

CHAPTER 61

INDEPENDENT CLINICAL LABORATORIES

Authority

N.J.S.A. 30:4D-6b(17); 30:4D-7, 7a, b, and c; and 30:4D-12.

Source and Effective Date

R.2001 d.79, effective February 1, 2001.
See: 32 N.J.R. 4167(a), 33 N.J.R. 781(c).

Executive Order No. 66(1978) Expiration Date

Chapter 61, Independent Clinical Laboratories, expires on February 1, 2006.

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Subchapter 3, Laboratory Code List, was repealed and a new Subchapter 3, HCFA Common Procedure Coding System (HCPCS), was adopted effective March 3, 1986, as R.1986 d.52.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Chapter 61, Independent Laboratory Services, was repealed, and Chapter 61, Independent Clinical Laboratories, was adopted as new rules by R.1996 d.68, effective February 5, 1996.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: Source and Effective Date. See, also, section annotations.

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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 New Jersey Medicaid program. 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 rules for those particular providers. Diagnostic laboratory tests, for purposes of this chapter, do not include diagnostic radiological studies.

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 Health Care Financing Administration (HCFA) to independent clinical laboratories and other entities which perform laboratory testing. A CLIA Identification Number must be on file with the New Jersey Medicaid 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.

10:61-1.3 Scope of services

Each laboratory shall provide the New Jersey Health Services Program, Office of Medical Affairs, Unit Code 15, PO Box 712, Trenton, New Jersey 08625-0712, with a listing of tests, including panels and profiles actually performed in its premises (address to be identified) and a current price list, including discounts, with an update of said list as capabilities change.

Amended by R.2001 d.79, effective March 5, 2001.
See: 32 N.J.R. 4167(a), 33 N.J.R. 781(c).

10:61-1.4 Requirements for provider participation; general

(a) To qualify for participation as a clinical laboratory under the New Jersey Medicaid 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 program as an independent laboratory provider, the following documents shall be submitted to Unisys Corporation, Provider Enrollment, P.O. 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 HCFA 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 New Jersey Medicaid Program.

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 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 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 New Jersey Medicaid program. (See N.J.A.C. 10:49-24). A CLIA Identification Number must be on file with the New Jersey Medicaid program before payment is made for any laboratory testing.

10:61-1.6 Recordkeeping

(a) All requests for clinical laboratory services shall require an explicit order personally signed by the physician or other licensed practitioner requesting the services. The written order shall contain the specific test requested, and shall be on file with the billing laboratory and available for review by Medicaid representatives, along with the results of the tests billed.

(b) The written order shall contain the specific clinical laboratory test(s) requested and shall be supported by documentation in the referring physician’s/practitioner’s medical records.

(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 signature.

(d) Telephone laboratory orders shall be followed up with a written request and shall be on file with the clinical laboratory.

(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 representatives.

(f) The New Jersey Medicaid 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 New Jersey Medicaid recipients.

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 New Jersey Medicaid program exceed the provider's charge for identical services to other groups or individuals.

SUBCHAPTER 2. PROVISION OF SERVICE

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

(a) All independent clinical laboratories and other entities providing clinical laboratory services to Medicaid 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)

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 automa-

tion or bench testing, whether or not the equipment is available in the facility. Where batteries constitute a profile, they shall be billed in that manner. A battery of tests is considered to be those components of a test 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 fee allowance for the 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 provider and shall directly bill the Medicaid 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 New Jersey Medicaid 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 W8920 for a visit to the first beneficiary in a nursing facility, or Intermediate Care Facility/Mental Retardation (ICF/MR). For each additional beneficiary visited, utilize HCPCS code W8925.
3. Reimbursement will not be made for travel to other sites including, but not limited to, hospitals, physician offices, or clinics.

Amended by R.2001 d.79, effective March 5, 2001.
See: 32 N.J.R. 4167(a), 33 N.J.R. 781(c).

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

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 New Jersey Medicaid 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."

10:61-2.4 Laboratory rebates

(a) Rebates by reference laboratories, service laboratories, physicians or other utilizers or providers of laboratory service are prohibited under the Medicaid 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.

