Disease Oriented Panels (80048-80076), or any of the individual chemistry analyte codes listed in the fee schedule (see Rule 6A), the maximum reimbursable fee for 82728 is \$5.70.
- 6C. When two or more Hepatitis B tests are performed in combination, reimbursement will be reduced by 50% for each test after the first. See also Rule 16. When Hepatitis A, C or D tests (codes 86692, 86708, 86709, 86803 or 87380) are performed in combination with each other or with any Hepatitis B test, the maximum reimbursable fee per Hepatitis A, C or D test is \$5.00. When multiple procedures for antigen or antibody to two or more infectious agents (codes 86602-86689 and 86698-86703 or 86710-86793) are performed in combination, reimbursement is limited to the greater fee plus 50% of the lesser fee(s). The fee for code 86701 Antibody HIV-1 includes reimbursement for up to three screen assays of a single specimen. Use code 87390 for P24 HIV antigen.
- 7A. For purposes of reimbursement based on this schedule, a complete blood count (CBC) includes a hematocrit, hemoglobin determination, RBC count, RBC indices, WBC count and a platelet count. See code 85027. For a CBC with an automated differential WBC count, use code 85025. **Code 85060 requires interpretation by physician and written report.**

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- 7B. Codes for CBC individual components (85013, 85014, 85018, 85048 and 85049) may not be billed in conjunction with procedure codes including a CBC (85025 and 85027). The code for automated differential WBC count (85004) may not be billed in conjunction with codes 85025 and 85027.
8. For purposes of reimbursement, codes 86850-86905 represent examples of procedures considered to be integral parts of outpatient transfusion and hemodialysis services. No separate reimbursement will be allowed.
9. For **pregnancy detection** and where the reported test result is qualitative or semi-quantitative, use code 81025 or 84703. Code 84702 is reimbursable for a quantitative HCG value reported for a diagnostic use (eg, monitoring post surgical growth of germ cell neoplasm where quantitative HCG is relative to growth). Code 84702 is not reimbursable for a routine screen for pregnancy.
10. Appropriate billing of antibody and antigen procedures is as follows:
- A. For antibody or antigen as specific markers of infectious disease, use the most specific code corresponding to the organism name (eg, 86618 Antibody; *Borrelia burgdorferi*) or the disease name (eg, 87340 Hepatitis B surface antigen).
  - B. For an infectious agent antibody or antigen not listed by name, use the "**By Report**" code for the type of organism (eg, 86609 Antibody; bacterium not elsewhere specified or the analytical method, e.g. 87299 Infectious agent antigen detection by immunofluorescent technique; not otherwise specified, each organism). Document the name of the organism, and, if applicable, the immunoglobulin subclass (es), on the Claim Form (See Rule 3).
  - C. For antibody other than to infectious agent(s) (eg, autoantibodies) use the most specific code corresponding to the analyte (eg, 86376 Microsomal antibody (e.g. thyroid or liver-kidney, each)).
  - D. For non-infectious agent antibody or antigen NOT listed by analyte, use the **most** specific code for the method used (eg, 86255 Fluorescent **noninfectious** agent antibody; screen each antibody); when billing "**By Report**", the name of the analyte must be documented on the Claim Form (See Rule 3).
  - E. Multiple tests to detect (1) antibodies to organisms/analytes classified more precisely than the specificity allowed by available codes, (2) antibodies in paired specimens (acute vs. convalescent), or (3) antibodies of different immunoglobulin subclasses, are reimbursable as separate procedures; multiple units of a code (eg, two units of 86658 for Coxsackie A and B species of enterovirus) may be claimed when analyses yield separately reported results for each subclassification, specimen or Ig subclass.
11. Organ or Disease Orientated Panel codes. Effective July 1, 2000, the panel codes 80048, 80051, 80053, 80061, 80069 and 80076 should be used to bill designated combinations of tests regardless of whether the tests are ordered and/or performed individually, as a panel, or as multiple panels at different times. If 2 or more panel codes with overlapping component tests, (i.e., 80048, 80051, 80053, 80076) are

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billed, the lab is not entitled to reimbursement for the duplicate tests. If one or more of the codes for chemistry tests where this rule applies are billed in combination with another and/or a panel code, total payment due for those chemistry tests is limited as follows: up to 2=\$5.03, 3-6=\$6.04, 7-9=\$7.25, 10-12=\$9.09, 13-16=\$10.00, 17-18=\$11.00, 19 or more=\$12.00.

12. Cytogenetic studies codes 88245, 88267 and 88269 must be billed in combination with code 88280 to report a 2-karyotype chromosome analysis as described in the quality control standards for cytogenetic licensure.
13. Reimbursement for immunoelectrophoresis includes payment for the electrophoretic separation and quantitation. Therefore, no separate reimbursement for code 84165 will be allowed when code(s) 86320-86325 are billed.
14. The molecular diagnostics codes (83890-83912) are reimbursable for **DNA-based genetic testing** performed as (1) a family study of up to six individuals (up to a maximum of six probes or primer pairs per individual) to determine the genetic carrier/disease status of an individual patient or a fetus as part of a comprehensive program of genetic counseling and where indicated by familial medical history or adjunctive prenatal testing **OR** (2) an individual study by diagnostic deletion analysis of a patient affected by a genetic disorder. DNA-based testing defined under State licensure as investigational for a certain disease is not reimbursable. Codes 83890-83912 are not reimbursable for non-genetic applications such as microbial detection or quantification, or testing for acquired changes in genetic material (eg, T or B cell markers, immunoglobulin heavy or light chain rearrangements associated with malignancy). The listed fee for code 83912 is for interpretation and report of a single specimen, eg, a carrier study. When using code 83912 to claim reimbursement for pedigree or linkage analysis, submit a report according to "**By Report**" instructions in Rule 3.
15. Code 82105, 82106, 82378, 83950, 84066, 84153, 84154, 84702 or 86316 is reimbursable for an **oncofetal antigen** (tumor marker) procedure used as an adjunctive test with other accepted tests in monitoring for tumor growth recurrence in a patient who has had a tumor irradiated or surgically removed. Codes 82105 and 82106 are also reimbursable for alpha-fetoprotein testing used for prenatal (nondiagnostic) gestational age dependent screening for neural tube defects. Code 86316 for immunoassay for a tumor antigen not elsewhere specified, eg, CA 50, is billable "**By Report**". When a procedure for (CEA) carcinoembryonic antigen (82378) is performed in combination with Comprehensive Metabolic Panel (code 80053) the maximum reimbursable fee for code 82378 is \$8.00. A test for an oncofetal antigen (tumor marker) is reimbursable for diagnostic purposes only when used in accordance with the FDA approval criteria for its use. When 84153 and 84152 or 84154 are billed in combination, the maximum fee for 84152 or 84154 is \$21.35.
16. Claims for reimbursement for procedures generally considered to be follow-up testing must be supported by reporting a specific (presumptive) diagnosis which considers

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the results of the initial test(s) as well as the patient's history, symptoms, etc. The ordering practitioner must supply such diagnosis, or reason for the patient encounter, to the laboratory. For example:

- A. Code 82172 is reimbursable when performed for diagnostic purposes for a patient with documented elevated total cholesterol (>240 mg/dl) and an abnormally low HDL cholesterol level (< 35 mg/dl) and/or documented family history of coronary artery disease (CAD). A test for apolipoprotein(s) is **not** reimbursable when used as a **screening** procedure for CAD risk assessment.
  - B. Thyroid function tests other than "screen" tests for clinically suspected thyroid dysfunctions are reimbursable only when indicated for differential diagnosis, to resolve disagreement with documented clinical impressions, to resolve equivocal results or to monitor therapeutic regimens of diagnosed thyroid-dysfunctional patients. For purposes of this rule, a "screen" test is either total thyroxine (84436) or free thyroxine index (84436 + 84479) or sensitive-TSH (84443).
  - C. Serologic markers that are clinically indicated for staging, management or prognosis of viral hepatitis B are reimbursable only when it is determined by initial diagnostic testing that the patient has type B hepatitis.
17. The fee for presumptive identification of microbial culture isolates includes reimbursement for all procedures used to presumptively identify the organism, including stains. When definitive identification is medically necessary and additional methods are used for definitive identification, (eg, molecular methods) use code 87076 or 87077, as applicable, in addition to the appropriate code for isolation (87040 - 87075).
18. Lymphocyte evaluation by immunophenotyping is reimbursable for analysis of lymphocyte subpopulations for monitoring of disease activity and therapeutic response in, for example, immunodeficiency or autoimmune disease, or cancer. Only those antibodies or "markers" FDA-approved or cleared and/or approved by the Department are reimbursable as follows:
- A. Bill 1 unit of code 86360 when the lab performs an "abbreviated lymphocyte" analysis panel\* by 2-color flow cytometric analysis or any acceptable tube combination out of the possible four analysis tubes by 3 or 4-color flow cytometric analysis, and reports only absolute CD4 counts with CD8 counts;
  - B. Bill 2 units of code 86360 when the lab performs a "full lymphocyte" analysis panel\* by 2, 3 or 4-color flow cytometric analysis and reports only absolute CD4 counts with CD8 counts. Codes 86064,86359,86379,88184,88185 and 88187 through 88189 are not reimbursable for a "full lymphocyte" analysis panel when only performing absolute CD4 counts with CD8 counts;
  - C. Bill 1 unit of code 86361 when the lab performs lymphocyte subpopulation counts by a method other than flow cytometry or microscopy, and reports only absolute CD4 counts with or without CD8 counts;
  - D. Bill 1 unit of one or more of the codes 86064,86359,86379, 86587,88184 and, whenever appropriate, 1 or more units of 88185, when the lab performs flow cytometric testing using multiple markers (e.g. lymphoma/ leukemia testing). When CD4/CD8 analysis is included, 1 unit of 86860 should be billed in addition,

