



State of New Jersey
Department of Human Services
Division of Medical Assistance & Health Services

NEWSLETTER

Volume 10 No. 02

January 2000

- TO:** Independent Clinical Laboratories – **For Action**
Hospitals and Hospital Outpatient Laboratories - **For Action**
Health Maintenance Organizations – **For Information Only**
- SUBJECT:** **Corrections to Newsletter Vol. 9 No. 54, dated September 1999**
“Adjustments to Reimbursement Amounts for Specified HCPCS
Procedure Codes for Laboratory/Pathology Services”
- EFFECTIVE:** For claims with dates of service on or after October 1, 1999
- PURPOSE:** This Newsletter corrects information inadvertently reported
incorrectly in Newsletter Vol. 9 No. 54, dated September 1999.
- BACKGROUND:** In September 1999, the New Jersey Division of Medical Assistance
and Health Services sent out Newsletter Vol. 9, No. 54, which
communicated adjusted reimbursement amounts of specified HCPCS procedure codes.
This was done in accordance with N.J.A.C. 10:61-1.7, which states that Medicaid and
NJ KidCare maximum fee allowances for covered laboratory services must not exceed
fees established for these same services when covered by the Medicare program. In
response to decreases in Medicare fee allowances for laboratory services, the Division
adjusted the maximum fee allowances for these services.
- ACTION:** A corrected list of the affected codes, with the old and new
reimbursement amounts listed, is attached to this Newsletter.

Providers are instructed to discard the attachments of Newsletter Vol. 9 No. 54, dated September 1999, from their manuals and insert the corrected attachments of this Newsletter.

Hospitals, please retain these corrected attachments with Subchapter 11 of your manual, and discard the attachments from Newsletter Vol. 9 No. 54, dated September 1999.

If there are any questions regarding this Newsletter, please contact the Office of Health Services Administration at (609) 588-2721.

**RETAIN THIS NEWSLETTER NUMERICALLY BEHIND THE NEWSLETTER TAB
(BLUE TAB MARKED "5")**

10:61-3.2 HCPCS procedure codes and maximum fee allowance schedule for Level I

1999 Reimbursement Amount Reductions

(old reimbursement amounts are paid for claims with dates of service prior to October 1, 1999, new rates are effective for claims with dates of service on or after October 1, 1999,)

<u>HCPCS Code</u>	<u>MOD</u>	<u>Maximum Fee Allowance</u>		<u>Prof. Comp.</u>
		<u>Old</u>	<u>New</u>	
80168		24.50	18.00	
80185		19.00	14.65	
80412	BR		364.36	
80418	BR		640.73	
80439		100.00	74.27	
81007		3.82	2.84	
82017		24.00	18.60	
82085		13.75	11.00	
82108		38.00	28.17	
82131		24.00	18.64	
82136		24.00	18.64	
82139		24.00	18.64	
82154		40.00	31.88	
82160		38.00	27.65	
82232		24.50	17.80	
82261		24.00	18.64	
82331		7.50	5.72	
82379		24.00	18.64	
82415		18.50	15.00	
82441		8.92	8.00	
82482		11.27	10.00	
82495		30.00	27.00	
82507		40.00	37.00	
82600		27.50	25.00	
82615		11.50	11.00	
82626		37.00	29.60	
82627		33.00	29.00	
82633		43.50	38.52	
82638		18.00	15.20	
82652		55.00	47.87	
82690		25.00	21.50	
82742		29.50	26.55	
82757		25.00	22.50	
82775		30.00	27.00	
82787		49.00	39.20	
<u>HCPCS Code</u>	<u>MOD</u>	<u>Maximum Fee Allowance</u>		<u>Prof. Comp.</u>
		<u>Total Fee</u>		

	<u>Old</u>	<u>New</u>
82938	26.00	22.00
82943	20.00	19.00
82975	22.00	19.80
82979	10.00	9.00
83008	24.00	21.60
83030	12.00	10.00
83071	10.00	9.00
83080	24.00	19.20
83500	34.00	30.00
83505	40.00	30.00
83527	22.00	16.11
83605	15.00	13.50
83719	17.00	15.50
83785	35.00	30.00
83805	26.00	23.00
83858	22.00	19.80
83866	15.00	12.00
83873	25.00	20.00
83890	5.71	5.00
83891	5.71	5.00
83892	5.71	5.00
83893	5.71	5.00
83894	5.71	5.00
83896	5.71	5.00
83897	5.71	5.00
83898	30.00	20.00
83901	30.00	20.00
83902	25.23	19.00
83903	30.00	20.00
83904	30.00	20.00
83905	30.00	20.00
83906	30.00	20.00
83912	31.39	5.54
83930	9.50	9.00
83935	9.90	9.00
83937	65.00	40.00
84066	14.00	12.60
84081	24.00	20.00
84087	15.00	13.50
84126	37.00	34.50
84140	50.00	27.50
84143	60.00	30.00

