

N.J.A.C. 10:61

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 50 No. 11, June 4, 2018

New Jersey Administrative Code > TITLE 10. HUMAN SERVICES > CHAPTER 61. INDEPENDENT CLINICAL LABORATORIES

Title 10, Chapter 61 -- Chapter Notes

Statutory Authority

CHAPTER AUTHORITY:

N.J.S.A. 30:4D-1 et seq., and 30:4J-8 et seq.

History

CHAPTER SOURCE AND EFFECTIVE DATE:

R.2014 d.003, effective December 2, 2013.

See: 45 N.J.R. 2089(a), 46 N.J.R. 77(b).

CHAPTER HISTORICAL NOTE:

Chapter 61, Independent Laboratory Services, was adopted as R.1971 d.57, effective April 21, 1971. See: 3 N.J.R. 43(a), 3 N.J.R. 83(b).

Subchapter 3, Laboratory Code List, was repealed and a new Subchapter 3, HCFA Common Procedure Coding System (HCPCS), was adopted effective March 3, 1986, as R.1986 d.52. See: 17 N.J.R. 1519(b), 18 N.J.R. 478(a).

Pursuant to Executive Order No. 66(1978), Chapter 61, Independent Laboratory Services, was readopted as R.1991 d.138, effective February 15, 1991. See: 22 N.J.R. 3713(a), 23 N.J.R. 838(e).

Chapter 61, Independent Laboratory Services, was repealed, and Chapter 61, Independent Clinical Laboratories, was adopted as new rules by R.1996 d.68, effective February 5, 1996. See: 27 N.J.R. 4861(a), 28 N.J.R. 1054(a).

Pursuant to Executive Order No. 66(1978), Chapter 61, Independent Clinical Laboratories, was readopted as R.2001 d.79, effective February 1, 2001. See: 32 N.J.R. 4167(a), 33 N.J.R. 781(c).

Subchapter 3, HCFA Common Procedure Coding System (HCPCS), was renamed Healthcare Common Procedure Coding System (HCPCS) by R.2006 d.37, effective January 17, 2006. See: 37 N.J.R. 3182(a), 38 N.J.R. 807(a).

Chapter 61, Independent Clinical Laboratories, was readopted as R.2006 d.244, effective June 7, 2006. See: 38 N.J.R. 1383(a), 38 N.J.R. 2827(a).

In accordance with N.J.S.A. 52:14B-5.1b, Chapter 61, Independent Clinical Laboratories, was scheduled to expire on June 7, 2013. See: 43 N.J.R. 1203(a).

Chapter 61, Independent Clinical Laboratories, was readopted as R.2014 d.003, effective December 2, 2013. See: Source and Effective Date.

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N.J.A.C. 10:61-1.1

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New Jersey Administrative Code > TITLE 10. HUMAN SERVICES > CHAPTER 61. INDEPENDENT CLINICAL LABORATORIES > SUBCHAPTER 1. GENERAL PROVISIONS

§ 10:61-1.1. Purpose and scope

This chapter outlines the policies and procedures for coverage of clinical laboratory services that must be met in order to qualify for reimbursement under the Medicaid/NJ FamilyCare fee-for-service programs. The services of a qualified clinical laboratory for which reimbursement may be made relate only to diagnostic tests performed in a laboratory which is independent of a physician's office, a participating hospital, or other facility. Rules for laboratory services provided by other types of providers are included in the Medicaid/NJ FamilyCare rules for those particular providers. Diagnostic laboratory tests, for purposes of this chapter, do not include diagnostic radiological studies.

History

HISTORY:

Amended by R.2006 d.37, effective January 17, 2006.

See: 37 New Jersey Register 3182(a), 38 New Jersey Register 807(a).

Deleted "New Jersey" preceding "Medicaid"; added "NJ FamilyCare fee-for-service" and "NJ FamilyCare."

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N.J.A.C. 10:61-1.2

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§ 10:61-1.2. Definitions

The following words and terms, when used in this chapter, shall have the following meanings, unless the context clearly indicates otherwise:

"Automated multichannel tests" means laboratory tests which can be and are frequently performed as groups and combinations (profiles) on automated multichannel equipment.

"CLIA" means the Clinical Laboratory Improvement Amendments of 1988, which extends the scope of Federal governmental regulation of laboratories to all laboratory sites where laboratory tests are performed, including physicians' offices. The purpose of this legislation is to uniformly ensure the quality and reliability of medical tests performed by all laboratories that test human specimens.

"CLIA Identification Number" means a 10 digit identification number issued by the Centers for Medicare & Medicaid Services (CMS) to independent clinical laboratories and other entities which perform laboratory testing. A CLIA Identification Number must be on file with the New Jersey Medicaid/NJ FamilyCare program before payment is made for any laboratory testing.

"Clinical laboratory services" means professional and technical laboratory services provided by an independent clinical laboratory when ordered by a physician or other licensed practitioner of the healing arts within the scope of his or her practice as defined by the laws of the state in which he or she practices.

"Panel" means laboratory tests that are associated with organ or disease oriented areas, such as organ "panels" (for example, hepatic function panel). The tests listed with each panel identify the defined components of that panel.

"Profile" means a combination of laboratory tests that can be and are frequently done as groups and in combinations on automated multi-channel equipment (for example, SMA6, SMA).

"Reference laboratory" means a laboratory meeting the requirements stipulated in N.J.A.C. 10:61-1.4 which performs specific tests at the request of another approved certified laboratory.

"Service laboratory" means a laboratory meeting the requirements stipulated in N.J.A.C. 10:61-1.4 which performs specific tests on the laboratory's own premises.

History

HISTORY:

Amended by R.2006 d.37, effective January 17, 2006.

See: 37 New Jersey Register 3182(a), 38 New Jersey Register 807(a).

Rewrote definition "CLIA Identification Number".

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N.J.A.C. 10:61-1.3

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§ 10:61-1.3. Scope of services

Each laboratory shall provide the New Jersey Health Services Program, Office of Utilization Management, Mail Code #33, PO Box 712, Trenton, New Jersey 08625-0712, with a listing of tests, including panels and profiles actually performed on its premises (address to be identified) and a current lab price list, including discounts, with an update of said list on a semiannual basis; beginning with the first listing due six months from the date of the last report filed by providers enrolled as of January 17, 2006.

History

HISTORY:

Amended by R.2001 d.79, effective March 5, 2001.

See: 32 New Jersey Register 4167(a), 33 New Jersey Register 781(c).

Amended by R.2006 d.37, effective January 17, 2006.

See: 37 New Jersey Register 3182(a), 38 New Jersey Register 807(a).

Rewrote the section.

N.J.A.C. 10:61-1.4

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§ 10:61-1.4. Requirements for provider participation; general

(a)To qualify for participation as a clinical laboratory under the Medicaid/NJ FamilyCare program, the following requirements must be met:

- 1.Licensure and/or approval by the New Jersey State Department of Health or comparable agency in the state in which the facility is located. This includes meeting certificate of need and licensure requirements, when required, and all applicable laboratory provisions of the New Jersey State Sanitary Code (see N.J.A.C. 8:45);
- 2.Enrollment as an independent laboratory under the Title XVIII Medicare program (see 42 CFR 493.1);
- 3.Meet the requirements of an independent clinical laboratory under the Clinical Laboratory Improvement Amendments of 1988 (CLIA) (see 42 USC 1396(a)(9)). (See N.J.A.C. 10:61-2.1(a)5.)

(b)In order to participate in the Medicaid/NJ FamilyCare program as an independent laboratory provider, the following documents shall be submitted to Unisys Corporation, Provider Enrollment, PO Box 4804, Trenton, N.J. 08650-4804:

- 1.Form FD-20, Medicaid Provider Application Form;
- 2.Form FD-62, Medicaid Provider Agreement;
- 3.A copy of CMS 1513, Disclosure of Ownership, Control and Interest Statement;
- 4.A copy of the Medicare certification; and
- 5.A copy of the documents to certify the lab meets the CLIA requirements.

(c)The provider will be notified by Unisys as to whether their application for participation was approved or disapproved by the Medicaid/NJ FamilyCare Program.

History

HISTORY:

Amended by R.2006 d.37, effective January 17, 2006.

See: 37 New Jersey Register 3182(a), 38 New Jersey Register 807(a).

Added "NJ FamilyCare" following "Medicaid/" throughout; in introductory paragraphs (a) and (c), deleted "New Jersey" preceding "Medicaid"; in (b)3, substituted "CMS" for "HCFA".

