

**MEMPHIS TGA RYAN WHITE PART A
LABORATORY PROCEDURES FORMULARY
EFFECTIVE DATE: MARCH 31, 2014**

In order to receive payment for the following services, all claims must be submitted on the appropriate CUD or Lab billing form as directed by the Ryan White Program Office. Payment will only be reimbursed for procedures as listed, by CPT codes, within this formulary unless prior approval has been received from the Ryan White Program Office.

NOTE:

- A. All Laboratory Procedures will be reimbursed at the actual cost reflected on the reference laboratory invoice. For “in house” laboratory procedures, the procedures will be reimbursed at the actual expense for each procedure. The Provider must submit a copy of the laboratory service invoice with the monthly Ryan White invoice.*
- B. This formulary is for HIV/AIDS patients who have no insurance, reside in the Memphis TGA and are treated on an OUTPATIENT basis only. Under no circumstances can payment be made for laboratory service provided during an IN-HOSPITAL stay or confinement to an institution.*
- C. All services must be documented in the recipient consumer’s medical records, and provided as:**
 - 1) Treatment necessary for the patient’s HIV/AIDS disease; and/or**
 - 2) Treatment that is medically necessary to treat a secondary, comorbid illness that did not exist prior to the consumer’s diagnosis of HIV/AIDS and which is a result of, or related to, the consumer’s HIV/AIDS medication regimen.**

D. Ryan White Part A is the payer of last resort. This also means that if Ryan White Part B/C/D or State Fee for Service paid on any portion of the bill, for Ryan White Part A purposes, the bill is consider paid in full. If State Fee for Service paid a Service Provider on an encounter basis and not Fee for Service basis, under Ryan White Part A all of the patient’s bill is considered paid in full. Ryan White Part A will not make any Service Provider whole or reimburse costs that violate any portion of Ryan White Legislation.

MEDICAL SERVICES	
<u>CPT Code</u>	<u>Description</u>
10060	Incision and drainage of abscess (eg, carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia); simple or single

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10061	Incision and drainage of abscess (eg, carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia); complicated or multiple
11100	Biopsy of skin, subcutaneous tissue and/or mucous membrane (including simple closure), unless otherwise listed; single lesion
11101	Biopsy of skin, subcutaneous tissue and/or mucous membrane (including simple closure), unless otherwise listed; each separate/additional lesion (list separately in addition to code for primary procedure) (use 11101 in conjunction with code 11100)
36415	Collection of venous blood by venipuncture
36430	Transfusion, blood or blood components
36556, 36569, 36584	Insertion of non-tunneled centrally inserted central venous catheter; age 5 years or older
38220	Bone marrow; aspiration only
38221	Bone marrow biopsy, needle or trocar
38500	Biopsy or excision of lymph node(s); open, superficial
38505	Biopsy or excision of lymph node(s); by needle, superficial (eg, cervical, inguinal, axillary)
38510	Biopsy or excision of lymph node(s); open, deep cervical node(s)
38520	Biopsy or excision of lymph node(s); open, deep cervical node(s) with excision scalene fat pad
45378	Colonoscopy, flexible, proximal to splenic flexure; diagnostic, with or without collection of specimen(s) by brushing or washing, with or without colon decompression (separate

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MEDICAL SERVICES	
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	procedure)
45380	Colonoscopy, flexible, proximal to splenic flexure; diagnostic, with or without collection of specimen(s) by brushing or washing, with biopsy, single or multiple
57420	Colposcopy of the entire vagina, with cervix if present
57421	Colposcopy of the entire vagina, with biopsy(s) of vagina/cervix
57452	Colposcopy of the cervix including upper/adjacent vagina
57454	Colposcopy of the cervix including upper/adjacent vagina; with biopsy(s) of the cervix and endocervical curettage
57455	Colposcopy of the cervix including upper/adjacent vagina; with biopsy(s) of the cervix
57456	Colposcopy of the cervix including upper/adjacent vagina; with endocervical curettage
62270	Spinal puncture, lumbar, diagnostic
70450	Computed tomography, head or brain; w/o contrast material
70460	Computed tomography, head or brain; w/ contrast materials
70470	Computed tomography, head or brain; w/o contrast material, followed by contrast material(s) and further sections
70551	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material