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- and when CD4 analysis is included (without CD8) bill 1 unit of 86861 in addition. Codes 86860 and 86861 may not be billed for the same date of service. 88184 and 88185 should be used for unlisted markers, including markers used to draw gates, set cursors and monitor variability. Bill 1 unit of the appropriate interpretation code (88187 through 88189) based on the total number of markers performed.
- E. Bill code 88346 or 88347 when the lab performs microscopic or other non-flow cytometric subset analysis using tagged antibody (ies); bill 1 unit of code 88346 or 88347 per marker.
- \* "Abbreviated lymphocyte" and "full lymphocyte" panels are as defined by the New York State Cellular Immunology Proficiency Testing Program.
19. Code **86341 Islet cell antibody** is reimbursable when used to differentiate types I from type II diabetes in patients with equivocal clinical presentation. It is not reimbursable when used as a predicator of disease, eg, in first-degree relatives of persons with diabetes mellitus.
20. Code **87536 HIV-1 quantitation** is reimbursable when used in patient management to predict clinical outcomes, to predict risk of disease progression, and/or to provide information for a decision to initiate antiretroviral drug therapy or to change treatment regimes. This test is allowed as clinically indicated up to a maximum of six per year.
21. HIV genotypic and phenotypic drug resistance testing is a covered service when clinically indicated, up to a maximum of three tests (any combination of codes 87901 and/or 87903) per year.  
Effective for dates of service on and after **April 1, 2002**, code 87903 reimburses \$675.29 for resistance determinations of up to 10 antiviral drugs. Code 87904 should be used in addition to 87903 to claim reimbursement for additional drug resistance determinations, using one unit for each additional five drugs. Code 87904 does not count toward the 3 tests per year maximum.  
When codes 87901 and 87903 are billed with the same date of service, the maximum reimbursable fee for the combination of 87901 and 87903 is \$925.29, i.e., \$100 less than the additive maximum fees for the codes.
22. For instrumented screening of PAP smears (codes 88174 and 88175), the following definitions apply:
- A. For code 88174, "screening by automated system" means primary examination by a slide profiling system without human review and primary examination by human review of all fields of vision selected by a locations-guidance system, with or without quality assurance manual or automated re-screening.
  - B. For code 88175, "screening by automated systems and manual rescreening" means primary examination by human review of all or some fields of vision selected by a location guidance system, and, in addition, full slide review (e.g., AutoScan mode engaged), with or without quality assurance manual or automated rescreening.



Laboratory Fee Schedule

**MAXIMUM  
FEE-NYS**

**ORGAN OR DISEASE ORIENTED PANELS (see Rule 11)**

80048	Basic metabolic panel This panel must include the following: Calcium (82310), Carbon dioxide (82374), Chloride (82435), Creatinine (82565), Glucose(82947), Potassium (84132), Sodium (84295), Urea Nitrogen (BUN)(84520)	\$7.25
80051	Electrolyte panel This panel must include the following: Carbon dioxide (82374), Chloride (82435), Potassium (84132), Sodium (84295)	\$6.04
80053	Comprehensive metabolic panel This panel must include the following: Albumin (82040), Bilirubin, total (82247), Calcium (82310), Carbon dioxide (bicarbonate) (82374), Chloride (82435), Creatinine (82565), Glucose (82947), Phosphatase, alkaline (84075), Potassium (84132), Protein, total (84155), Sodium (84295), Transferase, alanine amino (ALT)(SGPT)(84460), Transferase, aspartate amino (AST)(SGOT)(84450), Urea Nitrogen (BUN)(84520)	\$10.00
80061	Lipid panel This panel must include the following: Cholesterol, serum, total (82465), Lipoprotein, direct measurement, high density cholesterol (HDL cholesterol)(83718), Triglycerides (84478)	\$6.04
80069	Renal function panel This panel must include the following: Albumin (82040), Calcium (82310), Carbon dioxide (bicarbonate)(82374), Chloride (82435), Creatinine (82565), Glucose (82947), Phosphorus, inorganic (phosphate)(84100), Potassium (84132), Sodium (84295), Urea nitrogen (BUN)(84520)	\$9.09
80076	Hepatic function panel This panel must include the following: Albumin (82040), Bilirubin, total (82247), Bilirubin, direct (82248), Phosphatase, alkaline (84075), Protein, total (84155), Transferase, alanine amino (ALT)(SGPT)(84460), Transferase, aspartate amino (AST)(SGOT)(84450)	\$7.25

## DRUG(S) OF ABUSE TESTING

Qualitative screening tests are reimbursable per procedure, not method or analyte, using code 80100 or 80101. Use code 80102 for each procedure necessary for confirmation. See Rule 5B.

80100	Drug screen, qualitative; multiple drug classes chromatographic method, each procedure.	\$5.00
80101	single drug class method(eg, immunoassay, enzyme assay), each drug class.	\$1.25
80102	Drug, confirmation, each procedure.	\$5.00

## THERAPEUTIC DRUG ASSAYS

Quantitative therapeutic drug monitoring is reimbursable only when performed on specimens of **blood** as outlined in Rule 5A.

(For barbiturates not specifically listed by name, use 82205)

80150	Amikacin	\$10.50
80152	Amitriptyline	\$10.50
80156	Carbamazepine; total	\$10.50
80157	free	\$10.50
80158	Cyclosporine	\$10.50
80160	Desipramine	\$10.50
80162	Digoxin	\$10.50
80164	Dipropylacetic acid (valproic acid)	\$10.50
80166	Doxepin	\$10.50
80168	Ethosuximide	\$10.50
80170	Gentamicin	\$10.50

(For glutethimide, use 82980)

80173	Haloperidol	\$10.50
80174	Imipramine	\$10.50
80178	Lithium	\$7.04

(For methsuximide, use 83858)

80182	Nortriptyline	\$10.50
80184	Phenobarbital	\$10.50
80185	Phenytoin; total	\$10.50
80186	free	\$10.50

**Laboratory Fee Schedule**

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	<u><b>MAXIMUM FEE-NYS</b></u>
80188 Primidone	\$10.50
80194 Quinidine	\$10.50
80196 Salicylate	\$8.30
80197 Tacrolimus	\$10.50
80198 Theophylline	\$8.00
80200 Tobramycin	\$10.50
80202 Vancomycin	\$10.50
80299 Quantitation of drug, not elsewhere specified (See Rule 5A)	BR

**EVOCATIVE/SUPPRESSION TESTING**

The following tests involve the administration of evocative or suppressive agents and the baseline and subsequent measurement of their effects on chemical constituents. The costs of the evocative or suppressive agents are not included in the fee, with the exception of oral glucose for codes 80430 and 82950 – 82953. Reference to a particular analyte in the code description (eg, cortisol x 2) indicates the minimum number of times that particular analysis must be performed in order to claim reimbursement for the test. When multiple evocative or suppressive tests are performed in combination reimbursement is limited to the greater fee plus 50% of the lesser fee(s).

80400 ACTH stimulation panel; for adrenal insufficiency (cortisol x 2)	\$33.90
80402 for 21 hydroxylase deficiency (cortisol x 2 and 17 hydroxyprogesterone x 2)	\$97.90
80406 for 3 beta-hydroxydehydrogenase deficiency (cortisol x 2 and 17 hydroxypregnenolone x 2)	\$91.90
80410 Calcitonin stimulation panel (eg, calcium, pentagastrin) (calcitonin x 3)	\$101.04
80414 Chorionic gonadotrophin stimulation panel; testosterone response (testosterone x 2)	\$65.80
80415 estradiol response (estradiol x 2)	\$65.42
80416 Renal vein renin stimulation panel (eg, captopril) (renin x 6)	\$165.00

(For a single measurement of blood cortisol after administration of dexamethasone, use 82533)

80420 Dexamethasone suppression panel, 48 hour (free cortisol/urine x 2 and cortisol x 2)	\$64.80
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(For gastrin-secretin stimulation test, use 82938)

(For glucose tolerance test, use 82951 +/-82952)

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	<b><u>MAXIMUM FEE-NYS</u></b>
80426 Gonadotropin releasing hormone stimulation panel (follicle stimulating hormone (FSH) x 4 and luteinizing hormone (LH) x 4)	\$150.92
80428 Growth hormone stimulation panel (eg, arginine infusion, l-dopa administration) (human growth hormone (HGH) x 4)	\$73.00
80430 Growth hormone suppression panel (includes glucose) (glucose x 3 and human growth hormone (HGH) x 4)	\$76.84
80432 Insulin-induced C-peptide suppression panel (insulin x 1 and C-peptide x 5 and glucose x 5)	\$109.14
80436 Metyrapone panel (cortisol x 2 and 11-deoxycortisol x 2)	\$57.90
80438 Thyrotropin releasing hormone (TRH) stimulation panel; one hour (thyroid stimulating hormone (TSH) x 3)	\$18.00

(For tolbutamide tolerance test, use 82953)

(For xylose tolerance test, use 84620)

### URINALYSIS

81002 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, without microscopy	\$2.00
81003 automated, without microscopy	\$2.00
81007 Urinalysis; bacteriuria screen, except by culture or dipstick	\$2.00
81015 microscopic only	\$2.00
81025 Urine pregnancy test, by visual color comparison methods	\$2.00

(For microalbumin, use 82043, 82044)

### CHEMISTRY AND TOXICOLOGY

82009 Acetone or other ketone bodies, serum; qualitative	\$0.50
82013 Acetylcholinesterase	\$15.44
82016 Acylcarnitines; qualitative, each specimen	\$19.16
82017 quantitative, each specimen	\$23.31

(For carnitine, see 82379)