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N.J.A.C. 10:61-1.5

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§ 10:61-1.5. Medicare-Medicaid relationship

(a) Upon approval as an independent laboratory provider for Title XIX Medicaid participation and reimbursement, the requirements for independent laboratory services under the Title XVIII Medicare program shall be followed.

(b) A laboratory approved for Medicaid/NJ FamilyCare participation shall only provide services and be reimbursed for the specialties and subspecialties specifically approved for Medicare participation.

(c) State, county and municipal laboratories located in New Jersey may qualify for Medicaid/NJ FamilyCare reimbursement provided they meet the criteria in N.J.A.C. 10:61-1.4 and 1.5.

(d) Any entity that performs diagnostic tests in connection with its provider practice shall comply with this chapter and shall have a CLIA Identification Number to perform clinical laboratory testing reimbursable by the Medicaid/NJ FamilyCare program. A CLIA Identification Number must be on file with the Medicaid/NJ FamilyCare program before payment is made for any laboratory testing.

History

HISTORY:

Amended by R.2006 d.37, effective January 17, 2006.

See: 37 New Jersey Register 3182(a), 38 New Jersey Register 807(a).

Added "NJ FamilyCare" following "Medicaid/" throughout; in (d), deleted "New Jersey" preceding "Medicaid" throughout and deleted reference to N.J.A.C. 10:49-24.

N.J.A.C. 10:61-1.6

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§ 10:61-1.6 Orders for laboratory tests; recordkeeping

(a)All orders for clinical laboratory services shall be in the form of an explicit order personally signed by the physician or other licensed practitioner requesting the services, or be in an alternative form of order specifically authorized in (b)1 through 3 below. The written order shall contain the specific clinical laboratory test(s) requested, shall be on file with the billing laboratory and shall be available for review by Medicaid/NJ FamilyCare representatives upon request.

(b)If a signed order is not utilized, then clinical laboratory services shall be ordered in one of the following ways:

- 1.**In the absence of a written order, the patient's chart or medical record may be used as the test requisition or authorization, but must be physically present at the laboratory at the time of testing and available to Federal or State representatives upon request;
- 2.**A test request also may be submitted to the laboratory electronically, if the system used to generate and transmit the electronic order has adequate security and system safeguards to prevent and detect fraud and abuse and to protect patient confidentiality. The system shall be designed to prevent and detect unauthorized access and modification or manipulation of records, and shall include, at a minimum, electronic encryption; or
- 3.**Telephoned or other oral laboratory orders are also permissible, but shall be followed up with a written or electronic request within 30 days of the telephone or other oral request, which shall be maintained on file with the clinical laboratory. If the laboratory is unable to obtain the written or electronic request, it must maintain documentation of its efforts to obtain them.

(c)Standing orders shall be:

- 1.**Patient specific, and not blanket requests from the physician or licensed practitioner;
- 2.**Medically necessary and related to the diagnosis of the recipient; and
- 3.**Effective for no longer than a 12-month period from the date of the physician's/practitioner's order.

(d)The laboratory must ensure that all orders described in (a) through (c) above contain the following information:

- 1.The name and address or other suitable identifiers of the authorized person requesting the test and, if appropriate, the individual responsible for using the test results, or the name and address of the laboratory submitting the specimen, including, as applicable, a contact person to enable the reporting of imminently life-threatening laboratory results or panic or alert values;
- 2.The patient's name or unique patient identifier;
- 3.The sex and the age (or date of birth) of the patient;
- 4.The test(s) to be performed;
- 5.The source of the specimen, when appropriate;
- 6.The date and, if appropriate, time of specimen collection;
- 7.For Pap smears, the patient's last menstrual period, and indication of whether the patient had a previous abnormal report, treatment or biopsy; and
- 8.Any additional information relevant and necessary for a specific test to ensure accurate and timely testing and reporting of results, including interpretation, if applicable.

(e)The results of the tests billed shall be on file with the billing laboratory performing tests. The results shall be available for review by Medicaid/NJ FamilyCare representatives.

(f)The Medicaid/NJ FamilyCare program shall have the right to inspect all records, files and documents of in-State and out-of-State service and reference clinical laboratories which provide laboratory tests and services for Medicaid/NJ FamilyCare beneficiaries.

(g)All laboratory test orders shall be supported by documentation in the referring physician's/practitioner's medical records.

(h)If the laboratory transcribes or enters test requisition or authorization information into a record system or a laboratory information system, the laboratory must ensure that the information is transcribed or entered accurately.

History

HISTORY:

Amended by R.2006 d.37, effective January 17, 2006.

See: 37 N.J.R. 3182(a), 38 N.J.R. 807(a).

In (a), (e) and (f), added "NJ FamilyCare" following "Medicaid/" throughout; in (f), deleted "New Jersey" preceding "Medicaid" throughout, substituted "Program" for "program" and "beneficiaries" for "recipients".

Amended by R.2011 d.069, effective February 22, 2011.

See: 42 N.J.R. 1670(a), 43 N.J.R. 423(a).

Section was "Recordkeeping". Rewrote (a), (b) and (d); in (c)3, substituted "12-month" for "12 month" and "order" for "signature"; and added (g) and (h).

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§ 10:61-1.7. Basis of reimbursement

Reimbursement shall be on the basis of the lowest professional charge, not to exceed an allowance determined reasonable by the Commissioner of Human Services, and further limited by Federal policy relative to payment of clinical laboratory services. The maximum fee schedule (allowance) is set forth at N.J.A.C. 10:61-3. In no event shall the charge to the Medicaid/NJ FamilyCare program exceed the provider's charge for identical services to other groups or individuals.

History

HISTORY:

Amended by R.2006 d.37, effective January 17, 2006.

See: 37 New Jersey Register 3182(a), 38 New Jersey Register 807(a).

Added "NJ FamilyCare" following "Medicaid/" and deleted "New Jersey" preceding "Medicaid".

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§ 10:61-2.1. Clinical Laboratory Improvement Amendments (CLIA) requirements

(a) All independent clinical laboratories and other entities providing clinical laboratory services to Medicaid/NJ FamilyCare beneficiaries must meet the requirements of the Clinical Laboratory Improvement Amendments (CLIA) of 1988. These requirements include that the provider must have one of the following:

1. A certificate of waiver;
2. A certificate of compliance;
3. A registration certificate;
4. A certificate for provider-performed microscopy (PPM) procedures;
5. A certificate of accreditation, and a registration certificate or a certificate of compliance; or
6. Be deemed CLIA exempt due to accreditation by a private, nonprofit accreditation organization or exempted under an approved state laboratory program. (See code of Federal Regulations 42 CFR 493)

History

HISTORY:

Amended by R.2006 d.37, effective January 17, 2006.

See: 37 New Jersey Register 3182(a), 38 New Jersey Register 807(a).

In introductory paragraph (a), added "NJ FamilyCare" following "Medicaid/".

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§ 10:61-2.2. Specific services

(a)The sum of any number of the components of a battery of tests shall not exceed the total charged for the group offering (panel or profile), whether done by automation or bench testing, whether or not the equipment is available in the facility. A battery of tests is considered to be those components of a panel or series of tests which, when combined, mathematically or otherwise, comprise a finished identifiable laboratory study or studies. Examples are:

- 1.The components of a metabolic profile or other automated laboratory study;
- 2.An MCH, MCV, or other test, as a component of a C.B.C.;
- 3.Inclusive of all ova and parasites in a stool examination.

(b)If the components of a profile or panel are billed separately, total reimbursement for the components of the panel or profile shall not exceed the Medicaid/NJ FamilyCare fee allowance for the panel or profile itself.

(c)In no instance shall reimbursement exceed the Medicare Fee Schedule.

(d)Where tests are referred by an approved service laboratory to an approved reference laboratory, the approved reference laboratory shall be a Medicaid/NJ FamilyCare provider and shall directly bill the Medicaid/NJ FamilyCare program for the service.

- 1.The initiating laboratory shall only refer clinical laboratory tests to laboratories which have a valid CLIA Identification Number and are Medicaid/NJ FamilyCare approved providers.

(e)The policy on reimbursement for visits to the nursing home, residential health care facility, or to the beneficiary's home by an independent lab for the purposes of obtaining blood by venous or arterial puncture is as follows:

- 1.Utilize HCPCS code W8900 for visits to homebound beneficiaries in their own home or living in a residential health care facility, group home, or boarding home. This code may be used only once per trip regardless of the number of patients seen and requires a distance in excess of 20 miles per round trip.