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70552	Magnetic resonance (eg, proton) imaging, brain (including brain stem); with contrast materials
70553	Magnetic resonance (eg, proton) imaging, brain (including brain stem); w/o contrast material, followed by contrast material(s) and further sequences
71010	Radiologic examination, chest, single view, frontal
71020	Radiologic examination, chest, two views, frontal and lateral
71030	Radiologic examination, chest, complete, minimum of four views
71250	Computed tomography, thorax without contrast
71260	Computed tomography, thorax with contrast
71270	Computed tomography, thorax with and without contrast
71275	Computed tomography, chest non-coronary with contrast material(s), including noncontrast images, if performed and image postprocessing
74000	KUB Abdomen xray
74150	Computed tomography, abdomen, w/o contrast material
74160	Computed tomography, abdomen; with contrast material(s)
74170	Computed tomography, abdomen; w/o contrast material, followed by contrast material(s) and

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MEDICAL SERVICES	
<u>CPT Code</u>	<u>Description</u>
	sections
76140	Consultation on x-ray examination made elsewhere, written report
76770	Ultrasound, retroperitoneal (eg. renal, aorta, nodes), real time with image documentation; complete
77052	Screening mammography
77055	Mammography; unilateral
77056	Mammography; bilateral
77057	Screening mammography, bilateral
78596	Pulmonary quantitative differential function (ventilation/perfusion) study
80048	Basic Metabolic Panel--This panel must include the following: Calcium (82310), Carbon dioxide (82374), Chloride (82435), Creatinine (82565), Glucose (82947), Potassium (84132), Sodium (84295), Urea Nitrogen (BUN) 84520
80051	Electrolyte Panel--This panel must include the following: Carbon dioxide (82374), Chloride (82435), Potassium (84132), Sodium (84295).
80053	Comprehensive Metabolic Panel--This panel must include the following: Albumin (82040), Bilirubin total (82247), Calcium (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).

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MEDICAL SERVICES	
<u>CPT Code</u>	<u>Description</u>
80061	Lipid Panel--This panel must include the following: Cholesterol, serum, total (82465), Lipoprotein, direct measurement, high density cholesterol (HDL cholesterol) (83718), Triglycerides (84478)
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)
80100	Drug screen, qualitative; multiple drug classes chromatographic method, each procedure
80101	Drug screen
80102	Drug screen
80103	Drug screen
80150	Amikacin
80157	Carbamazepine; free
80164	Dipropylacetic acid (Valproic Acid)
80170	Gentamicin
80173	Haloperidol

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<u>CPT Code</u>	<u>Description</u>
80178	Lithium
80185	Phenytoin; total
80198	Theophylline
80202	Vancomycin
80438	Thyrotropin releasing hormone (TRH) stimulation panel; one hour. This panel must include the following:Thyroid stimulating hormone (TSH) (84443 x 3)
80439	Thyrotropin releasing hormone (TRH) stimulation panel; two hour. This panel must include the following:Thyroid stimulating hormone (TSH) (84443 x 4)
81000	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
81001	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
81002	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
81003	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these

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	constituents; automated, without microscopy
81015	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; microscopic only
81025	Urine pregnancy test, by visual color comparison methods
82040	Albumin; serum, plasma or whole blood
82043	Albumin: urine, microalbumin, quantitative
82150	Amylase
82175	Arsenic
82247	Bilirubin; total
82248	Bilirubin; direct
82270	Blood, occult by peroxidase activity (eg, 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)
82274	Blood, occult, by fecal hemoglobin determination by immunoassay, qualitative, feces, 1-3 simultaneous determinations
82310	Calcium; total

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82373	Carbohydrate deficient transferrin
82374	Carbon dioxide (bicarbonate)
82435	Chloride; blood
82465	Cholesterol, serum or whole blood, total
82540	Creatine
82550	Creatine kinase (CK), (CPK); total
82552	Creatine kinase (CK), (CPK); isoenzymes
82565	Creatinine; blood
82570	Creatinine; urine
82607	Cyanocobalamin (Vitamin B-12)
82626	Dehydroepiandrosterone (DHEA)
82627	Dehydroepiandrosterone-sulfate (DHEA-S)
82668	Erythropoietin
82728	Ferritin
82746	Folic acid; serum

