

**RULES AND REGULATIONS PERTAINING TO THE FEE STRUCTURE
FOR CLINICAL LABORATORY SERVICES PROVIDED BY THE
DEPARTMENT OF HEALTH LABORATORY**

(R23-1-3-FFS)

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS



**DEPARTMENT OF HEALTH
AUGUST 1991 (E)**

As Amended:

October 1991 (E)

January 1992 (E)

March 1992

July 1992 (E)

October 1992

May 1993 (E)

September 1993 (E)

November 1993

January 1994 (E)

June 1994 (E)

November 1994

January 2002 (re-filing in accordance with
the provisions of section 42-35-4.1 of the
Rhode Island General Laws, as amended)

April 2002

January 2007 (re-filing in accordance with
the provisions of section 42-35-4.1 of the
Rhode Island General Laws, as amended)

May 2008

INTRODUCTION

These Rules and Regulations Pertaining to the Fee Structure for Laboratory Services Provided by the Department of Health Laboratory are promulgated pursuant to the authority conferred under section 23-1-3 of the General Laws of Rhode Island, as amended, and are established for the purpose of establishing fees for laboratory services provided by the Rhode Island Department of Health Laboratory.

Pursuant to the provisions of Chapter 42-35-3(c) of the General Laws, consideration was given to: (1) alternative approaches to the regulations; and (2) duplication or overlap with other state regulations. No alternative approach, duplication, or overlap was identified.

These Rules and Regulations Pertaining to the Fee Structure for Laboratory Services Provided by the Department of Health Laboratory shall supersede all previous rules and regulations pertaining to this program, promulgated by the Rhode Island Department of Health and filed with the Secretary of State.

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Section 1.0 *Definitions*

Whenever used in these rules and regulations, the following terms shall be construed as follows:

- 1.1 ***Act***" means Section 23-1-3 of the General Laws of Rhode Island, as amended, entitled "Maintenance of Laboratories."
- 1.2 ***Department***" means the Rhode Island Department of Health.
- 1.3 ***Director***" means the Director of the Rhode Island Department of Health or his/her duly authorized agent.
- 1.4 ***These regulations***" means all sections of the *Rules and Regulations Pertaining to the Fee Structure for Clinical Laboratory Services Provided by the Department of Health Laboratory (R23-1-3-FFS)*.
- 1.5 "State Health Laboratories" means the State Health Laboratories maintained by the Rhode Island Department of Health.

Section 2.0 *Applicability and Scope*

- 2.1 These regulations provide for the establishment of fees for laboratory services provided by the Department laboratory and designate certain clinical tests as a covered benefit, pursuant to authority conferred by the Act.
- 2.2 The provisions of these rules and regulations are in addition to, and not in substitution for, other rules and regulations promulgated by the Director pursuant to authority conferred by sections 23-1-5.1, 23-13-14, 23-13-15, 23-24.6-10, 41-3.1-10 and 46-13-17 of the General Laws of Rhode Island, as amended.
- 2.3 Nothing in these regulations shall be construed as requiring the use of the Department laboratory where other clinical laboratories, licensed by the Director pursuant to authority conferred by Section 23-16.2 of the General Laws of Rhode Island, as amended, are available to perform the requested laboratory services.

Section 3.0 *General Requirements*

- 3.1 Pursuant to authority conferred by the Act, the Director may charge for all services provided by the Department laboratory. The Director shall prepare a fee schedule listing the laboratory services and fees. The fee schedule for such services shall be that contained in Appendix "A" of these regulations, unless otherwise agreed to by the Department.
- 3.2 Clinical laboratory services provided by the Department laboratory and set forth in the fee schedule shall be subject to the fees provided therein, as established in accordance with the provisions of section 4.0 of these regulations.

Section 4.0 *Criteria for Determination of Fees*

- 4.1 The fee for any laboratory service provided by the Department laboratory shall be reasonable and shall be determined on the basis of current costs for providing said service. The fee may include administrative, personnel, equipment, overhead, supplies and such other related costs necessary to develop and provide said service.
- 4.2 The Director may designate new or additional laboratory services, and associated fees, at any time.

Section 5.0 *Designation of Certain Clinical Tests as a Covered Benefit*

- 5.1 Pursuant to the authority conferred by the Act, the clinical tests listed in Appendix A of these regulations have been designated by the Director as a covered benefit. As such, all clinical tests designated by the Director as a covered benefit shall be reimbursable by all health insurers, as defined in section 27-38.2-2 (1) of the General Laws of Rhode Island, as amended, providing health insurance coverage in Rhode Island except for supplemental policies which only provide coverage for specific diseases, hospital indemnity Medicare supplements, or other supplemental policies. The charges for such testing shall be borne by the hospitals or other licensed health-care providers and facilities in the absence of a third-party payor.

