



STATE OF NEW JERSEY

DEPARTMENT OF INSTITUTIONS AND AGENCIES

DIVISION OF MEDICAL ASSISTANCE

AND

HEALTH SERVICES

HEALTH SERVICES PROGRAM

INDEPENDENT LABORATORY
MANUAL

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STATE OF NEW JERSEY
Department of Human Services
Division of Medical Assistance and Health Services

New Jersey Health Services Program NEWSLETTER

VolumeP-208.....

November 1, 1977

TO: INDEPENDENT LABORATORIES

SUBJECT: REVISED INDEPENDENT LABORATORY CLAIM FORM (MC-13-C2), EFFECTIVE
NOVEMBER 1, 1977

Please refer to Newsletter Volume P-195 dated September 12, 1977 which announces a January 1, 1978 implementation date for the Medicaid Management Information System (MMIS). In order to incorporate federally required MMIS information, the MC-13 Claim Form has been redesigned.

Enclosed is a supply of the revised MC-13 Claim Form, which should be adequate for your current needs. For your convenience, and to expedite a reorder of claims, please use the attached reorder form.

In order that we may have operational data by the MMIS implementation date, the effective date for use of the revised claim form is November 1, 1977. If you receive your MC-13-C2 claim supply after November 1, begin using the new claim form immediately in accordance with the following instructions. Destroy all of your old claim forms.

The major changes to the form (items 7, 8, 10 and 12), are highlighted below, followed by billing instructions and a sample claim form.

HIGHLIGHTS OF THE REVISIONS TO THE MC-13 CLAIM FORM

Items 7 and 8 must be completed.

Item 7: Other Insurance

Check the appropriate block to indicate whether the patient has other health insurance, liability coverage, or No Fault Auto Coverage. If yes, you must attach a copy of the decline notice or a copy of the explanation of payment from the carrier. When the recipient is covered by both Medicare and Medicaid, see Section 303. of your Medicaid Independent Laboratory Manual.

Item 8: Injury or illness related to employment or automobile accident.

Check the appropriate block to indicate whether illness or injury was connected with employment. If yes, enter the name and address of the employer.

Indicate whether injury resulted from an automobile accident.

Item 10: EPSDT Program Referral - Complete this item for recipients under age 21.

Early Periodic Screening, Diagnosis and Treatment (EPSDT), is an aspect of the Medicaid Program which ensures that recipients under 21 years of age receive early detection of disease and illness, as well as diagnostic and treatment services. If an EPSDT screening uncovers a health problem or defect, the patient may be referred to another practitioner for further diagnosis and/or treatment.

(continued)

THE PRUDENTIAL INSURANCE COMPANY OF AMERICA

NEW JERSEY HEALTH SERVICES PROGRAM

Governmental Health Programs Department, P.O. Box 1900, Millville, N. J. 08332

March 17, 1976

TO: INDEPENDENT LABORATORIES

**SUBJECT: REVISION TO CHAPTER III, SECTION 305.1 OF THE INDEPENDENT LABORATORY
MANUAL**

Attached are page revisions to Chapter III. You will note in item 10 of sub-section 305.1, instructions in the reporting of services on the MC-13 Form have been significantly revised.

Please replace the current manual page 17 with the attached revised pages 17 and 17.1. The change to this sub-section has been bracketed accordingly and the augmentation of sub-section 305.1 necessitated the creation of the additional page 17.1.

THE PRUDENTIAL INSURANCE COMPANY OF AMERICA

NEW JERSEY HEALTH SERVICES PROGRAM

Governmental Health Programs Department, P.O. Box 1900, Millville, N. J. 08332

September 26, 1975

TO: INDEPENDENT LABORATORIES

SUBJECT: REVISED CHAPTER II OF THE INDEPENDENT LABORATORY MANUAL

Enclosed is a revised Chapter II of the Laboratory Services Manual.

Please remove your current Chapter II, destroy same and replace it with the attached.

NEW REQUIREMENT

Section 203.1 of your new Chapter II to the Independent Laboratory Services Manual requires that each laboratory must provide the New Jersey Health Services Program with a listing of tests and profiles actually performed on its premises (addresses to be identified) and a current price list, including discounts, with an update of said list as capabilities change. You are requested to comply with the aforementioned by forwarding the information no later than November 1, 1975 to the Attention of Chief, Medical Care Administrator, Mr. Thomas M. Russo at: Division of Medical Assistance and Health Services, 324 E. State Street, Trenton, New Jersey 08625.

Your attention is also directed to Section 204 of the newly revised Chapter II "Basis of Laboratory Payment". There is an option for the Service Laboratory to bill for procedures done by the Reference Laboratory, or for the Reference Laboratory itself to bill directly to Prudential Insurance for procedures performed on behalf of the Service Laboratory. When the Service Laboratory elects to bill for procedures done by the Reference Laboratory a note indicating "PERFORMED BY REFERENCE LAB" (Name of Laboratory) - must accompany the identifying tests or procedures in Item 10C of the Independent Laboratory Claim Form (MC-13-A-C1).

Chapter III Manual page changes will be forwarded to you in the near future.

THE PRUDENTIAL INSURANCE COMPANY OF AMERICA

NEW JERSEY HEALTH SERVICES PROGRAM

Governmental Health Programs Department, P.O. Box 1900, Millville, N. J. 08332

ATTENTION: Independent Laboratory

April 1, 1972

SUBJECT: MANUAL REVISIONS - CHAPTER IV

The laboratory procedure and code list for the New Jersey Health Services Program has been slightly modified. A few new procedures and codes have been added and some existing code numbers have been changed.

PLEASE INSERT THE ENCLOSED SECTION IN YOUR INDEPENDENT LABORATORY MANUAL IN PLACE OF THE EXISTING CHAPTER IV.

As stated in section 305.1 paragraph 10-B (Page 17) of your manual, "Independent Laboratories must identify procedures by use of codes which are described in the manual appendix furnished to those eligible to provide such services." It is suggested that you and your staff familiarize yourselves with these codes and descriptions, as this form of code billing will be significant time saver for you and at the same time will enable the Contractor to expedite your claims. However, if you provide a service that is not covered by a code number, please use your own narrative description.

If you have any questions about the coding, please contact Mrs. Doris Leonard, Supervising Claim Approver. She may be reached at 609-825-8700 or 201-621-6960. Written inquiries should be directed to Mrs. Leonard's attention c/o Medicaid Claim Division, Prudential Insurance Company of America, Post Office Box 1900, Millville, New Jersey 08332.

Letter received from [illegible]

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AUG 7 1972

Division of State Library,
Archives and History,
Trenton, N. J.

FOREWORD

The New Jersey Medical Assistance and Health Services Act (Chapter 413, Laws of 1968) established a program of assistance and services for defined groups of persons to enable them to secure quality medical care. This is the New Jersey version of a program commonly known as "Medicaid" or "Title XIX". In identifying persons eligible for such assistance and services this will be known as the New Jersey Health Services Program.

This manual is designed for use by providers billing for services furnished under the Program. It contains informational and procedural material needed to assist the provider in prompt and efficient payment of claims and to answer questions which patients may ask about the program. The procedures described in this manual have been devised to achieve the goals of the Program with due consideration to the needs of the covered persons and effective relationships with providers.

A careful effort has been made to insure that the provisions of the law and the regulations are accurately reflected. This issuance should help to assure that the law is uniformly applied without regard to where covered services are furnished.

The manual is designed to accommodate new pages as administrative changes in procedure are made. Accordingly, revised sections, pages, or chapters will be issued as the need presents itself.

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GENERAL INFORMATION ABOUT THE PROGRAM

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CHAPTER I

GENERAL INFORMATION ABOUT THE PROGRAM

100. WHO IS ELIGIBLE

In general, Medical Assistance will be available to the following individuals:

All individuals receiving financial assistance under the State programs of Old Age Assistance, Assistance for Dependent Children, Aid to the Blind and Assistance to the Permanently and Totally Disabled. (These are referred to as "categorical assistance" programs.)

