

Sentara Health Plans
In-Office Lab List for PCPs and Specialists
For all Commercial and Medicaid Products

Updated 5/1/2025

Only the following lab tests will be allowed to be performed in the physician's office. All other testing must be performed by a participating reference lab.

Regardless of whether the test is performed in-office¹ or collected and sent through a participating reference laboratory, the office may bill one draw fee per patient (CPT Code 36415 or 36416).

Charges from a physician for lab tests other than the ones listed below will be denied non-allowed lab charge; member not responsible.

<u>CPT</u>	<u>Description</u>
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 (added 01/26/2021)
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 (added 01/26/2021)
80047	Basic metabolic panel (calcium, ionized)
80061	Lipid Panel
80305	Drug test(s), presumptive, any number of drug classes
81000	Routine urinalysis
81001	Urinalysis, automated, w/ microscopy
81002	Urinalysis, non-automated w/o microscopy
81003	Urinalysis, automated, w/o microscopy
81025	Urine pregnancy test
82044	Albumin; urine, microalbumin, semiquantitative (added 11.1.19)
82247	Bilirubin; total
82270	Blood, occult; feces screening
82272	Blood, occult; feces screening
82274	Blood, occult; feces screening
82465	Cholesterol, serum or whole blood
82570	Creatinine, other source (added 11.1.19)
82947	Glucose; quantitative
82948	Glucose, blood, reagent strip
82962	Blood glucose by FDA approved glucose monitoring devices
82985	Glycated protein (A1C)
83036	Glycosylated (A1C)
83037	Glycosylated (A1C) by device cleared by FDA for home use
83026	Hemoglobin; by copper sulfate method, non-automated
83655	Lead (finger stick lead testing only)
83718	Lipoprotein, direct measurement (HDL)
84443	Thyroid stimulating hormone (TSH)

84478	Triglycerides
84703	Gonadotropin, qualitative
85007	Blood count; blood smear, microscopic exam with manual diff WBC count
85013	Blood count, spun microhematocrit
85014	Blood count, other than spun hematocrit
85018	Hemoglobin
85025	CBC
85027	CBC
85610	Prothrombin time
85651	Sedimentation rate; erythrocyte; non-automated
85652	Sedimentation rate; erythrocyte; automated
86308	Heterophile antibodies; screening
86580	Tuberculosis, intradermal
87086	Culture, bacterial; quantitative colony count, urine
87210	Wet mount w/ simple stain
87220	Tissue examination for fungi (KOH)
87426	Infectious agent antigen detection by immunoassay technique; qualitative or semi-quantitative, multiple-step method; severe acute respiratory syndrome coronavirus (e.g., SARS-CoV, SARS-CoV-2, COVID-19) (added 11/05/2020)
87428	Severe acute respiratory syndrome coronavirus (eg, SARS-CoV, SARS-CoV-2 [COVID-19]) and influenza virus types A and B (added 01/26/2021)
87430	Streptococcus, group A
87502	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
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
87634	Infectious agent detection by nucleic acid (DNA or RNA); respiratory syncytial virus, amplified probe technique
87635	Validated Inhouse COVID19
87636	SARSCOV2 & INF A&B AMP PRB
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
87651	Streptococcus, group A, amplified probe technique
87804	Influenza
87807	Infectious agent antigen detection; respiratory syncytial virus (RSV testing)
87808	Trichomonas assay w/optic

87809	Infectious agent antigen detection by immunoassay with direct optical observation; adenovirus
87880	Streptococcus, group A
87905	Sialidase enzyme assay
88720	Bilirubin, total, transcutaneous
89250	Culture of oocyte(s)/embryo(s), less than 4 days
89251	Culture of oocyte(s)/embryo(s), less than 4 days; with co-culture of oocyte(s)/embryos
89253	Assisted embryo hatching, microtechniques (any method)
89254	Oocyte identification from follicular fluid
89255	Preparation of embryo for transfer
89257	Sperm identification from aspiration (other than seminal fluid)
89258	Cryopreservation; embryo(s)
89259	Cryopreservation; sperm
89260	Sperm isolation; simple prep for insemination or diagnosis with semen analysis
89261	Sperm isolation, complex prep for insemination or diagnosis with semen analysis
89264	Sperm identification from testis tissue, fresh or cryopreserved
89268	Insemination of oocytes
89272	Extended culture of oocyte(s)/embryo(s), 4-7 days
89280	Assisted oocyte fertilization, microtechnique; less than or equal to 10 oocytes
89281	Assisted oocyte fertilization, microtechnique; greater than 10 oocytes
89290	Biopsy, oocyte polar body or embryo blastomere, microtechnique; less than or equal to 5 embryos
89291	Biopsy, oocyte polar body or embryo blastomere, microtechnique; greater than 5 embryos
89300	Semen analysis; presence and/or motility of sperm including Huhner test
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 (eg, Kruger)
89325	Sperm antibodies
89329	Sperm evaluation; hamster penetration test
89330	Sperm evaluation; cervical mucus penetration test, with or without spinnbarkeit test
89331	Sperm evaluation; for retrograde ejaculation, urine (sperm concentration, motility, and morphology, as indicated)
89335	Cryopreservation, reproductive tissue, testicular
89337	Cryopreservation, mature oocyte(s)
89342	Storage (per year); embryo(s)
89343	Storage (per year); sperm/semen
89344	Storage (per year); reproductive tissue, testicular/ovarian

89346	Storage (per year); oocyte(s)
89352	Thawing of cryopreserved; embryo(s)
89353	Thawing of cryopreserved; sperm/semen, each aliquot
89354	Thawing of cryopreserved; reproductive tissue, testicular/ovarian
89356	Thawing of cryopreserved; oocytes, each aliquot

(1) Lab procedures performed in-office must be performed according to your CLIA certification level.