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82784	Gammaglobulin; IgA, IgD, IgG, IgM, each
82945	Glucose, body fluid, other than blood
82947	Glucose; quantitative, blood (except reagent strip)
82955	Glucose-6- phosphate dehydrogenase (G6PD); quantitative
82960	Glucose-6- phosphate dehydrogenase (G6PD); screen
82962	Glucose by glucometer
83026	Hemoglobin; by copper sulfate method, non-automated
83036	Hemoglobin A1C
83090	Homocystine
83550	Iron binding capacity
83605	Lactic Acid
83690	Lipase
83718	Lipoprotein, direct measurement; high density cholesterol (HDL cholesterol)
83735	Magnesium
83890	Molecular diagnostics; molecular isolation or extraction, each nucleic acid type (i.e. DNA or RNA)

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MEDICAL SERVICES	
<u>CPT Code</u>	<u>Description</u>
83891	Molecular diagnostics; isolation or extraction of highly purified nucleic acid, each nucleic acid type (i.e. DNA or RNA)
83892	Molecular diagnostics; enzymatic digestion, each enzyme treatment
83893	Molecular diagnostics; dot/slot blot production, each nucleic acid preparation
83894	Molecular diagnostics; separation by gel electrophoresis (eg, agarose, polyacrylamide), each nucleic acid preparation HLA-B 5701 Genotype, Abacavir Hypersensitivity
83896	Molecular diagnostics; nucleic acid probe, each
83898	Molecular diagnostics; amplification, target, each nucleic acid sequence
83900	Molecular diagnostics; amplification, target multiplex, first two nucleic acid sequences HLA-B 5701 Genotype, Abacavir Hypersensitivity
83912	Molecular diagnostics; interpretation and report
84075	Phosphatase, alkaline
84132	Potassium; serum, plasma or whole blood
84152	Prostate specific antigen (PSA); complexed (direct measurement)
84153	Prostate specific antigen (PSA)
84155	Protein; total, except by refractometry; serum, plasma or whole blood
84156	Protein, urine

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MEDICAL SERVICES	
<u>CPT Code</u>	<u>Description</u>
84165	Protein; electrophoretic fractionation and quantitation; serum
84295	Sodium; serum, plasma or whole blood
84402	Testosterone; free
84403	Testosterone; total
84436	Thyroxine; total
84443	Thyroid stimulating hormone (TSH)
84450	Transferase; aspartate amino (AST) (SGOT)
84460	Transferase; alanine amino (ALT) (SGPT)
84478	Triglycerides
84479	Thyroid hormone (T3 or T4) uptake or thyroid hormone binding ratio (THBR)
84520	Urea nitrogen; quantitative
84525	Urea nitrogen; semiquantitative (eg, reagent strip test)
84550	Uric acid; blood
84681	C-peptide
84702	Gonadotropin, chorionic (hCG); quantitative

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<u>CPT Code</u>	<u>Description</u>
84703	Gonadotropin, chorionic (hCG); qualitative
85007	Blood count; blood smear, microscopic examination with manual differential WBC count
85013	Blood count; spun microhematocrit
85014	Blood count; hematocrit (Hct)
85018	Blood count; hemoglobin (Hgb)
85025	Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count
85044	Blood count; reticulocyte, manual
85049	Blood count; platelet; automated
85610	Prothrombin time
85651	Sedimentation rate, erythrocyte; non-automated
85652	Sedimentation rate, erythrocyte; automated
86001	Allergen specific IgG quantitative or semiquantitative, each allergen
86038	Antinuclear antibodies (ANA)
86308	Heterophile antibodies; screening
86318	Immunoassay for infectious agent antibody, qualitative or semiquantitative, single step

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MEDICAL SERVICES	
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	method (eg, reagent strip)
86359	T cells; total count
86360	T cells; absolute CD4 and CD8 count, including ratio
86361	T cells; absolute CD4 count
86403	Particle agglutination; screen, each antibody
86430	Rheumatoid factor; qualitative
86480	Quantiferon TB test
86485	Skin test; candida
86486	Skin test; unlisted antigen, each
86510	Skin test; histoplasmosis
86580	Skin test; tuberculosis, intradermal
86592	Syphilis test; qualitative (eg, VDRL, RPR, ART)
86593	Syphilis test; quantitative
86609	Antibody; bacterium, not elsewhere specified
86644	Antibody; cytomegalovirus (CMV)

