



# HCPCS Code S3620 Details

## Code Symbols

**D** : Special coverage instructions apply

## Code Descriptor

Newborn metabolic screening panel, includes test kit, postage and the laboratory tests specified by the state for inclusion in this panel (e.g., galactose; hemoglobin, electrophoresis; hydroxyprogesterone, 17-D; phenylalanine (PKU); and thyroxine, total)

## Fee Schedule

### Medicare Physician Fee Schedules (MPFS)

Sources: 2019 National Physician Fee Schedule Relative Value File, GPCI19, NATIONAL PHYSICIAN FEE SCHEDULE RELATIVE VALUE FILE CALENDAR YEAR 2019, MCR-MUE-PractitionerServices

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Medicare Carrier/Locality: ALASKA\*\* 01-02102

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**Note:** A value in "Medicare Fees" does not necessarily indicate payment. Scroll down to see Medicare's status on the code for coverage specifics. Medicare has assigned relative value units (RVUs) to codes the agency does not cover to allow payers that follow the resource based relative value system to have an agreed upon valuation rate.

## Code Status I

**I** = Not valid for Medicare purposes. Medicare uses another code for reporting of, and payment for, these services. (Code NOT subject to a 90 day grace period.)

### Medicare Fees

	National	Adjusted	26	TC	53
Facility	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Non Facility	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

### RVU - Nonfacility

	National	Adjusted	26	TC	53
Work RVU:	0.00	0.00			0.00
PE RVU:	0.00	0.00			0.00



Malpractice RVU:	0.00	0.00			0.00
Total RVU:	0.00	0.00	0.00	0.00	0.00

RVU - Facility					
	National	Adjusted	26	TC	53
Work RVU:	0.00	0.00			0.00
PE RVU:	0.00	0.00			0.00
Malpractice RVU:	0.00	0.00			0.00
Total RVU:	0.00	0.00	0.00	0.00	0.00

Global & Other Info	
	Global Split
Preoperative %:	0
Intraoperative %:	0
Postoperative %:	0
Total RVU:	0
Global Period (days):	XXX
<b>XXX</b> = The global concept does not apply to the code.	
Radiology Diagnostic Tests :	99
<b>99</b> = Concept does not apply	
PC/TC Indicator :	9
<b>9</b> = Not Applicable--Concept of a professional/technical component does not apply	
Endoscopic Base Code :	None

Modifier Guidelines		
	Modifier	Rules(Click on rules for Details)
MULT PROC	51	Concept does not apply
<b>51</b> = Multiple Procedures: When multiple procedures, other than E/M services, Physical Medicine and Rehabilitation services or provision of supplies (eg, vaccines), are performed at the same session by the same provider, the primary procedure or service may be reported as listed. The additional procedure(s) or service(s) may be identified by appending modifier 51 to the additional procedure or service code(s). Note: This modifier should not be appended to designated "add-on" codes		
<b>9</b> = Concept does not apply		
BILAT SURG	50	Concept does not apply



<p><b>50</b> = Bilateral Procedure: Unless otherwise identified in the listings, bilateral procedures that are performed at the same operative session, should be identified by adding modifier 50 to the appropriate five digit code.</p>		
<p><b>9</b> = Concept does not apply</p>		
ASST SURG	80	Concept does not apply
<p><b>80</b> = Assistant Surgeon: Surgical assistant services may be identified by adding modifier 80 to the usual procedure number(s).</p>		
<p><b>9</b> = Concept does not apply</p>		
CO-SURG	62	Concept does not apply
<p><b>62</b> = Two Surgeons: When two surgeons work together as primary surgeons performing distinct part(s) of a procedure, each surgeon should report his/her distinct operative work by adding modifier 62 to the procedure code and any associated add-on code(s) for that procedure as long as both surgeons continue to work together as primary surgeons. Each surgeon should report the co-surgery once using the same procedure code. If additional procedure(s) (including add-on procedure(s) are performed during the same surgical session, separate code(s) may also be reported with modifier 62 added. Note: If a co-surgeon acts as an assistant in the performance of additional procedure(s) during the same surgical session, those services may be reported using separate procedure code(s) with modifier 80 or modifier 82 added, as appropriate.</p>		
<p><b>9</b> = Concept does not apply</p>		
TEAM SURG	66	Concept does not apply
<p><b>66</b> = Surgical Team: Under some circumstances, highly complex procedures (requiring the concomitant services of several physicians, often of different specialties, plus other highly skilled, specially trained personnel, various types of complex equipment) are carried out under the "surgical team" concept. Such circumstances may be identified by each participating physician with the addition of modifier 66 to the basic procedure number used for reporting services.</p>		
<p><b>9</b> = Concept does not apply</p>		
MINIMUM ASST SURG	81	Concept does not apply.
<p><b>81</b> = Minimum Assistant Surgeon: Minimum surgical assistant services are identified by adding modifier 81 to the usual procedure number.</p>		
<p><b>9</b> = Concept does not apply.</p>		
ASST SURG (QUALIFIED RESI. NA)	82	Concept does not apply
<p><b>82</b> = Assistant Surgeon (when qualified resident surgeon not available): The unavailability of a qualified resident surgeon is a prerequisite for use of modifier 82 appended to the usual procedure code number(s)</p>		
<p><b>9</b> = Concept does not apply.</p>		
PHYSICIAN SUPERVISION	*PS	Concept does not apply.



