

In-Office Laboratory Testing and Procedures List

Policy Number: LABORATORY 003.44
Effective Date: January 1, 2026

[Instructions for Use](#)

Table of Contents	Page
Applicable Lines of Business/Products	1
Application	1
Overview	1
Policy	1
Applicable Codes	2
References	7
Policy History/Revision Information	7
Instructions for Use	7

Related Policies
<ul style="list-style-type: none"> Infertility Diagnosis, Treatment, and Fertility Preservation Laboratory Services Policy, Professional

Applicable Lines of Business/Products

This policy applies to Oxford Commercial plan membership.

Application

This policy applies to all network physicians, including physician assistants and nurse practitioners providing laboratory testing/procedures in an office setting.

Note: Certain network physician contracts allow for additional laboratory testing/procedures to be reimbursed when provided in a physician's office.

Overview

The *In-Office Laboratory Testing and Procedures List* is a list of laboratory testing/procedure codes that Oxford will consider for reimbursement to its network physicians when performed in their office. This list represents the only laboratory testing/procedures that Oxford network physicians may provide in their offices. All other laboratory testing/procedures **must** be performed by one of the participating laboratories in Oxford's network.

Refer to the [Provider Administrative Guide](#) for additional information on network provider responsibilities for Connecticut (CT), New York (NY), and New Jersey (NJ) commercial products.

Policy

Note: Refer to the UnitedHealthcare Reimbursement Policy titled [Laboratory Services Policy, Professional](#) for additional information regarding the reimbursement of laboratory services.

In-Office Laboratory Testing and Procedures

Reimbursement of network physicians, physician assistants, and nurse practitioners for the performance of in-office laboratory testing/procedures is limited to those codes listed on the *In-Office Laboratory Testing and Procedures List*. Reimbursement for some of the laboratory testing/procedures is limited to certain physician specialties. Refer to the [Applicable Codes](#) section below for a list of specific CPT codes.

All In-Office Laboratory Testing and Procedures

- Marked with *, **, ***, **** and***** will be limited to one procedure within the same family of asterisks, per visit.
Example: If multiple laboratory testing/procedure codes designated with the single * are billed on the same date, only one laboratory test/procedure with a single * performed, per visit, out of all of the codes designated with the single * will be reimbursed.
- Marked with a # symbol will only be considered for reimbursement if the member has an infertility benefit and the provider has the appropriate specialty. Refer to the Medical Policy titled [Infertility Diagnosis, Treatment, and Fertility Preservation](#) for additional information related to infertility coverage.
- Marked with a ## symbol, benefit coverage for health services is determined by the member specific benefit plan document and applicable state laws that may require coverage for specific infertility services.

Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies may apply.

Note: Physician assistants and nurse practitioners are eligible to bill for all specialties listed below.

CPT Codes	Description
Dermatologists/Dermatopathologists	
88331	Pathology consultation during surgery; first tissue block, with frozen section(s), single specimen
88332	Pathology consultation during surgery; each additional tissue block with frozen section(s) (List separately in addition to code for primary procedure)
Endocrinologists	
88172	Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy for diagnosis, first evaluation episode, each site
88177	Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy for diagnosis, each separate additional evaluation episode, same site (List separately in addition to code for primary procedure)
Hematologists/Oncologists/Pediatric Hematologists	
85007***	Blood count; automated differential WBC count blood smear, microscopic examination with manual differential WBC count
85025***	Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count
85027***	Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count)
85060	Blood smear, peripheral, interpretation by physician with written report
85097	Bone marrow; smear interpretation only, with or without differential cell count
86077	Blood bank physician services; difficult cross-match and/or evaluation of irregular antibody(s), interpretation and written report
86078	Blood bank physician services; investigation of transfusion reaction, including suspicion of transmissible disease, interpretation and written report
86079	Blood bank physician services; authorization for deviation from standard blood-banking procedures, with written report
86927	Fresh frozen plasma, thawing, each unit
86930	Frozen blood, each unit; freezing (includes preparation)
86931	Frozen blood, each unit; thawing
86932	Frozen blood, each unit; freezing (includes preparation) and thawing
86940	Hemolysins and agglutinins; auto, screen, each
86941	Hemolysins and agglutinins; incubated

