



## **REIMBURSEMENT POLICY STATEMENT**

### **Ohio Medicaid**

<b>Policy Name &amp; Number</b>	<b>Date Effective</b>
Laboratory Testing in Office Setting-OH MCD-PY-1545	01/01/2026
<b>Policy Type</b>	
<b>REIMBURSEMENT</b>	

Reimbursement Policies prepared by CareSource and its affiliates are intended to provide a general reference regarding billing, coding and documentation guidelines. Coding methodology, regulatory requirements, industry-standard claims editing logic, benefits design and other factors are considered in developing Reimbursement Policies.

In addition to this Policy, Reimbursement of services is subject to member benefits and eligibility on the date of service, medical necessity, adherence to plan policies and procedures, claims editing logic, provider contractual agreement, and applicable referral, authorization, notification and utilization management guidelines. Medically necessary services include, but are not limited to, those health care services or supplies that are proper and necessary for the diagnosis or treatment of disease, illness, or injury and without which the patient can be expected to suffer prolonged, increased or new morbidity, impairment of function, dysfunction of a body organ or part, or significant pain and discomfort. These services meet the standards of good medical practice in the local area, are the lowest cost alternative, and are not provided mainly for the convenience of the member or provider. Medically necessary services also include those services defined in any federal or state coverage mandate, Evidence of Coverage documents, Medical Policy Statements, Provider Manuals, Member Handbooks, and/or other policies and procedures.

This Policy does not ensure an authorization or Reimbursement of services. Please refer to the plan contract (often referred to as the Evidence of Coverage) for the service(s) referenced herein. If there is a conflict between this Policy and the plan contract (i.e., Evidence of Coverage), then the plan contract (i.e., Evidence of Coverage) will be the controlling document used to make the determination. CareSource and its affiliates may use reasonable discretion in interpreting and applying this Policy to services provided in a particular case and may modify this Policy at any time.

According to the rules of Mental Health Parity Addiction Equity Act (MHPAEA), coverage for the diagnosis and treatment of a behavioral health disorder will not be subject to any limitations that are less favorable than the limitations that apply to medical conditions as covered under this policy.

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## A. Subject

**Laboratory Testing in Office Setting**

## B. Background

During the course of an office visit with a physician or other qualified healthcare provider, the provider may determine that diagnostic laboratory testing is necessary to establish a diagnosis and/or determine treatment options to manage the member's current health issues. While most laboratory tests are best performed by an independent laboratory, in some instances, results from these laboratory tests are needed immediately to manage urgent medical conditions or medical emergencies and may be performed appropriately in the physician's office. Due to the complexity of laboratory tests and regulations around facilities that perform these tests, only laboratory procedures on the short turnaround time (STAT) lab list may be performed in the office, while all other tests should be referred to an independent, contracted lab provider.

## C. Definitions

- **Independent Laboratory** – A laboratory certified to perform diagnostic and/or clinical tests independent of an institution or a provider's office.
- **Laboratory** – A facility for the biological, microbiological, serological, chemical, immunohematological, hematological, biophysical, cytological, pathological, or other examination of materials derived from the human body for the purpose of providing information for the diagnosis, prevention, or treatment of any disease or impairment of, or the assessment of the health of, human beings. These examinations also include procedures to determine, measure, or otherwise describe the presence or absence of various substances or organisms in the body. Facilities only collecting or preparing specimens (or both) or only serving as a mailing service and not performing testing are not considered laboratories.

## D. Policy

- I. Codes managed by a vendor (eg, Avalon) should not be affected by this policy.
- II. CareSource will reimburse for laboratory procedures performed in the physician's office when **ALL** the following apply:
  - A. The test results are needed immediately to manage urgent or emergent medical situations.
  - B. The CPT code for the test is on the STAT code list.
  - C. The place of service (POS) 11 is used.
- III. All other laboratory procedures performed in the office may not be reimbursed and should be referred to an independent, contracted laboratory provider.
- IV. This policy does not apply to Community Mental Health Centers.
- V. Pathology codes are excluded.

The REIMBURSEMENT Policy Statement detailed above has received due consideration as defined in the REIMBURSEMENT Policy Statement Policy and is approved.

### E. Conditions of Coverage

It is the responsibility of the submitting provider to submit the most accurate and appropriate CPT/HCPCS code(s) for the product or service that is being provided. The inclusion of a code in this policy does not imply any right to reimbursement or guarantee claims payment. Please refer to the individual fee schedule for appropriate codes. This code set may not be all-inclusive.