SUBCHAPTER 3. HCFA COMMON PROCEDURE CODING SYSTEM (HCPCS)

10:61-3.1 Purpose, scope and general provisions

(a) The New Jersey Medicaid program uses the Health Care Financing Administration's (HCFA) Common Procedure Code System (HCPCS). HCPCS follows the American Medical Association's Physician's Current Procedure Terminology (CPT) (American Medical Association, P.O. Box 10950, Chicago, IL 60610. Attention: Order Department) architecture, employing a five-position code and as many as two two-position modifiers. Unlike the CPT numeric design, the HCFA-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 HCFA 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 New Jersey Medicaid program. These codes are assigned by the Division to be used for those services not identified by CPT codes or HCFA 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:

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 service code is used. Explanation of indicators and qualifiers used in this column are identified below: "A" preceding any procedure code indicates that these tests can be and are frequently done as groups and combinations (profiles) on automated equipment. "F" preceding any procedure code indicates that this code, when used primarily for the diagnosis and treatment of infertility, is not covered by the New Jersey Medicaid program. "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. "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.
HCPCS CODE MOD	Lists the HCPCS procedure code numbers.

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 below:

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.

Column Title	Description	IND	HCPCS Code	MOD	Maximum Fee Allowance											
					Total Fee	\$ Prof. Comp										
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.	N	80061		15.00											
			80061 22		23.00											
		N	80069		9.60											
		N	80072		12.00											
		N	80074		30.00											
		N	80076		7.00											
		N	80090		28.80											
		QW	CLIA waived test		80100		5.20									
				WF	Family Planning		80101		5.20							
						YD	Abortion Related Service		80102		15.00					
								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.)		80150		15.00			
											80152		15.00			
										MAXIMUM FEE ALLOWANCE	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 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.		80154		21.50	
													80156		20.00	
													80158		20.00	
	80160												15.00			
	80162												15.00			
	80164												10.00			
	80166												15.00			
	80168												18.00			
	80170												12.60			
	80172												1.80			
	80174		15.00													
	80176		18.00													
	80178		9.00													
	80182		12.00													
	80184		12.80													
	80185		14.65													
	80186		19.00													
	80188		20.00													
	80190		15.00													
	80192		15.00													
	80194		15.00													
	80196		7.00													
	80197		15.00													
	80198		15.00													
	80200		12.60													
	80201		12.00													
	80202		12.00													
	80299		10.80													
	80400		34.00													
	80402		96.00													
	80406		98.00													
	80408		130.00													
	80410		102.00													
	80412		364.36													
	80414		61.00													
	80415		50.00													
	80416		150.00	Per Panel												
	80417		50.00	Per Panel												
	80418		640.73													
	80420		74.00													
	80422		45.00													
	80424		33.00													
	80426		130.00													
	80428		60.00													
	80430		73.00													
	80432		125.00													
	80434		100.00													
	80435		95.00													
	80436		75.00													
	80438		50.00													
	80439		74.27													
	80440		60.00													
	80500		9.00													
	80502		13.00													
	81000		1.20													
	81000 WF		1.20													
	81000 YD		1.20													
	81001		1.20													
	81002		1.00													
	81002 YD		1.00													

(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.

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.

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

IND	HCPCS Code	MOD	Maximum Fee Allowance	
			Total Fee	\$ Prof. Comp
N	36415		1.80	
N	80048		9.30	
N	80050		36.00	
N	80051		5.90	
N	80051 YD		5.90	
N	80053		10.50	
N	80055		15.00	