2.Utilize HCPCS code 36415 for a visit to a beneficiary in a nursing facility, or Intermediate Care Facility/Mental Retardation (ICF/MR).

3.Reimbursement will not be made for travel to other sites including, but not limited to, hospitals, physician offices, or clinics.

History

HISTORY:

Amended by R.2001 d.79, effective March 5, 2001.

See: 32 New Jersey Register 4167(a), 33 New Jersey Register 781(c).

In (a)1, substituted "metabolic" for "chemistry".

Amended by R.2006 d.37, effective January 17, 2006.

See: 37 New Jersey Register 3182(a), 38 New Jersey Register 807(a).

In introductory paragraph (a), deleted "Where batteries constitute a profile, they shall be billed in that manner." and substituted "panel" for "test"; in (b) and introductory paragraph (d), added "NJ FamilyCare" following "Medicaid/" throughout; in (b), added "panel or" preceding "profile"; in (d)1, deleted "New Jersey"; and rewrote (e)2.

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N.J.A.C. 10:61-2.3

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§ 10:61-2.3. Limitations on laboratory services

(a)Tests performed by a non-approved laboratory are not reimbursable. The referring laboratory shall verify approved status.

(b)Additional payment will not be made to a laboratory for obtaining specimens, except when performed in a long-term care facility, boarding home, or home.

(c)A laboratory shall be reimbursed only those tests that are within the specialty/subspecialty categories indicated in its CLIA approval.

(d)Laboratory services provided primarily for the diagnosis or treatment of infertility shall not be covered by the Medicaid/NJ FamilyCare program.

1.For those HCPCS procedure codes which are determined to be primarily for the diagnosis of infertility, refer to the HCPCS subchapter and the Indicator "F."

History

HISTORY:

Amended by R.2006 d.37, effective January 17, 2006.

See: 37 New Jersey Register 3182(a), 38 New Jersey Register 807(a).

In (d), added "NJ FamilyCare" following "Medicaid/" and deleted "New Jersey".

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N.J.A.C. 10:61-2.4

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§ 10:61-2.4. Laboratory rebates

Rebates by reference laboratories, service laboratories, physicians or other utilizers or providers of laboratory service are prohibited under the Medicaid/NJ FamilyCare program. Rebates shall include refunds, discounts or kickbacks, whether in the form of money, supplies, equipment, or other things of value. Laboratories shall not rent space or provide personnel or other considerations to a physician or other practitioner, whether or not a rebate is involved.

History

HISTORY:

Amended by R.2006 d.37, effective January 17, 2006.

See: 37 New Jersey Register 3182(a), 38 New Jersey Register 807(a).

Deleted designation "(a)" and added "NJ FamilyCare" following "Medicaid/".

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N.J.A.C. 10:61-3.1

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New Jersey Administrative Code > TITLE 10. HUMAN SERVICES > CHAPTER 61. INDEPENDENT CLINICAL LABORATORIES > SUBCHAPTER 3. HEALTHCARE COMMON PROCEDURE CODING SYSTEM (HCPCS)

§ 10:61-3.1. Purpose, scope and general provisions

(a)The Medicaid/NJ FamilyCare program uses the Centers for Medicare & Medicaid Services (CMS) Healthcare Common Procedure Coding System (HCPCS), for 2006, established and maintained by CMS in accordance with the Health Insurance Portability and Accountability Act, of 1996, 42 U.S.C. §§ 1320d et seq., and the American Medical Association (AMA) Current Procedural Terminology (CPT) codes published by PMIC, 4727 Wilshire Blvd., Suite 300, Los Angeles, CA 90010. The HCPCS and CPT codes are incorporated herein by reference, as amended and supplemented. AMA and CMS revisions to the CPT codes and the Healthcare Common Procedure Coding System (code additions, code deletions and replacement codes) will be reflected in this chapter through publication of a notice of administrative change in the New Jersey Register. Revisions to existing and new reimbursement amounts codes specified by the Department and specification of new reimbursement amounts for new codes will be made through rulemaking in accordance with the Administrative Procedure Act, N.J.S.A. 52:14B-1 et seq. HCPCS follows the American Medical Association's Physicians' Current Procedural Terminology (CPT) (American Medical Association, P.O. Box 10950, Chicago, IL 60610.) architecture, employing a five-position code and as many as two two-position modifiers. Unlike the CPT numeric design, the CMS-assigned codes and modifiers contain alphabetic characters.

(b)HCPCS has been developed as a three-level coding system. The CPT procedure narratives for Level I codes are incorporated herein by reference.

1. Level 1 codes (Narratives found in CPT). CPT is a listing of descriptive terms and numeric identifying codes and modifiers for reporting medical services and procedures performed by physicians. (See N.J.A.C. 10:61-3.2.)
2. Level II codes are assigned by CMS for physician and non-physician services which are not in CPT. (See N.J.A.C. 10:61-3.3.)
3. Level III codes identify services unique to the Medicaid/NJ FamilyCare program. These codes are assigned by the Division to be used for those services not identified by CPT codes or CMS-assigned codes. (See N.J.A.C. 10:61-3.4.)

(c)The lists of HCPCS code numbers for Pathology and Laboratory are arranged in tabular form with specific information for a code identified under columns with titles such as: "IND," "HCPCS CODE," "MOD," "DESCRIPTION," and "MAXIMUM FEE ALLOWANCE." The information identified under each column is summarized below:

Click here to view image.

(d)When alphabetic and numeric symbols are listed under the "IND" and "MOD" columns they are qualifiers or indicators (in the "IND" column) and as modifiers (in the "MOD" column). The symbols assist the provider in determining the appropriate procedure codes to be used, the area to be covered, the minimum requirements needed, and any additional parameters required for reimbursement purposes.

- 1.These symbols and/or letters must not be ignored because in certain instances requirements are created in addition to the narrative which accompanies the CPT/HCPCS procedure code as written in CPT. The provider will then be liable for the additional requirements and not just the CPT/HCPCS procedure code narrative. These requirements must be fulfilled in order to receive reimbursement.
- 2.If there is no identifying symbol listed, the CPT/HCPCS code narrative prevails.

History

HISTORY:

Amended by R.2001 d.79, effective March 5, 2001.

See: 32 New Jersey Register 4167(a), 33 New Jersey Register 781(c).

Rewrote the section.

Amended by R.2006 d.37, effective January 17, 2006.

See: 37 New Jersey Register 3182(a), 38 New Jersey Register 807(a).

Rewrote the section.

Amended by R.2006 d.244, effective July 3, 2006.

See: 38 N.J.R. 1383(a), 38 N.J.R. 2827(a).

Rewrote (a).

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Column Title	Description
IND	<p>(Indicator-Qualifier) Lists alphabetic symbols used to refer provider to information concerning the Medicaid/NJ FamilyCare program's qualifications and requirements when a procedure or service code is used. Explanation of indicators and qualifiers used in this column are identified below:</p> <p>"A" preceding any procedure code indicates that these tests can be and are frequently done as groups and combinations (profiles) on automated equipment.</p> <p>"F" preceding any procedure code indicates that this code, when used primarily for the diagnosis and treatment of infertility, is not covered by the Medicaid/NJ FamilyCare program.</p> <p>"L" preceding any procedure code indicates that the complete narrative for the code is located at N.J.A.C. 10:61-3.3 or 3.4.</p> <p>"N" preceding any procedure code indicates that qualifiers are applicable to that code. These qualifiers are listed by procedure code number at N.J.A.C. 10:61-3.5.</p>
HCPCS CODE	Lists the HCPCS procedure code numbers.
MOD	Lists alphabetic and numeric symbols. Services and procedures may be modified under certain circumstances. When applicable, the modifying circumstance should be identified by the addition of alphabetic and/or numeric characters at the end of the code. The Medicaid/NJ FamilyCare program's recognized modifier codes are listed below:

Column Title	Description
TC	Technical Component: When applicable, a charge may be made for the component alone. Under those circumstances the technical component charge is identified by adding the modifier 'TC' to the usual procedure.
FP	Family Planning
QW	CLIA waived test
UD	Abortion Related Service
DESCRIPTION	Lists the code narrative. (Narratives for Level I codes are found in CPT. Narratives for Level II and Level III codes are found at N.J.A.C. 10:61-3.3 and 3.4, respectively.)
MAXIMUM FEE ALLOWANCE	Lists Medicaid/NJ Family Care program's maximum reimbursement schedule for Pathology and Laboratory services. If the symbols "B.R." (By Report) are listed instead of a dollar amount, it means that additional information will be required in order to properly evaluate the service. Attach a copy of the additional information report to the claim form. If the symbols "N.A." (Not Applicable) are listed instead of a dollar amount, it means that service is not reimbursable.
	1. The fee listed under "Total Fee(s)" represents the combined technical and professional component of the reimbursement for the procedure code notwithstanding any statement to the contrary in the narrative. It will be paid only to one provider and will not be broken down into its component parts.

