

## CHAPTER 61

## INDEPENDENT CLINICAL LABORATORIES

## Authority

N.J.S.A. 30:4D-6a(1) through (5), b(3), (4), (8), (14), (16) and (18); 30:4D-7, 7a, b and c; N.J.S.A. 30:4D-12; 1902(a)(9) of the Social Security Act; 42 U.S.C. 1396(a)9; 42 U.S.C. 263(a); 42 CFR 440.30, 493.

## Source and Effective Date

R.1996 d.68, effective February 5, 1996.  
See: 27 N.J.R. 4861(a), 28 N.J.R. 1054(a).

## Executive Order No. 66(1978) Expiration Date

Chapter 61, Independent Clinical Laboratories, expires on February 5, 2001.

## Chapter Historical Note

The provisions of Chapter 61, Independent Laboratory Services, were filed as R.1971 d.57, effective April 21, 1971. See: 3 N.J.R. 43(a), 3 N.J.R. 83(b). Subchapter 3 was repealed and a new Subchapter 3, HCFA Common Procedure Coding System (HCPCS), was adopted effective March 3, 1986, as R.1986 d.52.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 was readopted as R.1991 d.138, effective February 15, 1991. See: 22 N.J.R. 3713(a), 23 N.J.R. 858(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Chapter 61, Independent Laboratory Services, was repealed, and Chapter 61, Independent Clinical Laboratories, was adopted as new rules by R.1996 d.68, effective February 5, 1996.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: Source and Effective Date.

## CHAPTER TABLE OF CONTENTS

## SUBCHAPTER 1. GENERAL PROVISIONS

- 10:61-1.1 Purpose and scope
- 10:61-1.2 Definitions
- 10:61-1.3 Scope of services
- 10:61-1.4 Requirements for provider participation; general
- 10:61-1.5 Medicare-Medicaid relationship
- 10:61-1.6 Recordkeeping
- 10:61-1.7 Basis of reimbursement

## SUBCHAPTER 2. PROVISION OF SERVICE

- 10:61-2.1 Clinical Laboratory Improvement Amendments (CLIA) requirements
- 10:61-2.2 Specific services
- 10:61-2.3 Limitations on laboratory services
- 10:61-2.4 Laboratory rebates

## SUBCHAPTER 3. HCFA COMMON PROCEDURE CODING SYSTEM (HCPCS)

- 10:61-3.1 Purpose, scope and general provisions
- 10:61-3.2 HCPCS procedure codes and maximum fee allowance schedule for Level 1
- 10:61-3.3 HCPCS procedure codes, procedure description and maximum fee allowance schedule for Level 2
- 10:61-3.4 HCPCS procedure codes, procedure description and maximum fee allowance schedule for Level 3
- 10:61-3.5 Pathology and Laboratory HCPCS Codes—Qualifiers

## APPENDIX A

## 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, CN-712, Trenton, New Jersey 08625-0712, with a listing of tests, including panels and profiles actually performed on its premises (address to be identified) and a current price list, including discounts, with an update of said list as capabilities change.

### 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 automation 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 chemistry 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 home-bound 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.

### 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 Physicians' Current Procedure Terminology—4th Edition (CPT-4) (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-4 numeric design, the HCFA-assigned codes and modifiers contain alphabetic characters.

(b) HCPCS has been developed as a three-level coding system. The CPT-4 procedure narratives for Level I codes are incorporated herein by reference.

1. Level I codes: (Narratives found in CPT-4). CPT-4 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-4. (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-4 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	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 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.
DESCRIPTION	Lists the code narrative. (Narratives for Level I codes are found in CPT-4. Narratives for Level II and Level III codes are found at N.J.A.C. 10:61-3.3 and 3.4, respectively.)
MAXIMUM FEE ALLOWANCE	Lists 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.