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MEDICAL SERVICES	
<u>CPT Code</u>	<u>Description</u>
86677	Antibody; Helicobacter Pylori
86689	HIV, Western Blot
86694	Herpes Simplex Antibodies, IgM
86695	Herpes simplex, HSV-1 and HSV-2, Differentiation Immunoblot, IgG
86696	Herpes simplex, HSV-1 and HSV-2, Differentiation Immunoblot, IgG
86703	HIV AB screen
86704	Hepatitis B core antibody (HbcAb); total
86705	Hepatitis B core antibody (HbcAb), IgM antibody
86706	Hepatitis B surface antibody (HBsAb)
86707	Hepatitis Be antibody (HBeAb)
86708	Hepatitis A antibody (HAAb); total
86709	Hepatitis A antibody (HAAb); IgM antibody
86735	Antibody; mumps
86756	Antibody; respiratory syncytial virus
86777	Antibody; Toxoplasmosis Serology

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<u>CPT Code</u>	<u>Description</u>
86778	Antibody; Toxoplasma, IgM
86780	Antibody; Treponema Pallidum, screening test
86781	Antibody; Treponema Pallidum, confirmatory test (eg, FTA-abs)
86803	Hepatitis C antibody
86870	Antibody identification, RBC antibodies, each panel for each serum technique
86900	Blood typing; ABO
86920	Compatibility test each unit; immediate spin technique
87015	Concentration (any type) for infectious agents
87040	Culture, bacterial; blood, aerobic, with isolation and presumptive identification of isolates (includes anaerobic culture, if appropriate)
87045	Culture, bacterial; stool, aerobic, with isolation and preliminary examination (eg, KIA, LIA), Salmonella and Shigella species
87046	Culture, bacterial; stool, aerobic, additional pathogens, isolation and presumptive identification of isolates, each plate
87070	Culture, bacterial; any other source except urine, blood or stool, aerobic, with isolation and presumptive identification of isolates
87071	Culture, bacterial; quantitative, aerobic with isolation and presumptive identification of isolates, any source except urine, blood or stool

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MEDICAL SERVICES	
<u>CPT Code</u>	<u>Description</u>
87073	Culture, bacterial; quantitative, anaerobic with isolation and presumptive identification of isolates, any source except urine, blood, or stool
87075	Culture, bacterial, any source, except blood, anaerobic with isolation and presumptive identification of isolates
87076	Culture, bacterial; anaerobic isolate, additional methods required for definitive identification, each isolate
87077	Culture, bacterial; aerobic isolate, additional methods required for definitive identification, each isolate
87081	Culture, presumptive, pathogenic organisms, screening only
87086	Culture, bacterial; quantitative, colony count, urine
87101	Culture, fungi (mold or yeast), isolation with presumptive identification of isolates; skin, hair, or nail
87103	Culture, fungi (mold or yeast), isolation with presumptive identification of isolates; blood
87116	Culture, mycobacteria w. Stain, Sputum
87140	Culture typing; immunofluorescent method, each antiserum
87149	Culture, typing; identification by nucleic acid probe
87152	Culture, typing; identification by pulse field gel typing
87177	Ova and parasites, direct smears, concentration and identification

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MEDICAL SERVICES	
<u>CPT Code</u>	<u>Description</u>
87185	Susceptibility studies, antimicrobial agent: enzyme detection (eg, beta lactamase), per enzyme
87188	Susceptibility studies, antimicrobial agent; macrobroth dilution method, each agent
87205	Smear, primary source with interpretation; Gram or Giemsa stain for bacteria, fungi, or cell types, <i>N gonorrhoeae</i>
87206	Smear, primary source with interpretation; fluorescent and/or acid fast stain for bacteria, fungi, parasites, viruses or cell types
87207	Smear, primary source with interpretation; special stain for inclusion bodies or parasites (eg, malaria, coccidia, microsporidia, trypanosomes, herpes viruses)
87210	Smear, primary source with interpretation; wet mount for infectious agents (eg, saline, India ink, KOH preps)
87252	Virus isolation; tissue culture inoculation, observation, and presumptive identification by cytopathic effect
87253	Virus isolation; tissue culture, additional studies or definitive identification (eg, hemabsorption, neutralization, immunofluorescence stain), each isolate
87254	Virus isolation; centrifuge enhanced (shell vial) technique, includes identification with immunofluorescence stain, each virus
87255	Herpes Simplex Virus Culture with Reflex Typing
87320	Enzyme Immuno-Assay (EIA), Chlamydia