IND	HCPCS Code	MOD	Maximum Fee Allowance		IND	HCPCS Code	MOD	Maximum Fee Allowance	
			Total Fee	\$ Prof. Comp				Total Fee	\$ Prof. Comp
	81002	WF	1.00			82330		14.70	
	81003		1.50			82331		5.72	
	81005		1.00			82340		3.60	
	81007		2.84			82355		9.00	
	81015		.40			82360		12.00	
	81020		4.30			82365		9.00	
	81025		3.00			82370		9.00	
	81025	WF	3.00		A N	82374		3.30	
	81025	YD	3.00			82375		6.00	
	81050		3.40			82376		3.00	
	81099		B.R.			82378		22.40	
	82000		15.00			82379		18.64	
	82003		26.00			82380		6.00	
	82009		5.00			82382		12.00	
	82010		10.00			82383		12.00	
	82013		14.00			82384		18.00	
	82016		12.90			82387		24.00	
	82017		18.60			82390		6.00	
	82024		30.00			82397		21.00	
	82030		34.00			82415		15.00	
A N	82040		1.80		A N	82435		3.00	
	82042		4.30			82436		3.00	
	82043		4.30			82438		3.00	
	82044		1.00			82441		8.00	
	82055		4.50		A N	82465		3.00	
	82075		8.80			82465	WF	3.00	
	82085		11.00			82480		4.50	
	82088		40.00			82482		10.00	
	82101		16.30			82485		30.00	
	82103		7.80			82486		4.40	
	82104		7.80		N	82487		4.00	
	82105		10.20		N	82488		15.00	
	82106		10.20		N	82489		15.00	
	82108		28.17			82491		21.50	
	82120		4.00			82492		21.50	
	82120	QW	4.00			82495		27.00	
	82127		12.90			82507		37.00	
	82128		12.90			82520		17.00	
	82131		18.64			82523		15.00	
	82135		20.00			82525		9.00	
	82136		18.64			82528		19.70	
	82139		18.64			82530		17.00	
	82140		6.00			82533		17.00	
	82143		4.20			82540		3.00	
	82145		12.00			82541		4.40	
A N	82150		4.50			82542		21.50	
	82154		31.88			82543		21.50	
	82157		29.00			82544		21.50	
	82160		27.65		A N	82550		4.80	
	82163		21.00			82552		7.80	
	82164		20.00			82553		7.50	
	82172		20.00			82554		16.00	
	82175		7.20		A N	82565		3.00	
	82180		3.60			82570		3.00	
	82190		B.R.			82575		4.50	
	82205		12.00			82585		6.30	
	82232		17.80			82595		1.50	
	82239		20.00			82600		25.00	
	82240		5.69			82607		15.00	
	82247		3.00			82608		15.00	
	82248		4.50			82615		11.00	
A N	82251		4.50			82626		29.60	
	82252		2.50			82627		29.00	
	82261		18.64			82633		38.52	
	82270		1.20			82634		39.00	
	82273		3.70			82638		15.20	
	82286		7.60			82646		25.30	
	82300		30.00			82649		31.00	
	82306		30.00			82651		33.00	
	82307		25.00			82652		47.87	
	82308		34.00			82654		13.60	
A N	82310		3.00			82657		21.50	

INDEPENDENT CLINICAL LABORATORIES

10:61-3.2

HCPCS				Maximum Fee Allowance				HCPCS				Maximum Fee Allowance			
IND	Code	MOD	Total Fee	\$	Prof.	Comp	IND	Code	MOD	Total Fee	\$	Prof.	Comp		
	82658		21.50					83021		21.50					
	82664		13.60					83026		2.00					
	82666		22.00					83030		10.00					
	82668		17.50					83033		7.00					
	82670		25.00					83036		6.60					
	82671		41.00					83045		1.50					
	82672		25.00					83050		3.00					
	82677		28.00					83051		1.20					
	82679		25.00					83055		1.50					
	82690		21.50					83060		3.00					
	82693		12.50					83065		3.00					
	82696		22.00					83068		3.00					
	82705		.60					83069		3.00					
	82710		7.80					83070		6.00					
	82715		7.80					83071		9.00					
	82725		15.50					83080		19.20					
N	82726		21.50					83088		40.00					
	82728		16.00					83150		12.00					
	82731		71.20					83491		12.60					
	82735		24.00					83497		6.00					
	82742		26.55					83498		30.50					
	82746		10.50					83499		30.50					
	82747		18.00					83500		30.00					
	82757		22.50					83505		30.00					
	82759		11.50					83516		9.00					
	82760		15.00					83518		8.00					
	82775		27.00					83519		15.00					
	82776		8.90					83520		B.R.					
	82784		11.30					83525		12.00					
	82785		16.00					83527		16.11					
	82787		39.20					83528		20.00					
	82800		5.20				A N	83540		4.50					
	82803		16.50				A N	83550		7.20					
	82805		8.00					83570		6.00					
	82810		10.00					83582		6.00					
	82820		14.92					83586		7.50					
	82926		6.00					83593		6.00					
	82928		6.00					83605		13.50					
	82938		22.00				A N	83615		4.20					
	82941		16.00					83625		9.00					
	82943		19.00					83632		16.00					
	82946		13.00					83633		6.30					
A	82947		4.34					83634		14.00					
A	82947	WF	4.34				N	83655		9.00					
A	82947	YD	4.34					83661		10.50					
	82948		1.50					83662		5.00					
	82950		3.00					83670		2.10					
	82951		5.00					83690		4.50					
	82952		1.00					83715		7.50					
	82953		10.00					83716		22.00					
	82955		6.00				A N	83718		8.00					
	82960		7.00					83719		15.50					
	82962		2.60					83721		10.00					
	82963		26.50					83727		17.00					
	82965		6.30				A N	83735		4.50					
	82975		19.80					83775		5.90					
A N	82977		4.80					83785		30.00					
	82978		12.00					83788		4.40					
	82979		9.00					83789		4.40					
	82980		20.00					83805		23.00					
	82985		6.60					83825		8.40					
	83001		17.00					83835		10.20					
	83002		17.00					83840		4.50					
	83003		16.00					83857		12.00					
	83008		21.60					83858		19.80					
	83010		12.00					83864		13.00					
	83012		12.00					83866		12.00					
	83013		9.00					83872		3.20					
	83014		48.00					83873		20.00					
	83015		10.20					83874		12.00					
	83018		25.00					83883		B.R.					
	83020		6.00					83885		19.00					

