

McLaren Health Plan contracts with Joint Venture Hospital Laboratories to provide all outpatient laboratory services. To better serve our members, McLaren Health Plan 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 for the commercial and Health Advantage lines of business. McLaren Health Plan Medicaid reimburses in-office laboratory services in accordance with MDHHS policy.

<b>MHP In-Office Laboratory Billable Procedures</b>	
<b>CPT/HCPCS Code</b>	<b>Procedure Description</b>
80047	BASIC METABOLIC PANEL
80047QW	BASIC METABOLIC PANEL
80048	BASIC METABOLIC PANEL
80051	ELECTROLYTE PANEL
80053	COMPREHENSIVE METABOLIC PANEL
80053QW	COMPREHENSIVE METABOLIC PANEL
80305	DRUG TEST CAPABLE OF BEING READ BY DIRECT OPTICAL OBSERVATION
80306	DRUG TEST CAPABLE OF BEING READ BY INSTRUMENT ASSISTED DIRECT OPTICAL OBSERVATION
80307	DRUG TEST CAPABLE OF BEING READ BY INSTRUMENT CHEMISTRY ANALYZERS
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
82043	URINARY MICROALBUMIN, QUANTITATIVE
82044	URINARY MICROALBUMIN
82270	BLOOD, OCCULT; FECES SCREENING BY PEROXIDASE ACTIVITY, 1-3 SIMULTANEOUS DETERMINATIONS
82271	BLOOD, OCCULT; FECES SCREENING BY OTHER SOURCES, 1-3 SIMULTANEOUS DETERMINATIONS
82272	BLOOD, OCCULT; FECES SCREENING BY PEROXIDASE ACTIVITY, SINGLE SPECIMEN (E.G., FROM DIGITAL RECTAL EXAM)
82274	BLOOD, OCCULT; FECAL HEMOGLOBIN SCREENING BY IMMUNOASSAY, 1-3 SIMULTANEOUS DETERMINATIONS
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
82570	ASSAY OF URINE CREATININE
82670	ESTRADIOL
82947	GLUCOSE;QUANTITATIVE
82947QW	GLUCOSE; QUANTITATIVE
82948	GLUCOSE; BLOOD, REAGENT STRIP
82950	GLUCOSE TEST (Effective 1/01/2021)

**MHP In-Office Laboratory Billable Procedures**

CPT/HCPCS Code	Procedure Description
82962	GLUCOSE, BLOOD, BY GLUCOSE HOME USE DEVICE (Effective 1/01/2021)
83001	GONADOTROPIN; FOLLICLE STIMULATING HORMONE (FSH)
83001QW	GONADOTROPIN; FOLLICLE STIMULATING HORMONE (FSH)
83002	GONADOTROPIN; LUTEINIZING HORMONE (LH)
83036	HEMOGLOBIN, GLYCATED
83037	GLYCOSYLATED HEMOGLOBIN TEST
83655	LEAD
83861	TEAR ANALYSIS
84144	PROGESTERONE
84146	PROLACTIN
84295	SODIUM; SERUM, PLASMA OR WHOLE BLOOD
84520	UREA NITROGEN; QUANTITATIVE
84703QW	GONADOTROPIN, CHORIONIC (HCG); QUALITATIVE
85007	BLOOD SMEAR, MICROSCOPIC EXAMINATION WITH MANUAL DIFFERENTIAL WBC COUNT
85013	BLOOD COUNT; SPUN MICROHEMATOCRIT
85014	BLOOD SMEAR; HEMATOCRIT (HCT)
85014QW	BLOOD SMEAR; HEMATOCRIT (HCT)
85018	BLOOD SMEAR, HEMOGLOBIN (HGB)
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
86308	HETEROPHILE ANTIBODIES; SCREENING
86308QW	HETEROPHILE ANTIBODIES; SCREENING
86318	COVID
86328	COVID
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
87400	INFLUENZA, A OR B
87426	COVID
87428	COVID
87502	INFLUENZA VIRUS
87635	COVID

### MHP In-Office Laboratory Billable Procedures

CPT/HCPCS Code	Procedure Description
87636	COVID
87637	COVID
87650	STREPTOCOCCUS, GROUP A, DIRECT PROBE TECHNIQUE
87651	STREPTOCOCCUS, GROUP A, AMPLIFIED PROBE
87798	RSV
87804	INFLUENZA TEST (Effective 1/01/2021)
87807	RAPID RSV (Effective 1/01/2021)
87811	COVID
87880	STREP TEST (Effective 1/01/2021)
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)
0241U	COVID
G0480	DRUG TEST, 1-7 DRUG CLASS(ES)
G0481	DRUG TEST, 8-14 DRUG CLASSES
G2023	COVID
U0002	COVID
U0003	COVID
U0004	COVID
U0005	COVID