Persons who would be eligible for financial assistance under one of the above programs except for a requirement that is specifically prohibited by Federal law or regulations, such as execution of a reimbursement agreement.

Persons who meet the standard of need applicable to their circumstances under one of the categorical assistance programs, but who are not receiving and do not apply for such assistance.

Children between 18 and 21 who, except for school attendance requirements, would be eligible for the State program of Assistance for Dependent Children.

Children under 21 years of age in foster placement under supervision of the Bureau of Children's Services for whom maintenance is being paid in whole or in part from public funds.

The spouse of a recipient of old age assistance, assistance for the permanently and totally disabled, or assistance for the blind who is living with such recipient and whose needs are taken into account in determining the amount of financial assistance for the recipient.

GENERAL INFORMATION

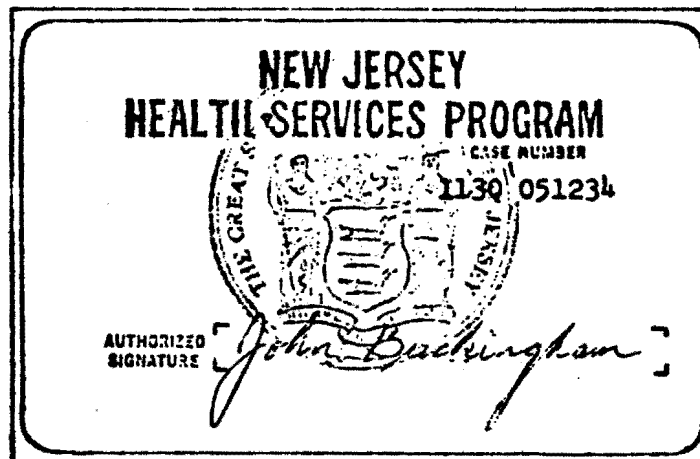
101. HOW TO IDENTIFY A COVERED PERSON

101.1 Plastic Identification Card (Exhibit I)

This card identifies an individual or head of a family group found eligible for payment for authorized health services under the New Jersey Health Services Program administered by the Division of Medical Assistance and Health Services, Department of Institutions and Agencies. It will contain the name of the individual or head of the household and the Health Services Program Case Number. This card is issued by the Division of Medical Assistance and Health Services. It will serve as an identification card only.

NOTE: THIS CARD IS NOT A GUARANTEE OF ELIGIBILITY, BUT MUST BE ACCOMPANIED BY A CURRENT MONTH VALIDATION FORM ISSUED BY A COUNTY WELFARE BOARD OR THE STATE OF NEW JERSEY (SEE SECTION 101.2).

Exhibit I



101.2 Validation Form (Exhibit II)

This validation for health services form is issued by the appropriate County or State Agency monthly and indicates the individual is currently eligible for coverage.

NOTE: THIS FORM IS THE SOLE INDICATOR OF ELIGIBILITY. THE PLASTIC IDENTIFICATION CARD ALONE IS NOT SUFFICIENT.

The sample shown contains all of the required information. However, the form itself may vary from county to county.

IMPORTANT: Be sure to enter name, H.S.P. Case Number, and Person Number, EXACTLY as it appears on the Validation form on all Requests for Authorization and claim forms.

COUNTY WELFARE BOARD

VALIDATION FOR HEALTH SERVICES PROGRAM

Valid Only for Month of Jan. 1970

BUCKINGHAM	11 30 051234
01 John	24 Olive
02 Mary	25 Sarah
20 Emma Jones	26 Adolph
21 Lila	
22 James	
23 Belinda Smith	

In certain circumstances, a temporary identification and validation form will be issued. This form will identify the case as eligible for health services for 30 days from the date of issue.

STATE OF NEW JERSEY
 DEPARTMENT OF INSTITUTIONS AND AGENCIES
 DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES

TEMPORARY IDENTIFICATION AND VALIDATION OF ELIGIBILITY

CURRENT CASE NO.			EFFECTIVE DATE		
CTY	PROG	NUMBER	MO	DAY	YR

LAST NAME	FIRST NAME	M.I.	BIRTH DATE		
			MO	DAY	YR

NOTICE TO PROVIDER OF HEALTH SERVICES:

This form, when signed by or on behalf of the person whose name is first listed, identifies the person(s) listed as eligible for payment for authorized health services under the New Jersey Health Services Program.

This form also serves as a temporary validation of eligibility for a period not exceeding 30 days from the effective date entered above.

The information appearing on this form should be used in completing the claim form to be submitted to the appropriate Contractor for the State of New Jersey.

NOTICE TO CLIENT:

This form must be signed on the line below marked "Signature" by or on behalf of the person whose name is first listed. This form must be presented to the provider of health services to prove eligibility for payment. **DO NOT USE** this form after receiving your plastic identification card and your monthly "Validation for Health Services".

Signature _____

MAP-16(11/69) TEMP. FORM

EXHIBIT III

Prepared By _____ Date _____

Approved By _____ Date _____

GENERAL INFORMATION

102. AUTHORIZED SERVICES FOR COVERED PERSONS

The items and services provided to covered persons will not normally be limited in duration or amount. Any limitations imposed will be consistent with the medical necessity of the patient's condition, as determined by the attending physician or other practitioner, in accordance with standards generally recognized by health professionals and promulgated through the Division of Medical Assistance and Health Services. The following items and services, more specifically defined in subsequent sections of the appropriate manual, are authorized under the Program:

- (a) Inpatient hospital services, other than services in an institution for tuberculosis or mental diseases;
- (b) Inpatient hospital services for persons 65 and older in a public institution for tuberculosis or mental diseases;
- (c) Outpatient hospital services;
- (d) Clinic services, i.e., health services provided by an outpatient facility not administered or operated by a hospital;
- (e) Laboratory and x-ray services;
- (f) Skilled nursing home services;
- (g) Physicians' services, whether furnished in the office, patient's home, hospital, skilled nursing home or elsewhere;
- (h) Other practitioners' services, limited by State law to podiatrists and optometrists;
- (i) Dental services, including dentures;
- (j) Home health care services;
- (k) Pharmaceutical services - prescribed drugs (legend and non-legend)
- (l) Prosthetic devices and appliances, medical supplies and equipment; eyeglasses and hearing aids;
- (m) Rehabilitation services;
- (n) Transportation, i.e., ambulance service to and from a medical facility when the patient's condition precludes the use of other means of transportation.

GENERAL INFORMATION

103. ELIGIBLE PROVIDERS

Providers of services means any individual, partnership, association, corporation, institution, or public agency designated below, meeting applicable requirements and standards for participation in the Program:

Medical and Surgical Supply Dealers;
Certified Independent Clinical laboratories;
Dentists;
Hearing Aid Dealers;
Home Health Agencies;
Hospitals;
Skilled Nursing Homes;
Opticians;
Optometrists;
Approved Clinics (Independent Outpatient Health Facilities);
Certified Orthotists;
Pharmacies;
Physicians;
Podiatrists;
Certified Prosthetists; (excluding dental)
Providers of Medical Transportation.

104. FREE CHOICE BY COVERED PERSONS

A covered person is free to choose qualified facilities, practitioners and providers of service which meet the Program standards. In the event that the patient has no personal practitioner, or none is available, the Local Medical Assistance Unit may assist in obtaining an appropriate practitioner or health resource.

GENERAL INFORMATION

105. CONTRACTORS

The Division of Medical Assistance and Health Services will process and make payment of claims for services by skilled nursing homes and eligible state and county mental and tuberculosis hospitals.

Contracts have been negotiated on behalf of the State of New Jersey with the Hospital Service Plan of New Jersey and the Prudential Insurance Company of America to function as its contractors.

The Hospital Service Plan of New Jersey will be responsible for the processing and payment of hospital inpatient, hospital outpatient, and home health agency claims for those providers who have selected the Plan as their intermediary under Title XVIII (MEDICARE). In addition, the Hospital Service Plan of New Jersey will process and pay all pharmaceutical services claims (i.e., legend and non-legend drugs), and claims for out of state hospitals and home health agencies. Hospitals who have not participated in Title XVIII are assigned to the Hospital Service Plan.