HCPCS		Maximum Fee Allowance			HCPCS		Maximum Fee Allowance		
IND	Code	MOD	Total Fee	\$ Prof. Comp	IND	Code	MOD	Total Fee	\$ Prof. Comp
	83887		20.00			84233		16.00	
	83890		5.00			84234		20.00	
	83891		5.00			84235		63.20	
	83892		5.00			84238		43.00	
	83893		5.00			84244		25.00	
	83894		5.00			84252		24.00	
	83896		5.00			84255		29.60	
	83897		5.00			84260		35.20	
	83898		20.00			84270		25.00	
	83901		20.00			84275		16.00	
	83902		19.00			84285		28.80	
	83903		20.00		A N	84295		3.90	
	83904		20.00			84300		3.90	
	83905		20.00			84305		16.00	
	83906		20.00			84307		16.00	
	83912		5.54			84311		7.50	
	83915		6.00			84315		3.00	
	83916		20.00			84375		23.20	
	83918		19.00			84376		7.00	
	83919		19.00			84377		7.00	
	83925		22.00			84378		14.00	
	83930		9.00			84379		14.00	
	83935		9.00			84392		5.60	
	83937		40.00			84402		30.40	
	83945		17.00			84403		32.00	
	83970		54.00			84425		29.00	
	83986		4.30			84430		3.60	
	83992		18.00			84432		13.00	
	84022		20.00			84436		6.00	
	84030		6.00			84437		6.00	
	84035		4.90		N	84439		10.00	
	84060		3.60			84442		12.00	
	84061		3.60			84443		23.00	
	84066		12.60			84445		27.80	
A N	84075		3.60			84446		16.80	
	84078		3.60			84449		24.00	
	84080		3.60		AN	84450		3.00	
N	84081		20.00		A N	84460		3.00	
	84085		7.90			84466		15.20	
	84087		13.50		A N	84478		7.30	
A N	84100		3.00			84479		6.00	
	84105		3.00			84480		15.00	
	84106		1.80			84481		15.00	
	84110		7.50			84482		15.00	
	84119		3.00			84484		12.00	
	84120		7.50			84485		3.30	
	84126		34.50			84488		3.30	
	84127		15.00			84490		3.30	
A N	84132		3.90			84510		12.70	
	84133		3.90			84512		10.00	
	84134		20.00		A N	84520		3.00	
	84135		12.00			84525		3.00	
	84138		12.00			84540		3.00	
	84140		27.50			84545		6.00	
	84143		30.00		A N	84550		3.00	
	84144		20.00			84560		3.00	
	84146		20.00			84577		6.00	
	84150		30.00			84578		.40	
	84153		24.50			84580		2.10	
	84154		24.50			84583		2.10	
A N	84155		1.80			84585		12.00	
	84160		1.80			84586		48.00	
	84165		6.00			84588		45.00	
	84181		20.00			84590		6.00	
	84182		23.50			84597		20.00	
N	84202		10.40			84600		18.00	
N	84203		3.00		N	84620		16.00	
	84206		19.00			84630		15.00	
	84207		32.00			84681		22.00	
	84210		12.80			84702		11.39	
	84220		13.00			84702 YD		11.39	
	84228		13.60			84703		3.00	