82024 Adrenocorticotrophic hormone (ACTH)	\$53.38
82040 Albumin; serum (see Rule 11)	\$5.03
82042 urine or other source, quantitative, each specimen (see Rule 11)	\$5.03
82043 urine, microalbumin, quantitative (see Rule 11)	\$5.03

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		<u>MAXIMUM FEE-NYS</u>
82044	Albumin; urine, microalbumin, semiquantitative (eg, reagent strip assay) (see Rule 11)	\$0.50
<b>82045</b>	ischemia modified	\$11.94
82088	Aldosterone	\$48.84
82103	Alpha-1-antitrypsin; total	\$12.50
82104	phenotype	\$13.72
82105	Alpha-fetoprotein; serum	\$6.50
82106	amniotic fluid	\$10.00
(For alpha-2-macroglobulin, see 86329)		
82108	Aluminum	\$30.90
82120	Amines, vaginal fluid, qualitative	\$2.00
82127	Amino acids; single, qualitative, each specimen (not elsewhere specified)	\$9.20
82128	multiple, qualitative, each specimen (not elsewhere specified)	\$9.20
82131	single, quantitative, each specimen, (not elsewhere specified)	\$14.00
82136	Amino acids, 2 to 5 amino acids, quantitative, each specimen	\$14.00
82139	Amino acids, 6 or more amino acids, quantitative, each specimen	\$14.00
82140	Ammonia (blood)	\$19.26
82143	Amniotic fluid scan (spectrophotometric)	\$8.99
82150	Amylase (see Rule 11)	\$5.03
82154	Androstenediol glucuronide	\$30.54
82157	Androstenedione	\$30.00
(For androsterone, see ketogenic steroids 83593)		
82172	Apolipoprotein, each (See Rule 16)	\$15.93
82175	Arsenic	\$22.00
82180	Ascorbic acid (Vitamin C), blood	\$9.90
82205	Barbiturates, not elsewhere specified (therapeutic monitoring only) (See Rule 5)	BR
82232	Beta-2 microglobulin	\$12.50
82239	Bile acids; total	\$13.05
82240	cholyglycine	\$16.25
82247	Bilirubin; total (see Rule 11)	\$5.03
82248	direct (see Rule 11)	\$5.03
82261	Biotinidase, each specimen	\$15.93
82270	Blood, occult, by peroxidase activity(eg, guaiac), qualitative; feces, 1-3 simultaneous determinations	\$3.40
82274	Blood, occult, by fecal hemoglobin determination by immunoassay, qualitative, feces, 1-3 simultaneous determinations	3.40
82300	Cadmium	\$15.80

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	<u>MAXIMUM FEE-NYS</u>
82306 Calcifediol (25-OH Vitamin D-3)	\$36.60
82308 Calcitonin	\$35.68
82310 Calcium; total (see Rule 11)	\$5.03
82330     ionized (see Rule 11)	\$5.03
82340     urine quantitative, timed specimen (see Rule 11)	\$6.38
82355 Calculus; qualitative analysis	\$14.52
82360     quantitative analysis, chemical	\$16.31
82365     infrared spectroscopy	\$12.39
82370     x-ray diffraction	\$13.08
82373 Carbohydrate deficient transferrin	\$7.89
82374 Carbon dioxide (bicarbonate) (see Rule 11)	\$5.03
82375 Carbon monoxide, (carboxyhemoglobin); quantitative	\$11.00
82378 Carcinoembryonic antigen (CEA) (See Rule 15)	\$24.35
82379 Carnitine (total and free), quantitative, each specimen	\$10.50
82382 Catecholamines; total urine	\$18.40
82383     blood	\$18.40
82384     fractionated	\$18.40
82390 Ceruloplasmin	\$8.10
82435 Chloride; blood (see Rule 11)	\$5.03
82436     urine (see Rule 11)	\$5.03
82438     other source (see Rule 11)	\$5.03
(For sweat collection by iontophoresis, use 89230)	
82465 Cholesterol, serum or whole blood, total (see Rule 11)	\$5.03
(For high density lipoprotein (HDL), see 83718)	
82480 Cholinesterase; serum	\$8.00
82495 Chromium	\$25.68
82507 Citrate	\$25.30
82523 Collagen cross links, any method	\$20.00
82525 Copper	\$15.70
82530 Cortisol; free	\$18.45
82533     total	\$18.45
82550 Creatine kinase (CK),(CPK); total (see Rule 11)	\$5.03
82552     isoenzymes	\$9.40
82553     MB fraction only	\$8.05
82565 Creatinine; blood (see Rule 11)	\$5.03
82570     other source (see Rule 11)	\$5.03
82575     clearance (see Rule 11)	\$5.83
82595 Cryoglobulin, qualitative or semi-quantitative (eg, cryocrit)	\$5.48
82607 Cyanocobalamin (Vitamin B-12); (see Rule 6B)	\$12.50
82608     unsaturated binding capacity	\$19.80

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		<u>MAXIMUM FEE-NYS</u>
82615	Cystine and homocystine, urine, qualitative	\$7.00
82626	Dehydroepiandrosterone (DHEA)	\$23.82
82627	Dehydroepiandrosterone-sulfate (DHEA-S)	\$23.82
82634	Deoxycortisol, 11-	\$15.00
<b>82656</b>	Elastase, pancreatic (EL-1), fecal, qualitative or semi-quantitative	\$5.20
82668	Erythropoietin (EPO)	\$17.06
82670	Estradiol	\$34.21
82672	Estrogens; total	\$25.30
82677	Estriol	\$17.50
82679	Estrone	\$25.30

(For etiocholanolone, see ketogenic steroids 83593)

82705	Fat or lipids, feces; qualitative	\$5.22
82710	quantitative	\$18.70
82726	Very long chain fatty acids	\$88.60
82728	Ferritin	\$14.75
82731	Fetal fibronectin, cervicovaginal secretions, semi-quantitative	\$71.20
82746	Folic acid; serum (see Rule 6B)	\$12.50
82747	RBC (see Rule 6B)	\$12.50

(For fructosamine, use 82985)

82759	Galactokinase, RBC	\$29.69
82760	Galactose	\$14.89
82775	Galactose-1-phosphate uridyl transferase; quantitative	\$29.12
82784	Gammaglobulin; IgA, IgD, IgG, IgM, each	\$10.50
82785	IgE	\$12.50
82787	immunoglobulin subclasses (IgG1, 2, 3 or 4), each	\$5.90
82803	Gases, blood, any combination of (two or more) pH, pCO <sub>2</sub> , pO <sub>2</sub> , CO <sub>2</sub> , HC0 <sub>3</sub> (including calculated O <sub>2</sub> saturation);	\$16.20
82805	with O <sub>2</sub> saturation, by direct measurement, except pulse oximetry	\$23.89
82810	Gases, blood, O <sub>2</sub> saturation only, by direct measurement, except pulse oximetry	\$10.69
82820	Hemoglobin-oxygen affinity (pO <sub>2</sub> for 50% hemoglobin saturation with oxygen)	\$10.08
82938	Gastrin after secretin stimulation	\$19.10
82941	Gastrin	\$21.10
82943	Glucagon	\$17.42
82945	Glucose, body fluid, other than blood (see Rule 11)	\$5.03
82947	Glucose; quantitative, blood(except reagent strip) (see Rule 11)	\$5.03
82948	blood, reagent strip	\$2.00

## Laboratory Fee Schedule

	<u>MAXIMUM FEE-NYS</u>
Glucose;	
82950 post glucose dose (includes glucose)	\$5.69
82951 tolerance test (GTT), three specimens (includes glucose)	\$6.84
82952 tolerance test, each additional beyond three specimens	\$1.40
82953 tolbutamide tolerance test (glucose x 7 and insulin x 7) (includes glucose) (see explanatory paragraph page 5-9)	\$73.75
82955 Glucose-6-phosphate dehydrogenase (G6PD); quantitative	\$13.40
82960 screen	\$3.00
82963 Glucosidase, beta	\$29.69
82965 Glutamate dehydrogenase	\$8.79
82977 Glutamyltransferase, gamma (GGT) (see Rule 11)	\$5.03
82980 Glutethimide	\$10.50
82985 Glycated protein	\$10.64
 (For gonadotropin, chorionic, see 81025, 84702, 84703)	
83001 Gonadotropin; follicle stimulating hormone (FSH)	\$22.10
83002 luteinizing hormone (LH)	\$20.88
83003 Growth hormone, human (HGH) (somatotropin)	\$20.50
 (For multiple measurements of growth hormone in stimulation/ suppression tests, see 80428 – 80430)	
<b>83009</b> Helicobacter pylori, blood test analysis for urease activity, non- radioactive isotope (EG, C-13) <b>(includes kit)</b>	\$93.09
83010 Haptoglobin; quantitative	\$13.81
83013 Helicobacter pylori; breath test analysis for urease activity, non- radioactive isotope <b>(includes kit)</b>	\$93.09
83015 Heavy metal (arsenic, barium, beryllium, bismuth, antimony, mercury); screen	\$26.03
83020 Hemoglobin fractionation and quantitation; electrophoresis (eg, A2, S, C, and/or F)	\$14.70
83021 chromatography (eg, A2, S, C, and/or F)	\$20.61
83030 Hemoglobin; F(fetal), chemical	\$3.75
83036 glycated	\$10.64
83050 methemoglobin, quantitative	\$3.75
83051 plasma	\$3.75
83080 b-Hexosaminidase, each assay (Tay Sachs diagnostic/carrier testing)	\$42.00
83090 Homocystine	\$18.54
83150 Homovanillic acid (HVA)	\$6.25
83497 Hydroxyindolacetic acid, 5-(HIAA)	\$17.52
83498 Hydroxyprogesterone, 17-d	\$35.00
83500 Hydroxyproline; free	\$31.30
83505 total	\$33.59