CPT Codes	Description
Hematologists/Oncologists/Pediatric Hematologists	
86945	Irradiation of blood product, each unit
86950	Leukocyte transfusion
86960	Volume reduction of blood or blood product (e.g., red blood cells or platelets), each unit
86965	Pooling of platelets or other blood products
86970	Pretreatment of RBCs for use in RBC antibody detection, identification, and/or compatibility testing; incubation with chemical agents or drugs, each
86971	Pretreatment of RBCs for use in RBC antibody detection, identification, and/or compatibility testing; incubation with enzymes, each
86972	Pretreatment of RBCs for use in RBC antibody detection, identification, and/or compatibility testing; by density gradient separation
86975	Pretreatment of serum for use in RBC antibody identification; incubation with drugs, each
86976	Pretreatment of serum for use in RBC antibody identification; by dilution
86977	Pretreatment of serum for use in RBC antibody identification; incubation with inhibitors, each
86978	Pretreatment of serum for use in RBC antibody identification; by differential red cell absorption using patient RBCs or RBCs of known phenotype, each absorption
86985	Splitting of blood or blood products, each unit
86999	Unlisted transfusion medicine procedure
Obstetricians/Gynecologists/Reproductive Endocrinologists/Infertility	
82670	Estradiol; total
83001	Gonadotropin; follicle stimulating hormone (FSH)
83002	Gonadotropin; luteinizing hormone (LH)
83986	pH; body fluid, not otherwise specified
84144	Progesterone
84702	Gonadotropin, chorionic (hCG); quantitative
84703	Gonadotropin, chorionic (hCG); qualitative
89250#	Culture of oocyte(s)/embryo(s), less than 4 days
89253#	Assisted Embryo hatching, microtechniques (any method)
89254#	Oocyte identification from follicular fluid
89255#	Preparation of embryo for transfer (any method)
89257#	Sperm identification from aspiration (other than seminal fluid)
89260#	Sperm isolation; simple prep (e.g., sperm wash and swim-up) for insemination or diagnosis with semen analysis
89261#	Sperm isolation; complex prep (e.g., Percoll gradient, albumin gradient) for insemination or diagnosis with semen analysis
89300#	Semen analysis; presence and/or motility of sperm including Huhner test (post coital)
89310	Semen analysis; motility and count (not including Huhner test)
89320	Semen analysis; volume, count, motility and differential
89321	Semen analysis; sperm presence and motility of sperm, if performed
89325#	Sperm antibodies
89330#	Sperm evaluation; cervical mucus penetration test, with or without spinnbarkeit test
Ophthalmologists and Connecticut CLIA Certified Optometrists	
Note: Connecticut optometrists may be reimbursed for CPT code 83861 in the office if they are CLIA Certified [Clinical Laboratory Improvement Amendments of 1988 (CLIA)]. If no CLIA certification is on file, the service is not eligible for reimbursement.	
83861	Microfluidic analysis utilizing an integrated collection and analysis device, tear osmolarity

CPT Codes	Description
Ophthalmologists and Optometrists	
83516	Immunoassay for analyte other than infectious agent antibody or infectious agent antigen; qualitative or semiquantitative, multiple step method
87809	Infectious agent antigen detection by immunoassay with direct optical observation; adenovirus
Pediatricians	
80305	Drug test(s), presumptive, any number of drug classes, any number of devices or procedures; capable of being read by direct optical observation only (e.g., utilizing immunoassay [e.g., dipsticks, cups, cards, or cartridges]), includes sample validation when performed, per date of service
80306	Drug test(s), presumptive, any number of drug classes, any number of devices or procedures; read by instrument assisted direct optical observation (e.g., utilizing immunoassay [e.g., dipsticks, cups, cards, or cartridges]), includes sample validation when performed, per date of service
82247	Bilirubin, total
87651	Infectious agent detection by nucleic acid (DNA or RNA); Streptococcus, group A, amplified probe technique
Primary Care Physicians (Including Adolescent Medicine, Family Practice, General Practitioner, Internal Medicine, and Obstetricians/Gynecologists)	
87651	Infectious agent detection by nucleic acid (DNA or RNA); Streptococcus, group A, amplified probe technique
Primary Care Physicians and Specialists	
0202U	Infectious disease (bacterial or viral respiratory tract infection), pathogen-specific nucleic acid (DNA or RNA), 22 targets including severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), qualitative RT-PCR, nasopharyngeal swab, each pathogen reported as detected or not detected
0223U	Infectious disease (bacterial or viral respiratory tract infection), pathogen-specific nucleic acid (DNA or RNA), 22 targets including severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), qualitative RT-PCR, nasopharyngeal swab, each pathogen reported as detected or not detected
0224U	Antibody, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]), includes titer(s), when performed
0225U	Infectious disease (bacterial or viral respiratory tract infection) pathogen-specific DNA and RNA, 21 targets, including severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), amplified probe technique, including multiplex reverse transcription for RNA targets, each analyte reported as detected or not detected
0226U	Surrogate viral neutralization test (sVNT), severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]), ELISA, plasma, serum
0240U	Infectious disease (viral respiratory tract infection), pathogen-specific RNA, 3 targets (severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2], influenza A, influenza B), upper respiratory specimen, each pathogen reported as detected or not detected
0241U	Infectious disease (viral respiratory tract infection), pathogen-specific RNA, 4 targets (severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2], influenza A, influenza B, respiratory syncytial virus [RSV]), upper respiratory specimen, each pathogen reported as detected or not detected
80305	Drug test(s), presumptive, any number of drug classes, any number of devices or procedures; capable of being read by direct optical observation only (e.g., utilizing immunoassay [e.g., dipsticks, cups, cards, or cartridges]), includes sample validation when performed, per date of service
80306	Drug test(s), presumptive, any number of drug classes, any number of devices or procedures; read by instrument assisted direct optical observation (e.g., utilizing immunoassay [e.g., dipsticks, cups, cards, or cartridges]), includes sample validation when performed, per date of service
81000*	Urinalysis, non-automated, with microscopy
81001*	Urinalysis, automated, with microscopy
81002*	Urinalysis, non-automated, without microscopy
81003*	Urinalysis, automated, without microscopy
81025	Urine pregnancy test, by visual color comparison methods