Column Title	Description	IND	HCPCS Code	MOD	Total Fee	Maximum Fee Allowance \$	Prof. Comp
	1. The fee listed under "Total Fee(s)" represents the combined technical and professional component of the reimbursement for the procedure code notwithstanding any statement to the contrary in the narrative. It will be paid only to one provider and will not be broken down into its component parts.		80164		10.00		
			80166		15.00		
			80168		24.50		
			80170		12.60		
			80172		1.80		
			80174		15.00		
			80176		18.00		
			80178		9.00		
			80182		12.00		
			80184		12.80		
			80185		19.00		
			80186		19.00		
			80188		20.00		
			80190		15.00		
			80192		15.00		
			80194		15.00		
			80196		7.00		
			80198		15.00		
			80200		12.60		
			80202		12.00		
			80299		10.80		
			80400		34.00		
			80402		96.00		
			80406		98.00		
			80408		130.00		
			80410		127.00		
			80412		B.R.		
			80414		61.00		
			80415		50.00		
			80418		B.R.		
			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		100.00		
			80440		60.00		
			80500		9.00		
			80502		13.00		
			81000		1.20		
			81002		1.00		
			81003		1.50		
			81005		1.00		
			81007		3.82		
			81015		.40		
			81025		3.00		
			81050		3.40		
			82000		15.00		
			82003		26.00		
			82009		5.00		
			82010		10.00		
			82013		14.00		
			82024		30.00		
			82030		34.00		
			82040	A N	1.80		
			82042		4.30		
			82043		4.30		
			82044		1.00		
			82055		4.50		
			82075		8.80		
			82085		13.75		
			82088		40.00		
			82101		16.30		
			82103		7.80		
			82104		7.80		
			82105		10.20		

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

IND	HCPCS Code	MOD	Total Fee	\$	Prof. Comp
N	36415		1.80		
N	80002		5.00		
N	80003		5.90		
N	80004		5.90		
N	80005		5.90		
N	80006		5.90		
N	80007		7.10		
N	80008		7.10		
N	80009		7.10		
N	80010		7.50		
N	80011		7.50		
N	80012		7.50		
N	80016		7.50		
N	80018		11.00		
N	80019		11.00		
N	80050		36.00		
N	80055		15.00		
N	80058		5.90		
N	80059		30.00		
N	80061		15.00		
N	80061	22	23.00		
N	80072		12.00		
N	80090		28.80		
N	80091		12.00		
N	80092		37.00		
	80100		5.20		
	80101		5.20		
	80102		15.00		
	80150		15.00		
	80152		15.00		
	80154		21.50		
	80156		20.00		
	80158		20.00		
	80160		15.00		
	80162		15.00		