IND	HCPCS Code	MOD	Maximum Fee Allowance		IND	HCPCS Code	MOD	Maximum Fee Allowance	
			Total Fee	\$ Prof. Comp				Total Fee	\$ Prof. Comp
	84703 YD		3.00			85415		10.00	
	84830		3.00			85420		9.00	
	84999		B.R.			85421		14.00	
	85002		1.20			85441		5.00	
N	85007		2.40			85445		5.00	
	85008		1.20			85460		9.40	
	85009		1.20			85461		9.00	
	85013		1.50			85475		10.00	
	85013 WF		1.50			85520		18.00	
N	85014		1.50			85525		16.00	
	85014 YD		1.50			85530		16.00	
N	85018		1.20			85535		3.00	
N	85021		1.80			85540		8.90	
N	85022		3.00			85547		10.50	
	85022 YD		3.00			85549		25.00	
N	85023		5.00			85555		4.80	
N	85024		4.80			85557		4.80	
	85024 YD		4.80			85576		10.00	
N	85025		5.00			85585		1.00	
	85025 YD		5.00		N	85590		3.00	
N	85027		4.80		N	85595		3.00	
	85031		3.00			85597		20.00	
N	85041		1.20			85610		3.00	
N	85044		3.00			85610 YD		3.00	
	85045		4.00			85611		4.50	
	85046		2.75			85612		13.00	
N	85048		1.20			85613		10.00	
	85060		8.00			85635		8.40	
	85095		24.00			85651		1.50	
	85097		24.00			85652		1.50	
	85102		24.00			85660		3.00	
	85130		B.R.			85670		6.60	
	85170		.60			85675		6.42	
	85175		3.90			85705		7.90	
	85210		3.00			85730		3.00	
	85220		24.00			85730 YD		3.00	
	85230		24.00			85732		3.00	
	85240		24.00			85810		15.00	
	85244		28.00			85999		B.R.	
	85245		10.00			86000		.90	
	85246		10.00			86003		4.00	
	85247		10.00			86005		5.00	
	85250		26.00			86021		9.00	
	85260		24.00			86022		9.00	
	85270		24.00			86023		15.00	
	85280		26.00			86038		7.80	
	85290		8.00			86039		15.00	
	85291		7.00			86060		3.60	
	85292		26.00			86063		1.20	
	85293		26.00			86077		25.00	
	85300		15.00			86078		17.00	
	85301		14.00			86079		17.00	
	85302		16.00			86140		3.00	
	85303		18.00			86147		35.00	
	85305		16.00			86148 YD		22.00	
	85306		18.00			86155		14.00	
	85335		10.00			86156		3.00	
	85337		10.00			86157		9.00	
	85345		1.80			86160		9.00	
	85347		3.00			86161		9.00	
	85348		1.20			86162		15.60	
	85360		11.00			86171		4.50	
	85362		3.00			86185		7.90	
	85366		8.00			86215		18.00	
	85370		5.00			86225		13.00	
	85378		5.00			86226		15.00	
	85379		5.00			86235		24.00	
	85384		9.60			86243		15.90	
	85385		9.60			86255		7.80	
	85390		7.00			86256		12.50	
	85400		9.00			86277		16.00	
	85410		9.00			86280		5.40	

IND	HCPCS Code	MOD	Maximum Fee Allowance		IND	HCPCS Code	MOD	Maximum Fee Allowance	
			Total Fee	\$ Prof. Comp				Total Fee	\$ Prof. Comp
	86308		3.00			86677		12.00	
	86309		5.00			86682		12.00	
	86310		4.50			86684		15.00	
	86316		28.00			86687		11.60	
	86317		8.00			86688		13.00	
	86318		7.00			86689		21.20	
	86320		10.50			86692		20.00	
	86325		25.00			86694		12.80	
	86327		25.00			86695		12.80	
	86329		19.00			86698		15.00	
	86331		4.50			86701		12.00	
	86332		33.00			86701	YD	12.00	
	86334		30.00			86702		13.00	
	86337		13.71			86703		18.00	
	86340		20.00			86704		15.00	
	86341		25.00			86705		12.60	
	86343		6.00			86706		12.00	
	86344		10.86			86707		12.00	
	86353		32.00	Each mitogen		86708		12.00	
	86359		40.00			86709		12.60	
	86360		55.00			86710		12.00	
	86361		55.00			86713		20.00	
	86376		6.60			86717		16.00	
	86378		26.00			86720		15.00	
	86382		20.00			86723		15.00	
	86384		10.86			86727		15.00	
	86403		8.00			86729		12.00	
	86406		6.60			86732		15.00	
	86430		1.80			86735		15.00	
	86431		4.50			86738		12.00	
	86485		4.00			86741		12.00	
	86490		4.00			86744		12.00	
	86510		4.00			86747		12.00	
	86580		4.00			86750		12.00	
	86585		4.00			86753		12.00	
	86586		4.00			86756		12.00	
	86590		8.00			86759		12.00	
	86592		1.50			86762		12.00	
	86592	YD	1.50			86762	WF	12.00	
	86592	WF	1.50			86762	YD	12.00	
	86593		3.00			86765		10.00	
	86602		10.00			86768		12.00	
	86603		10.00			86771		12.00	
	86606		10.00			86774		5.40	
	86609		10.00			86777		12.00	
	86612		10.00			86778		15.00	
	86615		10.00			86781		12.00	
	86617		19.00			86784		8.00	
	86618		23.00			86787		12.60	
	86619		10.00			86790		17.00	
	86622		8.00			86793		8.00	
	86625		10.00			86800		13.00	
	86628		10.00			86803		19.00	
	86631		10.00			86804		20.00	
	86632		15.00			86805		22.00	
	86635		10.00			86806		22.00	
	86638		12.50			86807		54.00	
	86641		12.50			86808		39.00	
	86644		12.00			86812		12.60	
	86645		12.00			86813		19.00	
	86648		18.00			86816		19.00	
	86651		12.00			86817		19.00	
	86652		12.00			86821		68.00	
	86653		12.00			86822		50.00	
	86654		12.00			86849		B.R.	
	86658		12.00			86850		4.20	
	86663		12.00			86850	YD	4.20	
	86664		21.00			86860		4.20	
	86665		25.00			86870		9.00	
	86668		12.00			86880		5.00	
	86671		15.00			86885		6.80	
	86674		20.00			86886		5.00	