Modifier Code	Description
22	Unusual Procedural Services: When the service(s) provided is greater than that usually required for the listed procedure, it may be identified by adding modifier '22' to the usual procedure number. A report may also be appropriate.
26	Professional Component: Certain procedures are a combination of a physician component and a technical component. When the physician component is reported separately, the service may be identified by adding the modifier '26' to the usual procedure number.
52	Reduced Services: Under certain circumstances a service or procedure is partially reduced or eliminated at the physician's or ordering practitioner's election. Under these circumstances the service provided can be identified by its usual procedure number and the addition of the modifier '52,' signifying that the service is reduced. This provides a means of reporting reduced services without disturbing the identification of the basic service.

10:61-3.2 HCPCS procedure codes and maximum fee allowance schedule for Level 1

HCPCS				IND	Code	MOD	Maximum Fee Allowance \$
IND	Code	MOD	Maximum Fee Allowance \$				
					80200		12.60
					80201		12.00
					80202		12.00
N	0023T		80.00		80299		10.80
N	36415		1.80		80400		34.00
N	36415	UD	1.80		80402		96.00
	36516		49.00		80406		98.00
	36516	26	42.00		80408		130.00
	78006		40.00		80410		102.00
	78006	26	17.50		80412		364.36
	78006	TC	22.50		80414		61.00
N	80048		9.30		80415		50.00
N	80050		36.00		80416		150.00 Per Panel
N	80051		5.90		80417		50.00 Per Panel
N	80051	UD	5.90		80418		640.73
N	80053		10.50		80420		74.00
	80055	UD	15.00		80422		45.00
N	80061		15.00		80424		33.00
	80061	QW	15.00		80426		130.00
	80061	22	23.00		80428		60.00
N	80069		9.60		80430		73.00
N	80074		30.00		80432		125.00
N	80076		7.00		80434		100.00
	80100		5.20		80435		95.00
	80100	UD	5.20		80436		75.00
	80100	QW	5.20		80438		50.00
	80101		5.20		80439		74.27
	80102		15.00		80440		60.00
	80150		15.00		80500		9.00
	80152		15.00		80502		13.00
	80154		21.50		81000	FP	1.20
	80156		20.00		81000	UD	1.20
	80157		10.00		81001		1.20
	80158		20.00		81002	FP	1.00
	80160		15.00		81002	UD	1.00
	80162		15.00		81003		1.50
	80164		10.00		81003	QW	1.50
	80166		15.00		81005		1.00
	80168		18.00		81007		2.84
	80170		12.60		81007	QW	2.84
	80172		1.80		81015		.40
	80173		16.10		81020		4.30
	80174		15.00		81025		3.00
	80176		18.00		81025	FP	3.00
	80178		9.00		81025	UD	3.00
	80182		12.00		81050		3.40
	80184		12.80		81099		B.R.
	80185		14.65		82000		15.00
	80186		19.00		82003		26.00
	80188		20.00		82009		5.00
	80190		15.00		82010		9.90
	80192		15.00		82010	QW	9.90
	80194		15.00		82013		14.00
	80196		7.00		82016		12.90
	80197		15.00		82017		18.60
	80198		15.00		82024		30.00

HCPCS				HCPCS			
<u>IND</u>	<u>Code</u>	<u>MOD</u>	<u>Maximum Fee Allowance \$</u>	<u>IND</u>	<u>Code</u>	<u>MOD</u>	<u>Maximum Fee Allowance \$</u>
	82030		34.00		82308		34.00
A N	82040		1.80	A N	82310		3.00
	82042		2.43		82330		14.70
	82043		4.30		82331		5.72
	82044		1.00		82340		3.60
	82044	QW	1.00		82355		9.00
	82045		38.00		82360		12.00
	82055	QW	4.50		82365		9.00
	82055		4.50		82370		9.00
	82075		8.80		82373		7.95
	82085		11.00	A N	82374		3.30
	82088		40.00		82375		6.00
	82101		16.30		82376		3.00
	82103		7.80		82378		22.40
	82104		7.80		82379		18.64
	82105		10.20		82380		6.00
	82106		10.20		82382		12.00
	82108		28.17		82383		12.00
	82120		4.00		82384		18.00
	82120	QW	4.00		82387		24.00
	82127		12.90		82390		6.00
	82128		12.90		82397		19.50
	82131		18.64		82415		15.00
	82135		20.00	A N	82435		3.00
	82136		18.64		82436		3.00
	82139		18.64		82438		3.00
	82140		6.00		82441		8.00
	82143		4.20	A N	82465		3.00
	82145		12.00		82465	FP	3.00
A N	82150		4.50		82465	QW	3.00
	82154		31.88		82480		4.50
	82157		29.00		82482		10.00
	82160		27.65		82485		28.00
	82163		21.00		82486		4.40
	82164		20.00	N	82487		4.00
	82172		20.00	N	82488		15.00
	82175		7.20	N	82489		15.00
	82180		3.60		82491		21.50
	82190		20.60		82492		21.50
	82205		12.00		82495		9.66
	82232		17.80		82507		37.00
	82239		20.00		82520		17.00
	82240		5.69		82523	QW	15.00
	82247		3.00		82523		15.00
	82248		4.50		82525		9.00
	82252		2.50		82528		19.70
	82261		18.64		82530		17.00
	82270		1.20		82533		17.00
	82273		3.70		82540		3.00
	82273	QW	3.70		82541		4.40
	82274		3.70		82542		21.50
	82274	QW	3.70		82543		21.50
	82286		7.60		82544		21.50
	82300		28.00	A N	82550		4.80
	82306		30.00		82552		7.80
	82307		25.00		82553		7.50

HCPCS				HCPCS			
<u>IND</u>	<u>Code</u>	<u>MOD</u>	<u>Maximum Fee Allowance \$</u>	<u>IND</u>	<u>Code</u>	<u>MOD</u>	<u>Maximum Fee Allowance \$</u>
	82554		16.00		82803		16.50
A N	82565		3.00		82805		8.00
	82570	QW	3.00		82810		10.00
	82570		3.00		82820		13.82
	82575		4.50		82926		6.00
	82585		6.30		82928		6.00
	82595		1.50		82938		22.00
	82600		25.00		82941		16.00
	82607		15.00		82943		19.00
	82608		15.00		82945		4.34
	82615		11.00		82946		13.00
	82626		29.60	A	82947		4.34
	82627		29.00	A	82947	FP	4.34
	82633		38.52	A	82947	UD	4.34
	82634		25.72		82947	52	2.00
	82638		15.20		82947	QW	4.34
	82646		25.30		82948		1.50
	82649		31.00		82948	FP	1.50
	82651		33.00		82948	QW	1.50
	82652		47.87		82950		3.00
	82654		13.60		82950	QW	3.00
	82656		12.30		82951		5.00
	82657		21.50		82951	QW	5.00
	82658		21.50		82952		1.00
	82664		13.60		82952	QW	1.00
	82666		22.00		82953		10.00
	82668		17.50		82955		6.00
	82670		25.00		82960		7.00
	82671		41.00		82962		2.60
	82672		25.00		82963		26.50
	82677		28.00		82965		6.30
	82679	QW	25.00		82975		19.80
	82679		25.00	A N	82977		4.80
	82690		21.50		82978		12.00
	82693		12.50		82979		9.00
	82696		22.00		82980		20.00
	82705		.60		82985		6.60
	82710		7.80		82985	QW	6.60
	82715		7.80		83001		17.00
	82725		15.50		83001	QW	17.00
	82726		21.50		83002	QW	17.00
N	82728		16.00		83002		17.00
	82731		71.20		83003		16.00
	82735		24.00		83004		16.00
	82742		21.73		83008		21.60
	82746		10.50		83009		48.00
	82747		18.00		83010		12.00
	82757		22.50		83012		12.00
	82759		11.50		83013		48.00
	82760		15.00		83014		9.00
	82775		3.74		83015		10.20
	82776		8.90		83018		25.00
	82784		11.30		83020		6.00
	82785		16.00		83021		21.50
	82787		11.09		83026		2.00
	82800		5.20		83030		10.00