The Prudential Insurance Company of America will handle the processing and payment of hospital inpatient, outpatient and home health agency claims for those providers who have selected Prudential as their intermediary under Title XVIII (MEDICARE). In addition, the Prudential Insurance Company will process and make payment for all other health services covered by the program.

106. PRIOR AUTHORIZATION

Under the Program, payment for certain services will require prior authorization from the Local Medical Assistance Unit, except in an emergency. It is the responsibility of the specified person or institution providing such service to obtain prior authorization before furnishing or rendering service. Specific instructions are detailed in the appropriate manual sections.

107. POLICY ON OUT OF STATE MEDICAL CARE AND SERVICES

Prior approval of the Local Medical Assistance Unit shall be required for medical care and services which are to be provided outside New Jersey, except in the following situations:

1. Where necessary medical care is provided to a patient who is temporarily absent from the state.

GENERAL INFORMATION

2. When it is customary for persons in the area generally to use medical care resources and facilities outside the State of New Jersey.
3. When out of state care was provided in an emergency.

108. GENERAL EXCLUSIONS

The items listed here are general exclusions. There are certain additional specific exclusions and limitations which are detailed in the appropriate manual sections.

Payment is not made for:

1. Any service, admission or item which is not medically required for diagnosis or treatment of a disease, injury or condition;
2. Any services or items furnished in connection with elective cosmetic procedures;

Note: There are certain exceptions to this rule.

A written certification of medical necessity and a treatment plan must be submitted by the practitioner to the Local Medical Assistance Unit for consideration, and Prior Authorization is required.

3. Private duty nursing service;
4. Services or items furnished for any sickness or injury occurring while the Covered Person is on active duty in the military;
5. Services or items furnished for any condition or accidental injury arising out of and in the course of employment, for which any benefits are available under the provisions of any Workmen's Compensation Law, Temporary Disability Benefits Law, Occupational Disease Law or similar legislation, whether or not the Covered Person claims or receives benefits thereunder, and whether or not any recovery is had against a third party for resulting damages;
6. That part of any benefits which are covered or payable under any health, accident, or other insurance policy, any other private or governmental health benefit system, or through any similar third party liability;
7. Services or items furnished prior to January 1, 1970, or prior to the period for which the patient presents evidence of eligibility for coverage;

GENERAL INFORMATION

8. Services or items furnished after the last day of the month in which the patient ceases to be eligible for coverage;
9. Any services or items furnished for which the Provider does not normally charge;
10. Any admission, service or item requiring Prior Authorization, where authorization has not been obtained or has been denied;
11. Services furnished by an immediate relative or member of the covered person's household.

109. CONFIDENTIALITY OF RECORDS

All individual medical records of covered persons acquired under this Program shall be confidential and shall not be released without the written consent of the covered person or his personal representative. This shall not preclude the release of statistical or summary data or information in which covered persons are not, and cannot be, identified, nor shall it preclude exchange of information between individuals or institutions providing care, Contractors and State or local official agencies.

110. UTILIZATION OF INSURANCE BENEFITS

Health, hospital, workmen's compensation, or accident insurance benefits shall be used to the fullest in meeting the medical needs of the covered person. Supplementation of available benefits shall be as follows:

1. Title XVIII

For those individuals who are covered under Medicare, responsibility for payment by the New Jersey Health Services Program will be limited to the unsatisfied deductible to the extent that the payments do not exceed the maximum allowable under the Program in the absence of other coverage.

2. Workmen's Compensation

No Program payments shall be made for a patient covered by workmen's compensation.

3. Other Health Insurance

When a covered person has other health insurance, the Program requires that such benefits be used. Supplementation shall be made by the Program when necessary, but the combined total shall not exceed the amount payable under the Program in the absence of other coverage.

GENERAL INFORMATION

111. MEDICAL REVIEW AND EVALUATION (by Local Medical Assistance Units)

Under the provisions of Federal and State Law, the Division of Medical Assistance and Health Services must provide for continuing review and evaluation of the care and services provided in the Program. This will include review of utilization of services of practitioners and other providers.

112. PROVISION FOR APPEALS - FAIR HEARING

All providers of service or covered persons will be given the opportunity for a fair hearing concerning grievances arising from the claims payment process.

113. FRAUD

The State Agency will establish and maintain methods for identifying situations in which a question of fraud in the program may exist, and referring to law enforcement officials situations in which there is valid reason to suspect that fraud has been practiced.

114. CIVIL RIGHTS

Federal regulations require that services provided to covered persons are given without discrimination on the basis of race, color, religious belief, or national origin. Therefore, payments are limited to providers of service who are in compliance with the non-discrimination requirements of Title VI of the Civil Rights Act.

115. OBSERVANCE OF RELIGIOUS BELIEF

Nothing in the Program shall be construed to require any person to undergo any medical screening, examination, diagnosis, or treatment or to accept any other health care or services provided under the Program for any purpose (other than for the purpose of discovering and preventing the spread of infection or contagious disease or for the purpose of protecting environmental health) if such person or his parent or guardian objects thereto on religious grounds.

CHAPTER II
LABORATORY SERVICES

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CHAPTER II

LABORATORY SERVICES

200. INTRODUCTION

The conditions for Coverage of Services of Independent Laboratories and related policies set forth herein, which reflect the regulations of the Department of Health, Education, and Welfare, state the specific requirements that must be met by an Independent Laboratory in order for its services to qualify for reimbursement under the New Jersey Health Services Program (Medicaid). The services of a qualified independent 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. Diagnostic laboratory tests, for purposes of this section, do not include diagnostic X-ray tests.

201. DEFINITIONS AND QUALIFICATIONS

201.1 Independent Laboratory Services

Independent laboratory services means professional and technical laboratory services ordered by a physician or other licensed practitioner within the scope of his practice as defined by the Laws of the State in which he practices.

201.2 Independent Laboratory Requirements

To qualify for participation as an independent laboratory under the New Jersey Health Services Program, the following requirements must be met:

- A. Licensure and/or approval by the N.J. State Department of Health and the State Board of Medical Examiners. This includes meeting Certificate of Need and licensure requirements, when required, and all applicable laboratory provisions of the N.J. State Sanitary Code.
- B. Certification as an independent laboratory under the Title XVIII Medicare program.
- C. Approval for participation as an independent laboratory provider by the New Jersey Health Services Program.

201.3 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 are to be followed.
- B. A laboratory approved for Medicaid participation shall only provide services and be reimbursed for the specialties and subspecialties specifically approved for Medicare participation.

201.4 Government Laboratories

State, county and municipal laboratories do not qualify for Medicaid reimbursement.

201.5 Physician Operated Laboratories

The laboratory a physician maintains for performing diagnostic tests in connection with his own practice is exempt from these regulations, but if the physician runs a laboratory which performs diagnostic work referred by other physicians, such a laboratory would then be subject to these regulations. Services furnished by out-of-hospital laboratories under the direction of a physician, such as a pathologist, are considered to be subject to the conditions where the physician holds himself and the facilities of his office out to other physicians as being available primarily for the performance of diagnostic tests. Diagnostic tests furnished by out-of-hospital physicians, whose primary practice is directly attending patients and/or consultation, even though conducted partly through diagnostic procedures, are considered physician's services rather than independent clinical laboratory services. As such, the office in which these services are provided is exempt from the conditions.

201.6 Reference and Service Laboratories

- A. A Service Laboratory is a laboratory meeting the requirements stipulated in Sect. 201.2 which performs specific tests on the laboratory's own premises.
- B. A reference Laboratory is a laboratory meeting the requirements stipulated in Sect. 201.2 which performs specific tests at the request of another approved certified laboratory.

202. LIMITATIONS ON LABORATORY SERVICES

- 202.1 Tests performed by a non-approved laboratory are not reimbursable and it is the billing laboratory's responsibility to verify approved status.
- 202.2 Additional payment will not be made to a laboratory for obtaining specimens, except in long term care facilities and home visits.
- 202.3 A laboratory shall perform only those tests that are within the categories stated in its Medicare certification and by the N.J. State Department of Health, when required, or its counterpart in the case of Out-of-State laboratories.