IND	HCPCS Code	MOD	Maximum Fee Allowance			IND	HCPCS Code	MOD	Maximum Fee Allowance		
			Total Fee	\$	Prof. Comp				Total Fee	\$	Prof. Comp
	82106		10.20				82533		17.00		
	82108		38.00				82540		3.00		
	82128		12.90			A N	82550		4.80		
	82130		25.00				82552		7.80		
	82131		24.00				82553		7.50		
	82135		20.00				82554		16.00		
	82140		6.00			A N	82565		3.00		
	82143		4.20				82570		3.00		
	82145		12.00				82575		4.50		
A N	82150		4.50				82585		6.30		
	82154		40.00				82595		1.50		
	82157		29.00				82600		27.50		
	82160		38.00				82607		15.00		
	82163		21.00				82608		15.00		
	82164		20.00				82615		11.50		
	82172		20.00				82626		37.00		
	82175		7.20				82627		33.00		
	82180		3.60				82633		43.50		
	82190		B.R.				82634		39.00		
	82205		12.00				82638		18.00		
	82232		24.50				82646		25.30		
	82239		20.00				82649		31.00		
	82240		5.69				82651		33.00		
A N	82250		3.00				82652		55.00		
A N	82251		4.50				82654		13.60		
	82252		2.50				82664		13.60		
	82270		1.20				82666		22.00		
	82273		3.70				82668		17.50		
	82286		7.60				82670		25.00		
	82300		30.00				82671		41.00		
	82306		30.00				82672		25.00		
	82307		25.00				82677		28.00		
	82308		34.00				82679		25.00		
A N	82310		3.00				82690		25.00		
	82330		14.70				82693		12.50		
	82331		7.50				82696		22.00		
	82340		3.60				82705		.60		
	82355		9.00				82710		7.80		
	82360		12.00				82715		7.80		
	82365		9.00				82725		15.50		
	82370		9.00			N	82728		16.00		
A N	82374		3.30				82735		24.00		
	82375		6.00				82742		29.50		
	82376		3.00				82746		10.50		
	82378		22.40				82747		18.00		
	82380		6.00				82757		25.00		
	82382		12.00				82759		11.50		
	82383		12.00				82760		15.00		
	82384		18.00				82775		30.00		
	82387		24.00				82776		8.90		
	82390		6.00				82784		11.30		
	82397		21.00				82785		16.00		
	82415		18.50				82787		49.00		
A N	82435		3.00				82800		5.20		
	82436		3.00				82803		16.50		
	82438		3.00				82805		8.00		
	82441		8.92				82810		10.00		
A N	82465		3.00				82820		14.92		
	82480		4.50				82926		6.00		
	82482		11.27				82928		6.00		
	82485		30.00				82938		26.00		
	82486		4.40				82941		16.00		
N	82487		4.00				82943		20.00		
N	82488		15.00				82946		13.00		
N	82489		15.00			A N	82947		3.00		
	82491		21.50				82948		1.50		
	82495		30.00				82950		3.00		
	82507		40.00				82951		5.00		
	82520		17.00				82952		1.00		
	82525		9.00				82953		10.00		
	82528		19.70				82955		6.00		
	82530		17.00				82960		7.00		

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
	82962		2.60			83785		35.00	
	82963		26.50			83805		26.00	
	82965		6.30			83825		8.40	
	82975		22.00			83835		10.20	
A N	82977		4.80			83840		4.50	
	82978		12.00			83857		12.00	
	82979		10.00			83858		22.00	
	82980		20.00			83864		13.00	
	82985		6.60			83866		15.00	
	83001		17.00			83872		3.20	
	83002		17.00			83873		25.00	
	83003		16.00			83874		12.00	
	83008		24.00			83883		B.R.	
	83010		12.00			83885		19.00	
	83012		12.00			83887		20.00	
	83015		10.20			83890		5.71	
	83018		25.00			83892		5.71	
	83020		6.00			83894		5.71	
	83026		2.00			83896		5.71	
	83030		12.00			83898		30.00	
	83033		7.00			83912		31.39	
	83036		6.60			83915		6.00	
	83045		1.50			83916		20.00	
	83050		3.00			83918		19.00	
	83051		1.20			83925		22.00	
	83055		1.50			83930		9.50	
	83060		3.00			83935		9.90	
	83065		3.00			83937		65.00	
	83068		3.00			83945		17.00	
	83069		3.00			83970		54.00	
	83070		6.00			83986		4.30	
	83071		10.00			83992		18.00	
	83088		40.00			84022		20.00	
	83150		12.00			84030		6.00	
	83491		12.60			84035		4.90	
	83497		6.00		A N	84060		3.60	
	83498		30.50			84061		3.60	
	83499		30.50			84066		14.00	
	83500		34.00		A N	84075		3.60	
	83505		40.00			84078		3.60	
	83516		9.00			84080		3.60	
	83518		8.00		N	84081		24.00	
	83519		15.00			84085		7.90	
	83520		B.R.			84087		15.00	
	83525		12.00		A N	84100		3.00	
	83527		22.00			84105		3.00	
	83528		20.00			84106		1.80	
A N	83540		4.50			84110		7.50	
A N	83550		7.20			84119		3.00	
	83570		6.00			84120		7.50	
	83582		6.00			84126		37.00	
	83586		7.50			84127		15.00	
	83593		6.00		A N	84132		3.90	
	83605		15.00			84133		3.90	
A N	83615		4.20			84134		20.00	
	83625		9.00			84135		12.00	
	83632		16.00			84138		12.00	
	83633		6.30			84140		50.00	
	83634		14.00			84143		60.00	
N	83655		9.00			84144		20.00	
	83661		10.50			84146		20.00	
	83662		5.00			84150		30.00	
	83670		2.10			84153		26.00	
	83690		4.50		A N	84155		1.80	
	83715		7.50			84160		1.80	
	83717		22.00			84165		6.00	
A N	83718		8.00			84181		25.00	
	83719		17.00			84182		26.00	
	83721		10.00		N	84202		10.40	
	83727		17.00		N	84203		3.00	
A N	83735		4.50			84206		19.00	
	83775		5.90			84207		40.00	