INDEPENDENT CLINICAL LABORATORIES

10:61-3.2

IND	HCPCS Code	MOD	Maximum Fee Allowance		IND	HCPCS Code	MOD	Maximum Fee Allowance	
			Total Fee	\$ Prof. Comp				Total Fee	\$ Prof. Comp
	86890		75.00			87181		5.80	
	86891		75.00		N	87184		9.00	
	86900		2.00			87184	YD	9.00	
	86900 YD		2.00		N	87184	WF	9.00	
	86901		2.00			87186		11.00	
	86901 YD		2.00			87187		13.00	
	86903		11.70			87188		6.00	
	86904		11.70			87190		.60	
	86905		3.00			87192		.60	
	86906		2.00			87197		15.00	
	86910		12.60			87205		4.20	
	86911		5.00			87206		4.20	
	86915		67.50			87207		3.00	
	86920		12.00			87208		5.10	
	86921		12.00			87210		2.40	
	86922		12.00			87211		5.10	
	86940		9.50			87220		2.40	
	86941		12.50			87230		27.00	
	86945		8.00			87250		25.50	
	86950		32.00			87252		29.50	
	86965		25.00			87253		6.00	
	86970		15.00			87260		10.00	
	86971		15.00			87265		10.00	
	86972		15.00			87270		10.00	
	86975		25.00			87270	WF	10.00	
	86976		25.00			87272		12.00	
	86977		25.00			87274		12.80	
	86978		35.00			87274	WF	12.80	
	86985		25.00			87276		12.00	
	86999		B.R.			87278		15.00	
	87001		9.00			87280		12.00	
	87003		15.00			87285		12.00	
	87015		5.10			87290		12.60	
N	87040		9.00			87299		12.00	
N	87045		9.00			87301		12.00	
N	87060		9.00			87320		12.50	
N	87070		9.00			87320	WF	12.50	
	87072		6.00			87324		12.50	
	87075		9.00			87328		12.50	
	87076		6.00			87332		12.00	
	87081		9.00			87335		12.00	
	87082		4.00			87338		9.00	
	87083		4.00			87340		14.00	
	87084		3.00			87340	YD	14.00	
	87085		4.00			87350		14.00	
	87086	WF	6.00			87380		20.00	
	87086		6.00			87385		15.00	
	87087		2.70			87390		15.00	
	87088		2.70			87391		15.00	
	87101		8.00			87420		12.00	
	87102		8.00			87425		12.00	
	87103		8.00			87430		12.00	
	87106		8.00			87449		12.00	
	87109		14.00			87450		10.00	
	87110		15.00			87470		20.00	
	87116		6.00			87471		30.00	
	87117		9.00			87472		20.00	
	87118		12.00			87475		25.00	
	87140		3.00			87476		38.00	
	87143		3.00			87477		20.00	
	87145		3.00			87480		25.00	
	87147		3.00			87481		38.00	
	87151		3.00			87482		20.00	
	87155		3.00			87485		25.00	
	87158		3.00			87486		38.00	
	87163		12.00			87487		20.00	
	87164		6.00			87490		20.00	
	87166		6.00			87490	WF	20.00	
	87174		10.00			87491		38.00	
	87175		14.00			87491	WF	38.00	
	87176		6.40			87492		20.00	
	87177		5.10			87495		25.00	