## Laboratory Fee Schedule

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	<u>MAXIMUM FEE-NYS</u>
83525 Insulin; total	\$12.50
83527 free	\$12.50
83540 Iron (see Rule 11)	\$5.03
83550 Iron binding capacity (see Rule 11)	\$5.03
83586 Ketosteroids, 17- (17-KS); total	\$9.40
83593 fractionation	\$11.45
83605 Lactate (lactic acid)	\$ 9.30
83615 Lactate dehydrogenase (LD),(LDH); (see Rule 11)	\$5.03
83625 isoenzymes, separation and quantitation	\$9.40
<b>83630</b> Lactoferrin, fecal qualitative	\$5.20
83655 Lead	\$15.00
83661 Fetal lung maturity assessment; lecithin sphingomyelin (L/S) ratio	\$23.90
83662 foam stability test	\$20.56
83663 fluorescence polarization	\$10.46
83664 lamellar body density	\$5.22
83690 Lipase	\$5.75
83718 Lipoprotein, direct measurement; high density cholesterol (HDL cholesterol) (see Rule 11)	\$5.03
83727 Luteinizing releasing factor (LRH)	\$23.77
83735 Magnesium (see Rule 11)	\$5.03
83785 Manganese	\$30.40
83825 Mercury, quantitative	\$20.80
83835 Metanephrines	\$22.36
83858 Methsuximide	\$10.50
83864 Mucopolysaccharides, acid; quantitative	\$20.15
83866 screen	\$11.94
83880 Natriuretic peptide	\$34.07

(For coding guidelines for molecular diagnostic services, 83890-83912, see Rule 14)

83890 Molecular diagnostics; molecular isolation or extraction	\$5.54
83891 isolation or extraction of highly purified nucleic acid	\$5.54
83892 enzymatic digestion	\$5.54
83893 dot/slot blot production	\$5.54
83894 separation by gel electrophoresis (eg, agarose, polyacrylamide)	\$5.54
83896 nucleic acid probe, each	\$5.54
83897 nucleic acid transfer (eg, Southern, Northern)	\$5.54
83898 amplification of patient nucleic acid (eg, PCR, LCR), single primer pair, each primer pair	\$15.89
83901 amplification of patient nucleic acid, multiplex (each primer pair), each multiplex reaction (See Rule 14)	\$15.89
83902 reverse transcription	\$13.45

## Laboratory Fee Schedule

	<u>MAXIMUM FEE-NYS</u>
83903	\$23.42
83904	\$23.42
83905	\$23.42
83906	\$23.42
83912	\$20.00
S3818	BR
S3819	BR
S3820	BR
S3822	BR
S3823	BR
S3828	BR
S3829	BR
S3830	BR
S3831	BR
S3833	BR
S3834	BR
S3835	BR
S3840	BR
S3842	BR
S3843	BR
S3844	BR
S3845	BR
S3846	BR
S3847	BR

## Laboratory Fee Schedule

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	<u>MAXIMUM FEE-NYS</u>
S3848 Genetic testing for Gaucher disease	BR
S3849 Genetic testing for Niemann-Pick disease	BR
S3850 Genetic testing for sickle cell anemia	BR
S3851 Genetic testing for Canavan disease	BR
S3852 DNA analysis for APOE epsilon 4 allele for susceptibility to Alzheimer's disease	BR
S3853 Genetic testing for myotonic muscular dystrophy	BR
83918 Organic acids; total, quantitative, each specimen	\$22.75
83919 qualitative, each specimen	\$22.75
83921 Organic acid, single, quantitative	\$22.75
83930 Osmolality; blood (see Rule 4)	\$6.04
83935 urine (see Rule 4)	\$6.04
83945 Oxalate	\$11.90
83950 Oncoprotein, HER-2/neu (see Rule 15)	\$71.20
83970 Parathormone (parathyroid hormone)	\$52.32
84030 Phenylalanine (PKU), blood	\$7.61
84060 Phosphatase, acid; total (see Rule 11)	\$5.03
84066 prostatic (see Rule 15)	\$9.99
84075 Phosphatase, alkaline; (see Rule 11)	\$5.03
84078 heat stable (total not included) (see Rule 11)	\$5.03
84080 isoenzymes	\$9.91
84081 Phosphatidylglycerol (separate procedure)	\$7.97
84087 Phosphohexose isomerase	\$8.79
84100 Phosphorus inorganic (phosphate); (see Rule 11)	\$5.03
84105 urine (see Rule 11)	\$5.03
84106 Porphobilinogen, urine; qualitative	\$4.87
84110 quantitative	\$11.10
84119 Porphyrins, urine; qualitative	\$6.00
84120 quantitation and fractionation	\$15.94
84132 Potassium; serum (see Rule 11)	\$5.03
84133 urine (see Rule 11)	\$5.03
(For pregnancy test, use 81025 or 84703)	
84134 Prealbumin	\$7.32
84140 Pregnenolone	\$23.09
84143 17-hydroxypregnenolone	\$29.23
84144 Progesterone	\$23.09
(For 17-hydroxyprogesterone, use 83498)	
84146 Prolactin	\$25.00
84152 Prostate specific antigen(PSA); complexed (direct measurement)	\$24.35
84153 total (see Rule 15)	\$24.35
84154 free (see Rule 15)	\$24.35

## Laboratory Fee Schedule

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	<u>MAXIMUM FEE-NYS</u>
84155 Protein, total, except refractometry; serum (see Rule 11)	\$5.03
84156 urine (see Rule 11)	\$5.03
84157 other source (eg, synovial fluid, cerebrospinal fluid) (see Rule 11)	\$5.03
84160 Protein, total, by refractometry, any source (see Rule 11)	\$5.03
<b>84163</b> Pregnancy-associated plasma protein-A (PAPP-A)	\$12.37
84165 Protein; electrophoretic fractionation and quantitation, serum	\$8.00
<b>84166</b> other fluids with concentration (eg, urine, CSF)	\$11.25
84202 Protoporphyrin, RBC; quantitative	\$9.00
84207 Pyridoxal phosphate (Vitamin B-6)	\$34.90
84220 Pyruvate kinase	\$13.04
84233 Receptor assay; estrogen	\$37.50
84234 progesterone	\$24.45
84275 Sialic acid	\$13.99
84295 Sodium; serum (see Rule 11)	\$5.03
84300 urine (see Rule 11)	\$5.03
84302 other source	\$5.03
 (Somatotropin, see 83003)	
84305 Somatomedin	\$20.50
84375 Sugars, chromatographic, TLC or paper chromatography	\$27.09
84376 Sugars (mono-,di-,and oligosaccharides); single qualitative, each specimen	\$5.03
84377 multiple qualitative, each specimen	\$7.61
84378 single quantitative, each specimen	\$15.32
84379 multiple quantitative, each specimen	\$15.92
84402 Testosterone; free	\$30.54
84403 total	\$34.40
84425 Thiamine (Vitamin B-1)	\$15.00
84436 Thyroxine; total	\$5.70
84439 free	\$9.00
84442 Thyroxine binding globulin (TBG)	\$9.00
84443 Thyroid stimulating hormone (TSH)	\$9.00
84446 Tocopherol alpha (Vitamin E)	\$18.90
84449 Transcortin (cortisol binding globulin)	\$18.45
84450 Transferase; aspartate amino (AST)(SGOT) (see Rule 11)	\$5.03
84460 alanine amino (ALT)(SGPT) (see Rule 11)	\$5.03
84466 Transferrin	\$12.50
84478 Triglycerides (see Rule 11)	\$5.03
84479 Thyroid hormone (T3 or T4) uptake (with or without) thyroid hormone binding ratio (THBR)	\$3.30
84480 Triiodothyronine T3; total (TT-3)	\$5.70
84481 free	\$9.00
84482 reverse	\$5.70
84484 Troponin, quantitative	\$8.05

## Laboratory Fee Schedule

	<u>MAXIMUM FEE-NYS</u>
84510 Tyrosine	\$14.38
84512 Troponin, qualitative	\$5.20
84520 Urea nitrogen; quantitative (see Rule 11)	\$5.03
84540 urine (see Rule 11)	\$5.03
84550 Uric acid; blood (see Rule 11)	\$5.03
84560 other source (see Rule 11)	\$5.03
84585 Vanillylmandelic acid (VMA), urine	\$20.00
84588 Vasopressin (antidiuretic hormone, ADH)	\$34.07
84590 Vitamin A	\$14.60
84591 Vitamin, not otherwise specified	BR
84597 Vitamin K	\$18.95
84620 Xylose absorption test, blood and/or urine	\$13.85
84630 Zinc	\$7.90
84681 C-peptide	\$21.72
84702 Gonadotropin, chorionic (HCG); quantitative (see Rules 9 and 15)	\$12.37
84703 qualitative (see Rule 9)	\$2.00
84999 Unlisted chemistry/genetic testing procedure (See Rule 3) (Reimbursement is limited to the listed analytes for the purpose of providing information for diagnosis or monitoring of genetic disease or carrier state. Clinical applications other than genetic testing are subject to a coverability determination for unlisted procedures.)	BR