CPT Codes	Description
Primary Care Physicians and Specialists	
82270****	Blood, occult, by peroxidase activity (e.g., guaiac), qualitative; feces, consecutive collected specimens with single determination, for colorectal neoplasm screening (i.e., patient was provided three cards or single triple card for consecutive collection)
82271****	Blood, occult, by peroxidase activity (e.g., guaiac), qualitative; other sources
82272****	Blood, occult, by peroxidase activity (e.g., guaiac), qualitative, feces, 1-3 simultaneous determinations, performed for other than colorectal neoplasm screening
82948	Glucose; blood, reagent strip
82962	Glucose, blood sugar by glucometer
83036	Hemoglobin; glycosylated (A1C)
83014	Helicobacter pylori, breath test analysis; drug administration (Note: Dianon is providing test kit free of charge — call 800-328-2666)
83026	Hemoglobin; by copper sulfate method, non-automated
83655	Lead
85013***	Blood count; spun microhematocrit
85018***	Blood count; hemoglobin (Hgb)
85025***	For Stat Purposes Only Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count
85651	Sedimentation rate, erythrocyte; non-automated
86328	Immunoassay for infectious agent antibody(ies), qualitative or semiquantitative, single step method (e.g., reagent strip); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19])
86403****	Particle agglutination, screen, each antibody
86408	Neutralizing antibody, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]); screen
86409	Neutralizing antibody, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]); titer
86413	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) antibody, quantitative
86485	Skin test; candida
86486	Skin test; unlisted antigen, each
86510	Skin test; histoplasmosis
86580	Skin test; tuberculosis, intradermal
86769	Antibody; severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19])
87070**	Culture, bacterial; any other source but urine, blood or stool, with isolation and presumptive identification of isolates.
87081**	Culture, bacterial, screening only, for single organisms
87177	Ova and parasites, direct smears, concentration and identification.
87210	Smear, wet mount with simple stain, for bacteria, fungi, ova, and/or parasites
87220	Tissue examination for fungi (e.g., KOH slide)
87426	Infectious agent antigen detection by immunoassay technique, (e.g., enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; severe acute respiratory syndrome coronavirus (e.g., SARS-CoV, SARS-CoV-2 [COVID-19])

