

NYS Medicaid Physician Medicine Services Fee Schedule**Effective Date: APRIL 1, 2017**

CODE	DESCRIPTION	NON-FACILITY GLOBAL FEE
81000	URINALYSIS, BY DIP STICK OR TABLET REAGE	4.00
81001	URINALYSIS, BY DIP STICK OR TABLET REAGE	4.00
81002	URINALYSIS, BY DIP STICK OR TABLET REAGE	2.00
81003	URINALYSIS, BY DIP STICK OR TABLET REAGE	2.00
81015	URINALYSIS; MICROSCOPIC ONLY	2.00
81025	URINE PREGNANCY TEST, BY VISUAL COLOR CO	2.00
83655	LEAD	15.00
85007	BLOOD COUNT; BLOOD SMEAR, MICROSCOPIC EX	1.43
85013	BLOOD COUNT; SPUN MICROHEMATOCRIT	2.00
85018	BLOOD COUNT; HEMOGLOBIN (HGB)	2.00
85025	BLOOD COUNT; COMPLETE (CBC), AUTOMATED (	3.17
85041	BLOOD COUNT; RED BLOOD CELL (RBC), AUTOM	3.17
85048	BLOOD COUNT; LEUKOCYTE (WBC), AUTOMATED	3.17
85651	SEDIMENTATION RATE, ERYTHROCYTE; NON-AUT	2.00
85652	SEDIMENTATION RATE, ERYTHROCYTE; AUTOMAT	2.00
86485	SKIN TEST; CANDIDA	5.00
86486	SKIN TEST; UNLISTED ANTIGEN, EACH	5.00

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