Place of Service (POS) Code	Description
11 - Office	Location, other than a hospital, skilled nursing facility (SNF), military treatment facility, community health center, State or local public health clinic, or intermediate care facility (ICF), where the health professional routinely provides health examinations, diagnosis, and treatment of illness or injury on an ambulatory basis

### STAT Code List

CPT / HCPCS	Description
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
0224U	Antibody, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]), includes titer(s), when performed
0226U	Surrogate viral neutralization test (sVNT), severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]), ELISA, plasma, serum
80048	Basic metabolic panel (Calcium, total) This panel must include the following: Calcium, total (82310) Carbon dioxide (bicarbonate) (82374) Chloride (82435) Creatinine (82565) Glucose (82947) Potassium (84132) Sodium (84295) Urea nitrogen (BUN) (84520)
80053	Comprehensive metabolic panel This panel must include the following: Albumin (82040) Bilirubin, total (82247) Calcium, total (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)
80061	Lipid panel This panel must include the following: Cholesterol, serum, total (82465) Lipoprotein, direct measurement, high density cholesterol (HDL cholesterol) (83718) Triglycerides (84478)
80069	Renal function panel This panel must include the following: Albumin (82040) Calcium, total (82310) Carbon dioxide (bicarbonate) (82374) Chloride (82435) Creatinine (82565) Glucose (82947) Phosphorus inorganic (phosphate) (84100) Potassium (84132) Sodium (84295) Urea nitrogen (BUN) (84520)
80074	Acute hepatitis panel This panel must include the following: Hepatitis A antibody (HAAb), IgM antibody (86709) Hepatitis B core antibody (HBcAb), IgM antibody (86705) Hepatitis B surface antigen (HBsAg) (87340) Hepatitis C antibody (86803)
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)

The REIMBURSEMENT Policy Statement detailed above has received due consideration as defined in the REIMBURSEMENT Policy Statement Policy and is approved.

<b>80305</b>	Drug test(s), presumptive, any number of drug classes, any number of devices or procedures; capable of being read by direct optical observation only (eg, utilizing immunoassay [eg, dipsticks, cups, cards, or cartridges]), includes sample validation when performed, per date of service
<b>80306</b>	Drug test(s), presumptive, any number of drug classes, any number of devices or procedures; read by instrument assisted direct optical observation (eg, utilizing immunoassay [eg, dipsticks, cups, cards, or cartridges]), includes sample validation when performed, per date of service
<b>80307</b>	Drug test(s), presumptive, any number of drug classes, any number of devices or procedures; by instrument chemistry analyzers (eg, utilizing immunoassay [eg, EIA, ELISA, EMIT, FPIA, IA, KIMS, RIA]), chromatography (eg, GC, HPLC), and mass spectrometry either with or without chromatography, (eg, DART, DESI, GC-MS, GC-MS/MS, LC-MS, LC-MS/MS, LTD, MALDI, TOF) includes sample validation when performed, per date of service
<b>80324</b>	Amphetamines; 1 or 2
<b>80325</b>	Amphetamines; 3 or 4
<b>80326</b>	Amphetamines; 5 or more
<b>80327</b>	Anabolic steroids; 1 or 2
<b>80328</b>	Anabolic steroids; 3 or more
<b>80329</b>	Analgesics, non-opioid; 1 or 2
<b>80330</b>	Analgesics, non-opioid; 3-5
<b>80331</b>	Analgesics, non-opioid; 6 or more
<b>80332</b>	Antidepressants, serotonergic class; 1 or 2
<b>80333</b>	Antidepressants, serotonergic class; 3-5
<b>80334</b>	Antidepressants, serotonergic class; 6 or more
<b>80335</b>	Antidepressants, tricyclic and other cyclicals; 1 or 2
<b>80336</b>	Antidepressants, tricyclic and other cyclicals; 3-5
<b>80337</b>	Antidepressants, tricyclic and other cyclicals; 6 or more
<b>80338</b>	Antidepressants, not otherwise specified
<b>80339</b>	Antiepileptics, not otherwise specified; 1-3
<b>80340</b>	Antiepileptics, not otherwise specified; 4-6
<b>80341</b>	Antiepileptics, not otherwise specified; 7 or more
<b>80342</b>	Antipsychotics, not otherwise specified; 1-3
<b>80343</b>	Antipsychotics, not otherwise specified; 4-6
<b>80344</b>	Antipsychotics, not otherwise specified; 7 or more
<b>80345</b>	Barbiturates
<b>80346</b>	Benzodiazepines; 1-12
<b>80347</b>	Benzodiazepines; 13 or more
<b>80348</b>	Buprenorphine
<b>80349</b>	Cannabinoids, natural
<b>80350</b>	Cannabinoids, synthetic; 1-3
<b>80351</b>	Cannabinoids, synthetic; 4-6
<b>80352</b>	Cannabinoids, synthetic; 7 or more
<b>80353</b>	Cocaine
<b>80354</b>	Fentanyl
<b>80355</b>	Gabapentin, non-blood
<b>80356</b>	Heroin metabolite
<b>80357</b>	Ketamine and norketamine