HCPCS				HCPCS			
<u>IND</u>	<u>Code</u>	<u>MOD</u>	<u>Maximum Fee Allowance \$</u>	<u>IND</u>	<u>Code</u>	<u>MOD</u>	<u>Maximum Fee Allowance \$</u>
	83033		7.00	A N	83718		8.00
	83036		6.60		83719		15.50
	83036	QW	6.60		83721		10.00
	83045		1.50		83727		17.00
	83050		3.00	A N	83735		4.50
	83051		1.20		83775		5.90
	83055		1.50		83785		12.99
	83060		3.00		83788		4.40
	83065		3.00		83789		4.40
	83068		3.00		83805		23.00
	83069		3.00		83825		8.40
	83070		6.00		83835		10.20
	83071		9.00		83840		4.50
	83080		19.20		83857		12.00
	83088		40.00		83858		19.80
	83090		18.65		83864		13.00
	83150		12.00		83866		12.00
	83491		12.60		83872		3.20
	83497		6.00		83873		20.00
	83498		30.50		83874		12.00
	83499		30.50		83880		37.80
	83500		30.00		83883		15.00
	83505		30.00		83885		19.00
	83516		9.00		83887		20.00
	83518		8.00		83890		5.00
	83518	QW	8.00		83891		5.00
	83519		15.00		83892		5.00
	83520		14.31		83893		5.00
	83525		12.00		83894		5.00
	83527		16.11		83896		5.00
	83528		20.00		83897		5.00
A N	83540		4.50		83898		20.00
A N	83550		7.20		83901		20.00
	83570		6.00		83902		19.00
	83582		6.00		83903		20.00
	83586		7.50		83904		20.00
	83593		6.00		83905		20.00
	83605		13.50		83906		20.00
	83605	QW	13.50		83912		5.54
A N	83615		4.20		83912	22	300.00
	83625		9.00		83915		6.00
	83630		12.30		83916		20.00
	83632		16.00		83918		19.00
	83633		6.30		83919		19.00
	83634		14.00		83921		19.00
	83655	52	9.00		83925		22.00
N	83655		9.00		83930		9.00
	83661		10.50		83935		9.00
	83662		5.00		83937		40.00
	83663		10.46		83945		17.00
	83664		5.23		83950		71.20
	83670		2.10		83970		54.00
	83690		4.50		83986		4.30
	83715		7.50		83986	QW	4.30
	83716		22.00		83992		18.00
	83718	QW	8.00		84022		20.00

HCPCS			HCPCS				
<u>IND</u>	<u>Code</u>	<u>MOD</u>	<u>Maximum Fee Allowance \$</u>	<u>IND</u>	<u>Code</u>	<u>MOD</u>	<u>Maximum Fee Allowance \$</u>
	84030		6.00		84260		35.20
	84035		4.90		84270		25.00
	84060		3.60		84275		16.00
	84061		3.60		84285		28.80
	84066		12.60	A N	84295		3.90
A N	84075		3.60		84300		3.90
	84078		3.60		84302		3.90
	84080		3.60		84305		16.00
N	84081		20.00		84307		16.00
	84085		7.90		84311		7.50
	84087		13.50		84315		3.00
A N	84100		3.00		84375		23.20
	84105		3.00		84376		7.00
	84106		1.80		84377		7.00
	84110		7.50		84378		14.00
	84119		3.00		84379		14.00
	84120		7.50		84392		5.60
	84126		34.50		84402		30.40
	84127		15.00		84403		32.00
A N	84132		3.90		84425		29.00
	84133		3.90		84430		3.60
	84134		20.00		84432		13.00
	84135		12.00		84436		6.00
	84138		12.00		84437		6.00
	84140		27.50	N	84439		10.00
	84143		30.00		84442		12.00
	84144		20.00		84443		23.00
	84146		20.00		84445		27.80
	84150		30.00		84446		16.80
	84152		24.50		84449		24.00
	84153		24.50		84450	QW	3.00
	84154		24.50	AN	84450		3.00
A N	84155		1.80		84460	QW	3.00
	84156		1.80	A N	84460		3.00
	84157		1.80		84466		15.20
	84160		1.80		84478	QW	7.30
	84163		16.80	A N	84478		7.30
	84165		6.00		84479		6.00
	84166		19.00		84480		15.00
	84181		20.00		84481		15.00
	84181	26	15.00		84482		15.00
	84182		23.50		84484		12.00
N	84202		10.40		84485		3.30
N	84203		3.00		84488		3.30
	84206		19.00		84490		3.30
	84207		32.00		84510		12.70
	84210		12.80		84512		10.00
	84220		13.00	A N	84520		3.00
	84228		13.60		84525		3.00
	84233		16.00		84540		3.00
	84234		20.00		84545		6.00
	84235		63.20	A N	84550		3.00
	84238		43.00		84560		3.00
	84244		25.00		84577		6.00
	84252		24.00		84578		.40
	84255		29.60		84580		2.10

HCPCS			HCPCS				
<u>IND</u>	<u>Code</u>	<u>MOD</u>	<u>Maximum Fee Allowance \$</u>	<u>IND</u>	<u>Code</u>	<u>MOD</u>	<u>Maximum Fee Allowance \$</u>
	84583		2.10		85250		26.00
	84585		12.00		85260		24.00
	84586		48.00		85270		24.00
	84588		45.00		85280		26.00
	84590		6.00		85290		8.00
	84591		12.82		85291		7.00
	84597		18.00		85292		26.00
	84600		18.00		85293		26.00
N	84620		16.00		85300		15.00
	84630		15.00		85301		14.00
	84681		22.00		85302		16.00
	84702		11.39		85303		18.00
	84702	UD	11.39		85305		16.00
	84703	UD	3.00		85306		18.00
	84703	QW	3.00		85307		18.00
	84703		3.00		85335		10.00
	84830		3.00		85337		10.00
	84999		B.R.		85345		1.80
	85002		1.20		85347		3.00
	85004		7.20		85348		1.20
N	85007		2.40		85360		11.00
	85008		1.20		85362		3.00
	85009		1.20		85366		8.00
	85013		1.50		85370		5.00
	85013	FP	1.50		85378		5.00
	85014	UD	1.50		85379		5.00
	85014	QW	1.50		85380		5.00
N	85014		1.50		85384		9.60
N	85018		1.20		85385		9.60
	85018	QW	1.20		85390		7.00
	85018	QW FP	2.00		85390	26	5.00
	85025	UD	5.00		85396		18.00
N	85025		5.00		85400		9.00
N	85027		4.80		85410		9.00
	85032		3.00		85415		10.00
N	85041		1.20		85420		9.00
N	85044		3.00		85421		14.00
	85045		4.00		85441		5.00
	85046		2.75		85445		5.00
N	85048		1.20		85460		9.40
	85049		5.00		85461		9.00
	85055		38.00		85475		10.00
	85060		8.00		85520		7.97
	85097	26	24.00		85525		16.00
	85097		24.00		85530		16.00
	85130		B.R.		85536		5.00
	85170		.60		85540		8.90
	85175		3.90		85547		10.50
	85210		3.00		85549		25.00
	85220		24.00		85555		4.80
	85230		24.00		85557		4.80
	85240		24.00		85576	26	5.00
	85244		28.00		85576		10.00
	85245		10.00		85597		20.00
	85246		10.00		85610		3.00
	85247		10.00		85610	UD	3.00

