

IN-OFFICE LABORATORY PROCEDURES

McLaren Health Plan (MHP) contracts with Joint Venture Hospital Laboratories (JVHL) to provide all outpatient laboratory services. In order to better serve our members, MHP allows physicians to perform and submit claims for specific laboratory services performed in their offices.

The **in-office** laboratory procedures listed below are billable by Primary Care Physicians and Specialists.

MHP In-Office Laboratory Billable Procedures	
CPT-4 Code	Procedure Description
80048	BASIC METABOLIC PANEL
80051	ELECTROLYTE PANEL
80305**	DRUG TEST CAPABLE OF BEING READ BY DIRECT OPTICAL OBSERVATION
81000	URINALYSIS; NON-AUTOMATED, WITH MICROSCOPY
81001	URINALYSIS; AUTOMATED, WITH MICROSCOPY
81002	URINALYSIS; NON-AUTOMATED, WITHOUT MICROSCOPY
81003	URINALYSIS; AUTOMATED, WITHOUT MICROSCOPY
81007QW	URINALYSIS SCREEN FOR BACTERIA, EXCEPT BY CULTURE OR DIPSTICK
81015	URINANLYSIS; MICROSCOPIC ONLY
81025	URINE PREGNANCY TEST, BY VISUAL COLOR COMPARISON METHODS
82044	URINARY MICROALBUMIN
82270	BLOOD, OCCULT; FECES SCREENING BY PEROXIDASE ACTIVITY, 1-3 SIMULTANEOUS DETERMINATIONS
82272	BLOOD, OCCULT; FECES SCREENING BY PEROXIDASE ACTIVITY, SINGLE SPECIMEN (E.G., FROM DIGITAL RECTAL EXAM)
82274QW	BLOOD, OCCULT; FECAL HEMOGLOBIN SCREENING BY IMMUNOASSAY, 1-3 SIMULTANEOUS DETERMINATIONS
82310	CALCIUM; TOTAL
82374	CARBON DIOXIDE (BICARBONATE)
82435	CHLORIDE; BLOOD
82565	CREATININE; BLOOD
82670	* ESTRADIOL
82947QW	GLUCOSE; QUANTITATIVE
82948	GLUCOSE; BLOOD, REAGENT STRIP
83001QW	* GONADOTROPIN; FOLLICLE STIMULATING HORMONE (FSH)
83002	* GONADOTROPIN; LUTEINIZING HORMONE (LH)
83036	HEMOGLOBIN, GLYCATED
83037	GLYCOSYLATED HEMOGLOBIN TEST
83655	LEAD
84144	* PROGESTERONE
84146	* PROLACTIN
84295	SODIUM; SERUM, PLASMA OR WHOLE BLOOD

MHP In-Office Laboratory Billable Procedures

CPT-4 Code	Procedure Description
84520	UREA NITROGEN; QUANTITATIVE
84703QW	GONADOTROPIN, CHORIONIC (HCG); QUALITATIVE
85007	BLOOD SMEAR, MICROSCOPIC EXAMINATION WITH MANUAL DIFFERENTIAL WBC COUNT
85013	BLOOD COUNT; SPUN MICROHEMATOCRIT
85014QW	BLOOD SMEAR; HEMATOCRIT (HCT)
85018QW	BLOOD SMEAR; HEMOGLOBIN (HGB)
85025	COMPLETE BLOOD CT (CBC-HGB, HCT, RBC, WBC, AND PLT) AND DIFF, AUTOMATED
85027	BLOOD COUNT; COMPLETE (CBC) AUTOMATED (HGB, HCT, RBC, WBC, PLAT)
85048	BLOOD COUNT; LEUKOCYTE (WBC), AUTOMATED
85097	* BONE MARROW; SMEAR INTERPRETATION ONLY, W/OR W/O DIFF.CELL CNT
85610	PROTHROMBIN TIME
85651	SEDIMENTATION RATE, ERYTHROCYTE; NON-AUTOMATED
86308QW	HETEROPHILE ANTIBODIES; SCREENING
86403	PARTICLE AGGLUTINATION (SCREENING EACH ANTIBODY) RAPID STREP TEST
86580	SKIN TEST; TUBERCULOSIS, INTRADERMAL
87081	CULTURE, BACTERIAL, SCREENING ONLY; FOR SINGLE ORGANISMS
87210	SMEAR, PRIMARY SOURCE, W/INTERP; WET MOUNT SIMPLE STAIN
87220	* TISSUE EXAMINATION BY KOH SLIDE FOR FUNGI
87650	STREPTOCOCCUS, GROUP A, DIRECT PROBE TECHNIQUE
87880QW	INFECTIOUS AGENT DETECTION IMMUNOASSAY OBS, STREPT GROUP A
89050	CELL COUNT, MISCELLANEOUS BODY FLUIDS, EXCEPT BLOOD
89190	NASAL SMEAR FOR EOSINOPHILS
89300/G0027	* SEMEN ANALYSIS; PRESENCE AND/OR MOTILITY OF SPERM
89310	* SEMEN ANALYSIS; MOTILITY AND COUNT (NOT INC. HUHNER TEST)
89320	* SEMEN ANALYSIS; COMPLETE (VOLUME, COUNT, MOTILITY, DIFFERENTIAL)

*Only specialists may perform these services

**Requires pre-authorization