

Oregon CAREAssist Program

Approved Codes for Bridge/Uninsured Persons Program (UPP)

CPT Code	Procedure/Lab	CPT Code	Procedure/Lab
36415	Routine Venipuncture	86708	Hepatitis A total antibody
80053	Comprehensive Metabolic Panel	86709	Hepatitis A IGM antibody
80061	Lipid Panel	86777	Toxoplasma antibody
81000	Urinalysis nonauto w/scope	86778	Toxoplasma antibody IGM
81002	Urinalysis nonauto w/scope	86780	Treponema pallidum
81003	Urinalysis auto w/o scope	86803	Hepatitis C AB test
81381	Screening test used prior to pre-abacavir	87340	Hepatitis B surface AG EIA
82955	Assay of G6PD enzyme pre-dapsone	87389*	HIV-1 AG w/HIV-1 HIV-2 AB
83036	Glycosylated hemoglobin test	87390*	HIV-1 AG EIA
84443	Assay thyroid stim hormone	87491	Chlamydia trach DNA amp probe
85025	Complete CBC w/auto diff w BC	87517	Hepatitis B DNA quant
86355	B cells total count	87522	Hepatitis C rervrs trnscrp
86356	Qualitative immunoassay	87535	HIV-1 probe & reverse trnscrp
86357	Nk cells total count	87536	HIV-1 quantrevrse trnscrp
86359	T cells total count	87590	N Gonorrhoeae DNA dir prob
86360	T cell absolute count/ratio	87591	N Gonorrhoeae DNA amp prob
86361	T cell absolute count	87901	Genotype DNA HIV reverse T
86480	TB test cell immune measure	87906	Genotype DNA/RNA HIV
86580	TB intradermal test	87999	Microbiology procedure
86592	Syphilis test non-trep qual	88182	CD4/cell markers study
86593	Syphilis test non-trep quant	88184	Flow cytometry/TC 1 marker
86689*	HTLV/HIV confirm antibody	88185	Flow cytometry/TC add-on
86701	HIV-1 antibody	99201-5	Office/outpatient visit new
86702	HIV-2 antibody	99211-5	Office/outpatient visit est
86703	HIV-1/HIV-2 1 result antibody	99421-3	Telemedicine
86704	Hep B core antibody total	U0001	COVID
86706	Hep B surface antibody	U0002	COVID
86707	Hepatitis B antibody		

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