

Clinical Diagnostic Laboratory Fee Schedule

HCPC	Current Rate	Adjusted Rate	SHORT DESCRIPTION	Change Ind
ATP02	7.10	6.01	Auto Test Panel Pricing Code, 1-2 Tests	
ATP03	9.05	7.66	Auto Test Panel Pricing Code, 3 Tests	
ATP04	9.55	8.08	Auto Test Panel Pricing Code, 4 Tests	
ATP05	10.66	9.01	Auto Test Panel Pricing Code, 5 Tests	
ATP06	10.68	9.04	Auto Test Panel Pricing Code, 6 Tests	
ATP07	11.13	9.42	Auto Test Panel Pricing Code, 7 Tests	
ATP08	11.52	9.74	Auto Test Panel Pricing Code, 8 Tests	
ATP09	11.83	10.00	Auto Test Panel Pricing Code, 9 Tests	
ATP10	11.83	10.00	Auto Test Panel Pricing Code, 10 Tests	
ATP11	12.04	10.18	Auto Test Panel Pricing Code, 11 Tests	
ATP12	12.30	10.41	Auto Test Panel Pricing Code, 12 Tests	
ATP13	14.39	12.17	Auto Test Panel Pricing Code, 13 Tests	
ATP14	14.39	12.17	Auto Test Panel Pricing Code, 14 Tests	
ATP15	14.39	12.17	Auto Test Panel Pricing Code, 15 Tests	
ATP16	14.39	12.17	Auto Test Panel Pricing Code, 16 Tests	
ATP17	14.50	12.26	Auto Test Panel Pricing Code, 17 Tests	
ATP18	14.50	12.26	Auto Test Panel Pricing Code, 18 Tests	
ATP19	15.08	12.75	Auto Test Panel Pricing Code, 19 Tests	
ATP20	15.55	13.15	Auto Test Panel Pricing Code, 20 Tests	
ATP21	16.05	13.57	Auto Test Panel Pricing Code, 21 Tests	
ATP22	16.52	13.98	Auto Test Panel Pricing Code, 22+ Tests	
ATP23	16.52	13.98	Auto Test Panel Pricing Code, 23+ Tests	

Additional Information

The reimbursement for the complete panel procedure code represents the total payment for all automated laboratory tests that are covered under that panel combined with any other automated tests that are billed for the client for the same date of service. The Texas Medicaid allowable fee for the individual components of the complete laboratory panel will not exceed the automated test panel (ATP) fee for the total number of automated tests that are billed for the client for the same date of service.

When all of the components of the panel are performed, the complete panel procedure code must be billed. When only two or more components of the panel are performed, the individual procedure codes for each laboratory test performed may be billed.

Please refer to the Texas Medicaid Provider Procedures Manual for additional information.

Change Ind: Indicator denoting that the Fee Schedule row has been updated since the last run. 'C' for change; blank for no changes.

Clinical Diagnostic Laboratory Fee Schedule
Lab Panel and Associated Tests

Lab Panel	Lab Test	Lab Panel	Lab Test
80047	82330	80061	82465
80047	82374	80061	83718
80047	82435	80061	84478
80047	82565		
80047	82947	Lab Panel	Lab Test
80047	84132	80069	82040
80047	84295	80069	82310
80047	84520	80069	82374
		80069	82435
Lab Panel	Lab Test	80069	82565
80048	82310	80069	82947
80048	82374	80069	84100
80048	82435	80069	84132
80048	82565	80069	84295
80048	82947	80069	84520
80048	84132		
80048	84295	Lab Panel	Lab Test
80048	84520	80074	86705
		80074	86709
Lab Panel	Lab Test	80074	86803
80051	82374	80074	87340
80051	82435		
80051	84132	Lab Panel	Lab Test
80051	84295	80076	82040
		80076	82247
Lab Panel	Lab Test	80076	82248
80053	82040	80076	84075
80053	82247	80076	84155
80053	82310	80076	84450
80053	82374	80076	84460
80053	82435		
80053	82565		
80053	82947		
80053	84075		
80053	84132		
80053	84155		
80053	84295		
80053	84450		
80053	84460		
80053	84520		