



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

# NEWSLETTER

Volume 10 No.32

April 2000

**TO:** Physicians, Hospitals, and Federally Qualified Health Centers - For Action  
HMOs - For Information Only

**SUBJECT:** Updates to the HCFA Common Procedure Coding System (HCPCS)

**EFFECTIVE:** Additions Effective for Claims with Dates of Service on or after January 1,  
2000

Deletions Effective for Claims with Dates of Service on or after July 1,  
2000

Clarification of billing for Hepatitis B vaccine

Change in reimbursement for Viral Load Test

**PURPOSE:** To notify physicians of additions and deletions to the 2000 HCFA Common Procedure Coding System (HCPCS) and reimbursement for Medicaid and NJ KidCare fee-for-service covered medical, surgical, radiological/ultrasound, and pathology /laboratory services. The Division is also deleting certain HCPCS procedure codes for medical, surgical, radiological/ultrasound, and pathology/laboratory services for claims with service dates on or after July 1, 2000, clarifying the reimbursement of Hepatitis B and reducing the reimbursement for Viral Load Testing.

**ACTION:** The New Jersey Division of Medical Assistance and Health Services (DMAHS) has added new HCPCS procedure codes and their applicable maximum fee allowances. These procedure codes reflect physicians' services and maximum fee allowances, which are reimbursable to physicians, physician groups and hospitals by the New Jersey Medicaid and NJ KidCare programs. Providers should use these HCPCS procedure codes when submitting claims for processing.

Attachments to this Newsletter include:

1. Additions/deletions to N.J.A.C. 10:54-9.4, HCPCS procedure codes and maximum fee allowances for Medicines;

2. Additions/deletions to N.J.A.C. 10:54-9.5, HCPCS procedure codes and maximum fee allowances for Surgery;
3. Additions/deletions to N.J.A.C. 10:54-9.6, HCPCS procedure codes and maximum fee allowances for Radiology/Ultrasound; and
4. Additions/deletions to N.J.A.C. 10:54-9.7, HCPCS procedure codes and maximum fee allowances for Pathology/Laboratory.

Physicians, please add these attachments to Subchapter 9 (dated 2/20/96) in your Physician Services Manual (N.J.A.C. 10:54).

Hospitals, please retain these attachments with this Newsletter.

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")  
10:54-9.4 HCPCS Procedure Codes and Maximum Fee Schedule for Medicine  
Additions Effective for Claims with Dates of Service on or after January 1, 2000**

<u>IND</u>	<u>HCP</u> <u>CS</u> <u>Code</u>	<u>Mod</u>	<u>Maximum Fee Allowance</u>		<u>NS</u>	<u>Anes.</u> <u>Basic</u> <u>Units</u>
			<u>S</u>	<u>\$</u>		
	92961		60.00		51.00	
	93727		21.00		18.00	
	93741		50.00		45.00	
	93741	26	31.00		26.00	
	93741	TC	19.00		19.00	
	93742		75.00		70.00	
	93742	26	31.00		26.00	
	93742	TC	44.00		44.00	
	93743		75.00		69.00	
	93743	26	40.00		34.00	
	93743	TC	35.00		35.00	
	93744		87.00		80.00	
	93744	26	47.00		40.00	
	93744	TC	40.00		40.00	
	96570		35.00		30.00	
	96571		18.00		15.00	
	99173		5.00		5.00	

**Deletions Effective for Claims with Dates of Service on or after July 1, 2000**

<u>Code Deleted</u>	<u>To Report Use Code</u>
90592	
W 9099	90746
W 9099 52	90746 52

**Clarification of billing for Hepatitis B vaccine for beneficiaries 19 years of age and older**

**As of July 1, 2000, the Division will no longer be reimbursing for procedure codes W 9099 and W 9099 52. Use the following codes, which have been activated as of January 1, 2000.**

<b><u>HCPCS</u></b>		<b><u>Maximum</u></b>
<b><u>Code</u></b>		<b><u>Fee Allowance</u></b>
<b>90746</b>	<b>Hepatitis B vaccine, adult dosage, for intramuscular use</b>	<b>\$63.57</b>
<b>90746 52</b>	<b>administration of vaccine only</b>	<b>\$2.50</b>