Acetylglucosamidase, Alpha N- Acid Maltase Acyl-CoA Dehydrogenase, Medium Chain Short Chain Adenosine deaminase Adenylate kinase Aldolase Argininosuccinase Arylsulfatase A,B and/or C ATPase Citrate Synthase Cytochrome Oxidase Dihydropteridine Reductase Dystrophin Enolase Fatty Acids, Long Chain Fucosidase, Alpha and/or Beta	Fumarase Galactocerebrosidase, Beta Galactose -4- Sulfatase Galactose -6- Sulfatase Galactosidase, Alpha and/or Beta Glucocerebrosidase, Beta Glucuronidase, Beta Glyceraldehyde -3-P- Dehydrogenase Glycerophosphate Dehydrogenase, Alpha Hexosaminidase, A Iduronidase, alpha Iduronosulfatase Mannosidase, Alpha and/or Beta Myoadenylate Deaminase NADH Cytochrome C Reductase NADH Dehydrogenase	Neuraminidase Nucleoside Phosphorylase Ornithine Carbamyl Transferase (OCT) Phosphofructokinase Phosphoglucomutase, Isoenzymes Phosphoglycerate Kinase Phosphoglycerate Mutase Phosphorylase Phosphorylase B Kinase Phytanic acid Pyruvate Decarboxylase Sphingomyelinase Succinate Cytochrome C Reductase Succinate Dehydrogenase Sulfaminidase Triose phosphate Isomerase
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## HEMATOLOGY and COAGULATION

85002 Bleeding time	\$3.00
85004 Blood count; automated differential WBC count	\$3.17
85007 blood smear, microscopic examination with manual differential WBC count (includes RBC morphology and platelet estimation)	\$1.43
85013 spun microhematocrit	\$2.00
85014 hematocrit	\$2.00

## Laboratory Fee Schedule

	<u>MAXIMUM FEE-NYS</u>
Blood count;	
85018 hemoglobin (Hgb)	\$2.00
85025 complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count), and automated differential WBC count	\$3.17
85027 complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count)	\$3.17
85032 manual cell count (erythrocyte, leukocyte, or platelet) each	\$2.00
85041 red blood cell (RBC), automated	\$3.17
85044 reticulocyte, manual	\$1.43
85045 reticulocyte, automated	\$3.17
85046 reticulocytes, automated, including one or more cellular parameters (eg reticulocyte hemoglobin content (CHr), immature reticulocyte volume (MRV), RNA content), direct measurement	\$1.43
85048 leukocyte (WBC), automated	\$3.17
85049 platelet, automated	\$3.17
<b>85055</b> Reticulated platelet assay	\$23.17
85060 Blood smear, peripheral,(including) interpretation by physician with written report	\$20.22
85097 Bone marrow; smear interpretation	\$20.22
(For bone marrow biopsy or cell block interpretation, use 88305)	
85210 Clotting; factor II, prothrombin, specific	\$14.48
85220 factor V (AcG or proaccelerin), labile factor	\$19.30
85230 factor VII (proconvertin, stable factor)	\$19.90
85240 factor VIII (AHG), one stage	\$9.40
85244 factor VIII related antigen	\$9.40
85245 factor VIII, VW factor, ristocetin cofactor	\$9.40
85246 factor VIII, VW factor antigen	\$9.40
85247 factor VIII, Von Willebrand factor, multimetric analysis	\$11.77
85250 factor IX (PTC or Christmas)	\$19.90
85260 factor X (Stuart-Prower)	\$19.30
85270 factor XI (PTA)	\$19.30
85280 factor XII (Hageman)	\$19.90
85290 factor XIII (fibrin stabilizing)	\$7.93
85291 factor XIII (fibrin stabilizing), screen solubility	\$7.10
85292 prekallikrein assay (Fletcher factor assay)	\$24.28
85293 high molecular weight kininogen assay (Fitzgerald factor assay)	\$24.28
85300 Clotting inhibitors or anticoagulants; antithrombin III, activity	\$9.43
85301 antithrombin III, antigen assay	\$13.85
85302 protein C, antigen	\$15.41
85303 protein C, activity	\$15.41
85305 protein S, total	\$15.41
85306 protein S, free	\$15.41
85307 Activated Protein C (APC) resistance assay	\$14.73

## Laboratory Fee Schedule

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		<b><u>MAXIMUM FEE-NYS</u></b>
85335	Factor inhibitor test	\$13.53
85337	Thrombomodulin	\$13.68
85347	Coagulation time; activated	\$5.40
85348	other methods	\$5.15
85360	Euglobulin lysis	\$6.60
85362	Fibrin(ogen) degradation (split) products (FDP) (FSP); agglutination slide, semiquantitative	\$9.52
85366	paracoagulation	\$7.58
85370	quantitative	\$9.00
85378	Fibrin degradation products, D-dimer; qualitative or semiquantitative	\$9.90
85379	quantitative	\$10.61
85380	ultrasensitive (eg. for evaluation for venous thromboembolism), qualitative or semiquantitative	\$10.61
85384	Fibrinogen; activity	\$6.90
85385	antigen	\$6.90
85441	Heinz bodies; direct	\$5.20
85445	induced, acetyl phenylhydrazine	\$5.20
(For hemoglobin, see 83020-83051)		
85460	Hemoglobin or RBCs, fetal, for fetomaternal hemorrhage; differential lysis (Kleihauer-Betke)	\$10.69
85461	rosette	\$9.38
85475	Hemolysin, acid	\$12.26
85520	Heparin assay	\$16.53
85536	Iron stain, peripheral blood	\$8.15
(For iron stains on bone marrow smears, use code 88313)		
(For Leder (esterase) stain, use 88319)		
85540	Leukocyte alkaline phosphatase with count	\$10.40
(For LE factor by latex, use 86235; for lupus anticoagulant, see 85613, 85705)		
85549	Muramidase	\$20.77
85555	Osmotic fragility, RBC; unincubated	\$8.29
85557	incubated	\$9.43
85576	Platelet; aggregation (in vitro), each agent	\$10.71
85610	Prothrombin time	\$3.91
85612	Russell viper venom time (includes venom); undiluted	\$7.82
85613	diluted	\$7.82
85635	Reptilase test	\$8.48
85651	Sedimentation rate, erythrocyte; non-automated	\$2.00
85652	automated	\$2.00

## Laboratory Fee Schedule

	<u>MAXIMUM FEE-NYS</u>
85670 Thrombin time; plasma	\$5.30
85705 Thromboplastin inhibition; tissue	\$7.61
85730 Thromboplastin time, partial (PTT); plasma or whole blood	\$6.19
85732 substitution, plasma fractions, each	\$6.19
85810 Viscosity	\$12.21

## IMMUNOLOGY

Immunologic tests for antigen or antibody should be reported using the most specific code available. **For infectious agent antibody or antigen tests, see codes 86602 – 86793 and the cross-references located in that coding range.** See Rules 6 and 10. For antigen identification in solid tissue, see 88342-88347 in Surgical Pathology.

86038 Antinuclear antibodies (ANA);	\$5.20
86039 titer	\$5.20
86060 Antistreptolysin O; titer	\$5.20
86063 screen	\$3.75
<b>86064</b> B cells, total count	<b>\$23.17</b>
86140 C-reactive protein;	\$4.10
86141 high sensitivity (hsCRP)	\$10.25
86146 Beta 2 Glycoprotein 1 antibody, each	\$7.82
86147 Cardiolipin (phospholipid) antibody, each Ig class	\$7.82
86148 Anti-phosphatidylserine (phospholipid) antibody	\$7.82
86157 Cold agglutinin; titer	\$5.20
86160 Complement; antigen, each component	\$10.50
86161 functional activity, each component	\$15.82
86162 total hemolytic (CH50)	\$19.39
86215 Deoxyribonuclease, antibody	\$5.20
86225 Deoxyribonucleic acid (DNA) antibody; native or double stranded	\$5.20
86235 Extractable nuclear antigen, antibody to, any method (eg, nRNP, SS-A, SS-B, Sm, RNP, Scl70, J01), each antibody	\$5.20
86255 Fluorescent noninfectious agent antibody; screen, each antibody, (not elsewhere specified) (see Rule 10)	\$5.20
86256 titer, each antibody (not elsewhere specified) (see Rule 10)	BR
86294 Immunoassay for tumor antigen, qualitative or semiquantitative (eg, bladder tumor antigen)(see Rule 15)	\$8.03
86300 Immunoassay for tumor antigen, quantitative; CA 15-3 (27.29) (see Rule 15)	\$24.35
86304 CA 125 (see Rule 15)	\$24.35
86308 Heterophile antibodies; screening	\$4.73
86309 titer	\$7.50
86316 Immunoassay for tumor antigen; other antigen, quantitative, (eg, CA 50,72-4, 549), each <b>(not elsewhere specified)</b> (see Rule 15)	BR



## Laboratory Fee Schedule

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**MAXIMUM**  
**FEE-NYS**

(For measurement of serum HER-2/neu oncoprotein, see 83950)

(For quantitative immunoassay of infectious agent antibody, use the organism specific codes 86602 et seq.)

86318	Immunoassay for infectious agent antibody, qualitative or semiquantitative, single step method <b>(not elsewhere specified)</b> (eg, reagent strip)	\$3.75
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(For Streptococcus screen, see 86063 or 87880)

86320	Immunoelectrophoresis; serum	\$27.42
86325	other fluids (eg, urine, cerebrospinal fluid) with concentration	\$27.42
86329	Immunodiffusion; not elsewhere specified	\$12.50

(For quantitation of antigenic complement, eg, C2 or C3, use 86160)

86334	Immunofixation electrophoresis; serum	\$27.42
<b>86335</b>	other fluids with concentration (eg, urine, CSF)	\$30.67
86336	Inhibin A	\$6.50
86337	Insulin antibodies	\$12.50
86340	Intrinsic factor antibodies	\$11.36
86341	Islet cell antibody (see Rule 19)	\$12.50
<b>86359</b>	T cells, total count	\$23.17
86360	T-cells; absolute CD4 and CD8 count, including ratio	\$64.93
86361	absolute CD4 count	\$23.17

(For T-cell immunophenotyping, see Rule 18)

86376	Microsomal antibodies (eg, thyroid or liver-kidney), each	\$14.91
<b>86379</b>	Natural killer (NK) cells, total count	\$23.17
86382	Neutralization test, viral	\$5.00
86403	Particle agglutination; screen, each antibody	\$3.75
86430	Rheumatoid factor; qualitative	\$4.88
86431	quantitative	\$5.20
<b>86587</b>	Stem cells (IE, CD34), total count	\$23.17
86592	Syphilis test; qualitative (eg, VDRL, RPR, ART)	\$3.27
86593	quantitative (includes screen and titer)	\$3.70

(For infectious agent antibody or antigen tests not listed by name, see Rule 10 A, B; for maximum reimbursable amounts for two or more infectious agent tests, see Rule 6C.)