HCPCS			HCPCS				
<u>IND</u>	<u>Code</u>	<u>MOD</u>	<u>Maximum Fee Allowance \$</u>	<u>IND</u>	<u>Code</u>	<u>MOD</u>	<u>Maximum Fee Allowance \$</u>
	85610	QW	3.00		86294		12.00
	85611		4.50		86300	QW	23.00
	85612		13.00		86301		23.00
	85613		10.00		86304		23.00
	85635		8.40		86308		3.00
	85651		1.50		86308	QW	3.00
	85652		1.50		86309		5.00
	85660		3.00		86310		4.50
	85670		6.60		86316		28.00
	85675		6.42		86317		8.00
	85705		7.90		86318	QW	7.00
	85730	UD	3.00		86318		7.00
	85730		3.00		86320	26	5.00
	85732		3.00		86320		10.50
	85810		15.00		86325	26	5.00
	85999		B.R.		86325		25.00
	86000		.90		86327	26	5.00
	86001		4.00		86327		25.00
	86003		4.00		86329		19.00
	86005		4.16		86331		4.50
	86021		9.00		86332		33.00
	86022		9.00		86334	26	5.00
	86023		15.00		86334		30.00
	86038		7.80		86335		32.80
	86039		15.00		86336		17.50
	86060		3.60		86337		13.71
	86063		1.20		86340		20.00
	86064		41.68		86341		25.00
	86077		25.00		86343		6.00
	86078		17.00		86344		10.86
	86079		17.00		86353		32.00 Each mitog
	86140		3.00		86359		40.00
	86141		14.30		86360		55.00
	86146		35.00		86361		55.00
	86147		35.00		86376		6.60
	86148	UD	22.00		86378		26.00
	86155		14.00		86379		42.16
	86156		3.00		86382		20.00
	86157		9.00		86384		10.86
	86160		9.00		86403		8.00
	86161		9.00		86406		6.60
	86162		15.60		86430		1.80
	86171		4.50		86431		4.50
	86185		7.90		86485		4.00
	86215		18.00		86490		4.00
	86225		13.00		86510		4.00
	86226		15.00		86580		4.00
	86235		24.00		86585		4.00
	86243		15.90		86586		4.00
	86255	26	5.00		86587		42.16
	86255		7.80		86588	QW	6.00
	86256	26	5.00		86590		8.00
	86256		12.50		86592	UD	1.50
	86277		16.00		86592	FP	1.50
	86280		5.40		86592		1.50
	86294		12.00		86593		3.00

HCPCS			HCPCS				
<u>IND</u>	<u>Code</u>	<u>MOD</u>	<u>Maximum Fee Allowance \$</u>	<u>IND</u>	<u>Code</u>	<u>MOD</u>	<u>Maximum Fee Allowance \$</u>
	86602		10.00		86709		12.60
	86603		10.00		86710		12.00
	86606		10.00		86713		20.00
	86609		10.00		86717		16.00
	86611		11.20		86720		15.00
	86612		10.00		86723		15.00
	86615		10.00		86727		15.00
	86617		19.00		86729		12.00
	86618	QW	23.00		86732		15.00
	86618		23.00		86735		15.00
	86619		10.00		86738		12.00
	86622		8.00		86741		12.00
	86625		10.00		86744		12.00
	86628		10.00		86747		12.00
	86631		10.00		86750		12.00
	86632		15.00		86753		12.00
	86635		10.00		86756		12.00
	86638		12.50		86757		21.40
	86641		12.50		86759		12.00
	86644		12.00		86762	FP	12.00
	86645		12.00		86762	UD	12.00
	86648		18.00		86762		12.00
	86651		12.00		86765		10.00
	86652		12.00		86768		12.00
	86653		12.00		86771		12.00
	86654		12.00		86774		5.40
	86658		12.00		86777		12.00
	86663		12.00		86778		15.00
	86664		21.00		86781		12.00
	86665		25.00		86784		8.00
	86666		11.20		86787		12.60
	86668		12.00		86790		17.00
	86671		15.00		86793		8.00
	86674		20.00		86800		13.00
	86677		12.00		86803		19.00
	86682		12.00		86804		20.00
	86684		15.00		86805		22.00
	86687		11.60		86806		22.00
	86688		13.00		86807		54.00
	86689		21.20		86808		39.00
	86692		20.00		86812		12.60
	86694		12.80		86813		19.00
	86695		12.80		86816		19.00
	86696		21.40		86817		19.00
	86698		15.00		86821		68.00
	86701		12.00		86822		50.00
	86701	UD	12.00		86849		B.R.
	86701	FP	12.00		86850		4.20
	86701	QW	12.00		86850	UD	4.20
	86702		13.00		86860		4.20
	86703		18.00		86870		9.00
	86704		15.00		86880		5.00
	86705		12.60		86885		6.80
	86706		12.00		86886		5.00
	86707		12.00		86890		75.00
	86708		12.00		86891		75.00

HCPCS				HCPCS			
<u>IND</u>	<u>Code</u>	<u>MOD</u>	<u>Maximum Fee Allowance \$</u>	<u>IND</u>	<u>Code</u>	<u>MOD</u>	<u>Maximum Fee Allowance \$</u>
	86900		2.00		87147		3.00
	86900	UD	2.00		87149		22.00
	86901		2.00		87152		5.79
	86901	UD	2.00		87158		3.00
	86903		11.70		87164		6.00
	86904		11.70		87164	26	3.00
	86905		3.00		87166		6.00
	86906		2.00		87168		4.72
	86910		12.60		87169		4.72
	86911		5.00		87172		4.72
	86920		12.00		87176		6.40
	86921		12.00		87177		5.10
	86922		12.00		87181		5.80
	86940		9.50	N	87184		9.00
	86941		12.50		87184	UD	9.00
	86945		8.00		87184	FP	9.00
	86950		32.00		87185		5.25
	86965		25.00		87186		11.00
	86970		15.00		87187		13.00
	86971		15.00		87188		6.00
	86972		15.00		87190		.60
	86975		25.00		87197		15.00
	86976		25.00		87205		4.20
	86977		25.00		87206		4.20
	86978		35.00		87207		3.00
	86985		25.00		87210	QW	2.40
	86999		B.R.		87210		2.40
	87001		9.00		87220		2.40
	87003		15.00		87230		27.00
	87015		5.10		87250		25.50
N	87040		9.00		87252		29.50
N	87045		9.00		87253		6.00
	87046		3.00		87254		5.41
N	87070		9.00		87255		30.00
	87071		6.00		87260		10.00
	87073		6.00		87265		10.00
	87075		9.00		87267		10.00
	87076		6.00		87269		10.00
	87077		9.00		87270		10.00
	87077	QW	9.00		87270	FP	10.00
	87081		9.00		87272		10.00
	87084		3.00		87272		12.00
	87086		6.00		87273		12.18
	87086	FP	6.00		87274		12.80
	87088		2.70		87274	FP	12.80
	87101		8.00		87275		12.18
	87102		8.00		87276		12.00
	87103		8.00		87277		12.18
	87106		8.00		87278		15.00
	87107		11.42		87279		12.18
	87109		14.00		87280		12.00
	87110		15.00		87281		12.18
	87116		6.00		87283		12.18
	87118		12.00		87285		12.00
	87140		3.00		87290		12.60
	87143		3.00		87299		12.00

HCPCS			HCPCS				
<u>IND</u>	<u>Code</u>	<u>MOD</u>	<u>Maximum Fee Allowance \$</u>	<u>IND</u>	<u>Code</u>	<u>MOD</u>	<u>Maximum Fee Allowance \$</u>
	87300		6.00		87515		25.00
	87301		12.00		87516		38.00
	87320		12.50		87517		20.00
	87320	FP	12.50		87520		25.00
	87320	WF	12.50		87521		38.00
	87324		12.50		87522		20.00
	87327		12.18		87525		25.00
	87328		12.50		87526		38.00
	87329		12.00		87527		20.00
	87332		12.00		87528		25.00
	87335		12.00		87529		38.00
	87336		12.18		87530		20.00
	87337		12.18		87531		25.00
	87338		9.00		87532		38.00
	87339		12.18		87533		20.00
	87339	QW	12.18		87534		25.00
	87340		14.00		87535		38.00
	87340	UD	14.00		87536		117.00
	87341		11.42		87537		25.00
	87350		14.00		87538		38.00
	87380		20.00		87539		20.00
	87385		15.00		87540		25.00
	87390		15.00		87541		38.00
	87391		15.00		87542		20.00
	87400		6.00		87550		25.00
	87420		12.00		87551		38.00
	87425		12.00		87552		20.00
	87427		12.18		87555		25.00
	87430		12.00		87556		38.00
	87449	QW	12.00		87557		20.00
	87449		12.00		87560		25.00
	87450		10.00		87561		38.00
	87451		10.60		87562		20.00
	87470		20.00		87580		25.00
	87471		30.00		87581		38.00
	87472		20.00		87582		20.00
	87475		25.00		87590		25.00
	87476		38.00		87590	FP	25.00
	87477		20.00		87591		38.00
	87480		25.00		87591	FP	38.00
	87481		38.00		87592		20.00
	87482		20.00		87620		25.00
	87485		25.00		87620	FP	25.00
	87486		38.00		87621		38.00
	87487		20.00		87621	FP	38.00
	87490		20.00		87622		20.00
	87490	FP	20.00		87650		25.00
	87491		38.00		87651		38.00
	87491	FP	38.00		87652		20.00
	87492		20.00		87660		25.00
	87495		25.00		87797		25.00
	87496		38.00		87798		38.00
	87497		20.00		87799		20.00
	87510		25.00		87800		25.00
	87511		38.00		87801		38.00
	87512		20.00		87802		12.17

