

Laboratory Test Codes Excluded from LabOne Arrangement

HOSPITAL-BASED TESTING - The following tests are typically performed in hospital settings, but may be performed at doctors' offices or other BlueCare participating reference laboratories holding appropriate CLIA waiver.

Code	Description
80158	Cyclosporin
80299	Methotrexate, blood
80438	Thyrotropin releasing hormone
80500	Clinical pathology consultation; limited, without review of patient's history & medical records
80502	Clinical pathology consultation; comprehensive, for a complex diagnostic problem, with review of patient's history & medical records
82003	Acetaminophen
82024	Adrenocorticotrophic hormone
82055	Ethyl alcohol
82106	Amniotic fluid
82140	Ammonia
82143	Amniotic fluid scan (spectrophotometric)
82308	Calcitonin
82375	Carboxyhemoglobin
82435	Sweat chloride testing; blood
82438	Sweat chloride testing; other source
82550	CK, total
82693	Ethylene glycol
82945	Glucose, body fluid, other than blood
82731	Fetal fibronectin, cervicovaginal secretions
83050	Methemoglobin
83605	Lactic acid
83615	Lactate dehydrogenase (LD), (LDH)
83625	LDH isoenzymes, separation and quantitation
83661	Fetal lung maturity assessment; lecithin sphingomyelin (L/S) ratio
83663	Fetal lung maturity assessment; fluorescence polarization
83664	Fetal lung maturity assessment; lamellar body density
83896	Nucleic acid probe, each
83930	Osmolality, blood
83935	Osmolality, urine
84081	Phosphatidylglycerol
84155	CSF, protein
84210	Pyruvate
84220	Pyruvate kinase
84244	Renin
84311	Spectrophotometry
84600	Isopropanol
85002	Bleeding time
85060	Blood Smear, peripheral; with written report
85097	Bone marrow, smear interpretation
85362	Fibrin degradation products (FDP)
85366	Fibrin paracoagulation
85370	FDP quantitative

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Code	Description
85378	Fibrin degradation products, D-dimer; semiquantitative
85379	FDP quantitative
85384	Fibrinogen; activity
85385	Fibrinogen; antigen
85460	Hemoglobin, fetal for fetomaternal hemorrhage
85540	Leukocyte alkaline phosphatase with count
85555	Osmotic fragility, RBC, unincubated
85557	Osmotic fragility, RBC, incubated
85576	Platelet aggregation (in vitro)
86022	Platelet crossmatch antibody
86353	Lymphocyte transformation
86384	Nitroblue tetrazolium dye test
86812	HLA typing; A, B or C (eg A10, B7, B27), single antigen
86813	A, B, or C, multiple antigens
86816	DR/DQ, single antigen
86817	DR/DQ, multiple antigens
86821	Lymphocyte culture, mixed (MPC)
86822	Lymphocyte culture, primed (PLC)
87040	Culture, bacterial; blood, with isolation and presumptive identification of isolates (includes anaerobic culture, if appropriate)
87449	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative; multiple step method, not otherwise specified, each organism
87491	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, amplified probe technique
87591	Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, amplified probe technique
87621	Infectious agent detection by nucleic acid (DNA or RNA); Papillomavirus, human, amplified probe technique
88172	Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy of specimen(s)
88173	Cytopathology, evaluation of fine needle aspirate; interpretation and report
88182	Flow cytometry; cell cycle or DNA analysis
88235	Tissue culture for chromosome analysis; amniotic fluid or chorionic villus cells
88237	Bone marrow (myeloid) cells
88249	Chromosome analysis for breakage syndrome, score 100
88261	Chromosome analysis; count 5 cells, 1 karyotype, with banding
88262	Chromosome analysis, count 15-20 cells, 2 karyotypes with banding
88263	Chromosome analysis, count 45 cells for mosaicism, 2 karyotypes, with banding
88264	Chromosome analysis; analyze 20-25 cells
88267	Chromosome analysis, amniotic fluid or chorionic villus, count 15 cells, 1 karyotype with banding
88269	Chromosome analysis - in situ for amniotic fluid cells, count 6-12 colonies, 1 karyotype, with banding
88280	Chromosome analysis, add'l karyotype

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Code	Description
88307	Level V – surgical pathology, gross and microscopic examination
88331	Pathology consultation during surgery; first tissue block, with frozen section(s), single specimen
88400	Bilirubin, total, transcutaneous
89050	Cell count, miscellaneous body fluids(e.g., cerebral fluid, joint fluid), except blood;
89051	Cell count, miscellaneous body fluids with differential count
89060	Crystal identification by light microscopy with or without polarizing lens analysis
89100	Duodenal intubation and aspiration; single specimen plus appropriate test procedure
89105	Duodenal intubation and aspiration; collection of multiple fractional specimens
89125	Fat stain, feces, urine, or respiratory secretions
89130	Gastric intubation and aspiration, diagnostic for chemical analyses or cytopathology
89132	Gastric intubation and aspiration, diagnostic after stimulation
89135	Gastric intubation, aspiration, and fractional collections; 1 hour
89136	Gastric intubation, aspiration, and fractional collections; 2 hours
89140	Gastric intubation, aspiration, and fractional collections; 2 hours & gastric stimulation
89141	Gastric intubation, aspiration, and fractional collections; 3 hours & gastric stimulation
89160	Meat fibers, feces
89190	Nasal smear for eosinophils
89225	Starch granules, feces
89230	Sweat chloride
89235	Water load test

STAT LIST - The following tests can be performed locally if results are needed within four (4) hours. Test results not needed within four hours should be sent to LabOne or prior authorization must be obtained from BlueCare.