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<b>80358</b>	Methadone
<b>80359</b>	Methylenedioxymphetamines (MDA, MDEA, MDMA)
<b>80360</b>	Methylphenidate
<b>80361</b>	Opiates, 1 or more
<b>80362</b>	Opioids and opiate analogs; 1 or 2
<b>80363</b>	Opioids and opiate analogs; 3 or 4
<b>80364</b>	Opioids and opiate analogs; 5 or more
<b>80365</b>	Oxycodone
<b>80366</b>	Pregabalin
<b>80367</b>	Propoxyphene
<b>80368</b>	Sedative hypnotics (non-benzodiazepines)
<b>80369</b>	Skeletal muscle relaxants; 1 or 2
<b>80370</b>	Skeletal muscle relaxants; 3 or more
<b>80371</b>	Stimulants, synthetic
<b>80372</b>	Tapentadol
<b>80373</b>	Tramadol
<b>80374</b>	Stereoisomer (enantiomer) analysis, single drug class
<b>80375</b>	Drug(s) or substance(s), definitive, qualitative or quantitative, not otherwise specified; 1-3
<b>80376</b>	Drug(s) or substance(s), definitive, qualitative or quantitative, not otherwise specified; 4-6
<b>80377</b>	Drug(s) or substance(s), definitive, qualitative or quantitative, not otherwise specified; 7 or more
<b>81000</b>	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, with microscopy
<b>81001</b>	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; automated, with microscopy
<b>81002</b>	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
<b>81003</b>	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; automated, without microscopy
<b>81005</b>	Urinalysis; qualitative or semiquantitative, except immunoassays
<b>81015</b>	Urinalysis; microscopic only
<b>81025</b>	Urine pregnancy test, by visual color comparison methods
<b>81513</b>	Infectious disease, bacterial vaginosis, quantitative real-time amplification of RNA markers for Atopobium vaginae, Gardnerella vaginalis, and Lactobacillus species, utilizing vaginal-fluid specimens, algorithm reported as a positive or negative result for bacterial vaginosis
<b>82040</b>	Albumin; serum, plasma or whole blood
<b>82043</b>	Albumin; urine (eg, microalbumin), quantitative
<b>82044</b>	Albumin; urine (eg, microalbumin), semiquantitative (eg, reagent strip assay)
<b>82247</b>	Bilirubin; total
<b>82270</b>	Blood, occult, by peroxidase activity (eg, guaiac), qualitative; feces, consecutive collected specimens with single determination, for colorectal neoplasm screening (ie, patient was provided 3 cards or single triple card for consecutive collection)
<b>82271</b>	Blood, occult, by peroxidase activity (eg, guaiac), qualitative; other sources
<b>82272</b>	Blood, occult, by peroxidase activity (eg, guaiac), qualitative, feces, 1-3 simultaneous determinations, performed for other than colorectal neoplasm screening