IND	HCPCS			IND	HCPCS		
	Code	MOD	Maximum Fee Allowance Total Fee \$ Prof. Comp		Code	MOD	Maximum Fee Allowance Total Fee \$ Prof. Comp
	87496		38.00		88142	WF	18.00
	87497		20.00		88143		18.00
	87510		25.00		88143	WF	18.00
	87511		38.00		88144		18.00
	87512		20.00		88144	WF	18.00
	87515		25.00		88145		18.00
	87516		38.00		88145	WF	18.00
	87517		20.00		88147		6.00
	87520		25.00		88147	WF	13.48
	87521		38.00		88148		6.00
	87522		20.00		88148	WF	13.48
	87525		25.00		88150		6.00
	87526		38.00		88150	WF	6.00
	87527		20.00		88152		6.00
	87528		25.00		88152	WF	6.00
	87529		38.00		88153		6.00
	87530		20.00		88153	WF	6.00
	87531		25.00		88154		6.00
	87532		38.00		88154	WF	6.00
	87533		20.00	N	88155		6.00
	87534		25.00		88160		7.00
	87535		38.00		88161		12.00
	87536		117.00		88162		59.00
	87537		25.00		88162 26		34.61
	87538		38.00		88162	TC	12.90
	87539		20.00		88164		6.00
	87540		25.00		88164	WF	6.00
	87541		38.00		88165		6.00
	87542		20.00		88165	WF	6.00
	87550		25.00		88166		6.00
	87551		38.00		88166	WF	6.00
	87552		20.00		88167		6.00
	87555		25.00		88167	WF	6.00
	87556		38.00		88170		30.00
	87557		20.00		88171		61.00
	87560		25.00		88172		8.00
	87561		38.00		88173		25.00
	87562		20.00		88180		26.60
	87580		25.00		88180 26		19.00
	87581		38.00		88180	TC	7.00
	87582		20.00		88182		64.11
	87590		25.00		88182 26		45.05
	87590	WF	25.00		88182	TC	19.07
	87591	WF	38.00		88199		B.R.
	87591		38.00		88230		90.00
	87592		20.00		88233		90.00
	87620		25.00		88235		90.00
	87620	WF	25.00		88237		90.00
	87621		38.00		88239		90.00
	87621	WF	38.00		88240		7.75
	87622		20.00		88241		7.75
	87650		25.00		88245		184.00
	87651		38.00		88248		230.00
	87652		20.00		88249		230.00
	87797		25.00		88262		172.00
	87798		38.00		88263		184.00
	87799		20.00		88264		172.00
	87810		12.00		88267		230.00
	87850		12.00		88271		16.00
	87880		12.00		88273		35.00
	87899		12.00		88274		45.00
	87999		B.R.		88275		55.00
	88104		12.00		88280		34.00
	88106		812.00		88283		46.00
	88107		12.00		88285		2.00
	88108		12.00		88289		40.00
	88125		7.00		88291		26.82
	88130		9.65		88299		B.R.
	88140		4.20		88300		9.35
	88141		6.00		88300	YD	9.35
	88141	WF	6.00		88302		20.85
	88142		18.00		88302 26		10.80

IND	HCPCS Code	MOD	Maximum Fee Allowance	
			Total Fee	\$ Prof. Comp
	88302	TC	10.05	
	88304		26.00	
	88304 26		16.67	
	88304	TC	9.33	
	88304	YD	26.00	
	88304 YD 26		16.67	
	88305		40.00	30.00
	88305	WF	40.00	
	88307		59.00	44.00
	88309		89.00	66.00
	88311		4.00	
	88312		13.00	8.00
	88313		10.00	5.00
	88314		12.00	7.00
	88318		7.00	
	88319		7.00	
	88321		28.00	
	88323		33.00	
	88325		44.00	
	88329		33.00	
	88331		48.00	41.00
	88332		15.00	
	88342		9.00	7.00
	88346		40.00	7.00
	88347		45.00	7.00
N	88348		141.81	
	88348 26		98.22	
	88348 TC		46.59	
N	88349		88.70	
	88349 26		56.06	
	88349 TC		32.63	
	88355		126.00	31.50
	88356		126.00	31.50
	88358		94.50	31.50
	88362		126.00	31.50
	88365		47.25	15.75
	88371		30.00	
	88372		31.00	
	88399	B.R.		
	89050		.90	
	89051		.90	
	89060		8.50	
	89100		20.00	
	89105		6.00	
	89125		.60	
	89130		6.00	
	89132		6.00	
	89135		6.00	
	89136		6.00	
	89140		12.00	
	89141		12.00	
	89160		2.10	
	89190		2.20	
	89310		4.80	
	89320		3.00	
	89325		13.00	
	89350		16.61	
	89355		4.00	
N	89360		9.00	
	89399	B.R.		