203. SCOPE OF SERVICES (See Chapter IV for a listing of specific procedures covered under the Health Services Program.)

- 203.1 Each laboratory shall provide the New Jersey Health Services Program with a listing of tests and profiles actually performed on its premises (address to be identified) and a current price list, including discounts, with an update of said list as capabilities change.

- 203.2 All requests for laboratory services shall require a definitive order personally signed by the attending physician requesting services and shall be on file with the billing laboratory and available for review by Medicaid representatives along with the results of the tests billed.
- 203.3 All files of Service and Reference Laboratories shall be maintained for a period of seven (7) years.
204. BASIS OF LABORATORY PAYMENT
- 204.1 Reimbursement shall be on the basis of the lowest professional charge, not to exceed an allowance determined reasonable by the Commissioner of Institutions and Agencies, and further limited by Federal policy relative to payment of practitioners and other individual providers. In no event shall the charge to Medicaid from a laboratory exceed the lowest charge to other providers for the specific service.
- 204.2 Where tests are referred to an approved laboratory by another approved laboratory, the actual charges by the reference laboratory must be indicated on the claim form. Reimbursement will be limited to the actual charge of the reference laboratory which shall not exceed the lowest professional charge of the reference laboratory.
- 204.3 The sum of any number of the components of a cluster of tests may not exceed the total charged for the group offering (profile) whether done by automation or bench testing whether or not the equipment is available in the facility. Where clusters constitute a profile, they must be billed in that manner. A cluster of tests is considered those components of a test or series of tests which, when combined, mathematically or otherwise, comprise a finished identifiable laboratory study or studies. Examples:
- A. The components of an SMA 12/60 or other automated laboratory study.
 - B. Inclusive of an MCH, MCV, etc., as a component of a C.B.C.
 - C. Inclusive of all ova and parasites in a stool examination.

205. LABORATORY REBATES

- 205.1 Rebates by reference laboratories, service laboratories, physicians or other utilizers or providers of laboratory service are prohibited under the Medicaid program. This refers to rebates in the form of refunds, discounts or kick-backs, whether in the form of money, supplies, equipment, or other thing of value. This provision prohibits laboratories from renting space or providing personnel or other considerations to a physician or other practitioner whether or not a rebate is involved.

206. OUT-OF-STATE LABORATORIES

- 206.1 Out-of-State laboratories must meet all applicable standards of the State in which located, including State licensure, if applicable, and certification under the Title XVIII Medicare and Title XIX Medicaid programs.

207. RIGHT OF INSPECTION

- 207.1 The New Jersey Health Services Program shall have the right to require and to inspect all records, files and documents of in-State and out-of-State Service and Reference laboratories which provide laboratory tests and services for reimbursement for eligible New Jersey Medicaid recipients.

CHAPTER III

INDEPENDENT LABORATORY BILLING PROCEDURES

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INDEPENDENT LABORATORY BILLING PROCEDURES

305. INDEPENDENT LABORATORY CLAIM (FORM MC-13)

This form is to be used for billing for covered Independent Laboratory services.

305.1 Instructions for Completion of Form MC-13 (See Exhibit I)

1-4. NAME, ADDRESS, CASE NO. AND PERSON NO. - Copy Patient's Name, H.S.P. Case Number and Patient Person Number EXACTLY as it appears on the monthly Validation Form. (See Section 101.)

5-6. Self-explanatory.

7-8. Leave blank.

9. NAME and ADDRESS OF PROVIDER - This information may be pre-printed.

10. REPORT OF SERVICES

- A. Enter date(s) of each procedure.
- B. Enter Procedure code and/or Procedure code and narrative.
INDEPENDENT LABORATORIES MUST IDENTIFY PROCEDURES BY USE OF CODES WHICH ARE DESCRIBED IN THE MANUAL APPENDIX FURNISHED TO THOSE ELIGIBLE TO PROVIDE SUCH SERVICES
- C. Enter charge for each procedure.

NOTE: 1: The sum of any number of the components of a cluster of tests may not exceed the total charged for the group offering (profile) whether done by automation or bench testing whether or not the equipment is available in the facility. Where clusters constitute a profile, they must be billed in that manner. A cluster of tests is considered those components of a test or series of tests which when combined, mathematically or otherwise, comprise a finished identifiable laboratory study or studies. Examples:

- A. The components of an SMA 12/60 or other automated laboratory study.
- B. Inclusive of an MCH, MCV, etc., as a component of a C.B.C.
- C. Inclusive of all ova and parasites in a stool examination.

NOTE: 2: Where tests are referred to an approved laboratory by another laboratory, the actual charges by the Reference Laboratory must be indicated on the MC-13-A-C1.

NOTE: 3: In the case where the Reference Laboratory performs billing it should do so by submitting bills directly to the Prudential Insurance Company (See Section 305.2 Mailing Instructions).

INDEPENDENT LABORATORY BILLING PROCEDURES

When the Service Laboratory elects to bill for procedures done by the Reference Laboratory a note indicating "PERFORMED BY REFERENCE LAB" (Name of Laboratory) must accompany the indentifying tests or procedures in item 10C of the Independent Laboratory Claim Form (MC-13-A-C1)

11. ENTER NAME AND SOCIAL SECURITY NUMBER of prescribing practitioner.
12. Self-explanatory.
13. PATIENT'S CERTIFICATION - Under ordinary circumstances, the patient must sign the claim form when services have been received. The claim form to be signed should indicate services rendered, and the patient must not sign a blank claim form prior to receiving services or as a condition for receiving services.

However, when the patient's signature is unobtainable, the following procedures may be used:

A. Illiterate Patient

The patient may sign by mark (X), and the signature must be witnessed by another person including the provider of service who signs his name and address on the same line.

B. Other

If a patient is physically or mentally incapable of signing, a minor child, deceased, or for other reasons the patient's signature is not obtainable through reasonable effort, the form may be signed on his behalf by:

1. A parent or
2. A legal guardian, or
3. A relative, or
4. A friend, or
5. An individual provider, or
6. A representative of an institution providing care or support, or
7. A representative of a governmental agency providing assistance.

Attached to the claim form should be a brief explanation of reason patient was not personally able to sign and relationship of signee to the patient-recipient.

NOTE: If a patient is not available for signature because specimen was forwarded directly to the laboratory by the practitioner, indicate "specimen only" in Section 13.

14. PROVIDER'S CERTIFICATION - The provider MUST sign and date the form before the claim will be considered.

305.2 Mailing Instructions

Mail the Original (Contractor's Copy) to:

The Prudential Insurance Company of America
P.O. Box 1900
Millville, New Jersey 08332

Retain the second copy (Provider Copy) for your records.

INDEPENDENT LABORATORY BILLING PROCEDURES

Instructions for Completion of Form MC-13

1. - 4. -Copy the Patient's Name, Health Services Program (HSP) Case Number, and Person Number EXACTLY as it appears on the Validation Form or Medicaid Eligibility Identification Card.
 -For additional information, see Section 101. of your Medicaid Provider Manual.
5. -Indicate Patient's age.
6. -Check appropriate block, to identify patient's sex.
7. -Check appropriate block to indicate whether the patient has other health insurance, liability coverage, or No Fault Auto Coverage.
 -If yes, you must attach a copy of the decline notice or a copy of the explanation of payment from the carrier.
 -When the recipient is covered by both Medicare and Medicaid, see Section 303. of your Provider Manual.
8. -Check as appropriate.
 -If patient's illness or injury is work related, enter name and address of employer.

 -Indicate whether injury resulted from an automobile accident.
9. -This information is usually preprinted.
 -If not preprinted, write in provider name, address, and provider number.
 -Enter telephone number.
10. -Complete this item for recipients under 21 years of age.
 -Ask the patient and/or referring physician or clinic if this visit is a result of an EPSDT screening.
 -Indicate if this patient is such a referral by checking the appropriate block.