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<b>82465</b>	Cholesterol, serum or whole blood, total
<b>82533</b>	Cortisol; total
<b>82565</b>	Creatinine; blood
<b>82731</b>	Fetal fibronectin, cervicovaginal secretions, semi-quantitative
<b>82947</b>	Glucose; quantitative, blood (except reagent strip)
<b>82948</b>	Glucose; blood, reagent strip
<b>82950</b>	Glucose; post glucose dose (includes glucose)
<b>82951</b>	Glucose; tolerance test (GTT), 3 specimens (includes glucose)
<b>82952</b>	Glucose; tolerance test, each additional beyond 3 specimens (List separately in addition to code for primary procedure)
<b>82962</b>	Glucose, blood by glucose monitoring device(s) cleared by the FDA specifically for home use
<b>83036</b>	Hemoglobin; glycosylated (A1C)
<b>83037</b>	Hemoglobin; glycosylated (A1C) by device cleared by FDA for home use
<b>83525</b>	Insulin; total
<b>83655</b>	Lead
<b>83861</b>	Microfluidic analysis utilizing an integrated collection and analysis device, tear osmolarity
<b>83986</b>	pH; body fluid, not otherwise specified
<b>83992</b>	Phencyclidine (PCP)
<b>84132</b>	Potassium; serum, plasma or whole blood
<b>84443</b>	Thyroid stimulating hormone (TSH)
<b>84484</b>	Troponin, quantitative
<b>84520</b>	Urea nitrogen; quantitative
<b>84703</b>	Gonadotropin, chorionic (hCG); qualitative
<b>85007</b>	Blood count; blood smear, microscopic examination with manual differential WBC count
<b>85013</b>	Blood count; spun microhematocrit
<b>85014</b>	Blood count; hematocrit (Hct)
<b>85018</b>	Blood count; hemoglobin (Hgb)
<b>85025</b>	Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count
<b>85027</b>	Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count)
<b>85049</b>	Blood count; platelet, automated
<b>85610</b>	Prothrombin time;
<b>85651</b>	Sedimentation rate, erythrocyte; non-automated
<b>86308</b>	Heterophile antibodies; screening
<b>86318</b>	Immunoassay for infectious agent antibody(ies), qualitative or semiquantitative, single-step method (eg, reagent strip);
<b>86328</b>	Immunoassay for infectious agent antibody(ies), qualitative or semiquantitative, single step method (eg, reagent strip); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19])
<b>86408</b>	Neutralizing antibody, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]); screen
<b>86409</b>	Neutralizing antibody, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]); titer
<b>86580</b>	Skin test; tuberculosis, intradermal
<b>86756</b>	Antibody; respiratory syncytial virus
<b>86769</b>	Antibody; severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19])

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<b>87070</b>	Culture, bacterial; any other source except urine, blood or stool, aerobic, with isolation and presumptive identification of isolates
<b>87172</b>	Pinworm exam (eg, cellophane tape prep)
<b>87205</b>	Smear, primary source with interpretation; Gram or Giemsa stain for bacteria, fungi, or cell types
<b>87210</b>	Smear, primary source with interpretation; wet mount for infectious agents (eg, saline, India ink, KOH preps)
<b>87220</b>	Tissue examination by KOH slide of samples from skin, hair, or nails for fungi or ectoparasite ova or mites (eg, scabies)
<b>87270</b>	Infectious agent antigen detection by immunofluorescent technique; Chlamydia trachomatis
<b>87301</b>	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; adenovirus enteric types 40/41
<b>87400</b>	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; Influenza, A or B, each
<b>87420</b>	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; respiratory syncytial virus
<b>87426</b>	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; severe acute respiratory syndrome coronavirus (eg, SARS-CoV, SARS-CoV-2 [COVID-19])
<b>87428</b>	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; severe acute respiratory syndrome coronavirus (eg, SARS-CoV, SARS-CoV-2 [COVID-19]) and influenza virus types A and B
<b>87430</b>	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; Streptococcus, group A
<b>87490</b>	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, direct probe technique
<b>87491</b>	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, amplified probe technique
<b>87492</b>	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, quantification
<b>87493</b>	Infectious agent detection by nucleic acid (DNA or RNA); Clostridium difficile, toxin gene(s), amplified probe technique
<b>87501</b>	Infectious agent detection by nucleic acid (DNA or RNA); influenza virus, includes reverse transcription, when performed, and amplified probe technique, each type or subtype
<b>87502</b>	Infectious agent detection by nucleic acid (DNA or RNA); influenza virus, for multiple types or sub-types, includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, first 2 types or sub-types
<b>87503</b>	Infectious agent detection by nucleic acid (DNA or RNA); influenza virus, for multiple types or sub-types, includes multiplex reverse transcription, when performed, and multiplex