HCPCS				HCPCS			
IND	Code	MOD	Maximum Fee Allowance	IND	Code	MOD	Maximum Fee Allowance
			Total Fee \$ Prof. Comp				Total Fee \$ Prof. Comp
	84210		16.00		85008		1.20
	84220		13.00		85009		1.20
	84228		17.00		85013		1.50
	84233		16.00	N	85014		1.50
	84234		20.00	N	85018		1.20
	84235		63.20	N	85021		1.80
	84238		43.00	N	85022		3.00
	84244		25.00	N	85023		5.00
	84252		30.00	N	85024		4.80
	84255		37.00	N	85025		5.00
	84260		44.00	N	85027		4.80
	84270		25.00		85029		2.75
	84275		16.00		85030		3.25
	84285		28.80		85031		3.00
A N	84295		3.90	N	85041		1.20
	84300		3.90	N	85044		3.00
	84305		16.00		85045		4.00
	84307		16.00	N	85048		1.20
	84311		7.50		85060		8.00
	84315		3.00		85095		24.00
	84375		29.00		85097		24.00
	84392		7.00		85102		24.00
	84402		38.00		85130		B.R.
	84403		32.00		85170		.60
	84425		32.00		85175		3.90
	84430		3.60		85210		3.00
	84432		13.00		85220		25.00
	84436		6.00		85230		25.00
	84437		6.00		85240		25.00
N	84439		10.00		85244		29.00
	84442		12.00		85246		10.00
	84443		24.00		85247		10.00
	84445		27.80		85250		27.00
	84446		21.00		85260		26.00
	84449		30.00		85270		26.00
A N	84450		3.00		85280		26.00
A N	84460		3.00		85290		8.00
	84466		19.00		85291		7.00
A N	84478		8.30		85292		28.00
	84479		6.00		85293		28.00
	84480		15.00		85300		15.00
	84481		15.00		85301		16.00
	84482		15.00		85302		17.00
	84485		3.30		85303		18.00
	84488		3.30		85305		17.00
	84490		3.30		85306		18.00
	84510		12.70		85335		10.00
A N	84520		3.00		85337		10.00
	84525		3.00		85345		1.80
	84540		3.00		85347		3.00
	84545		6.00		85348		1.20
A N	84550		3.00		85360		12.00
	84560		3.00		85362		3.00
	84577		6.00		85366		8.00
	84578		.40		85370		5.00
	84580		2.10		85378		5.00
	84583		2.10		85379		5.00
	84585		12.00		85384		9.60
	84586		50.00		85385		9.60
	84588		49.50		85390		7.00
	84590		6.00		85400		9.00
	84597		20.00		85410		9.00
	84600		18.00		85415		10.00
N	84620		16.00		85420		9.00
	84630		16.00		85421		15.00
	84681		22.00		85441		6.00
	84702		11.39		85445		5.00
	84703		3.00		85460		9.40
	84830		3.00		85461		9.00
	84999		B.R.		85475		10.00
	85002		1.20		85520		19.00
N	85007		2.40		85525		17.00