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MEDICAL SERVICES	
<u>CPT Code</u>	<u>Description</u>
87340	Infectious agent antigen detection by immunofluorescent technique, hepatitis B surface antigen (HBsAg)
87341	Infectious agent antigen detection by immunofluorescent technique, hepatitis B surface antigen (HbsAg) neutralization
87350	Infectious agent antigen detection by immunofluorescent technique, hepatitis Be antigen (HbeAg)
87385	Histoplasma antigen, urine
87427	Shiga Toxin Antigen; Qualitative EIA, Shiga-like toxin
87491	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, amplified probe technique
87517	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis B virus, quantification
87522	Infectious agent detection by nucleic acid (DNA or RNA); Hepatitis C Quantitative Viral Load, bDNA/TMA
87534	Infectious agent detection by nucleic acid (DNA or RNA); HIV-1, direct probe technique
87535	Infectious agent detection by nucleic acid (DNA or RNA); HIV-1, amplified probe technique
87536	Infectious agent detection by nucleic acid (DNA or RNA); HIV-1, quantification
87591	Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, amplified probe technique

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MEDICAL SERVICES	
<u>CPT Code</u>	<u>Description</u>
87621	Human Papillomavirus (HPV), High-risk DNA Detection in liquid-based cytology
87660	Infectious agent detection by nucleic acid: Trichomonas vaginalis, direct probe technique
87797	Infectious agent detection by nucleic acid (DNA or RNA); not otherwise specified, direct probe technique, each organism
87798	Infectious agent detection by nucleic acid (DNA or RNA); not otherwise specified, amplified probe technique, each organism
87800	Infectious agent detection by nucleic acid (DNA or RNA), multiple organisms; direct probe(s) technique
87801	Infectious agent detection by nucleic acid (DNA or RNA), multiple organisms; amplified probe(s) technique
87804	Infectious agent antigen detection by immunoassay-influenza
87880	Group A streptococcus detection by immunoassay
87900	infectious agent drug susceptibility phenotype prediction using regularly updated genotypic bioinformatics
87901	Infectious agent genotype analysis by nucleic acid (DNA or RNA); HIV 1, reverse transcriptase and protease
87902	Hepatitis C Genotype, Viral RNA, LiPA
87903	infectious agent phenotype analysis by nucleic acid [DNA or RNA] with drug resistance tissue culture analysis,

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MEDICAL SERVICES	
<u>CPT Code</u>	<u>Description</u>
87999	Unlisted microbiology procedure (Trofile test)
88104	Cytopathology, fluids, washings or brushings, except cervical or vaginal; smears with interpretation
88141	Cytopathology, cervical or vaginal (any reporting system); requiring interpretation by physician
88142	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; manual screening under physician supervision
88143	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; with manual screening and rescreening under physician supervision
88147	Cytopathology smears, cervical or vaginal; screening by automated system under physician supervision
88148	Cytopathology smears, cervical or vaginal; screening by automated system with manual rescreening under physician supervision
88150	Cytopathology, slides, cervical or vaginal; manual screening under physician supervision
88152	Cytopathology, slides, cervical or vaginal; with manual screening and computer-assisted rescreening under physician supervision
88153	Cytopathology, slides, cervical or vaginal; with manual screening and rescreening under physician supervision

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MEDICAL SERVICES	
<u>CPT Code</u>	<u>Description</u>
88154	Cytopathology, slides, cervical or vaginal; with manual screening and computer-assisted rescreening using cell selection and review under physician supervision
88164	Cytopathology, slides, cervical or vaginal (the Bethesda system); manual screening under physician supervision
88165	Cytopathology, slides, cervical or vaginal (the Bethesda System); with manual screening and rescreening under physician supervision
88166	Cytopathology, slides, cervical or vaginal (the Bethesda System); with manual screening and computerassisted rescreening under physician supervision
88167	Cytopathology, slides, cervical or vaginal (the Bethesda system); with manual screening and computer-assisted rescreening using cell selection and review under physician supervision
88175	Pap smear, thin layer vag prep
88184	Flow cytometry, cell surface, cytoplasmic or nuclear marker, technical component only; first marker
88304	Level III - Surgical pathology, gross and microscopic examination
88305	Level IV - Surgical pathology, gross and microscopic examination
88321	Consultation and report on referred slides prepared elsewhere.
88323	Consultation and report on referred material requiring preparation of slides
88325	Consultation, comprehensive, with review of records and specimens, with report on

