

TO: All Providers (Except Transportation and Medical Suppliers)

SUBJECT: Clarification of Billing Instructions for Reference Laboratories

EFFECTIVE: Immediately

PURPOSE: To notify all providers performing clinical laboratory testing as to the billing requirements for participation in the New Jersey Medicaid program.

ACTION: To assure full compliance with the Clinical Laboratory Improvement Amendments of 1988 (CLIA), clinical laboratory services covered under the New Jersey Medicaid program must be billed by the entity who actually performed the test. For example, a service such as a pap smear must be billed by the laboratory performing the test and not the physician who obtained the specimen. A provider who obtains a blood specimen may, however, bill for the venipuncture for the collection of the specimen (HCPCS 36415).

An originating clinical laboratory that accepts specimens but refers the laboratory test to a reference laboratory cannot bill for the laboratory services. Only CLIA certified clinical laboratories who actually performed the clinical laboratory test may bill the New Jersey Medicaid program.

If you have any questions concerning this Newsletter, please contact Phyllis Valeri-Bruschini, Laboratory Consultant, at (609) 588-2721.

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