

Rates: Maximum Reimbursement for Laboratories

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Welfare and Institutions Code (W&I Code), Section 14105.22 specifies that reimbursement rates for clinical laboratory or laboratory services may not exceed 80 percent of the lowest maximum allowance established by the Federal Medicare program for the same or similar services.

Providers billing laboratory procedure CPT® codes 80048 thru 84999 must include procedure code modifiers. For a list of approved modifiers, refer to the *Modifiers: Approved List* section in this manual.

Automated chemistry tests and the components of panel codes will be maintained in history for comparison with claims involving other automated tests or panels received from the same provider, for the same recipient and date of service.

Note: The amounts identified below are not rates. They are the maximum reimbursement amounts for the total of actual tests performed, regardless of how providers bill for the tests.

These tests will be bundled with the following pricing scale:

Description	Rate
1-2 clinical chemistry tests	\$5.82
3 clinical chemistry tests	\$7.43
4 clinical chemistry tests	\$7.84
5 clinical chemistry tests	\$8.74
6 clinical chemistry tests	\$8.77
7 clinical chemistry tests	\$9.14
8 clinical chemistry tests	\$9.46
9-10 clinical chemistry tests	\$9.70
11 clinical chemistry tests	\$9.87
12 clinical chemistry tests	\$10.10
13-16 clinical chemistry tests	\$11.82
17-18 clinical chemistry tests	\$11.90
19 clinical chemistry tests	\$12.36
20 clinical chemistry tests	\$12.76
21 clinical chemistry tests	\$13.16
22 clinical chemistry tests	\$13.56

<<Legend>>

<<Symbols used in the document above are explained in the following table.>>

Symbol	Description
<<	This is a change mark symbol. It is used to indicate where on the page the most recent change begins.
>>	This is a change mark symbol. It is used to indicate where on the page the most recent change ends.