- 11.A. -Enter date(s) of each procedure.
- 11.B. -Identify each procedure by code number as listed in Chapter IV of your Medicaid Independent Laboratory Manual.
- 11.C. -Describe tests or procedures.
- 11.D. -Check this column for each service ascribable to "Family Planning".
This should include laboratory services related to infertility studies, oral, mechanical or chemical contraceptives or applicable surgical procedures.
- 11.E. -Enter your usual and customary charge for each procedure.
- 12. -Enter the name and Individual Medicaid Practitioner (IMP) Number of the practitioner who prescribed the laboratory service(s).
- 13. -Indicate whether the patient is currently in a Long Term Care Facility.
- 14. -Under ordinary circumstances, the patient must sign the claim form when services have been received.
-The claim form must indicate services rendered, prior to presenting it to the patient for signature.
-If the patient's signature is unobtainable, see Chapter III in your Medicaid Independent Laboratory Manual for procedures to follow.
- 15. -Read the Provider Certification carefully.
-The provider must sign the MC-13 before the claim can be considered for payment.
-Indicate the billing date which is the date the claim is mailed.



STATE OF NEW JERSEY
Department of Human Services
Division of Medical Assistance and Health Services

INDEPENDENT LABORATORY CLAIM

11

1. Patient's Last Name First Name		2. Patient's Street Address		Telephone Number	
3. Health Services Program Case No.		4. Patient Person No.		5. Age	
		6. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		City State ZIP Code	
7. Other Health Insurance or Liability Coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, attach copy of Decline Notice or Explanation of Payment from carrier. No Fault Auto Coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Medicare — See Section 303 of Manual)		8. Was Patient's Illness or Injury connected with employment? If Yes, give Name and Address of Employer here. <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. PROVIDER OF SERVICE INFORMATION Telephone Number Name and Address		10. Was this service performed as a result of an EPSDT Program Referral? Yes <input type="checkbox"/> No <input type="checkbox"/> Did injury result from automobile accident? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Medicaid Provider Number (enter only when not printed below)		FOR CONTRACTOR'S USE ONLY			
		TOTAL AMOUNT A TOTAL AMOUNT B C O D E PRESCRIBING PRACTITIONERS NUMBER J A M			
		47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70			

11. REPORT OF SERVICES				
A Date Of Service	B Procedure Code	C Identify Tests or Procedures and Attach Abnormal Findings	D Check (✓) If Family Planning	E Charge
				\$
			TOTAL CHARGES	\$

12. Prescribing Practitioner Name Individual Medicaid Practitioner Number	13. Is Patient in a long term care facility? <input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

14. PATIENT'S CERTIFICATION. Authorization to Release Information, and Payment Request. I certify that the service(s) covered by this claim has been received, and I request that payment for these services be made on my behalf. I authorize any holder of medical or other information about me to release to the Division of Medical Assistance and Health Services or its authorized Agents any information needed for this or a related claim.

Signature (Patient or authorized representative) _____ Date Signed _____

15. PROVIDER CERTIFICATION. I certify that the foregoing information is true, accurate and complete; and I agree to keep such records as are necessary to disclose fully the extent of services provided, and to furnish information for such services as the State Agency may request; and that the services covered by this claim and the amount charged therefore are in accordance with the regulations of the New Jersey Health Services Program; and that no part of the net amount payable under this claim has been paid; and that payment of such amount will be accepted as payment in full without additional charge to the patient or to others on his behalf. I also certify that the services have been furnished in full compliance with the non-discrimination requirements of Title VI of the Federal Civil Rights Act. I understand that payment and satisfaction of this claim will be from Federal and State funds and that any false claims, statements, or documents, or concealment of a material fact, may be prosecuted under applicable Federal or State laws, or both.

Provider Signature _____ Billing Date Mo. / Day / Yr. _____

FOR PAYMENT MAIL TO: The Prudential Insurance Co. of America — P.O. Box 1900 — Millville, N.J. 08332

FOR CONTRACTOR'S USE ONLY

C A R D	DATE OF SERVICE			AMOUNT A	AMOUNT B	C O D E J A M	PROCEDURE CODE	F P	DATE OF SERVICE			AMOUNT A	AMOUNT B	C O D E J A M	PROCEDURE CODE	F P	
	Yr.	Mo.	Day						Yr.	Mo.	Day						
3																	
11	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48
49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	

INDEPENDENT LABORATORY SERVICES MANUAL

SUBCHAPTER 3. HCFA COMMON PROCEDURE CODING SYSTEM (HCPCS)

INDEX

10:61-3.1 INTRODUCTION

3.2 HCPCS CODES FOR PATHOLOGY AND LABORATORY

APPENDIX A - Codes With Narrative (Not in CPT-4)

APPENDIX B - Qualifiers

APPENDIX C - Modifiers

APPENDIX D - Medical Necessity Program

SUBCHAPTER 3. HCFA COMMON PROCEDURE CODING SYSTEM (HCPCS)

10:61-3.1 INTRODUCTION

(a) The New Jersey Medicaid Program utilizes the Health Care Financing Administration's (HCFA) Common Procedure Coding System (HCPCS). HCPCS follows the American Medical Association's Physicians' Current Procedural Terminology - 4th Edition (CPT-4) architecture, employing a five-position code and as many as two 2-position modifiers. Unlike the CPT-4 numeric design, the HCFA assigned codes and modifiers contain alphabetic characters. HCPCS was developed as a three-level coding system.

1. LEVEL I CODES (Narratives found in CPT-4)

These codes are adapted from CPT-4 for utilization primarily by Physicians, Podiatrists, Optometrists, Certified Nurse-Midwives, Independent Clinics and Independent Laboratories. CPT-4 is a listing of descriptive terms and numeric identifying codes and modifiers for reporting medical services and procedures performed by physicians.

Copyright restrictions make it impossible to print excerpts from CPT-4 procedure narratives for Level I codes. Thus, in order to determine those narratives it is necessary to refer to CPT-4.

2. LEVEL II CODES (Narratives found in Appendix A)

These codes are assigned by HCFA for physicians and non-physician services which are not in CPT-4. Level II codes are listed in APPENDIX A of each section.

3. LEVEL III CODES (Narratives found in APPENDIX A)

These codes are assigned by the Division and the Prudential Insurance Company to be used for those services not identified by CPT-4 codes or HCFA-assigned codes. Level III codes identify services unique to New Jersey. These codes are listed in Appendix A of each section.

(b) The responsibility of the provider when rendering specific services and requesting reimbursement is listed in both Subchapter 1. and Subchapter 2. of the Independent Laboratory Services Manual.

(c) SPECIFIC ELEMENTS OF HCPCS CODES WHICH REQUIRE ATTENTION OF PROVIDER

The lists of HCPCS code numbers for Pathology and Laboratory are arranged in tabular form with specific information for a code given under columns with titles such as: "IND", "HCPCS CODE", "MOD", "DESCRIPTION", and "MEDICAID DOLLAR VALUE". The information given under each column is summarized below:

COLUMN
TITLE

DESCRIPTION

IND

(Indicator-Qualifier) Lists alphabetic symbols used to refer provider to information concerning the New Jersey Medicaid Program's qualifications and requirements when a procedure or services code is used.

Explanation of indicators and qualifiers used in this column are given below:

"A" preceding any procedure code indicates that these tests can be and are frequently done as groups and combinations (profiles) on automated equipment.

"L" preceding any procedure code indicates that the complete narrative for the code is located in the Appendix A of this Pathology and Laboratory section.

"M" preceding any procedure code indicates that this service is a medical necessity procedure. Refer to Appendix D of this Pathology and Laboratory section.

"N" preceding any procedure code indicates that qualifiers are applicable to that code. These qualifiers are listed by procedure code number in Appendix B of this Pathology and Laboratory section.

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 New Jersey Medicaid Program's recognized modifier codes are listed in Appendix C of this Pathology and Laboratory section.

DESCRIP-
TION

Lists the code narrative. (Narratives for Level I codes are found in CPT-4. Narratives for Level II and Level III codes are found in Appendix A of this Pathology and Laboratory section.