HCPCS				HCPCS			
<u>IND</u>	<u>Code</u>	<u>MOD</u>	<u>Maximum Fee Allowance \$</u>	<u>IND</u>	<u>Code</u>	<u>MOD</u>	<u>Maximum Fee Allowance \$</u>
	87803		12.17		88161		12.00
	87804		12.17		88161	26	7.00
	87804	QW	12.17		88161	TC	5.00
	87807		12.17		88162		59.00
	87810		12.00		88162	26	43.00
	87850		12.00		88162	TC	16.00
	87880		12.00		88164		6.00
	87880	QW	12.00		88164	FP	6.00
	87899		12.00		88165		6.00
	87899	QW	12.00		88165	FP	6.00
N	87901		350.00		88166		6.00
N	87903		675.72		88166	FP	6.00
N+	87904		36.00		88167		6.00
	87999		B.R.		88167	FP	6.00
	88104		12.00		88172		40.00
	88104	26	7.00		88172	26	28.00
	88104	TC	5.00		88172	TC	12.00
	88104		12.00		88173		25.00
	88106		812.00		88173	26	20.00
	88106	26	7.00		88173	TC	5.00
	88106	TC	5.00		88174		23.50
	88107		12.00		88175		28.50
	88107	26	7.00		88182		64.11
	88107	TC	5.00		88182	TC	19.07
	88108		12.00		88182	26	45.05
	88108	26	7.00		88184		26.60
	88108	TC	5.00		88185		26.60
	88112		18.00		88187		12.00
	88125		7.00		88188		12.00
	88125	26	6.00		88189		12.00
	88125	TC	1.00		88199		B.R.
	88130		9.65		88230		90.00
	88130	26	7.00		88233		90.00
	88140		4.20		88235		90.00
	88140	26	3.00		88237		90.00
	88141	FP	6.00		88239		90.00
	88141		6.00		88240		7.75
	88142		18.00		88241		7.75
	88142	FP	18.00		88245		184.00
	88143	FP	18.00		88248		230.00
	88147		13.48		88249		230.00
	88147	FP	13.48		88262		172.00
	88148		13.48		88263		184.00
	88148	FP	13.48		88264		172.00
	88150		6.00		88267		230.00
	88150	FP	6.00		88271		16.00
	88152		6.00		88273		35.00
	88152	FP	6.00		88274		45.00
	88153		6.00		88275		55.00
	88153	FP	6.00		88280		34.00
	88154		6.00		88283		46.00
	88154	FP	6.00		88285		27.23
N	88155		6.00		88289		40.00
	88160		7.00		88291		26.82
	88160	26	5.00		88299		B.R.
	88160	TC	2.00		88300		9.35

HCPCS			HCPCS				
<u>IND</u>	<u>Code</u>	<u>MOD</u>	<u>Maximum Fee Allowance \$</u>	<u>IND</u>	<u>Code</u>	<u>MOD</u>	<u>Maximum Fee Allowance \$</u>
	88300	26	6.55		88347	TC	10.00
	88300	TC	2.80	N	88348		141.81
	88300	UD	9.35		88348	26	98.22
	88300	UD 26	6.55		88348	TC	46.59
	88302		20.85	N	88349		88.70
	88302	26	10.80		88349	26	56.06
	88302	TC	10.05		88349	TC	32.63
	88304		26.00		88355		126.00
	88304	26	16.67		88355	26	94.50
	88304	TC	9.33		88355	TC	31.50
	88304	UD	26.00		88356		126.00
	88304	UD 26	19.00		88356	26	94.50
	88305		40.00		88356	TC	31.50
	88305	26	30.00		88358		94.50
	88305	FP	40.00		88358	26	63.00
	88305	TC	10.00		88358	TC	31.50
	88307		59.00		88360		94.00
	88307	26	44.00		88362		126.00
	88307	TC	15.00		88362	26	94.50
	88309		89.00		88362	TC	31.50
	88309	26	66.00		88365		47.25
	88309	TC	23.00		88365	26	31.50
	88311		6.00		88365	TC	15.75
	88311	26	4.00		88367		47.25
	88311	TC	2.00		88368		47.25
	88312		13.00		88371		30.00
	88312	26	9.00		88371	26	15.00
	88312	TC	4.00		88372		31.00
	88313		10.00		88372	26	15.00
	88313	26	6.00		88399		B.R.
	88313	TC	4.00		88400		3.00
	88314		12.00		89050		.90
	88318		8.00		89051		.90
	88319		8.00		89055		4.76
	88319	26	5.00		89060		8.50
	88319	TC	3.00		89100		20.00
	88321		28.00		89105		6.00
	88323	26	19.00		89125		.60
	88323	TC	14.00		89130		6.00
	88323		33.00		89132		6.00
	88325		44.00		89135		6.00
	88329		33.00		89136		6.00
	88331		48.00		89140		12.00
	88331	26	41.00		89141		12.00
	88331	TC	7.00		89160		2.10
	88332		15.00		89190		2.20
	88332	26	10.00		89205		1.20
	88332	TC	5.00		89220		8.00
	88342		9.00		89225		4.50
	88342	26	7.00		89230		9.00
	88342	TC	2.00		89310		4.80
	88346		40.00		89320		9.00
	88346	26	30.00		89321		9.00
	88346	TC	10.00		89325		13.00
	88347		45.00		93000		16.00
	88347	26	35.00		93012		11.00

HCPCS

<u>IND</u>	<u>Code</u>	<u>MOD</u>	<u>Maximum Fee Allowance \$</u>
	93040		10.00
	93041		6.00
	95070		18.00
	95071		18.00
	95075		18.00
	95165		4.50

<u>IND</u>	<u>HCPCS Code</u>	<u>MOD</u>	<u>Procedure Description</u>	<u>Maximum Fee Allowance</u>	<u>HCPCS Code</u>	<u>MOD</u>	<u>Procedure Description</u>	<u>Maximum Fee Allowance</u>
					P9031		Platelets, leukocytes reduced, each unit	8.00
					P9032		Platelets, irradiated, each unit	8.00
					P9033		Platelets, leukocytes reduced, irradiated, each unit	16.00
					P9034		Platelets, pheresis, each unit	25.00
					P9035		Platelets, pheresis, leukocytes reduced, each unit	16.00
					P9036		Platelets, pheresis, irradiated, each unit	8.00
					P9037		Platelets, pheresis, leukocytes reduced, irradiated, each unit	8.00
					P9038		Red blood cells, irradiated, each unit	8.00
					P9039		Red blood cells, deglycerolized, each unit	8.00
					P9040		Red blood cells, leukocytes reduced, irradiated, each unit	8.00
					P9041		Infusion, albumin (human), 5%, 50 ml	10.00
					P9043		Infusion plasma protein fraction (human), 5%, 50 ml	10.00
					P9044		Plasma, cryoprecipitate reduced, each unit	20.00
					P9046		Infusion, albumin (human), 25%, 20ml	10.00
					P9612		Catheterization for collection of specimen; single patient, all places of service	1.80
					Q0111		Wet mounts, including preparations of vaginal, cervical or skin specimens	2.40
					Q0111	FP	Wet mounts, including preparations of vaginal, cervical or skin specimens	2.40
					Q0112		All potassium hydroxide (KOH) preparations	2.40
					Q0113		Pinworm examination	5.10
					Q0114		Fern Test	9.60
					Q0115		Post-coital direct, qualitative examinations of vaginal or cervical mucous	12.23
<u>IND</u>	<u>HCPCS Code</u>	<u>MOD</u>	<u>Procedure Description</u>	<u>Maximum Fee Allowance</u>				
	G0015		Telephonic or telemetric transmission	\$11.00				
	G0027		Semen analysis	2.40				
	G0141		Screening cytopathology smears, cervical or vaginal, performed by automated system, with manual rescreening, requiring interpretation by physician	10.00				
	G0306		Complete CBC, automated (HGB, HCT, RBC, WBC, without platelet count) and automated WBC differential count	5.00				
	G0307		Complete CBC, automated (HGB, HCT, RBC, WBC, without platelet count)	4.80				
	G0328		Immunoassay infectious agent, qualitative, fecal	7.00				
	G0328	QW	Immunoassay infectious agent, qualitative, fecal	7.00				
	P3000		Screening papanicolaou smear, cervical or vaginal, up to three smears; by technician under physician supervision	6.00				
	P3001		Screening papanicolaou smear, cervical or vaginal, requiring interpretation by a physician	6.00				

<u>IND</u>	<u>HCPCS</u> <u>Code</u>	<u>MOD</u>	<u>Procedure Description</u>	<u>Maximum</u> <u>Fee</u> <u>Allowance</u>
N	W8900		Visits to homebound beneficiaries, residential health care facility, group home, or	\$10.00
	Z2010		Urinalysis for drug addiction	4.50

N.J.A.C. 10:61-3.2

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 50 No. 11, June 4, 2018

New Jersey Administrative Code > TITLE 10. HUMAN SERVICES > CHAPTER 61. INDEPENDENT CLINICAL LABORATORIES > SUBCHAPTER 3. HEALTHCARE COMMON PROCEDURE CODING SYSTEM (HCPCS)

§ 10:61-3.2. HCPCS procedure codes and maximum fee allowance schedule for Level 1

[Click here to view image.](#)

History

HISTORY:

Amended by R.2001 d.79, effective March 5, 2001.

