NEW YORK STATE
MEDICAID PROGRAM

LABORATORY

FEE SCHEDULE

Table of Contents

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

including but not limited to alcohol, amphetamines, barbiturates, benzodiazepines, cocaine and metabolites, methadone, methaqualones, opiates, phencyclidines, phenothiazine, propoxyphenes, quinine, tetrahydrocannaboinoids (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.**

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

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

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 <u>either</u> total thyroxine (84436) <u>or</u> free thyroxine index (84436 + 84479) <u>or</u> 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 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 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 code 88180 for when the lab performs flow cytometric testing for markers other than CD4/CD8 (e.g. lymphoma/ leukemia markers), with or without CD4/CD8 analysis; bill 1 unit of code 88180 for each marker used, including those used to draw gates, set cursors and monitor variability. Code 88180 is not billable with code 86360.
    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.

		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.

		MAXIMUM FEE-NYS
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

		MAXIMUM FEE-NYS
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

(For gastrin-secretin stimulation test, use 82938)

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

		MAXIMUM FEE-NYS
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	Adrenocorticotropic 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

		MAXIMUM FEE-NYS
	Albumin;	
82044	urine, microalbumin, semiquantitative (eg, reagent strip assay) (see Rule 11)	$0.50
82045	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	Androstanediol 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	cholylglycine	$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

		MAXIMUM FEE-NYS
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

		MAXIMUM FEE-NYS
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
82656	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, pC02, p02, C02, HC03 (including calculated 02 saturation);	$16.20
82805	with 02 saturation, by direct measurement, except pulse oximetry	$23.89
82810	Gases, blood, O2 saturation only, by direct measurement, except pulse oximetry	$10.69
82820	Hemoglobin-oxygen affinity (pO2 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

		MAXIMUM FEE-NYS
	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)

83009	Helicobacter pylori, blood test analysis for urease activity, non-radioactive isotope (EG, C-13) **(includes kit)**	$93.09
83010	Haptoglobin; quantitative	$13.81
83013	Helicobacter pylori; breath test analysis for urease activity, non-radioactive isotope **(includes kit)**	$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

		MAXIMUM FEE-NYS
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
83630	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

		MAXIMUM FEE-NYS
	Molecular diagnostics;	
83903	mutation scanning, by physical properties (eg, single strand conformational polymorphisms (SSCP), heteroduplex, denaturing gradient gel electrophoresis (DGGE), (RNA'ase A), single segment, each	$23.42
83904	mutation identification by sequencing, single segment, each segment	$23.42
83905	mutation identification by allele specific transcription, single segment, each segment	$23.42
83906	mutation identification by allele specific translation, single segment, each segment	$23.42
83912	interpretation and report (see Rule 14)	$20.00
S3818	Complete gene sequence analysis; BRCA 1 gene	BR
S3819	BRCA 2 gene	BR
S3820	Complete BRCA1 and BRCA2 gene sequence analysis for Susceptibility to breast and ovarian cancer	BR
S3822	Single mutation analysis (in individual with a known BRCA1 or BRCA2 mutation in the family) for susceptibility to breast and ovarian cancer	BR
S3823	Three-mutation BRCA1 and BRCA2 analysis for susceptibility to breast and ovarian cancer in Ashkenazi individuals	BR
S3828	Complete gene sequence analysis; MLH1 gene	BR
S3829	Complete gene sequence analysis; MLH2 gene	BR
S3830	Complete MLH1 and MLH2 gene sequence analysis for hereditary nonpolyposis colorectal cancer (HNPCC) genetic testing	BR
S3831	Single-mutation analysis (in individual with a known MLH1 and MLH2 mutation in the family) for hereditary nonpolyposis colorectal cancer (HNPCC) genetic testing	BR
S3833	Complete APC gene sequence analysis for susceptibility to familial adenomatous polyposis (FAP) and attenuated FAP	BR
S3834	Single-mutation analysis (in individual with a known APC mutation in the family) for susceptibility to familial adenomatous polyposis (FAP)and attenuated FAP	BR
S3835	Complete gene sequence analysis for cystic fibrosis genetic testing	BR
S3840	DNA analysis for germline mutations of the ret proto-oncogene for susceptibility to multiple endocrine neoplasia type 2	BR
S3842	Genetic testing for von ippel-lindau disease	BR
S3843	DNA analysis of the F5 gene for susceptibility to Factor V Leiden thrombophilia	BR
S3844	DNA analysis of the connexin 26 gene (GJB2) for susceptibility to congenital, profound deafness	BR
S3845	Genetic testing for alpha-thalassemia	BR
S3846	Genetic testing for hemoglobin E beta-thalassemia	BR
S3847	Genetic testing for Tay-Sachs disease	BR

		MAXIMUM FEE-NYS
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 epilson 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

		MAXIMUM FEE-NYS
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
84163	Pregnancy-associated plasma protein-A (PAPP-A)	$12.37
84165	Protein; electrophoretic fractionation and quantitation, serum	$8.00
84166	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

		MAXIMUM FEE-NYS
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
Acyl-CoA Dehydrogenase, Short Chain
Adenosine deaminase
Adenylate kinase
Aldolase
Arginosuccinase
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

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

		MAXIMUM FEE-NYS
	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
85055	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

		MAXIMUM FEE-NYS
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

		MAXIMUM FEE-NYS
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 0; titer	$5.20
86063	screen	$3.75
86064	B cells, total count	$23.17
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 **(not elsewhere specified)** (see Rule 15)	BR

		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 **(not elsewhere specified)** (eg, reagent strip)	$3.75
(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
86335	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
86359	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
86379	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
86587	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

		MAXIMUM FEE-NYS
	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 hemoglobulin 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

		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

		MAXIMUM FEE-NYS
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 (For urine, use 87086 - 87088)	$8.15
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

		MAXIMUM FEE-NYS
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

		MAXIMUM FEE-NYS
	Virus isolation;	
87254	centrifuge enhanced (shell vial) technique, includes identification with immunofluorenscence 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

		MAXIMUM FEE-NYS
	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

		MAXIMUM FEE-NYS
87803	Infectious agent antigen detection by immunoassay with direct optical observation; Clostridium difficile toxin A	$9.40
87804	influenza	$14.50
87807	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 (Do not report 88112 with 88108)	$28.82
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

		MAXIMUM FEE-NYS
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)	
88184	Flow cytometry, cell surface, cytoplasmic, or nuclear marker, technical component only; first marker	$23.17
88185	each additional marker (list separately in addition to code for first marker)	$15.45
88187	interpretation; 2 to 8 markers	$20.00
88188	interpretation; 9 to 15 markers	$25.00
88189	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

		MAXIMUM FEE-NYS
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.

MAXIMUM FEE-NYS

88302 LEVEL II - Surgical pathology, gross and microscopic examination $13.26

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

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

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

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

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

		MAXIMUM FEE-NYS
88307	LEVEL V - Surgical pathology, gross and microscopic examination	$18.72

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

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

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

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

		MAXIMUM FEE-NYS
88360	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 **(computer generated)**	$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