## 10:54-9.5 HCPCS Procedure Codes and Maximum Fee Schedule for Surgery

Additions Effective for Claims with Dates of Service on or after January 1, 2000

<u>IND</u>	<u>HCPCS Code</u>	<u>Mod</u>	<u>Follow Up Days</u>	<u>Maximum Fee Allowance</u>		<u>Anes. Basic Units</u>
				<u>\$</u>	<u>\$ NS</u>	
	13102		30	34.00	29.00	3
	13122		30	40.00	34.00	5
	13133		30	50.00	43.00	5
	13153		30	50.00	43.00	5
	22318		90	859.00	730.00	10
	22319		90	926.00	787.00	10
	27096		0	42.00	35.00	5
	32997		0	120.00	102.00	6
	33140		90	693.00	589.00	15
	33282		90	B.R.	B.R.	7
	33284		90	B.R.	B.R.	7
	33410		90	1049.00	892.00	20
	33968		0	41.00	35.00	0
	35879		90	385.00	327.00	8
	35881		90	484.00	411.00	10
	36521		0	62.00	53.00	0
	36550		0	14.00	14.00	0
	36819		30	327.00	278.00	6
	38120		15	443.00	377.00	7
	38129		15	B.R.	B.R.	7
	38570		15	253.00	215.00	6
	38571		15	380.00	323.00	6
	38572		15	443.00	376.00	6
	38589		15	B.R.	B.R.	6
	39560		90	705.00	600.00	7
	39561		90	917.00	779.00	7
	43280		15	406.00	345.00	7
	43289		15	B.R.	B.R.	7
	43651		15	284.00	241.00	7
	43652		15	467.00	397.00	7
	43653		15	196.00	167.00	7
	43659		15	B.R.	B.R.	7
	44200		15	308.00	262.00	7
	44201		15	387.00	329.00	6
	44202		15	487.00	414.00	6
	44209		15	B.R.	B.R.	6

Follow

Maximum Fee

Anes.

<u>IND</u>	<u>HCPCS Code</u>	<u>Mod</u>	<u>Up Days</u>	<u>Allowance</u>		<u>Basic Units</u>
				<u>S</u>	<u>\$ NS</u>	
	44970		15	211.00	179.00	6
	44979		15	B.R.	B.R.	6
	47560		0	121.00	102.00	7
	47561		0	140.00	119.00	7
	47562		15	302.00	257.00	7
	47563		15	325.00	276.00	7
	47564		15	406.00	345.00	7
	47570		15	426.00	362.00	7
	47579		15	B.R.	B.R.	7
	49320		0	182.00	158.00	6
	49321		15	182.00	158.00	6
	49322		15	182.00	158.00	6
	49323		15	211.00	179.00	6
	49329		15	B.R.	B.R.	6
S	49650		15	182.00	155.00	6
S	49651		15	211.00	179.00	6
	49659		15	B.R.	B.R.	6
	50541		15	385.00	327.00	6
	50544		15	503.00	428.00	6
	50546		15	449.00	382.00	6
	50547		15	696.00	591.00	6
	50548		15	514.00	437.00	6
	50549		15	B.R.	B.R.	6
	50945		15	413.00	351.00	6
	51990		15	263.00	224.00	6
	51992		15	307.00	261.00	6
	54690		15	256.00	218.00	6
	54692		15	242.00	210.00	6
	54699		15	B.R.	B.R.	6
	55550		15	193.00	164.00	6
	55559		15	B.R.	B.R.	6
S	58550		15	332.00	289.00	6
S	58551		15	121.00	105.00	6
	58555		15	24.00	21.00	4
	58558		15	24.00	21.00	4
	58559		15	108.00	91.00	4
	58560		15	108.00	91.00	4
	58561		15	108.00	91.00	4
	58562		15	24.00	21.00	4
	58563		15	360.00	306.00	4
			<b><u>Follow</u></b>		<b>Maximum Fee</b>	<b>Anes.</b>