See: 32 New Jersey Register 4167(a), 33 New Jersey Register 781(c).

Rewrote the section.

Amended by R.2002 d.323, effective October 7, 2002.

See: 34 New Jersey Register 959(a), 34 New Jersey Register 3524(a).

In HCPCS Code 82731, increased the Total Fee from 6.60 to 71.20.

Amended by R.2003 d.15, effective January 6, 2003.

See: 34 New Jersey Register 2676(a), 35 New Jersey Register 230(c).

Updated the table of HCPCS procedure codes.

Amended by R.2006 d.37, effective January 17, 2006.

See: 37 New Jersey Register 3182(a), 38 New Jersey Register 807(a).

Rewrote the section.

Administrative correction.

See: 38 New Jersey Register 1456(b).

End of Document

N.J.A.C. 10:61-3.3

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 50 No. 11, June 4, 2018

New Jersey Administrative Code > TITLE 10. HUMAN SERVICES > CHAPTER 61. INDEPENDENT CLINICAL LABORATORIES > SUBCHAPTER 3. HEALTHCARE COMMON PROCEDURE CODING SYSTEM (HCPCS)

§ 10:61-3.3. HCPCS procedure codes, procedure description and maximum fee allowance schedule for Level 2

[Click here to view image.](#)

History

HISTORY:

Amended by R.2001 d.79, effective March 5, 2001.

See: 32 New Jersey Register 4167(a), 33 New Jersey Register 781(c).

Rewrote the section.

Amended by R.2003 d.15, effective January 6, 2003.

See: 34 New Jersey Register 2676(a), 35 New Jersey Register 230(c).

Inserted HCPCS codes Q0111 WF and Q0116 WF.

Amended by R.2006 d.37, effective January 17, 2006.

See: 37 New Jersey Register 3182(a), 38 New Jersey Register 807(a).

Rewrote the section.

NEW JERSEY ADMINISTRATIVE CODE

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N.J.A.C. 10:61-3.4

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 50 No. 11, June 4, 2018

New Jersey Administrative Code > TITLE 10. HUMAN SERVICES > CHAPTER 61. INDEPENDENT CLINICAL LABORATORIES > SUBCHAPTER 3. HEALTHCARE COMMON PROCEDURE CODING SYSTEM (HCPCS)

§ 10:61-3.4. HCPCS procedure codes, procedure description and maximum fee allowance schedule for Level 3

[Click here to view image.](#)

History

HISTORY:

Amended by R.2006 d.37, effective January 17, 2006.

See: 37 New Jersey Register 3182(a), 38 New Jersey Register 807(a).

Rewrote the section.

NEW JERSEY ADMINISTRATIVE CODE

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New Jersey Administrative Code > TITLE 10. HUMAN SERVICES > CHAPTER 61. INDEPENDENT CLINICAL LABORATORIES > SUBCHAPTER 3. HEALTHCARE COMMON PROCEDURE CODING SYSTEM (HCPCS)

§ 10:61-3.5. Pathology and Laboratory HCPCS Codes--Qualifiers

(a)Qualifiers for pathology and laboratory services are summarized below:

1. Codes 80048, 80050, 80051, 80053, 80055, 80061, 80069, 80074, 80076. The panels listed must include the laboratory tests assigned by the CPT as the components of the panel. The tests listed with each of the panels identify the defined components of that panel. If any three laboratory tests included in the panel are billed a la carte, the tests must be billed as the panel. The laboratory provider may not charge Medicaid/NJ FamilyCare more than the lowest charge level offered to another provider. The lowest charges for the laboratory test comprising the panel must aggregate as equivalent to or greater than the listed panel fee.
2. Codes 82487, 82488, and 82489--Chromatography--must list substance (compound) tested for in block 34 (REMARKS) of the claim form.
3. Code 84081--Phosphatidylglycerol--test done on newborn or amniotic fluid to determine fetal lung maturity.
4. Code 84202--Protoporphyrin, RBC; quantitative--Utilize only for testing of anemia. Utilize code 84203--Protoporphyrin, RBC; screen when testing for anemia. Code 84203 will not be reimbursed when billed in conjunction with code 83655--Blood lead determination (quantitative).
5. Code 84620--Xylose absorption tests, blood and/or urine (D-xylose tolerance test), includes serum and urine levels, up to five hourly specimens.
6. Codes 85025 and 85027 Hematology
 - i. For purpose of reimbursement based on this schedule, a complete blood count (CBC) includes a hematocrit, hemoglobin determination, RBC count, RBC indices, WBC count and differential WBC count.
 - ii. Hematology codes 85014, 85018, 85041 and 85048 will not be reimbursed in conjunction with codes for blood count with hemogram (85025 and 85027).

iii.The code for manual differential WBC count (85007) will not be reimbursed in conjunction with codes 85025 and 85027.

iv.Codes for platelet count 85049 will not be reimbursed in conjunction with codes 85025 and 85027.

7.Codes 87040, 87045, 87046, 87070, 87184--Cultures

Note: These codes may only be billed when a pathogenic microorganism is reported. A culture that indicates no growth or normal flora must be billed as a presumptive culture, 87081.

8.Code 88155--Pap smear

Note: Obtaining specimen is not a separate eligible service.

9.Codes 88348 and 88349--Electron microscopy; diagnostic and scanning are not reimbursable when used as a research tool.

Note: For reimbursement purposes, Medicaid will pay for the above diagnostic scanning procedure when it pertains to x-ray microanalysis for identification of asbestos particles and heavy metals, that is, gold, mercury, etc. and also when examining tissue specimens in occasional cases of malabsorption.

10.Code W8900--This code may be used only once per trip regardless of the number of beneficiaries seen and requires a distance in excess of 20 miles per round trip.

11.Codes 87901, 87903, 87904 and 87999--These codes for Antiretroviral Resistance Testing (ART) shall be limited to three tests per 12-month period.

i.Genotype testing has one code: 87901. Code 87999 is a temporary procedure code for virtual phenotype that must be ordered in conjunction with 87901. The temporary HCPCS code for 87999 is 0023T.

ii.Phenotype testing has two codes. The primary code, 87903, covers the first 10 drugs that are tested. The second code, 87904, shall be used for each additional drug, up to five drugs. The CPT manual specifies that code 87904 must be used in conjunction with 87903. In addition, each drug tested shall be listed separately in conjunction with billing for 87904.

History

HISTORY:

Amended by R.2001 d.79, effective March 5, 2001.

See: 32 N.J.R. 4167(a), 33 N.J.R. 781(c).

Rewrote the section.

Amended by R.2006 d.37, effective January 17, 2006.

See: 37 N.J.R. 3182(a), 38 N.J.R. 807(a).

Rewrote the section.

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INDEPENDENT CLINICAL LABORATORIES***

APPENDIX A

Fiscal Agent Billing Supplement

AGENCY NOTE:The Fiscal Agent Billing Supplement is appended as a part of this chapter but is not reproduced in the New Jersey Administrative Code. When revisions are made to the Fiscal Agent Billing Supplement, replacement pages will be distributed to providers, and copies will be filed with the Office of Administrative Law. For a copy of the Fiscal Agent Billing Supplement, access www.njmmis.com or write to:

Unisys
PO Box 4801
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History

HISTORY:

Amended by R.2001 d.79, effective March 5, 2001.

See: 32 New Jersey Register 4167(a), 33 New Jersey Register 781(c).

Amended by R.2006 d.37, effective January 17, 2006.

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