86602	Antibody; actinomyces	\$8.03
86603	adenovirus	\$8.03
86606	Aspergillus	\$8.03

**Laboratory Fee Schedule**

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	<u>MAXIMUM FEE-NYS</u>
Antibody;	
86609 bacterium, not elsewhere specified	BR
86611 Bartonella	\$8.03
86612 Blastomyces	\$8.03
86615 Bordetella	\$8.03
86617 Borrelia burgdorferi (Lyme disease) confirmatory test (eg, Western blot or immunoblot)	\$17.13
86618 Borrelia burgdorferi (Lyme disease)	\$18.83
86619 Borrelia (relapsing fever)	\$14.79
86622 Brucella	\$8.03
86625 Campylobacter	\$8.03
86631 Chlamydia	\$8.03
86632 Chlamydia, IgM	\$8.03
86635 Coccidioides	\$8.03
86638 Coxiella brunetii (Q fever)	\$8.03
86641 Cryptococcus	\$8.03
86644 cytomegalovirus (CMV)	\$15.91
86645 cytomegalovirus (CMV), IgM	\$8.03
86651 encephalitis, California (La Crosse)	\$8.03
86652 encephalitis, Eastern equine	\$8.03
86653 encephalitis, St. Louis	\$8.03
86654 encephalitis, Western equine	\$8.03
86658 enterovirus (eg, coxsackie, echo, polio)	\$8.03
86663 Epstein-Barr (EB) virus, early antigen (EA)	\$14.50
86664 Epstein-Barr (EB) virus, nuclear antigen (EBNA)	\$16.91
86665 Epstein-Barr (EB) virus, viral capsid (VCA)	\$20.06
86666 Ehrlichia	\$8.03
86668 Francisella tularensis	\$11.50
86671 fungus, not elsewhere specified	BR
86674 Giardia Lamblia	\$16.27
86677 Helicobacter pylori	\$8.03
86682 helminth, not elsewhere specified	BR
 (For fecal hemoglobin detection by immunoassay, use 82274)	
86684 Hemophilus influenza	\$17.52
86687 HTLV-I	\$9.28
86689 HTLV or HIV antibody, confirmatory test (eg, Western Blot)	\$26.75
86692 hepatitis, delta agent	\$18.98
86696 herpes simplex, type 2	\$14.50
86698 histoplasma	\$12.41
86701 HIV-1	\$12.27
86702 HIV-2	\$14.95
86703 HIV-1 and HIV-2, single assay	\$15.17

## Laboratory Fee Schedule

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**MAXIMUM  
FEE-NYS**

(For maximum reimbursable amounts for hepatitis tests performed in combination, see Rule 6C)

86704	Hepatitis B core antibody (HBcAb), total	\$10.10
86705	IgM antibody	\$10.10
86706	Hepatitis B surface antibody (HBsAb)	\$10.10
86707	Hepatitis Be antibody (HBeAb)	\$10.10
86708	Hepatitis A antibody (HAAb), total	\$10.00
86709	IgM antibody	\$10.00
86710	Antibody; influenza virus	\$14.99
86713	Legionella	\$16.92
86717	Leishmania	\$8.03
86720	Leptospira	\$8.03
86723	Listeria monocytogenes	\$8.03
86727	lymphocytic choriomeningitis	\$8.03
86729	Lymphogranuloma Venereum	\$8.03
86735	mumps	\$8.03
86738	Mycoplasma	\$14.65

(For Neisseria gonorrhoeae antigen, see 87590 or 87591)

86741	Neisseria meningitidis	\$8.03
86744	Nocardia	\$8.03
86747	parvovirus	\$16.62
86750	Plasmodium (malaria)	\$14.58
86753	protozoa, not elsewhere specified	BR
86756	respiratory syncytial virus	\$8.03
86757	Rickettsia	\$21.40
86759	rotavirus	\$14.58
86762	rubella	\$15.91
86765	rubeola	\$14.25
86768	Salmonella	\$9.05
86771	Shigella	\$8.03

(For Streptococcus direct screen, see 87880)

86777	Toxoplasma	\$15.91
86778	Toxoplasma, IgM	\$14.12
86781	Treponema pallidum, confirmatory test (eg, FTA-abs)	\$12.63

(For syphilis screen, see 86592, 86593)

86784	trichinella	\$8.03
86787	varicella-zoster	\$8.03
86790	virus, not elsewhere specified	BR
86793	Yersinia	\$8.03

## Laboratory Fee Schedule

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	<b><u>MAXIMUM</u></b> <b><u>FEE-NYS</u></b>
86800 Thyroglobulin antibody	\$13.35
86803 Hepatitis C antibody;	\$10.00
86804 confirmatory test (eg, immunoblot)	\$27.27

(For thyroid autoantibodies, use 86376)

### TRANSFUSION MEDICINE

86850 Antibody screen, RBC, each serum technique	\$5.55
86860 Antibody elution (RBC), each elution	\$11.70
86870 Antibody identification, RBC antibodies, each panel for each serum technique	\$14.10
86880 Antihuman globulin test (Coombs test); direct, each antiserum	\$4.69
86900 Blood typing; ABO	\$4.22
86901 Rh(D)	\$4.20
86905 RBC antigens, other than ABO or Rh(D), each	\$4.60
86940 Hemolysins and agglutinins; auto, screen, each	\$7.14
86941 incubated	\$10.27

### MICROBIOLOGY

87015 Concentration(any type), for infectious agents	\$3.25
87040 Culture, bacterial; blood, aerobic, with isolation and presumptive identification of isolates (includes anaerobic culture, if appropriate)	\$8.15
87045 stool, aerobic, with isolation and preliminary examination (eg, KIA, LIA), Salmonella and Shigella species	\$8.15
87046 stool, aerobic, additional pathogens, isolation and presumptive identification of isolates, each plate	\$2.95
87070 any other source except urine, blood or stool, aerobic, with isolation and presumptive identification of isolates	\$8.15

(For urine, use 87086 - 87088)

87075 any source, except blood, anaerobic with isolation and presumptive identification of isolates	\$11.08
87076 anaerobic isolate, additional methods required for definitive identification, each isolate	\$9.70
87077 aerobic isolate, additional methods required for definitive identification, each isolate	\$9.70
87081 Culture, presumptive, pathogenic organisms, screening only	\$5.20
87086 Culture, bacterial; quantitative colony count, urine	\$8.15
87088 with isolation and presumptive identification of isolates, urine	\$9.70

## Laboratory Fee Schedule

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	<b><u>MAXIMUM FEE-NYS</u></b>
87101 Culture, fungi (mold or yeast)isolation, with presumptive identification of isolates; skin, hair, or nail	\$9.43
87102 other source (except blood)	\$10.75
87103 blood	\$11.37
87106 Culture, fungi, definitive identification, each organism; yeast (use in addition to codes 87101, 87102, or 87103 when appropriate)	\$9.70
87107 mold	\$9.70
87109 Culture, mycoplasma, any source	\$8.15
87110 Culture, chlamydia, any source	\$8.15
87116 Culture, tubercle or other acid-fast bacilli (eg, TB, AFB, mycobacteria) any source, with isolation and presumptive identification of isolates	\$14.90
87118 Culture, mycobacterial, definitive identification, each isolate	\$15.00
87164 Dark field examination, any source (eg, penile, vaginal, oral, skin); includes specimen collection	\$8.00
87166 without collection	\$8.00
87169 Macroscopic examination; parasite	\$2.00
87172 Pinworm exam (eg, cellophane tape prep)	\$2.00
87177 Ova and parasites, direct smears, concentration and identification	\$12.24
87181 Susceptibility studies, antimicrobial agent; agar dilution method, per agent (eg, antibiotic gradient strip)	\$4.50
87184 disk method, per plate (12 or fewer agents)	\$6.59
87185 enzyme detection (eg, beta lactamase), per enzyme	\$4.50
87186 microdilution or agar dilution(minimum inhibitory concentration (MIC) or breakpoint), each multi-antimicrobial, per plate	\$6.59
87188 macrobroth dilution method, each agent	\$4.50
87190 mycobacteria, proportion method, each agent	\$7.81
87205 Smear, primary source with interpretation; Gram or Giemsa stain for bacteria, fungi or cell types	\$3.40
87206 fluorescent and/or acid fast stain for bacteria, fungi, parasites, viruses or cell types	\$5.85
87207 special stain for inclusion bodies or parasites (eg, malaria, coccidia, microsporidia, trypanosomes, herpes viruses)	\$7.00
87210 wet mount for infectious agents (eg, saline, India ink, KOH preps) (Does not include KOH on skin, hair or nails)	\$3.40
87230 Toxin or antitoxin assay, tissue culture (eg, Clostridium difficile toxin)	\$9.40
87250 Virus isolation; inoculation of embryonated eggs, or small animal, includes observation and dissection	\$27.03
87252 tissue culture inoculation, observation, and presumptive identification by cytopathic effect	\$31.84
87253 tissue culture, additional studies or definitive identification (eg. hemabsorption, neutralization, immunofluorescence stain), each isolate	\$23.47