MEDICAID
DOLLAR
VALUE

Lists New Jersey Medicaid 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 report to the MC-13A C2 claim form.

1. ALPHABETIC AND NUMERIC SYMBOLS UNDER "IND" & "MOD"

These symbols when listed under the "IND" and "MOD" columns are elements of the HCPCS coding system used as qualifiers or indicators (as in the "IND" column) and as modifiers (as in the "MOD" column). They assist the physician 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.

i. 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 code as written in CPT-4. THE PROVIDER WILL THEN BE LIABLE FOR THE ADDITIONAL REQUIREMENTS AND NOT JUST THE CPT/HCPCS CODE NARRATIVE. These requirements must be fulfilled in order to receive reimbursement.

ii. If there is no identifying symbol listed, the CPT/HCPCS code narrative prevails.

10:61—3.2 HCPCS CODES FOR PATHOLOGY/LABORATORY

<u>IND</u>	<u>HCPCS CODE</u>	<u>MOD</u>	<u>MEDICAID DOLLAR VALUE</u>	<u>IND</u>	<u>HCPCS CODE</u>	<u>MOD</u>	<u>MEDICAID DOLLAR VALUE</u>
N	80003		7.50		82070		4.50
N	80004		7.50		82087		40.00
N	80005		7.50		82088		40.00
N	80006		7.50		82089		40.00
N	80007		7.50		82112		12.60
N	80008		7.50		82137		15.00
N	80009		7.50		82138		15.00
N	80010		7.50		82140		6.00
N	80011		7.50		82141		6.00
N	80012		7.50		82143		4.20
N	80016		7.50		82145		12.00
N	80018		11.00		82150		4.50
N	80019		11.00		82155		4.50
	80031		4.50		82156		2.40
	80032		4.50		82157		34.00
	80033		4.50		82163		25.00
	80052		3.00	N	82173		13.00
N	80055		15.00		82175		7.20
N	80055	22	19.00		82180		3.60
N	80055	52	10.00		82205		12.00
	80061		15.00		82210		12.00
	80061	22	23.00	A	82250		3.00
N	80070		12.00	A	82251		4.50
N	80072		12.00		82265		3.00
	80090		7.80		82270		1.20
N	81000		1.20		82273		6.00
	81010		1.20		82290		3.00
	81030		3.00		82291		3.00
N	82011		3.90		82308		34.00
	82024		30.00	A	82310		3.00
	82030		34.00		82315		3.00
	82035		34.00		82320		3.00
A	82040		1.80		82335		.90
	82055		4.50		82340		3.60
	82060		4.50	N	82365		9.00
	82065		4.50	N	82370		9.00

<u>IND</u>	<u>HCPCS CODE</u>	<u>MOD</u>	<u>MEDICAID DOLLAR VALUE</u>	<u>IND</u>	<u>HCPCS CODE</u>	<u>MOD</u>	<u>MEDICAID DOLLAR VALUE</u>
A	82374		3.30		82643		15.00
	82375		6.00		82656		15.00
	82380		6.00		82660		9.00
	82382		12.00		82670		25.00
	82383		12.00		82671		52.00
	82384		18.00		82672		25.00
	82390		6.00		82673		10.20
A	82435		3.00		82674		20.00
	82436		3.00		82676		10.20
N	82437		9.00		82677		52.00
	82438		3.00		82678		52.00
A	82465		3.00		82679		34.00
	82470		7.00		82705		.60
	82480		4.50		82710		7.80
	82486		6.00		82715		7.80
	82525		9.00		82728		16.00
	82526		9.00		82730		5.70
	82533		17.00		82746		16.00
	82534		17.00		82785		16.00
	82540		3.00		82791		6.00
	82545		3.00		82792		6.00
	82546		3.00		82793		6.00
A	82550		4.80		82800		5.20
	82552		4.80		82801		3.30
	82555		4.80		82926		6.00
A	82565		3.00		82931		6.00
	82570		3.00		82941		16.00
	82575		4.50		82943		30.00
	82595		1.50	N	82946		13.00
	82607		15.00	A	82947		3.00
	82608		15.00		82949		.60
	82626		43.00		82954		1.50
	82628		15.00		82955		6.00
	82633		60.00	A	82977		4.80
	82634		39.00		82985		6.60
	82640		15.00		82995		1.80
	82641		15.00		82996		3.00

<u>IND</u>	<u>HCPCS CODE</u>	<u>MOD</u>	<u>MEDICAID DOLLAR VALUE</u>	<u>IND</u>	<u>HCPCS CODE</u>	<u>MOD</u>	<u>MEDICAID DOLLAR VALUE</u>
	82998		18.00		83570		6.00
	83001		17.00		83571		6.00
	83002		17.00		83578		12.60
	83003		16.00		83582		6.00
	83004		16.00		83583		12.00
	83008		34.00		83586		7.50
	83010		12.00		83587		15.00
	83011		12.00		83589		7.50
	83012		12.00		83590		15.00
	83015		10.20		83593		6.00
	83020		6.00		83597		12.00
	83036		6.60		83610		4.20
	83040		3.00	A	83615		4.20
	83050		3.00		83620		4.20
N	83051		1.20		83625		9.00
N	83053		1.20		83626		9.00
	83060		3.00		83629		4.20
	83093		3.00		83631		4.20
	83094		3.00		83632		16.00
	83095		3.00		83645		3.00
	83150		12.00		83650		3.00
	83491		12.60		83655		9.00
	83493		12.60		83660		9.00
	83494		12.60		83661		10.50
	83495		12.60		83670		2.10
	83496		12.60		83675		2.10
	83497		6.00		83680		2.10
	83498		34.00		83690		4.50
	83499		34.00	A	83700		3.00
	83523		15.00		83715		7.50
	83525		12.00		83718		8.00
N	83526		10.00		83720		10.00
	83530		6.00		83725		9.00
A	83540		4.50		83727		17.00
	83545		4.50		83735		4.50
A	83550		7.20		83740		4.50
	83555		7.20		83755		4.50

<u>IND</u>	<u>HCPCS CODE</u>	<u>MOD</u>	<u>MEDICAID DOLLAR VALUE</u>
	83760		4.50
	83795		.90
	83825		8.40
	83830		8.40
	83835		10.20
	83840		4.50
	83915		6.00
	83970		54.00
	83971		12.60
	84005		3.00
	84030		6.00
	84031		6.00
	84045		20.00
A	84060		3.60
	84065		3.60
A	84075		3.60
	84078		3.60
	84080		3.60
	84090		3.00
A	84100		3.00
	84105		3.00
	84106		1.80
	84110		7.50
	84118		3.00
	84119		3.00
	84120		7.50
	84121		7.50
A	84132		3.90
	84133		3.90
	84135		12.00
	84136		12.00
	84138		12.00
	84139		12.00
	84142		15.00
	84144		20.00
	84146		20.00
A	84155		1.80

<u>IND</u>	<u>HCPCS CODE</u>	<u>MOD</u>	<u>MEDICAID DOLLAR VALUE</u>
	84160		1.80
	84165		6.00
A	84170		6.00
	84180		2.40
	84185		.60
	84190		7.50
	84200		7.50
	84203		3.00
	84205		15.00
	84230		15.00
	84233		16.00
	84234		20.00
	84244		25.00
	84246		25.00
A	84295		3.90
	84300		3.90
M	84317		.60
	84403		32.00
	84405		32.00
	84420		15.00
	84430		3.60
	84435		6.00
	84436		6.00
	84437		6.00
	84439		20.00
	84442		12.00
	84443		25.00
A	84450		3.00
	84455		3.00
A	84460		3.00
	84465		3.00
A	84478		8.30
	84479		6.00
	84480		15.00
	84481		15.00
	84485		3.30
	84488		3.30