Section 6.0 *Payment of Fees*

- 6.1 Payment for all laboratory services performed by the Department laboratory shall be submitted to the Department within thirty (30) days of receipt of the invoice or other period of time agreed to by the Department. Payment shall be non-returnable and nonrefundable and shall be in the form of a check or money order made payable to the General Treasurer, State of Rhode Island.
- 6.2 All fees collected pursuant to these regulations shall be deposited as general revenues.

Section 7.0 *Fee for Rabies Testing*

- 7.1 Pursuant to authority conferred by the Act, a fee of \$125.00 shall be charged for each unnecessary rabies test performed at the State Health Laboratories. An unnecessary rabies test is one that does not meet criteria established by the Department's Center for Epidemiology. The Center will determine the validity of each specimen prior to testing at the State Health Laboratories. If a rabies test is determined to be unnecessary, the owner or person submitting the animal being tested shall be responsible for payment should they still want the test performed. Payment shall be received prior to testing.

Section 8.0 *Fees For Lead Poisoning Screening*

- 8.1 The fee for any lead poisoning screening or lead screening-related services provided by the State Health Laboratories shall be determined on the basis of rates paid by health care insurers to private laboratories for blood lead analysis.
- 8.2 The Department may, by regulation, designate new or additional lead poisoning screening or lead screening related services, and associated fees, at any time.
- 8.3 The fee schedule for lead poisoning screening and lead screening-related services provided by the Department shall be as listed in Appendix A herein.
- 8.4 Payment for all screening for lead poisoning and lead screening-related services performed by the Department shall be submitted to the Department by non-returnable and nonrefundable check or money order made payable to the General Treasurer, State of Rhode Island, within thirty (30) days of receipt of the invoice.

Section 9.0 *Interpretation and Severability*

- 9.1 The provisions of these regulations shall be liberally construed and shall be held to be in addition to, and not in substitution for, or a limitation of, the provisions of any other regulation or law. If any provision or part thereof of these regulations, or application thereof, to any person or circumstance is held unconstitutional or otherwise invalid, the remainder of these regulations and the application of such provisions to any other persons or circumstances other than those to which it is held invalid shall not be affected thereby.

APPENDIX A

CLINICAL TESTS AND ASSOCIATED FEES

<i>Test</i>	<i>CPT code</i>	<i>Description</i>	<i>Fee</i>
Blood Lead	83655	Quantitative Blood Lead Screen	\$25.00
Enteric Screen	87045	Enteric Pathogen screen including Salmonella, Shigella, Vibrio,	15.00
	85046	Campylobacter, Yersinia, Shiga toxin producing E. Coli, Aeromonas,	15.00
	87427	Plesiomonas, Shiga toxin Screen.	20.00
Neisseria gonorrhoeae culture	87070	Neisseria gonorrhoeae culture and identification	12.00
	87590		30.00
Ova & Parasite Screen	87177	Ova & Parasite Screen; Wet Mount and Trichrome Slide	10.00
	87209		25.00
Chlamydia (cervical, urethral and urine)	87491	Chlamydia trachomatis identification by amplified DNA probe	\$50.00
Gonorrhoea (cervical, urethral and urine)	87591	Neisseria gonorrhoeae identification by amplified DNA probe	\$50.00
HIV 1,2 screen	86703	HIV1 and HIV2 screen by EIA	20.00
HIV confirmation	86689	HIV confirmation by Western Blot and IFA	30.00
Rubella IgG	86762	Rubella EIA	20.00
Syphilis RPR	86592	Syphilis qualitative screen	8.00
Syphilis FTA-ABS	86781	Syphilis confirmation	20.00
Syphilis VDRL	86592	Syphilis in spinal fluid	8.00
Pertussis PCR	87140	Bordetella pertussis PCR	50.00
Pertussis culture	87070	Bordetella pertussis culture and identification	12.00
	87140		8.00
TB Smear and Culture	87206	Mycobacteria smear, concentration and culture	7.50
	87015		10.00
	87116		30.00
TB ID	87149	Mycobacteria identification, biochemicals or DNA probe	30.00
	87118		15.00
TB Susceptibility	87190	Mycobacteria antibiotic susceptibility (each drug)	10.00

Friday, May 02, 2008
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