INDEPENDENT CLINICAL LABORATORIES

10:61-3.2

IND	HCPCS	MOD	Maximum Fee Allowance			IND	HCPCS	MOD	Maximum Fee Allowance		
	Code		Total Fee	\$	Prof. Comp		Code		Total Fee	\$	Prof. Comp
	85530		16.00			86311		26.00			
	85535		3.00			86313		12.00			
	85540		8.90			86315		9.00			
	85547		10.50			86316		30.00			
	85549		28.00			86317		8.00			
	85555		4.80			86318		7.00			
	85557		4.80			86320		10.50			
	85576		10.00			86325		25.00			
	85585		1.00			86327		25.00			
N	85590		3.00			86329		20.00			
N	85595		3.00			86331		4.50			
	85597		20.00			86332		33.00			
	85610		3.00			86334		31.20			
	85611		4.50			86337		13.71			
	85612		13.00			86340		20.00			
	85613		10.00			86341		25.00			
	85635		8.40			86343		6.00			
	85651		1.50			86344		10.86			
	85660		3.00			86353		32.00	Each Mitogen		
	85670		6.60			86359		40.00			
	85675		6.42			86360		55.00			
	85705		7.90			86376		6.60			
	85730		3.00			86378		26.00			
	85732		3.00			86382		20.00			
	85810		15.00			86384		10.86			
	85999		B.R.			86403		8.00			
	86000		.90			86406		6.60			
	86003		20.00			86430		1.80			
	86005		5.00			86431		4.50			
	86021		9.00			86485		4.00			
	86022		9.00			86490		4.00			
	86023		15.00			86510		4.00			
	86038		7.80			86580		4.00			
	86039		15.00			86585		4.00			
	86060		3.60			86586		4.00			
	86063		1.20			86588		13.20			
	86077		25.00			86590		8.00			
	86078		17.00			86592		1.50			
	86079		17.00			86593		3.00			
	86140		3.00			86602		10.00			
	86147		38.00			86603		10.00			
	86155		14.00			86606		10.00			
	86156		3.00			86609		10.00			
	86157		9.00			86612		10.00			
	86160		9.00			86615		10.00			
	86161		9.00			86617		19.00			
	86162		15.60			86618		25.00			
	86171		4.50			86619		10.00			
	86185		7.90			86622		8.00			
	86215		18.50			86625		10.00			
	86225		13.00			86628		10.00			
	86226		15.00			86631		10.00			
	86235		25.00			86632		15.00			
	86243		15.90			86635		10.00			
	86255		7.80			86638		12.50			
	86256		12.50			86641		12.50			
	86277		16.00			86644		12.00			
	86280		5.40			86645		12.00			
	86287		10.00			86648		18.00			
	86289		15.00			86651		12.00			
	86290		18.00			86652		12.00			
	86291		15.00			86653		12.00			
	86293		12.00			86654		12.00			
	86295		12.00			86658		12.00			
	86296		10.00			86663		12.00			
	86299		12.60			86664		23.00			
	86302		19.00			86665		25.00			
	86303		19.00			86668		12.00			
	86306		20.00			86671		15.00			
	86308		3.00			86674		20.00			
	86309		5.00			86677		12.00			
	86310		4.50			86682		12.00			