<u>IND</u>	<u>HCPCS CODE</u>	<u>MOD</u>	<u>MEDICAID DOLLAR VALUE</u>	<u>IND</u>	<u>HCPCS CODE</u>	<u>MOD</u>	<u>MEDICAID DOLLAR VALUE</u>
	84490		3.30		85101		9.00
A	84520		3.00		85102		30.00
	84525		3.00		85103		9.00
	84540		3.00		85150		1.80
	84545		6.00		85170		.60
A	84550		3.00		85171		.60
	84555		3.00		85210		3.00
	84560		3.00		85345		1.80
	84577		6.00		85347		3.00
	84580		2.10		85348		1.20
	84583		2.10		85362		3.00
	84585		12.00		85363		3.00
	84590		6.00		85364		8.40
	84605		3.60		85376		5.70
	84610		3.60		85377		5.70
	84695		12.60		85544		6.00
	84701		18.00		85555		4.80
	84800		25.00		85557		4.80
	84810		12.60		85575		1.80
	85000		1.20		85577		1.80
	85002		1.20		85580		1.80
	85005		3.00		85590		1.80
N	85007		2.40		85595		1.80
N	85009		1.20		85610		3.00
	85012		1.80		85614		3.00
N	85014		1.50		85615		4.50
N	85018		1.20		85650		1.50
	85021		1.80		85651		1.50
	85022		8.40		85660		1.80
	85027		8.40		85700		9.00
	85028		8.40		85730		3.00
N	85031		3.00		85732		3.00
N	85041		1.20		86000		.90
	85044		1.80		86002		1.80
N	85048		1.20		86004		1.80
	85095		18.00		86006		2.70
	85100		9.00		86008		6.00

<u>IND</u>	<u>HCPCS CODE</u>	<u>MOD</u>	<u>MEDICAID DOLLAR VALUE</u>
	86009		3.00
	86017		4.20
	86024		3.00
	86028		3.00
	86031		3.00
	86032		3.00
	86033		3.00
	86038		7.80
	86060		3.60
	86063		1.20
	86064		7.80
	86067		7.80
	86068		4.50
	86080		1.80
	86082		1.80
	86090		1.80
	86095		1.80
	86100		1.80
	86105		1.80
	86115		1.80
	86120		3.00
	86140		3.00
N	86151		22.40
	86162		15.60
	86163		7.80
	86164		9.00
	86171		4.50
	86225		13.00
	86244		10.20
	86255		7.80
	86256		9.00
	86277		16.00
	86280		5.40
	86281		3.00
	86285		10.00
	86286		10.00
	86287		10.00

<u>IND</u>	<u>HCPCS CODE</u>	<u>MOD</u>	<u>MEDICAID DOLLAR VALUE</u>
	86291		20.00
	86295		20.00
	86300		3.00
	86305		4.50
	86310		4.50
	86315		10.50
	86320		16.80
	86335		6.00
	86337		12.00
	86370		6.60
	86377		6.60
	86421		60.00
	86422		4.80
	86423		16.00
	86430		1.80
	86490		4.00
	86510		4.00
	86540		4.00
	86555		4.00
A	86582		1.50
	86593		3.00
	86594		6.00
	86595		6.00
	86600		7.80
	86650		12.00
	86660		12.00
	86662		12.00
	86800		17.00
	86812		12.60
	86813		12.60
	87001		9.00
	87015		5.10
N	87040		9.00
N	87045		9.00
N	87060		9.00
N	87070		9.00
	87076		6.00

<u>IND</u>	<u>HCPCS CODE</u>	<u>MOD</u>	<u>MEDICAID DOLLAR VALUE</u>	<u>IND</u>	<u>HCPCS CODE</u>	<u>MOD</u>	<u>MEDICAID DOLLAR VALUE</u>
N	87081		12.00	N	88155		4.20
	87084		3.00	N	88260		85.00
	87086		3.00	N	88261		85.00
	87087		2.70	N	88262		85.00
	87088		2.70	N	88265		85.00
	87101		8.00	N	88267		172.00
	87102		8.00	N	88268		172.00
	87106		8.00	N	88270		172.00
	87116		6.00		88302		6.00
	87117		9.00		88307		12.00
	87140		3.00		88313		4.20
	87143		3.00		88314		9.00
	87145		3.00		88331		15.00
	87147		3.00		88332		9.00
	87151		3.00		88348		BR
	87155		3.00		89050		.90
	87158		3.00		89051		.90
	87164		6.00		89105		6.00
	87166		6.00		89125		.60
	87177		5.10		89132		6.00
	87184		9.00		89135		6.00
	87188		6.00		89136		6.00
	87190		.60		89141		6.00
	87205		4.20		89160		2.10
	87206		4.20		89205		1.20
	87207		3.00		89300		2.40
	87208		5.10		89310		4.80
	87210		2.40		89320		3.00
	87211		5.10	M	89355		.60
	87220		2.40	N	89360		9.00
	87250		44.00				
	88104		5.40	L M	P2032		1.50
	88106		5.40	L	P2033		3.00
	88107		5.40	L N	P7001		6.00
	88130		3.90				
	88140		2.40				
	88150		3.00	L N	W8200		2.00

<u>IND</u>	<u>HCPCS CODE</u>	<u>MOD</u>	<u>MEDICAID DOLLAR VALUE</u>	<u>IND</u>	<u>HCPCS CODE</u>	<u>MOD</u>	<u>MEDICAID DOLLAR VALUE</u>
L N	W8205		9.00	L	W8621		12.60
L N	W8210		12.00	L	W8700		3.00
L A	W8215		4.00	L	W8710		3.00
L	W8225		18.00	L	W8900		10.00
L	W8615		7.80	L	W8920		1.80
L	W8620		7.80	L	W8925		.60

APPENDIX A (CODES AND NARRATIVES NOT FOUND IN CPT-4)

PATHOLOGY/LABORATORY

IND	HCPCS CODE	MOD	PROCEDURE DESCRIPTION	MEDICAID DOLLAR VALUE
M	P2032		ICTERUS INDEX, BLOOD	1.50
	P2033		THYMOL TURBIDITY, BLOOD	3.00
N	P7001		CULTURE, BACTERIAL, URINE; QUANTITATIVE, SENSITIVITY STUDY	6.00
N	W8200		GLUCOSE, SERUM (SEPARATE TUBE, GREY TOP)	2.00
			NOTE: SUBMITTED ON SAME CLAIM, AND PERFORMED ON SAME DATE AS CHEMISTRY PROFILES	
N	W8205		3 HR. GLUCOSE TOLERANCE TEST, PER 4 SPECIMENS.	9.00
N	W8210		5 HR. GLUCOSE TOLERANCE TEST, PER 6 SPECIMENS.	12.00
A	W8215		T-4 (THYROXINE) BY IMMUNOASSAY (ENZYME IMMUNOASSAY) (EMIT)	4.00
	W8225		THYROXINE - BINDING GLOBULIN WITH T4 (THYROBINDING-GLOBULIN WITH T4) (RIA) (TBG AND T4)	18.00
	W8615		ANTI-DNA, ANTI - DEOXYRIBONUCLEIC ACID, (CHEMICAL METHOD, NON-RIA)	7.80
	W8620		HERPES SIMPLEX ANTIBODIES : (HERPES SIMPLEX VIRUS, I OR II)	7.80
	W8621		HERPES SIMPLEX VIRUS, I AND II	12.60
	W8700		YEAST SCREEN (NOT DEFINITIVE) FROM URINE, VAGINAL OR THROAT CULTURES ONLY (EG., GERM TUBE)	3.00
	W8710		TRICHOMONAS PREPARATION - SMEAR OR HANGING DROP	3.00
			(SMEAR NOT ELIGIBLE FOR SEPARATE REIMBURSEMENT IF PAP SMEAR DONE ON THE SAME DAY).	
	W8900		HOUSE CALL TO HOME BOUND PATIENT IN HOME OR SHELTERED BOARDING HOME FOR PURPOSE OF OBTAINING BLOOD BY VENOUS OR ARTERIAL PUNCTURE.	10.00
			REIMBURSEMENT LIMITED TO ONCE PER TRIP REGARDLESS OF NUMBER OF PATIENTS.	
	W8920		VISIT TO OBTAIN BLOOD SPECIMENS BY VENOUS OR ARTERIAL PUNCTURE "FIRST PERSON IN NURSING HOME."	1.80
	W8925		EACH ADDITIONAL PERSON IN NURSING HOME.	.60

APPENDIX B (Pathology and Laboratory)

QUALIFIERS

1. Chemistry Automated, Multichannel Tests

Applies to CPT Codes: 80003, 80004, 80005, 80006, 80007, 80008, 80009, 80010, 80011, 80012, 80016, 80018, and 80019. The following list contains those tests which can be and are frequently performed as groups and combinations (profiles) on automated multichannel equipment: Apply this methodology to the above CPT Codes. (Discontinued codes were 8302 and 8306.) For reporting two tests, regardless of method of testing, use appropriate single test code numbers. For any combination of three or more tests among those listed below use the appropriate number 80003 - 80019. Groups of the tests listed here are distinguished from multiple tests performed individually for immediate or "stat" reporting (for handling of specimen, see 99000 and 99001).