## Laboratory Fee Schedule

	<u>MAXIMUM FEE-NYS</u>
Virus isolation;	
87254 centrifuge enhanced (shell vial) technique, includes identification with immunofluorescence stain, each virus	\$6.76
87255 including identification by non-immunologic method, other than by cytopathic effect (eg. virus specific enzymatic activity)	\$6.76
87260 Infectious agent antigen detection by immunofluorescent technique; adenovirus	\$8.03
87265 Bordetella pertussis/parapertussis	\$8.03
87269 giardia	\$16.27
87270 Chlamydia trachomatis	\$8.03
87271 Cytomegalovirus, direct fluorescent antibody (DFA)	\$14.50
87272 cryptosporidium	\$16.27
87273 Herpes simplex virus type 2	\$14.50
87274 Herpes simplex virus type 1	\$14.50
87275 Infectious agent antigen detection by immunofluorescent technique; influenza B virus	\$14.50
87276 influenza A virus (for rapid flu test, use 87804)	\$14.50
87278 Legionella pneumophila	\$16.92
87279 Parainfluenza virus, each type	\$8.03
87280 respiratory syncytial virus	\$8.03
87281 Pneumocystis carinii	\$8.03
87290 Varicella zoster virus	\$8.03
87299 not otherwise specified, each organism (see Rule 10B)	\$21.43
87301 Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple step method; adenovirus enteric types 40/41	\$8.03
87320 Chlamydia trachomatis	\$8.03
87324 Clostridium difficile toxin(s)	\$9.40
87327 Cryptococcus neoformans	\$8.03
87328 cryptosporidium	\$16.27
87329 giardia	\$16.27
87332 cytomegalovirus	\$15.91
87335 Escherichia coli 0157	\$9.05
87336 Entamoeba histolytica dispar group	\$8.03
87337 Entamoeba histolytica group	\$8.03
87338 Helicobacter pylori, stool	\$8.03
87340 hepatitis B surface antigen (HBsAg)	\$11.10
87341 hepatitis B surface antigen (HBsAg) neutralization	\$11.10
87350 hepatitis Be antigen (HBeAg)	\$10.10
87380 hepatitis, delta agent	\$10.00
87385 Histoplasma capsulatum	\$12.41
87390 HIV-1 (eg, P24 antigen)	\$21.90
87420 respiratory syncytial virus	\$8.03
87425 rotavirus	\$14.58

## Laboratory Fee Schedule

	<u>MAXIMUM FEE-NYS</u>
Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple step method;	
87427 Shiga-like toxin	\$14.08
87430 Streptococcus, group A	\$5.20
(For streptococcus screen, see 87880)	
87449 Infectious agent antigen detection by enzyme immunoassay technique qualitative or semiquantitative; multiple step method, not otherwise specified, each organism	\$5.20
87450 single step method, not otherwise specified, each organism	\$3.75
87476 Infectious agent detection by nucleic acid (DNA or RNA); Borrelia burgdorferi, amplified probe technique	\$21.43
87480 Candida species, direct probe technique	\$8.03
87486 Chlamydia pneumoniae, amplified probe technique	\$21.43
87490 Chlamydia trachomatis, direct probe technique	\$8.03
87491 Chlamydia trachomatis, amplified probe technique	\$21.43
87495 cytomegalovirus, direct probe technique	\$15.91
87510 Gardnerella vaginalis, direct probe technique	\$8.03
87516 hepatitis B virus, amplified probe technique	\$21.43
87521 hepatitis C, amplified probe technique	\$48.00
87522 hepatitis C, quantification	\$59.20
87535 HIV-1, amplified probe technique	\$21.43
87536 HIV-1, quantification	\$117.59
87551 Mycobacteria species, amplified probe technique	\$75.00
87556 Mycobacteria tuberculosis, amplified probe technique	\$75.00
87561 Mycobacteria avium-intracellulare, amplified probe technique	\$75.00
87581 Mycoplasma pneumoniae, amplified probe technique	\$21.43
87590 Neisseria gonorrhoeae, direct probe technique	\$8.03
87591 Neisseria gonorrhoeae, amplified probe technique	\$21.43
87620 papillomavirus, human, direct probe technique	\$15.91
87621 papillomavirus, human, amplified probe technique	\$27.85
87650 Streptococcus, group A, direct probe technique	\$6.58
87660 Trichomonas vaginalis, direct probe technique	\$21.43
87797 Infectious agent detection by nucleic acid (DNA or RNA), not otherwise specified; direct probe technique, each organism	BR
87798 amplified probe technique, each organism	BR
87800 Infectious agent detection by nucleic acid(DNA or RNA), multiple organisms; direct probe(s) technique	\$16.10
87801 amplified probe(s) technique	\$40.00

## Laboratory Fee Schedule

	<b><u>MAXIMUM FEE-NYS</u></b>
87803 Infectious agent antigen detection by immunoassay with direct optical observation; Clostridium difficile toxin A	\$9.40
87804 influenza	\$14.50
<b>87807</b> respiratory syncytial virus	\$14.50
87880 Infectious agent detection by immunoassay with direct optical observation; Streptococcus, group A	\$3.75
87899 not otherwise specified	\$8.03
87901 Infectious agent genotype analysis by nucleic acid (DNA or RNA); HIV 1, reverse transcriptase and protease	\$350.00
87902 Hepatitis C virus	\$350.00
87903 Infectious agent phenotype analysis by nucleic acid (DNA or RNA) with drug resistance tissue culture analysis, HIV 1; first through 10 drugs tested	\$675.29
87904 each additional 1 through 5 drugs tested (list separately in addition to code for primary procedure)	\$36.02
0023T Infectious agent drug susceptibility phenotype prediction using genotypic comparison to known genotypic/phenotypic database, HIV 1	\$80.00

### CYTOPATHOLOGY

88104 Cytopathology, fluids, washings or brushings, except cervical or vaginal; smears with interpretation	\$19.12
88106 filter method only with interpretation	\$19.12
88107 smears and filter preparation with interpretation	\$19.12
88108 Cytopathology, concentration technique, smears and interpretation (eg, Saccomanno technique)	\$19.12
88112 Cytopathology, selective cellular enhancement technique with interpretation (eg, liquid based slide preparation method), except cervical or vaginal	\$28.82
(Do not report 88112 with 88108)	
88141 Cytopathology, cervical or vaginal (any reporting system); requiring interpretation by physician (List separately in addition to code for technical service)	\$8.30
88142 Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; manual screening under physician supervision	\$24.46
88143 with manual screening and rescreening under physician supervision	\$24.46
88147 Cytopathology smears, cervical or vaginal; screening by automated system under physician supervision	\$14.76
88148 screening by automated system with manual re-screening under physician supervision	\$14.76



## Laboratory Fee Schedule

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	<u>MAXIMUM FEE-NYS</u>
88150 Cytopathology, slides, cervical or vaginal; manual screening under physician supervision	\$14.76
88153 with manual screening and rescreening under physician supervision	\$14.76
88160 Cytopathology, smears, any other source (specify); screening and interpretation	\$19.12
88161 preparation, screening and interpretation	\$19.12
88162 extended study involving over 5 slides and/or multiple stains	\$19.12
88164 Cytopathology, slides, cervical or vaginal (the Bethesda System); manual screening under physician supervision	\$14.76
88165 with manual screening and rescreening under physician supervision	\$14.76
88173 Cytopathology, evaluation of fine needle aspirate; interpretation and report	\$19.12
88174 Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; screening by automated system, under physician supervision	\$29.85
88175 with screening by automated system and manual rescreening, under physician supervision	\$37.01
(See Rule 22 for instrumented PAP screening definitions)	
<b>88184</b> Flow cytometry, cell surface, cytoplasmic, or nuclear marker, technical component only; first marker	\$23.17
<b>88185</b> each additional marker (list separately in addition to code for first marker)	\$15.45
<b>88187</b> interpretation; 2 to 8 markers	\$20.00
<b>88188</b> interpretation; 9 to 15 markers	\$25.00
<b>88189</b> interpretation; 16 or more markers	\$30.00

### CYTOGENETIC STUDIES

Cytogenetic studies procedure codes 88245, 88267 and 88269 must be billed in combination with procedure code 88280 to report a 2-karyotype chromosome analysis as described in the quality control standards for cytogenetic licensure.

(For acetylcholinesterase, use 82013)

(For alpha-fetoprotein, serum or amniotic fluid, use 82105, 82106)

88230 Tissue culture for non-neoplastic disorders; lymphocyte	\$40.00
88233 skin or other solid tissue biopsy	\$131.91
88235 amniotic fluid or chorionic villus cells	\$131.91
88237 Tissue culture for neoplastic disorders; bone marrow, blood cells	\$100.03
88239 solid tumor	\$131.91

## Laboratory Fee Schedule

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	<u>MAXIMUM FEE-NYS</u>
88245 Chromosome analysis for breakage syndromes; baseline Sister Chromatid Exchange (SCE), 20-25 cells	\$ 90.00
88248 baseline breakage, score 50-100 cells, count 20 cells, 2 karyotypes (eg, for ataxia telangiectasia, Fanconi anemia, fragile X)	\$100.00
88249 score 100 cells, clastogen stress (eg, diepoxybutane, mitomycin C, ionizing radiation, UV radiation)	\$100.00
88262 Chromosome analysis; count 15-20 cells, 2 karyotypes, with banding	\$100.00
88263 count 45 cells for mosaicism, 2 karyotypes, with banding	\$100.00
88267 Chromosome analysis, amniotic fluid or chorionic villus, count 15 cells, 1 karyotype, with banding	\$90.00
88269 Chromosome analysis, in situ for amniotic fluid cells, count cells from 6-12 colonies, 1 karyotype, with banding	\$75.00
88271 Molecular cytogenetics; DNA probe, each (eg. FISH)	\$29.60
88272 chromosomal in situ hybridization, analyze 3-5 cells (eg. for derivatives and markers)	\$37.00
88273 chromosomal in situ hybridization, analyze 10-30 cells (eg. for microdeletions)	\$44.40
88274 interphase in situ hybridization, analyze 25-99 cells	\$48.10
88275 interphase in situ hybridization, analyze 100-300 cells	\$55.50
88280 Chromosome analysis; additional karyotypes, each study (use in addition to code 88267, 88269)	\$10.00
88285 additional cells counted, each study (use in addition to code 88269)	\$5.00
88291 Cytogenetics and molecular cytogenetics, interpretation and report	\$20.00

## SURGICAL PATHOLOGY

Surgical pathology procedure codes are reimbursable per specimen. A specimen is defined as tissue or tissues that is (are) submitted for individual and separate attention, requiring individual examination and pathologic diagnosis. Any unlisted specimen should be assigned to the code which most closely reflects the work involved when compared to other specimens assigned to that code.