**PS** = This field is for use in post payment review.

**9** = Concept does not apply

## LCD Details

### LCD Details for S3620

The chosen state has no LCD for this code/title. Please search All States to see if another state has an LCD for this code/title.

### Article Details for S3620

The chosen state has no Article for this code/title. Please search All States to see if another state has an Article for this code/title.

## MEDICARE CCI

0 - Can NOT be billed under any circumstances

1 - A CCI-associated modifier on the Col. 2 code will override the edit.

Col B Code	Reason Edit	Modifier Indicator
No data available.		

## ICD-10 Crossref

- P02.70 Newborn affected by fetal inflammatory response syndrome
- P02.78 Newborn affected by other conditions from chorioamnionitis
- P04.11 Newborn affected by maternal antineoplastic chemotherapy
- P04.12 Newborn affected by maternal cytotoxic drugs
- P04.13 Newborn affected by maternal use of anticonvulsants
- P04.14 Newborn affected by maternal use of opiates
- P04.15 Newborn affected by maternal use of antidepressants
- P04.16 Newborn affected by maternal use of amphetamines
- P04.17 Newborn affected by maternal use of sedative-hypnotics
- P04.18 Newborn affected by other maternal medication
- P04.19 Newborn affected by maternal use of unspecified medication
- P04.1A Newborn affected by maternal use of anxiolytics
- P04.40 Newborn affected by maternal use of unspecified drugs of addiction
- P04.42 Newborn affected by maternal use of hallucinogens
- P04.81 Newborn affected by maternal use of cannabis



- P04.89 Newborn affected by other maternal noxious substances
  - P36.0 Sepsis of newborn due to streptococcus, group B
  - P36.10 Sepsis of newborn due to unspecified streptococci
  - P36.19 Sepsis of newborn due to other streptococci
  - P36.2 Sepsis of newborn due to *Staphylococcus aureus*
  - P36.30 Sepsis of newborn due to unspecified staphylococci
  - P36.39 Sepsis of newborn due to other staphylococci
  - P36.4 Sepsis of newborn due to *Escherichia coli*
  - P36.5 Sepsis of newborn due to anaerobes
  - P36.8 Other bacterial sepsis of newborn
  - P36.9 Bacterial sepsis of newborn, unspecified
  - P53 Hemorrhagic disease of newborn
  - P55.0 Rh isoimmunization of newborn
  - P55.1 ABO isoimmunization of newborn
  - P55.8 Other hemolytic diseases of newborn
  - P55.9 Hemolytic disease of newborn, unspecified
  - P58.42 Neonatal jaundice due to drugs or toxins given to newborn
  - P60 Disseminated intravascular coagulation of newborn
  - P70.8 Other transitory disorders of carbohydrate metabolism of newborn
  - P70.9 Transitory disorder of carbohydrate metabolism of newborn, unspecified
  - Z13.0 Encounter for screening for diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism
  - Z13.21 Encounter for screening for nutritional disorder
  - Z13.228 Encounter for screening for other metabolic disorders
  - Z13.29 Encounter for screening for other suspected endocrine disorder
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### **CPT Crossref**

No data available.

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### **Modifier Crossref**

33  
Preventive Services

KX  
Requirements specified in the medical policy have been met

Q5



Service furnished under a reciprocal billing arrangement by a substitute physician; or by a substitute physical therapist furnishing outpatient physical therapy services in a health professional shortage area, a medically underserved area, or a rural area

Q6

Service furnished under a fee-for-time compensation arrangement by a substitute physician; or by a substitute physical therapist furnishing outpatient physical therapy services in a health professional shortage area, a medically underserved area, or a rural area

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## HCPCS Lay Terms

This code covers routine laboratory tests given to a newborn to check for various conditions and diseases.

### Clinical Responsibility

Providers perform a series of lab tests on newborns to identify conditions and diseases that are treatable but not immediately apparent. Each state has its own panel of tests and the number of tests varies greatly depending on the location. Most tests only require a whole blood sample from the newborn for completion.

### Terminology

Electrophoresis: A lab method using an instrument that is capable of separating the different fractions of the sample.

Galactose: A form of a simple sugar.

Hemoglobin: The red colored protein in the red blood cell that carries oxygen to the tissue and returns carbon dioxide to the lungs; when the amount is below normal, it indicates anemia.

Hydroxyprogesterone, 170 D: A hormone, or chemical messenger, produced by the adrenal glands, which sit above the kidneys; high levels of this hormone may indicate congenital adrenal hyperplasia, or CAH, a disorder present from that causes ambiguous genitalia.

Phenylalanine, or PKU: An amino acid that when not properly metabolized accumulates and causes mental retardation.

Screening: Testing done to identify disease in individuals without signs or symptoms.

Thyroxine: The primary hormone produced by the thyroid gland; also known as T4.

### Tips

Use S codes to represent drugs, services, and supplies, which do not possess a permanent national code. However, private sector and Medicaid require these codes to implement policies, programs, or claims processing and meet their particular needs. These codes are not payable by Medicare.

Some S codes represent procedures, which are otherwise reportable with CPT® codes. However, CPT® codes involve the reporting of each component of a diagnostic test, whereas S codes include all the components of a procedure.