Code	Description
80048	Basic Metabolic Panel
80051	Electrolyte panel (4 test)
80162	Therapeutic Drug Assays - Digoxin
80178	Therapeutic Drug Assays - Lithium
80184	Therapeutic Drug Assays - Phenobarbital
80185	Therapeutic Drug Assays - Phenytoin
80198	Therapeutic Drug Assays - Theophylline
80200	Therapeutic Drug Assays - Tobramycin
80201	Topiramate
80202	Therapeutic Drug Assays - Vancomycin
82150	Amylase
82247	Bilirubin; total
82248	Bilirubin; direct
82310	Calcium; total
82553	MB fraction only
82803	Gases, blood (specified combinations)
82947	Glucose, quantitative, blood (except reagent strip)

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STAT LIST (cont'd) - The following tests can be performed locally if results are needed within four (4) hours. Test results not needed within four hours should be sent to LabOne or prior authorization must be obtained from BlueCare.

Code	Description
83874	Myoglobin
84132	Potassium, serum
84484	Troponin, quantitative
84512	Troponin, qualitative
84702	Gonadotropin chorionic (hCG); quantitative
85007	Blood smear, microscopic examination with manual differential WBC count
85025	Hemogram and platelet count, automated with complete differential
85027	Hemogram and platelet count, automated
85029	Additional indices
85610	Prothrombin time (PT)
85611	Plasma fractions (INR)
85730	Thromboplastin time, partial (PTT) plasma or whole blood
86850	Antibody screen (with crossmatch)
86900	ABO (with screen and crossmatch)
86901	Rh (with crossmatch)
86920	Crossmatch
86921	Platelet cross match, RBC's
86922	Compatibility, antiglobulin technique
87420	Respiratory Syncytial Virus nasal swab

PRACTITIONER'S OFFICE LIST – The following tests can be performed at Practitioner's offices holding appropriate CLIA waiver, or at any BlueCare participating hospital or reference laboratory.

Code	Description
81000	Urinalysis, non-automated with microscopy
81001	Urinalysis, automated with microscopy
81002	Urinalysis, non-automated without microscopy
81003	Urinalysis, automated without microscopy
81005	Urinalysis, qualitative
81007	Urinalysis, bacteriuria screen, except by culture or dipstick
81025	Urine, pregnancy test
82009	Acetone or other ketone bodies, serum; qualitative
82261	Biotinidase
82270	Blood, occult; by peroxidase activity (eg, guaiac); qualitative feces, 1-3 simultaneous determinations
82570	Creatinine other source
82760	Galactose
82948	Glucose, blood reagent strip
82962	Glucose, blood by glucose monitoring device
83013	Helicobacter pylori; analysis for urease activity , non radioactive isotope
83014	Drug administration & sample collection for Helicobacter pylori; analysis for urease activity (mass spectrometry)
83020	Hemoglobin fractionation and quantitation
83036	Hemoglobin, glycosylated (A1C)
83498	Hydroxyprogesterone, 17-d

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PRACTITIONER'S OFFICE LIST (cont'd) – The following tests can be performed at Practitioner's offices holding appropriate CLIA waiver, or at any BlueCare participating hospital or reference laboratory.

Code	Description
84030	PKU
84443	Thyroid stimulating hormone (TSH)
84703	Pregnancy test qualitative
85004	Blood count; automated differential WBC count
85013	Spun microhematocrit
85014	Other than spun hematocrit
85018	Hemoglobin
85032	Blood count; manual cell count (erythrocyte, leukocyte, or platelet) each
85046	Blood count; reticulocytes, hemoglobin concentration
85048	White blood cell (WBC)
85049	Blood count; platelet, automated
85651	Sedimentation rate
85652	Sedimentation rate, erythrocyte; automated
86403	Particle agglutination screen (rapid strep test)
86580	Skin Test – Tuberculosis, intradermal
87164	Dark field exam, any source
87172	Pinworm exam (i.e., cellophane tape prep)
87177	Ova and parasites
87205	Smear, gram or giemsa stain for bacteria, fungi or cell types
87210	Smear, primary source with interpretation; wet mount for infectious agents (i.e., saline, India ink, KOH preps)
87220	Tissue examination by KOH slide of samples from skin, hair, or nails for fungi or ectoparasite ova or mites (i.e., scabies)
87430	Streptococcus
87804	Infectious agent antigen detection by immunoassay with direct optical observation; Influenza
87880	Streptococcus, Group A
89310	Semen analysis, motility and count
89320	Semen analysis, complete
89321	Semen analysis, presence and/or motility of sperm

PATHOLOGY – ALL ANATOMIC AND SURGICAL PATHOLOGY TESTS ARE EXCLUDED FROM THE LABONE ARRANGEMENT; (88104-88182, 88300-88332, 88342-88399 code ranges) however, submission of the following tests to LabOne allows for data collection for HEDIS measures. **Submission of these tests to LabOne is optional.**

Code	Description
88141-88167	Cytopathology

Note: Any routine services not specified as excluded from the arrangement that are sent to a local laboratory require the requesting Practitioner obtain prior authorization from BlueCare's Referral Department by mailing or faxing the BlueCare Laboratory Prior Authorization Form to BlueCare. Requests should be received within one (1) business day of the date of service.

Mail To: BlueCare Referral Department
BlueCross BlueShield of Tennessee
P.O. Box 11407
Chattanooga, TN 37401-2407

Fax To: 1-423-763-3125 (Local)
1-888-261-9025 (Toll-free)