<u>HCPCS</u>		<u>Maximum Fee Allowance</u>	<u>Prof.</u>
<u>Code</u>	<u>MOD</u>	<u>Total Fee</u>	<u>Comp.</u>
		<u>Old</u>	<u>New</u>

84153		26.00	24.50	
84154		26.00	24.50	
84181		25.00	20.00	
84182		26.00	23.50	
84207		40.00	32.00	
84210		16.00	12.80	
84228		17.00	13.60	
84252		30.00	24.00	
84255		37.00	29.60	
84260		44.00	35.20	
84375		29.00	23.20	
84376		14.00	7.00	
84377		14.00	7.00	
84392		7.00	5.60	
84402		38.00	30.40	
84425		32.00	29.00	
84443		24.00	23.00	
84446		21.00	16.80	
84449		30.00	24.00	
84466		19.00	15.20	
84478		8.30	7.30	
84512		BR	10.00	
84586		50.00	48.00	
84588		49.50	45.00	
84630		16.00	15.00	
85220		25.00	24.00	
85230		25.00	24.00	
85240		25.00	24.00	
85244		29.00	28.00	
85250		27.00	26.00	
85260		26.00	24.00	
85270		26.00	24.00	
85292		28.00	26.00	
85293		28.00	26.00	
85301		16.00	14.00	
85302		17.00	16.00	
85305		17.00	16.00	
85360		12.00	11.00	
85421		15.00	14.00	
85441		6.00	5.00	
85520		19.00	18.00	
85525		17.00	16.00	
85549		28.00	25.00	
<u>HCP</u>		<u>Maximum Fee Allowance</u>		<u>Prof.</u>
<u>Code</u>	<u>MOD</u>	<u>Total Fee</u>		<u>Comp.</u>
		<u>Old</u>	<u>New</u>	
86147		38.00	35.00	
86148		38.00	22.00	

86215	18.50	18.00
86235	25.00	24.00
86316	30.00	28.00
86329	20.00	19.00
86334	31.20	30.00
86588	13.20	13.00
86618	25.00	23.00
86664	23.00	21.00
86687	12.00	11.60
86701	13.00	12.00
86703	21.00	18.00
86717	18.00	16.00
86790	BR	17.00
86807	55.00	54.00
87175	15.00	14.00
87186	13.00	11.00
87250	28.00	25.50
88162	60.00	59.00
88162 26	NA	43.00
88162 TC	NA	16.00
88180	43.50	26.60
88180 26	NA	19.59
88180 TC	NA	7.01
88182	300.00	64.11
88182 26	NA	45.05
88182 TC	NA	19.07
88262	184.00	172.00
88264	184.00	172.00
88280	37.00	34.00
88291	31.39	26.82
88300 26	7.00	6.55
88302	21.00	20.85
88302 26	15.00	10.80
88302 TC	NA	10.05
88304 26	19.00	16.67
88304 TC	NA	9.33
88348	184.00	144.81
88348 26	151.00	98.22
88348 TC	NA	46.59
88349	184.00	88.70

<u>HCP</u> <u>Code</u>	<u>MOD</u>	<u>Maximum Fee Allowance</u> <u>Total Fee</u>	<u>Prof.</u> <u>Comp.</u>
88349 26		151.00	56.06
88349 TC		NA	32.63
88371		32.00	30.00
88372		33.00	31.00
89350		20.00	16.61

1999 Reimbursement Amount Corrections

The old reimbursement amounts are paid for claims with dates of service prior to October 1, 1999, new rates are effective for claims with dates of service on or after October 1, 1999. These HCPCS originally had the fee schedules reversed.

<u>HCPCS Code</u>	<u>MOD</u>	<u>Maximum Fee Allowance</u>		<u>Prof. Comp.</u>
		<u>Total Fee</u>	<u>Total Fee</u>	
		<u>Old</u>	<u>New</u>	
83013		9.00	48.00	
83014		48.00	9.00	