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	referred material.
89051	Cell count, miscellaneous body fluids (eg, cerebrospinal fluid, joint fluid), except blood; with differential count
90471	Immunization administration (includes percutaneous, intradermal, subcutaneous or intramuscular injections); one vaccine (single or combination vaccine/toxoid)
90472	Immunization administration (includes percutaneous, intradermal, subcutaneous or intramuscular injections); each additional vaccine (single or combination vaccine toxoid) (list separately in addition to code for primary procedure) (Use 90472 in conjunction with code 90471)
90632	Hepatitis A vaccine, adult dosage, for intramuscular use
90633	Hepatitis A vaccine, pediatric/adolescent dosage-2 dose schedule, for intramuscular use
90634	Hepatitis A vaccine, pediatric/adolescent dosage-3 dose schedule, for intramuscular use
90636	Hepatitis A and Hepatitis B vaccine (Hep A - Hep B), adult dosage, for intramuscular use
90649	Human papilloma virus (HPV) vaccine, types 6,11,16,18 (quadrivalent)
90653	Influenza virus vaccine
90657	Influenza virus vaccine, split virus, when administered to children 6-35 months of age, for intramuscular use
90658	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and above intramuscular use

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90702	Diphtheria and tetanus toxoids (DT) absorbed when administered to individuals younger than seven years, for intramuscular use
90704	Mumps virus vaccine, live, for subcutaneous use
90707	Measles, mumps and rubella virus vaccine (MMR), live, for subcutaneous use
90715	Tetanus toxoid, diphtheria toxoid and acellular pertussis vaccine
90718	Tetanus and diphtheria toxoids (Td) vaccine absorbed for use in an individual seven years or older, for intramuscular use
90732	Pneumococcal polysaccharide vaccine, 23-valent, adult or immunosuppressed patient dosage, when administered to individuals 2 years or older, for subcutaneous or intramuscular use
90744	Hepatitis B vaccine, pediatric/adolescent dosage (3 dose schedule), for intramuscular use
90746	Hepatitis B vaccine, adult dosage, for intramuscular use
90747	Hepatitis B vaccine, dialysis or immunosuppressed patient dosage (4 dose schedule), for intramuscular use
93000	Electrocardiogram, routine ECG with at least 12 leads; with interpretation and report
93307	Echocardiography, Tran thoracic, real-time with image documentation (2D) includes M-mode recording; when performed, complete, without spectral or color Doppler echocardiography
93720	Plethysmography, total body; with interpretation and report

MEMPHIS TGA RYAN WHITE PART A
LABORATORY PROCEDURES FORMULARY
EFFECTIVE DATE: MARCH 31, 2014

MEDICAL SERVICES	
<u>CPT Code</u>	<u>Description</u>
94642	Aerosol inhalation of pentamidine for pneumocystis carinii pneumonia treatment or prophylaxis
94760	Noninvasive ear or pulse oximetry for oxygen saturation; single determination
96360	Intravenous infusion, hydration; initial, 31 minutes to 1 hour
96361	Intravenous infusion, hydration; each additional hour, (List separately in addition to code for primary procedure)
96372	Therapeutic, prophylactic or diagnostic injection (specify substance or drug); subcutaneous or intramuscular
96374	Therapeutic, prophylactic or diagnostic injection (specify substance or drug); intravenous push, single or initial substance or drug
J0285	Injection, amphotericin B, (Abelcent, Amphocin, Fungizonef)
J0696	Injection, ceftriaxone sodium, (Rocephin)
J0835	Injection, cosyntropin, (Cortrosyn)
J1455	Injection, foscarnet sodium, (Foscavir)
J1570	Injection, ganciclovir sodium, (Cytovene)
J3370	Injection, vancomycin HCl, (Vancocin)
P9019	Platelet, each unit

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MEDICAL SERVICES	
<u><i>CPT Code</i></u>	<u><i>Description</i></u>
P9021	Red blood cells, each unit