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.2002 d.323, effective October 7, 2002.
 See: 34 N.J.R. 959(a), 34 N.J.R. 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 N.J.R. 2676(a), 35 N.J.R. 230(c).
 Updated the table of HCPCS procedure codes.

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

IND	HCPCS Code	MOD	Procedure Description	Maximum Fee Allowance
				\$
N	G0001		Routine Venipuncture	\$ 1.80
	Q0111		Wet mount, including preparations of vaginal, cervical or skin specimens	2.40
	Q0111	WF	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	12.33
	Q0116	WF	Hemoglobin by single analyte	2.00

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.2003 d.15, effective January 6, 2003.
 See: 34 N.J.R. 2676(a), 35 N.J.R. 230(c).
 Inserted HCPCS codes Q0111 WF and Q0116 WF.

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

IND	HCPCS Code	MOD	Procedure Description	Maximum Fee Allowance
				\$
N	W8200		Glucose, serum (separate tube, grey top)	\$ 2.00
	W8260		Haldol (haloperidol) serum, confirmation test	33.00
	W8265		Serentil, serum mesoridazine, quantitative, confirmation test	33.00
	W8730		Gonozyne, Gonococcal antigen	11.00
N	W8900		Visits to homebound beneficiaries, residential health care facility, group home, or boarding home for purpose of obtaining blood by venous or arterial puncture	10.00
	W8920		Visit to obtain blood specimens by venous or arterial puncture for the first person in a nursing facility or Intermediate Care Facility/Mental Retardation (ICF/MR)	1.80
	W8925		Each additional person in nursing facility or Intermediate Care Facility/Mental Retardation (ICF/MR)	.60

10:61-3.5 Pathology and Laboratory HCPCS Codes—Qualifiers

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

- Codes 80048, 80050, 80051, 80053, 80055, 80061, 80069, 80072, 80074, 80076, 80090. 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 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 82728 Ferritin—When the procedure for ferritin is performed in combination with Vitamin B12 or Folate, the maximum reimbursable fee for code 82728 is \$5.00

4. Code 84081—Phosphatidylglycerol—test done on newborn or amniotic fluid to determine fetal lung maturity.

5. 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).

6. Code 84620—Xylose absorption tests, blood and/or urine (D-xylose tolerance test), includes serum and urine levels, up to five hourly specimens.

7. Codes 85023 and 85025 Hematology

Note: 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 (see codes 85021 and 85022), for a platelet count with a CBC (see codes 85023-85025).

Hematology codes 85014, 85018, 85031, 85041 and 85048 will not be reimbursed in conjunction with codes for blood count with hemogram (85021, 85022, 85023, 85024, 85025 and 85027).

The code for manual differential WBC count (85007) will not be reimbursed in conjunction with codes 85021, 85022, 85023, 85024, 85025 and 85027.

Codes for platelet count (85590 and 85595) will not be reimbursed in conjunction with codes 85023-85027.

Code 85044 may be reimbursed in conjunction with codes 85023 and 85025, when a complete hemogram is ordered.

8. Codes 87040, 87045, 87060, 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 or 87082.

9. Code 88155—Pap smear

Note: Obtaining specimen is not a separate eligible service.

10. 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.

11. Code 89360 Sweat (without iontophoresis) test

Note: Reimbursement not eligible for qualitative tests. For reimbursement purposes, 84295 will not be reimbursed at any additional charge. Do not bill 84295 in conjunction with 89360.

12. Code 36415 Utilize this code only for finger/heel/ear stick for collection of specimen(s). This service is reimbursable in the physician office laboratory (POL) when the specimen is not referred out to an independent clinical laboratory for testing.

Note: Finger/heel/ear stick is not reimbursable when billed by the independent clinical laboratory.

13. Code G0001 This service is reimbursable in the physician office laboratory (POL) when the specimen is not referred out to an independent clinical laboratory for testing.

Note: Venipuncture is not reimbursable when billed by the independent clinical laboratory. It is considered all inclusive as part of the laboratory test.

14. Code W8200—This code is reimbursable when submitted on same claim, and performed on same date as chemistry profiles.

15. 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.

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.

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, write to:

UNISYS
PO Box 4801
Trenton, New Jersey 08619-4801

or contact:

Office of Administrative Law
Quakerbridge Plaza, Building 9
PO Box 049
Trenton, New Jersey 08625-0049

Amended by R.2001 d.79, effective March 5, 2001.
See: 32 N.J.R. 4167(a), 33 N.J.R. 781(c).