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	amplified probe technique, each additional influenza virus type or sub-type beyond 2 (List separately in addition to code for primary procedure)
<b>87591</b>	Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, amplified probe technique
<b>87631</b>	Infectious agent detection by nucleic acid (DNA or RNA); respiratory virus (eg, 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 sub-types, 3-5 targets
<b>87632</b>	Infectious agent detection by nucleic acid (DNA or RNA); respiratory virus (eg, 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, 6-11 targets
<b>87633</b>	Infectious agent detection by nucleic acid (DNA or RNA); respiratory virus (eg, 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, 12-25 targets
<b>87634</b>	Infectious agent detection by nucleic acid (DNA or RNA); respiratory syncytial virus, amplified probe technique
<b>87635</b>	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
<b>87636</b>	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
<b>87637</b>	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, and respiratory syncytial virus, multiplex amplified probe technique
<b>87650</b>	Infectious agent detection by nucleic acid (DNA or RNA); Streptococcus, group A, direct probe technique
<b>87651</b>	Infectious agent detection by nucleic acid (DNA or RNA); Streptococcus, group A, amplified probe technique
<b>87800</b>	Infectious agent detection by nucleic acid (DNA or RNA), multiple organisms; direct probe(s) technique
<b>87802</b>	Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; Streptococcus, group B
<b>87803</b>	Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; Clostridium difficile toxin A
<b>87804</b>	Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; Influenza
<b>87806</b>	Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; HIV-1 antigen(s), with HIV-1 and HIV-2 antibodies
<b>87807</b>	Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; respiratory syncytial virus
<b>87808</b>	Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; Trichomonas vaginalis
<b>87811</b>	Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19])
<b>87880</b>	Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; Streptococcus, group A
<b>87905</b>	Infectious agent enzymatic activity other than virus (eg, sialidase activity in vaginal fluid)

<b>G0480</b>	Drug test(s), definitive, utilizing (1) drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including, but not limited to, GC/MS (any type, single or tandem) and LC/MS (any type, single or tandem and excluding immunoassays (e.g., IA, EIA, ELISA, EMIT, FPIA) and enzymatic methods (e.g., alcohol dehydrogenase)), (2) stable isotope or other universally recognized internal standards in all samples (e.g., to control for matrix effects, interferences and variations in signal strength), and (3) method or drug-specific calibration and matrix-matched quality control material (e.g., to control for instrument variations and mass spectral drift); qualitative or quantitative, all sources, includes specimen validity testing, per day; 1-7 drug class(es), including metabolite(s) if performed
<b>G0481</b>	Drug test(s), definitive, utilizing (1) drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including, but not limited to, GC/MS (any type, single or tandem) and LC/MS (any type, single or tandem and excluding immunoassays (e.g., IA, EIA, ELISA, EMIT, FPIA) and enzymatic methods (e.g., alcohol dehydrogenase)), (2) stable isotope or other universally recognized internal standards in all samples (e.g., to control for matrix effects, interferences and variations in signal strength), and (3) method or drug-specific calibration and matrix-matched quality control material (e.g., to control for instrument variations and mass spectral drift); qualitative or quantitative, all sources, includes specimen validity testing, per day; 8-14 drug class(es), including metabolite(s) if performed
<b>G0659</b>	Drug test(s), definitive, utilizing drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including but not limited to, GC/MS (any type, single or tandem) and LC/MS (any type, single or tandem), excluding immunoassays (e.g., IA, EIA, ELISA, EMIT, FPIA) and enzymatic methods (e.g., alcohol dehydrogenase), performed without method or drug-specific calibration, without matrix-matched quality control material, or without use of stable isotope or other universally recognized internal standard(s) for each drug, drug metabolite or drug class per specimen; qualitative or quantitative, all sources, includes specimen validity testing, per day, any number of drug classes
<b>Q0111</b>	Wet mounts, including preparations of vaginal, cervical or skin specimens
<b>Q0112</b>	All potassium hydroxide (KOH) preparations
<b>U0001</b>	CDC 2019 Novel Coronavirus (2019-nCoV) Real-Time RT-PCR Diagnostic Panel
<b>U0002</b>	2019-nCoV coronavirus, SARS-CoV-2/2019-nCoV (COVID-19), any technique, multiple types or subtypes (includes all targets), non-CDC

#### F. Related Policies/Rules

NA

#### G. Review/Revision History

	DATE	ACTION
Date Issued	09/25/2024	New policy, approved at Committee.
Date Revised	12/18/2024	Review: removed CLIA and QW modifier from policy. Approved at Committee.
	05/07/2025	Review: added D.III, updated code list and references, approved at Committee.
	08/27/2025	Review: updated code list, removed laboratory procedures definition, added D.I and V, approved at Committee.
Date Effective	01/01/2026	
Date Archived		

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#### H. References

1. CPT® overview and code approval. American Medical Association. Accessed May 5, 2025. [www.ama-assn.org](http://www.ama-assn.org)
2. Definitions, OHIO ADMIN CODE 3701-32-01 (2021).
3. Diagnostic X-Ray Tests, Diagnostic Laboratory Tests, and Other Diagnostic Tests: Conditions, 42 U.S.C. § 410.32 (2023).
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5. Laboratory Requirements, 42 U.S.C. §§ 493 (2023).
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The REIMBURSEMENT Policy Statement detailed above has received due consideration as defined in the REIMBURSEMENT Policy Statement Policy and is approved.