

HMO Blue[®] Texas Reimbursable Lab Services

Effective 06/01/2010

The following lab services will be reimbursed on a fee-for-service basis if performed in the physician's office for HMO Blue Texas members.

| Test Description | CPT Code |
|--------------------------------------------------------------------------------------------------------------------------------------------|----------|
| Collection of venous blood by venipuncture | 36415 |
| Collection of capillary blood specimen | 36416 |
| Venipuncture, cutdown; under age 1 year | 36420 |
| Basic metabolic panel | 80048 |
| Electrolyte panel | 80051 |
| Tacrolimus | 80197 |
| Urinalysis, dipstick | 81000 |
| Urinalysis, with microscopy, automated | 81001 |
| Urinalysis, without microscopy, non-automated | 81002 |
| Urinalysis, without microscopy, automated | 81003 |
| Urinalysis, bacteriuria screen, except by culture or dipstick | 81007 |
| Pregnancy test, urine | 81025 |
| Stool for occult blood (Hemoccult) | 82270 |
| Stool for occult blood (Hemoccult single) | 82272 |
| Stool for occult blood (Immunologic) | 82274 |
| Glucose, blood, quantitative | 82947 |
| Glucose, blood, reagent strip | 82948 |
| Glucose, blood, monitoring device | 82962 |
| H. pylori; breath test analysis for urease activity, drug administration | 83014 |
| Bleeding time | 85002 |
| Blood count, differential WBC, automated | 85004 |
| Blood count, smear, WBC differential, manual | 85007 |
| Blood count, smear, no WBC differential | 85008 |
| Blood count, spun microhematocrit | 85013 |
| Blood count, hematocrit | 85014 |
| Blood count, hemoglobin | 85018 |
| Blood count, complete CBC & WBC differential, automated | 85025 |
| Blood count, complete CBC, automated | 85027 |
| Blood count, manual, each | 85032 |
| Blood count, platelet, automated | 85049 |
| Coagulation time, Lee and White | 85345 |
| Coagulation time, Lee and White, activated | 85347 |
| Coagulation time, Lee and White, other methods | 85348 |
| Prothrombin time | 85610 |
| Heterophile antibody screen for mononucleosis | 86308 |
| Skin test, coccidioidomycosis | 86490 |
| Skin test, histoplasmosis | 86510 |
| Skin test, tuberculosis, intradermal | 86580 |
| Wet mount for infectious agents | 87210 |
| Tissue exam by KOH slide | 87220 |
| Influenza | 87400 |
| Strep screening, qualitative | 87430 |
| Infectious agent detection by nucleic acid (DNA or RNA); Candida species, direct probe technique New - Effective June 1, 2010 | 87480 |
| Infectious agent detection by nucleic acid (DNA or RNA); Gardnerella vaginalis, direct probe technique New - Effective June 1, 2010 | 87510 |
| Infectious agent detection by nucleic acid (DNA or RNA); Trichomonas vaginalis, direct probe technique New - Effective June 1, 2010 | 87660 |
| Influenza, rapid | 87804 |
| RSV, rapid | 87807 |
| Strep screening, rapid | 87880 |
| Culture of oocyte(s)/embryo(s), less than 4 days | 89250 |
| Assisted embryo hatching, microtechniques (any method) | 89253 |
| Oocyte identification from follicular fluid | 89254 |
| Preparation of embryo for transfer (any method) | 89255 |
| Sperm identification from aspiration (other than seminal fluid) | 89257 |

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HMO Blue® Texas Reimbursable Lab Services, continued
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The following lab services will be reimbursed on a fee-for-service basis if performed in the physician's office for HMO Blue Texas members.

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

All other outpatient clinical reference lab services not listed above must be referred to HMO Blue Texas's exclusive provider - Quest Diagnostics, Inc.

posted 03/2010