IND	HCPCS			Maximum Fee Allowance			IND	HCPCS			Maximum Fee Allowance		
	Code	MOD	Total Fee	\$	Prof. Comp	Code		MOD	Total Fee	\$	Prof. Comp		
	86684		15.00				86940		9.50				
	86687		12.00				86941		12.50				
	86688		13.00				86945		8.00				
	86689		21.20				86950		32.00				
	86692		20.00				86965		25.00				
	86694		12.80				86970		15.00				
	86695		12.80				86971		15.00				
	86698		15.00				86972		15.00				
	86701		13.00				86975		25.00				
	86702		13.00				86976		25.00				
	86703		21.00				86977		25.00				
	86710		12.00				86978		35.00				
	86713		20.00				86985		25.00				
	86717		18.00				86999		B.R.				
	86720		15.00				87001		9.00				
	86723		15.00				87003		15.00				
	86727		15.00				87015		5.10				
	86729		12.00			N	87040		9.00				
	86732		15.00			N	87045		9.00				
	86735		15.00			N	87060		9.00				
	86738		12.00			N	87070		9.00				
	86741		12.00				87072		6.00				
	86744		12.00				87075		9.00				
	86747		12.00				87076		6.00				
	86750		12.00				87081		9.00				
	86753		12.00				87082		4.00				
	86756		12.00				87083		4.00				
	86759		12.00				87084		3.00				
	86762		12.00				87085		4.00				
	86765		10.00				87086		6.00				
	86768		12.00				87087		2.70				
	86771		12.00				87088		2.70				
	86774		5.40				87101		8.00				
	86777		12.00				87102		8.00				
	86778		15.00				87103		8.00				
	86781		12.00				87106		8.00				
	86784		8.00				87109		14.00				
	86787		12.60				87110		15.00				
	86790		B.R.				87116		6.00				
	86793		8.00				87117		9.00				
	86800		13.00				87118		12.00				
	86805		22.00				87140		3.00				
	86806		22.00				87143		3.00				
	86807		55.00				87145		3.00				
	86808		39.00				87147		3.00				
	86812		12.60				87151		3.00				
	86813		19.00				87155		3.00				
	86816		19.00				87158		3.00				
	86817		19.00				87163		12.00				
	86821		68.00				87164		6.00				
	86822		50.00				87166		6.00				
	86849		B.R.				87174		10.00				
	86850		4.20				87175		15.00				
	86860		4.20				87176		6.40				
	86870		9.00				87177		5.10				
	86880		5.00				87178		24.00				
	86885		6.80				87179		24.00				
	86886		5.00				87181		5.80				
	86890		75.00			N	87184		9.00				
	86891		75.00				87186		13.00				
	86900		2.00				87187		13.00				
	86901		2.00				87188		6.00				
	86903		11.70				87190		.60				
	86904		11.70				87192		.60				
	86905		3.00				87197		15.00				
	86906		2.00				87205		4.20				
	86910		12.60				87206		4.20				
	86911		5.00				87207		3.00				
	86915		67.50				87208		5.10				
	86920		12.00				87210		2.40				
	86921		12.00				87211		5.10				
	86922		12.00				87220		2.40				

IND	HCPCS Code	MOD	Maximum Fee Allowance		IND	HCPCS Code	MOD	Maximum Fee Allowance	
			Total Fee	\$ Prof. Comp				Total Fee	\$ Prof. Comp
	87230		27.00			88399		B.R.	
	87250		28.00			89050		.90	
	87252		29.50			89051		.90	
	87253		6.00			89060		8.50	
	87999		B.R.			89100		20.00	
	88104		12.00	7.00		89105		6.00	
	88106		12.00	7.00		89125		.60	
	88107		12.00	7.00		89130		6.00	
	88108		12.00	7.00		89132		6.00	
	88125		7.00			89135		6.00	
	88130		9.65	7.00		89136		6.00	
	88140		4.20	3.00		89140		12.00	
	88150		6.00			89141		12.00	
N	88151		6.00			89160		2.10	
	88155		6.00			89190		2.20	
	88156		6.00			89300		2.40	
	88157		6.00			89310		4.80	
	88160		7.00			89320		3.00	
	88161		12.00	7.00		89325		13.00	
	88162		60.00		F	89329		31.00	
	88170		30.00		F	89330		8.00	
	88171		61.00			89350		20.00	
	88172		8.00			89355		4.00	
	88173		25.00		N	89360		9.00	
	88180		43.50			89399		B.R.	
	88182		300.00						
	88199		B.R.						
	88230		90.00						
	88233		90.00						
	88235		90.00						
	88237		90.00						
	88239		90.00						
	88245		184.00						
	88248		230.00						
	88250		184.00						
	88262		184.00						
	88263		184.00						
	88267		230.00						
	88280		37.00						
	88283		46.00						
	88285		2.00						
	88289		40.00						
	88300		9.35	7.00					
	88302		21.00	15.00					
	88304		26.00	19.00					
	88305		40.00	30.00					
	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		184.00	151.00					
N	88349		184.00	151.00					
	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		32.00						
	88372		33.00						

**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
	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		Hemoglobin by single analyte instruments with self-contained or component features to perform specimen/reagent interaction, providing direct measurements and read-out	2.00

**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

IND	HCPCS Code	MOD	Procedure Description	Maximum Fee Allowance
	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

Note 2: The following calculations and ratios are not eligible for separate or additional reimbursement. Mathematical calculations listed below are not reimbursable.