Albumin	Iron
Alkaline Phosphatase	Lactic Dehydrogenase (LDH)
Bilirubin, Total	Phosphorus
Bilirubin, Direct	Potassium (K)
Blood Urea Nitrogen (BUN)	Protein, Total
Calcium	Sodium (NA)
Carbon Dioxide (CO2)	Total Lipids
Chlorides (Cl)	Transaminase, Glutamic Oxalacetic, (SGOT)
Cholesterol	Transaminase, Glutamic Pyruvic, (SGPT)
Creatinine	Triglycerides
Gamma Glutamyl Transpeptidase (GGTP)	T4 by Immune Assay (EMIT)
Glucose (Sugar)	Uric Acid

NOTE: The following calculations and ratios are not eligible for separate or additional reimbursement, and therefore, should not be included in determining the calculations allotted to the above Procedure Codes.

A/G Ratio	Globulin
BUN/Creatinine Ratio	FTI (T7)
Free Calcium	Free Thyroxine

NOTE: Any additional automated multichannel chemistry tests (other than those listed) performed on same date as Codes 80003, 80004, 80005, 80006, 80007, 80008, 80009, 80010, 80011, 80012, 80016, 80018 and 80019 will be reimbursed at the current allowable fee for each added test.

NOTE: Code (W8200) - Glucose (separate cube, gray top) (discontinued code 8607) performed on the same date as the following chemistry profiles 80003, 80004, 80005, 80006, 80007, 80008, 80009, 80010, 80011, 80012 80016, 80018 and 80019 will be paid an additional \$2.00.

2. Code 80072 -Arthritis Panel (discontinued code 8321)

NOTE: Shedd's Arthritis is a combination of the following tests:

ASO Titer	Uric Acid
C-Reactive Protein (CRP)	Alkaline Phosphatase
RA Factor	Triglycerides
(Rheumatoid Arthritis Factor)	

3. Code 80070- Thyroid Panel (discontinued code 8317)

T4 by RIA, plus 32 uptake, resin (WBRU) (WBRU)

NOTE: The following calculations will be included in the fee for the Thyroid Panel:

"T4" Free Thyroxine
Index (FTI), Calculated Free Thyroxine
Index (CFT4) or Calculated Thyroxine
Iodine (T4I)

NOTE: T3 by uptake, resin (WBRU) is eligible for reimbursement only when done in conjunction with T4 by RIA as part of Thyroid profile.

4. Code 80055-52 - Obstetric profile (discontinued code 8332)

NOTE: At least four of the following tests must be included in the profile:

Blood Group (ABO)
RH Factor
Antibody screen (Atypical Antibody Identification)
Complete Blood Count (CBC) (with or without differential)
Serology (SUS, VDRL, RPR)

5. Code 80055-Obstetric profile (discontinued code 8333)
with Rubella III Antibody Titer

6. Code 80055-22 - Expanded Obstetric profile (discontinued code 8335)

NOTE: For reimbursement purposes the following must be included:

Blood Group (ABO)
RH Factor
Antibody Screen (Atypical Antibody Identification)
Complete Blood Count (CBC) (with or without differential)
Serology (STS, VDRL, RPR)
Cytology (Pap Smear)
Urinalysis
Urea Nitrogen (BUN)
Glucose
Sickle Cell
with Rubella HI Antibody Titer

7. Code 81000 - Urinalysis (discontinued code 8936)

NOTE: Stick, dip or tablet tests done on urine are considered part of the urinalysis, and therefore, are not eligible for separate reimbursement. Microscopy is required for reimbursement.

8. Code 86151 - (CEA-RIA) Carcinoembryonic Antigen.
(discontinued code 8504)

NOTE: "CEA is not useful to diagnose cancer. Claims are eligible for reimbursement only when CEA is used to follow treated cases of cancer (e.g., gastro-intestinal, breast, lung) primary detection of recurrence, or for estimation of prognosis in certain cases." (Documentation required)

9. Code 88155 - pap smear (discontinued code 8027)

NOTE: (obtaining specimen not a separate eligible service)

10. Cultures, Codes 87040, 87045, 87060, 87070, 87184, P7001 (discontinued
codes 8459, 8976)

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.

11. Code 82173 and 82946 -Glucagon Tolerance Test (discontinued code 8557)

(Total payment not to exceed \$65.00)

12. Code 83526 - Insulin Tolerance Test (discontinued code 8564)

(Total payment not to exceed \$70.00) (RIA)

13. Code 85031 - Complete Blood Count - CBC (discontinued code 8628)

(Components of a CBC) - maximum fee for any of the following combinations of components is \$3.00. (83051, 83053, 85007, 85009, 85014, 85018, 85041, 85048)

NOTE: For reimbursement purposes includes automated as well as manual.

14. Code 82365 and 82370 (discontinued code 8992) Calculus (stone), Quantitative: (Infra-red spectroscopy) X-ray diffraction.

NOTE: Reimbursement not eligible for chemical methods.

15. Code 82437 and 89360 (discontinued code 8994) Sweat Test

NOTE: Reimbursement not eligible for qualitative tests. For reimbursement purposes includes 82437 or 84295 at no additional cost.

16. Code 82011 (discontinued code 8897) Salicylates, quantitative only.

NOTE: Reimbursement not eligible for screening (Qualitative) tests for salicylates. (82012)

17. Code W8205 and W8210 - Glucose Tolerance (discontinued codes 8723 and 8724)

NOTE: For reimbursement purposes includes all urines for sugar.

18. Code 88260, 88261 and 88262 - Chromosome Analysis; Peripheral blood (discontinued code 8913). Rule out numerical and structural abnormalities.

NOTE: For Medicaid reimbursement purposes must include an average of 20 cells and 2-3 karyotypes analyzed, including banding.

19. Code 88265 - Chromosome Analysis: Various leukemias, bone marrow and peripheral blood (includes Philadelphia Chromosome study). (discontinued code 8913)

NOTE: For reimbursement purposes must include a minimum of 10 cells and 2 karyotypes analyzed, including banding.

20. Code 88267 - Chromosome Analysis: Amniotic Fluid Cells (Prenatal Chromosome Analysis). (discontinued code 8009)

NOTE: For reimbursement purposes must include 20 cells and 2-3 karyotypes analyzed, including banding.

21. Code 88268 and 88270 - Chromosome Analysis: Tissue Biopsy, Abortuses, etc.
(discontinued code 8009) (Documentation report required)

NOTE: For reimbursement purposes as a minimum include 15-20 cells and 2-3 karyotypes analyzed, including banding.

22. Code 88280, 88285

NOTE: Additional karyotyping and cells counted are not reimbursable for Medicaid payment.

APPENDIX C (Pathology and Laboratory)

MODIFIERS

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 New Jersey Medicaid Program's recognized modifier codes are:

<u>MODIFIER CODE</u>	<u>DESCRIPTION</u>
22	<u>Unusual Services:</u> 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.
52	<u>Reduced Services:</u> Under certain circumstances a service or procedure is partially reduced or eliminated at the physician'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.
90	<u>Reference (Outside) Laboratory:</u> When laboratory procedures are performed by a party other than the treating or reporting physician, the procedure may be identified by adding the modifier '90' to the usual procedure number.