**Laboratory Fee Schedule**

**MAXIMUM  
FEE-NYS  
\$13.26**

**88302 LEVEL II - Surgical pathology, gross and microscopic examination**

Appendix, Incidental	Foreskin, Newborn	Skin, Plastic Repair
Fallopian Tube, Sterilization	Hernia Sac, Any Location	Sympathetic Ganglion
Fingers/Toes, Amputation, Traumatic	Hydrocele Sac	Testis, Castration
	Nerve	Vaginal Mucosa, Incidental
		Vas Deferens, Sterilization

**88304 LEVEL III - Surgical pathology, gross and microscopic examination \$18.72**

Abortion, Induced	Diverticulum -	Neuroma-
Abscess	Esophagus/Small Intestine	Morton's/Traumatic
Aneurysm - Arterial/Ventricular	Dupuytren's Contracture	Pilonidal Cyst/Sinus
Anus, Tag	Tissue	Polyps, Inflammatory -
Appendix, Other than Incidental	Femoral Head,	Nasal/Sinusoidal
Artery, Atheromatous Plaque	Other than Fracture	Skin - Cyst/Tag/Debridement
Bartholin's Gland Cyst	Fissure/Fistula	Soft Tissue, Debridement
Bone Fragment(s),	Foreskin, Other than Newborn	Soft Tissue, Lipoma
Other than	Gallbladder	Spermatocoele
Pathologic Fracture	Ganglion Cyst	Tendon/Tendon Sheath
Bursa/Synovial Cyst	Hematoma	Testicular Appendage
Carpal Tunnel Tissue	Hemorrhoids	Thrombus or Embolus
Cartilage, Shavings	Hydatid of Morgagni	Tonsil and/or Adenoids
Cholesteatoma	Intervertebral Disc	Varicocele
Colon, Colostomy Stoma	Joint, Loose Body	Vas Deferens, Other than
Conjunctiva - Biopsy/Pterygium	Meniscus	Sterilization
Cornea	Mucocele, Salivary	Vein, Varicosity

**88305 LEVEL IV - Surgical pathology, gross and microscopic examination \$18.72**

Abortion - Spontaneous/ Missed	Heart Valve	Polyp, Stomach/Small Intestine
Artery, Biopsy	Joint, Resection	Prostate, Needle Biopsy
Bone Marrow, Biopsy	Kidney, Biopsy	Prostate, TUR
Bone, Exostosis	Larynx, Biopsy	Salivary Gland, Biopsy
Brain/Meninges, Other than For Tumor Resection	Leiomyoma (s), Uterine	Sinus, Paranasal Biopsy
Breast, Biopsy, Not Requiring Microscopic Evaluation of Surgical Margins	Myomectomy without Uterus	Skin, Other than Cyst/Tag/ Debridement/Plastic Repair
Breast, Reduction Mammoplasty	Lip, Biopsy/Wedge Resection	Small Intestine, Biopsy
Bronchus, Biopsy	Lung, Transbronchial Biopsy	Soft Tissue, Other than
Cell Block, Any Source	Lymph Node, Biopsy	Tumor/Mass/Lipoma/Debridement
Cervix, Biopsy	Muscle, Biopsy	Spleen
Colon, Biopsy	Nasal Mucosa, Biopsy	Stomach, Biopsy
Duodenum, Biopsy	Nasopharynx/Oropharynx, Biopsy	Synovium
Endocervix,	Nerve, Biopsy	Testis, Other than Tumor/ Biopsy/Castration
Curettings/Biopsy	Odontogenic/Dental Cyst	Thyroglossal Duct/Brachial Cleft Cyst
Endometrium	Omentum, Biopsy	Tongue, Biopsy
Curettings/Biopsy	Ovary with or without Tube, Non-neoplastic	Tonsil, Biopsy
Esophagus, Biopsy	Ovary, Biopsy/ Wedge Resection	Trachea, Biopsy
Extremity, Amputation, Traumatic	Parathyroid Gland	Ureter, Biopsy
Fallopian Tube, Biopsy	Peritoneum, Biopsy	Urethra, Biopsy
Fallopian Tube,	Pituitary Tumor	Urinary Bladder, Biopsy
Ectopic Pregnancy	Placenta, Other than Third Trimester	Uterus, with or without Tubes & Ovaries, for Prolapse
Femoral Head, Fracture	Pleura/Pericardium-	Vagina, Biopsy
Finger/Toes, Amputation, Non-traumatic	Biopsy/Tissue	Vulva/Labia, Biopsy
Gingiva/Oral Mucosa, Biopsy	Polyp, Cervical/Endometrial	
	Polyp, Colorectal	

**Laboratory Fee Schedule**

**MAXIMUM  
FEE-NYS**

**88307 LEVEL V - Surgical pathology, gross and microscopic examination \$18.72**

Adrenal, Resection	Kidney, Partial/Total	Salivary Gland
Bone - Biopsy/Curettings	Nephrectomy	Sentinel Lymph Node
Bone Fragment(s), Pathologic Fracture	Larynx, Partial/Total Resection	Small Intestine, Resection, Other than for Tumor
Brain, Biopsy	Liver, Biopsy - Needle/Wedge	Soft Tissue Mass (except Lipoma) - Biopsy/Simple Excision
Brain/Meninges, Tumor Resection	Liver, Partial Resection	Stomach - Subtotal/Total Resection, Other than for Tumor
Breast, Excision of Lesion, Requiring Microscopic Evaluation of Surgical Margins	Lung, Wedge Biopsy	Testis, Biopsy
Breast, Mastectomy - Partial/Simple	Lymph Nodes, Regional Resection	Thymus, Tumor
Cervix, Conization	Mediastinum, Mass	Thyroid, Total/Lobe
Colon, Segmental Resection, Other than for Tumor	Myocardium, Biopsy	Ureter, Resection
Extremity, Amputation, Non-traumatic	Odontogenic Tumor	Urinary Bladder, TUR
Eye, Enucleation	Ovary with or without Tube, Neoplastic	Uterus, with or without Tubes and Ovaries, Other than Neoplastic/Prolapse
	Pancreas, Biopsy	
	Placenta, Third Trimester	
	Prostate, Except Radical Resection	

**88309 LEVEL VI - Surgical pathology, gross and microscopic examination \$18.72**

Bone Resection	Lung - Total/Lobe/ Segment Resection	Testis, Tumor
Breast, Mastectomy - with Regional Lymph Nodes	Pancreas - Total/Subtotal Resection	Tongue/Tonsil - Resection for Tumor
Colon, Segmental Resection for Tumor	Prostate, Radical Resection	Urinary Bladder, Partial/ Total Resection
Colon, Total Resection	Small Intestine, Resection for Tumor	Uterus, with or without Tubes & Ovaries, Neoplastic
Esophagus, Partial/ Total Resection	Soft Tissue Tumor, Extensive Resection	Vulva - Total/ Subtotal Resection
Extremity, Disarticulation	Stomach - Subtotal/Total Resection, Tumor	
Fetus, with Dissection		
Larynx, Partial/Total Resection - with Regional Lymph Nodes		

**88312 Special stains (List separately in addition to code for primary service); Group I for microorganisms (eg, Gridley, acid fast, methenamine silver), each \$13.18**

**88313 Group II, all other (eg, iron, trichrome), except immunocytochemistry and immunoperoxidase stains, each \$9.88**

**88319 Determinative histochemistry or cytochemistry to identify enzyme constituents, each \$35.19**

**88342 Immunohistochemistry (including tissue immunoperoxidase), each antibody \$25.37**

(For immunophenotyping, see Rule 18)

**88346 Immunofluorescent study, each antibody; direct method \$19.25**

**88347 indirect method \$19.25**

## Laboratory Fee Schedule

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	<u>MAXIMUM FEE-NYS</u>
<b>88360</b> Morphometric analysis, tumor immunohistochemistry (eg, Her-2/Neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, each antibody; manual	\$25.37
88361 using computer assisted technology ( <b>computer generated</b> )	\$25.37

(Do not report 88360 or 88361 with 88342 unless each procedure is for a different antibody)

(When semi-thin plastic-embedded sections are performed in conjunction with morphometric analysis, only the morphometric analysis should be reported; if performed as an independent procedure, see codes 88302-88309 for surgical pathology)

### OTHER PROCEDURES

89050 Cell count, miscellaneous body fluids (eg, cerebrospinal fluid, joint fluid), except blood;	\$2.80
89051 with differential count	\$2.80
89055 Leukocyte assessment, fecal, qualitative or semiquantitative	\$3.40
89060 Crystal identification by light microscopy with or without polarizing lens analysis, any body fluid (except urine)	\$6.00
89190 Nasal smear for eosinophils	\$4.70
89230 Sweat collection by iontophoresis (includes analysis)	\$6.38
89321 Semen analysis, presence and/or motility of sperm	\$6.80