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

Note 3: Any additional automated multichannel chemistry tests performed on same date as Codes 80002, 80003, 80004, 80005, 80006, 80007, 80008, 80009, 80010, 80011, 80012, 80016, 80018, and 80019 will not be reimbursed at the current allowable fee for each added test when performed on automated multichannel equipment.

Note 4: Code (W8200)—Glucose (separate tube, gray top) performed on the same date as the following chemistry profiles 80002, 80003, 80004, 80005, 80006, 80007, 80008, 80009, 80010, 80011, 80012, 80016, 80018 and 80019 will be paid an additional \$2.00.

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

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

**1. Chemistry Automated, Multichannel Tests**

Applies to CPT Codes: 80002, 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. For reporting one test, regardless of method of testing, use appropriate single test code number. For any combination of tests among those listed below use the appropriate number 80002-80019. Groups of the tests listed here are distinguished from multiple tests performed individually for immediate or "stat" reporting. Laboratory chemistry tests performed on your automated equipment in addition to laboratory chemistry tests listed must be billed as 80002-80019 as part of the automated multichannel test listing.

Acid—Phosphatase	Creatinine
Albumin	Gamma Glutamyl Transpeptidase (GGTP)
Alkaline Phosphatase (ALT, SGPT) Aspartate Aminotransferase (AST, SGOT) Aspartate Aminotransferase	Glucose (Sugar)
Amylase	Iron
Bilirubin, Total	Iron Binding Capacity
Bilirubin, Direct	Lactic Dehydrogenase (LD)
Blood Urea Nitrogen (BUN)	Lipoprotein (HDL Cholesterol)
Calcium	Magnesium
Carbon Dioxide (CO <sub>2</sub> )	Phosphorus
Chlorides (Cl)	Potassium (K)
Cholesterol	Protein, Total
Creatine Kinase (CK, CPK)	Sodium (NA)
	Triglycerides
	Uric Acid

Note 1: Code 80091—Thyroid panel

Reimbursement not eligible for 84439 when billed in conjunction with 80091 on same day.

Note 2: Code 80092—Thyroid panel with TSH

Code 84443—TSH will not be paid a separate reimbursement when performed in conjunction with 80091 or 80092.

3. Codes 82487, 82488, and 82489—Chromatography—must list substance (compound) tested for in block 34 (REMARKS) of the claim form.

4. Code 82728—Ferritin

When the procedure for ferritin is performed in combination with Vitamin B12 or Folate or any of the chemistry analytes listed on codes 80002-80019, the maximum reimbursable fee for code 82728 is \$5.00.

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

Note 1: If any two of the following HCPCS procedure codes are performed on the same day by automated equipment and the total reimbursement of the two chemistry tests would have exceeded \$5.00, the maximum reimbursement will not be more than \$5.00: 82040, 82150, 82250, 82251, 82310, 82374, 82435, 82465, 82550, 82565, 82947, 82977, 83540, 83550, 83615, 83718, 83735, 84060, 84075, 84100, 84132, 84155, 84295, 84450, 84460, 84478, 84520, 84550.

6. 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).

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

8. 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, 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.

9. 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.

10. Code 88155—Pap smear

Note: Obtaining specimen is not a separate eligible service.

11. 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.

12. 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 89360.

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

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

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

16. 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.

## 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  
P.O. Box 4801  
Trenton, New Jersey 08619-4801

or contact:

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