CPT Codes	Description
Primary Care Physicians and Specialists	
87428	Infectious agent antigen detection by immunoassay technique, (e.g., enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; severe acute respiratory syndrome coronavirus (e.g., SARS-CoV, SARS-CoV-2 [COVID-19]) and influenza virus types A and B
87502	Infectious agent detection by nucleic acid (DNA or RNA); influenza virus, for multiple types or subtypes, includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, first 2 types or sub-types
87631	Infectious agent detection by nucleic acid (DNA or RNA); respiratory virus (e.g., adenovirus, influenza virus, coronavirus, metapneumovirus, parainfluenza virus, respiratory syncytial virus, rhinovirus), includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, multiple types or subtypes, 3-5 targets
87635	Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]), amplified probe technique
87636	Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) and influenza virus types A and B, multiplex amplified probe technique
87637	Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]), influenza virus types A and B, and respiratory syncytial virus, multiplex amplified probe technique
87804	Infectious agent antigen detection by immunoassay with direct optical (i.e., visual) observation; Influenza
87811	Infectious agent antigen detection by immunoassay with direct optical (i.e., visual) observation; severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19])
87880****	Infectious agent antigen detection by immunoassay with direct optical (i.e., visual) observation; Streptococcus, group A
88738	Hemoglobin (Hgb), quantitative, transcutaneous
89220	Sputum, obtaining specimen, aerosol induced technique (separate procedure)
99195	Phlebotomy, therapeutic (separate procedure)
Pulmonologists	
82803	Gases, blood, any combination of pH, pCO ₂ , pO ₂ , CO ₂ , HCO ₃ (including calculated O ₂ saturation)
Reproductive Endocrinologists/Infertility	
84146	Prolactin
84443	Thyroid stimulating hormone (TSH)
89264#	Sperm identification from testis tissue, fresh or cryopreserved
89268#	Insemination of oocytes
89272#	Extended culture of oocyte(s)/embryo(s), 4-7 days
89258##	Cryopreservation; embryo(s)
89259##	Cryopreservation; sperm
89280#	Assisted oocyte fertilization, microtechnique; less than or equal to 10 oocytes
89281#	Assisted oocyte fertilization, microtechnique; greater than 10 oocytes
89322	Semen analysis; volume, count, motility, and differential using strict morphologic criteria (e.g., Kruger)
89337##	Cryopreservation, mature oocyte(s)
89342##	Storage (per year); embryo(s)
89343##	Storage (per year); sperm/semens
89346##	Storage (per year); oocyte(s)
89352#	Thawing of cryopreserved; embryo(s)

CPT Codes	Description
Reproductive Endocrinologists/Infertility	
89353##	Thawing of cryopreserved; sperm/semen, each aliquot
89354##	Thawing of cryopreserved; reproductive tissue, testicular/ovarian
89356##	Thawing of cryopreserved; oocytes, each aliquot
Rheumatologists	
89060	Crystal Identification by light microscopy with or without polarizing lens analysis; tissue or any body fluid (except urine)
Urologists	
89264#	Sperm identification from testis tissue, fresh or cryopreserved
89300	Semen analysis; presence and/or motility of sperm including Huhner test (post coital)
89310	Semen analysis; motility and count (not including Huhner test)
89320	Semen analysis; volume, count, motility and differential
89321	Semen analysis; sperm presence and motility of sperm, if performed
89322	Semen analysis; volume, count, motility, and differential using strict morphologic criteria (e.g., Kruger)

CPT® is a registered trademark of the American Medical Association

References

American Medical Association. Current Procedural Terminology: CPT Professional Edition.

How to Apply for a CLIA Certificate, Including International Laboratories from the CMS.gov web site:

[http://www.cms.gov/Regulations-and-](http://www.cms.gov/Regulations-and-Guidance/Legislation/CLIA/How_to_Apply_for_a_CLIA_Certificate_International_Laboratories.html)

[Guidance/Legislation/CLIA/How_to_Apply_for_a_CLIA_Certificate_International_Laboratories.html](http://www.cms.gov/Regulations-and-Guidance/Legislation/CLIA/How_to_Apply_for_a_CLIA_Certificate_International_Laboratories.html).

Policy History/Revision Information

Date	Summary of Changes
01/01/2026	<p>Related Policies</p> <ul style="list-style-type: none"> Added reference link to the Reimbursement Policy titled <i>Laboratory Services</i> Removed reference link to the Administrative Policy titled <i>Participating Providers Using Non-Participating Providers Protocol</i> <p>Overview</p> <p>Connecticut (CT) and New York (NY) Products</p> <ul style="list-style-type: none"> Added instruction to refer to the Provider Administrative Guide for additional information on network provider responsibilities Removed reference link to the Administrative Policy titled <i>Participating Providers Using Non-Participating Providers Protocol</i> <p>Supporting Information</p> <ul style="list-style-type: none"> Archived previous policy version LABORATORY 003.43

Instructions for Use

The services described in Oxford policies are subject to the terms, conditions and limitations of the member's contract or certificate. Unless otherwise stated, Oxford policies do not apply to Medicare Advantage members. Oxford reserves the right, in its sole discretion, to modify policies as necessary without prior written notice unless otherwise required by Oxford's administrative procedures or applicable state law. The term Oxford includes Oxford Health Plans, LLC and all of its subsidiaries as appropriate for these policies.

Certain policies may not be applicable to Self-Funded members and certain insured products. Refer to the member specific benefit plan document or Certificate of Coverage to determine whether coverage is provided or if there are any exclusions or benefit limitations applicable to any of these policies. If there is a difference between any policy and the member specific benefit plan document or Certificate of Coverage, the member specific benefit plan document or Certificate of Coverage will govern.

UnitedHealthcare may also use tools developed by third parties, such as the InterQual® criteria, to assist us in administering health benefits. The InterQual® criteria are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.