

Oregon CAREAssist Program

Approved Codes for Bridge/Uninsured Persons Program (UPP)

Bridge	UPP	CPT Code	Procedure/Lab
X	X	36415	Blood draw
X	X	86777	Toxoplasmosis screen
X	X	86778	Toxo Titre
X	X	86708	Hep A
X	X	86704	Hep B
X	X	86703	HIV Ab
X	X	86592	RPR
X	X	86360	T cell absolute
X	X	85025	CBC
X	X	80053	Metabolic Panel
	X	80061	Lipid Screening
	X	81003	Urine test
	X	81381	Screening test used prior to prescribing Abacavir
	X	82955	G6PD screening – used prior to prescribing Dapsone.
X	X	83036	Diagnostic testing for diabetes
	X	84402/84403	Testosterone Levels
	X	84443	Thyroid Stimulating Hormone
	X	86480	TB quantiferon gold
	X	86580	TB skin test
	X	86706	Hep B Surface Antibody
X	X	87340	Hep B
	X	87522	HCV Viral Load
X	X	86803	Hep C
X	X	99211	Establish patient; nurse or staff member
X	X	99201-5	New Patient
X	X	99212	Established patient - short
X	X	99215	Established patient - long
X	X	99214	Established patient – long
X	X	99213	Established patient - medium

Bridge	UPP	CPT Code	Procedure/Lab
X	X	88184	CD8
X	X	88185	CD8
X	X	88183	CD4
X	X	88182	CD4
X	X	87901	HIV Genotype
X	X	87906	Integrase Genotype
X	X	87536	Viral Load
X	X	86703	Multispot
X	X	86689	Antigen/Western Blot*
X	X	87389/87390	HIV Antigen/P24 Antigen*
X	X	87999	Trofile/Trofile DNA

* If being used for purposes of confirmatory testing, no other services will be reimbursed until confirmed HIV positive serostatus.