

CodeMap® Medicare Reimbursement Manual

CPT and HCPCS Codes:
All new, revised, and existing procedure codes for laboratory and pathology providers.

Medicare Reimbursement:
Accurate and up-to-date reimbursement amounts customized to your state, locality, and provider type.

Coding Notes:
Additional coding guidance from CPT, CMS, and other sources.

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Chemistry		MICHIGAN										Locality: Detroit, MI (01)
GENERAL CHEMISTRY ASSAYS		Procedure Code	Typical Charge	Physician or Independent Lab			Hospital Lab			Associated ICD-10 Codes		
				Total Reimbursement	Medicare Pays:	Patient Pays:	Total Reimbursement	Medicare Pays:	Patient Pays:			
Heavy metals												E63.9 - Nutritional deficiency, unspecified E88.9 - Metabolic disorder, unspecified F51.01 - Primary insomnia F51.03 - Parasubstituted Insomnia F61.09 - Other insomnia not due to a substance or known physiological condition G30.9 - Alzheimer's disease, unspecified M1A.10X1 - Lead-induced chronic gout, unspecified site, with tophus M62.40 - Contracture of muscle, unspecified site M62.838 - Other muscle spasm M89.9 - Disorder of bone, unspecified M94.9 - Disorder of cartilage, unspecified R53.82 - Chronic fatigue, unspecified T56.0X1A - T56.0X4S Toxic effect of lead and its compound T56.1X1A - T56.1X4S Toxic effect of mercury and its compounds T56.4X2A - T56.4X4S Toxic effect of copper and its compounds T56.5X1A - T56.5X4S Toxic effect of zinc and its compounds T56.6X1A - T56.6X4S Toxic effect of tin and its compounds T56.91A - T56.94S Toxic effect of other metals T59.91XA - T59.94XS Toxic effect of unspecified metal T78.40XA - Allergy, unspecified, initial encounter
screen		83015	N/A	\$15.84	\$15.84	\$0.00	\$15.84	\$15.84	\$0.00			
quantitative												
each		83016	\$9.80	\$29.89	\$29.89	\$0.00	\$29.89	\$29.89	\$0.00			

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Surgical Pathology		MICHIGAN										Locality: Detroit, MI (01)
LISTED BY SPECIMEN SOURCE		Procedure Code	Typical Charge	Physician or Independent Lab			Hospital Lab			Associated ICD-10 Codes		
				Total Reimbursement	Medicare Pays:	Patient Pays:	Total Reimbursement	Medicare Pays:	Patient Pays:			
Surgical pathology, Levels II - VI												C18.1 - Malignant neoplasm of appendix D12.1 - Benign neoplasm of appendix K35.2 - Acute appendicitis with generalized peritonitis K35.80 - Unspecified Acute appendicitis with localized peritonitis K38.0 - K38.9 Other diseases of the appendix
Appendix incidental		88302	\$98.63	\$32.25	\$25.80	\$6.45	\$32.25	\$25.80	\$6.45			
other		88302-TC	\$65.05	\$7.26	\$5.81	\$1.45	\$7.26	\$5.81	\$1.45			
Artery biopsy		88304	\$95.87	\$45.78	\$36.62	\$9.16	\$45.78	\$36.62	\$9.16			S15.8XXA - Injury of other specified blood vessels at neck level S25.401A - Unspecified injury of right pulmonary blood vessels S25.501A - S25.599S Injury of left pulmonary blood vessels S25.891A - S25.899S Injury to intercostal blood vessels S32.000A - S32.059S Injury of other blood vessels of thorax S35.8XXA - S32.059S Fracture of lumbar vertebra S55.109A - Unspecified injury of other blood vessels of abdomen S55.109A - Unspecified injury of radial artery at forearm level
atheromatous plaque		88305	\$166.85	\$72.80	\$58.32	\$14.50	\$72.80	\$58.32	\$14.50			
		88305-TC	\$140.40	\$38.02	\$31.22	\$7.80	\$38.02	\$31.22	\$7.80			
Bartholin's gland cyst		88304	\$95.87	\$45.78	\$36.62	\$9.16	\$45.78	\$36.62	\$9.16			A54.00 - Gonococcal infection of lower genitourinary tract, unspecified C51.0 - Malignant neoplasm of lower genitourinary tract, unspecified D28.0 - Benign neoplasm of scapular muscle I28.0 - Cyst of Bartholin's gland N78.0 - Abscess of Bartholin's gland N78.1 - Abscess of Bartholin's gland N78.8 - Other disease of Bartholin's gland C40.00 - C40.82 Malignant neoplasm of bone and articular cartilage of torso C41.0 Malignant neoplasm of bones of skull and face C41.1 Malignant neoplasm of bones of mandible T42.9 Malignant neoplasm of bones of vertebral column
Bone biopsy/curettings		88304-TC	\$72.94	\$33.88	\$27.10	\$6.78	\$33.88	\$27.10	\$6.78			
		88307	\$384.28	\$305.04	\$244.03	\$61.01	\$384.28	\$305.04	\$61.01			
		88307-TC	\$156.78	\$85.88	\$68.70	\$17.18	\$156.78	\$85.88	\$17.18			

NOW WITH ICD-10 CODES

Most frequently submitted diagnosis codes, derived directly from Medicare claims data.

Typical Charge:
Average charge submitted to Medicare in your state and locality.