<u>IND</u>	<u>HCPCS Code</u>	<u>Mod</u>	<u>Up Days</u>	<u>S</u>	<u>Allowance \$</u>	<u>NS</u>	<u>Basic Units</u>
	58578		15	B.R.		B.R.	6
	58579		15	B.R.		B.R.	4
	58660		15	182.00		158.00	6
	58661		15	264.00		229.00	6
	58662		15	182.00		158.00	6
	58670		15	182.00		158.00	6
	58671		15	182.00		158.00	6
	58679		15	B.R.		B.R.	6
	59898		15	B.R.		B.R.	6
	60650		15	396.00		337.00	6
	60659		15	B.R.		B.R.	6
	61862		90	570.00		485.00	9
	61886		90	155.00		131.00	5
	62263		0	76.00		65.00	0
	62310		0	76.00		65.00	0
	62311		0	51.00		44.00	0
	62318		0	51.00		44.00	0
	62319		0	51.00		44.00	0
	64470		0	30.00		26.00	0
	64472		0	18.00		16.00	0
	64475		0	30.00		26.00	0
	64476		0	18.00		16.00	0
	64479		0	50.00		43.00	0
	64480		0	24.00		20.00	0
	64483		0	40.00		34.00	0
	64484		0	20.00		17.00	0
	64626		0	180.00		153.00	8
	64627		0	108.00		92.00	8

Deletions Effective for Claims with Dates of Service on or after July 1, 2000

<u>Code Deleted</u>	<u>To Report Use Code</u>	<u>Code Deleted</u>	<u>To Report Use Code</u>
13300	13102, 13122, 13133, 13153	56348	44202
15580	15574	56349	43280
15625	15620	56350	58555
32001	32997	56351	58558
33242	33218, 33220	56352	58559
33247	33216	56353	58560
56300	49320	56354	58561
56301	58670	56355	58562
56302	58671	56356	58563
56303	58662	56362	47560
56304	58660	56363	47561
56305	49321	56399	see site
56306	49322		specific
56307	58661		unlisted
56308	58550		laparoscopy
56309	58551		or
56310	44200		hysteroscopy
56311	38570	61855	codes
56312	38571	61865	61862
56313	38572	62274	61862
56314	49323	62275	62310, 62311
56315	44970	62276	62310
56316	49650	62277	62318, 62319
56317	49651	62278	62318, 62319
56318	54690	62279	62311
56320	55550	62288	62319
56321	60650	62289	62310, 62311
56322	43651	62298	62311
56323	43652	64440	62310
56324	47570	64441	64479, 64483
56340	47562	64442	64480, 64484
56341	47563	64443	64475
56342	47564		64476
56345	38120		
56346	43653		
56347	44201		

**10:54-9.6 HCPCS Procedure Codes and Maximum Fee Schedule for Radiology/Ultrasound**

**Additions Effective for Claims with Dates of Service on or after January 1, 2000**

<u>IND</u>	<u>HCPCS Code</u>	<u>Mod</u>	<u>Maximum Fee Allowance</u>	<u>Anes. Basic Units</u>
	72275		60.00	3
	72275	26	23.00	
	72275	TC	37.00	
	73542		50.00	3
	73542	26	19.00	
	73542	TC	31.00	
	76005		60.00	3
	76005	26	30.00	
	76005	TC	30.00	
	76873		102.00	3
	76873	26	54.00	
	76873	TC	48.00	
	77427		124.00	0
	77520		B.R.	0
	77520	26	B.R.	
	77520	TC	B.R.	
	77523		B.R.	0
	77523	26	B.R.	
	77523	TC	B.R.	
	78267		B.R.	0
	78267	26	B.R.	
	78267	TC	B.R.	
	78268		B.R.	0
	78268	26	B.R.	
	78268	TC	B.R.	
	78456		104.00	7
	78456	26	42.00	
	78456	TC	62.00	

**Deletions Effective for Claims with Dates of Service on or after July 1, 2000**

<u>Code Deleted</u>	<u>To Report Use Code</u>
77380	77520
77381	77523
77419	77427
77420	77427
77425	77427
77430	77427

**10:54-9.7 HCPCS Procedure Codes and Maximum Fee Allowance Schedule for Pathology/Laboratory Level 1.**

**Additions Effective for Claims with Dates of Service on or after January 1, 2000**

<u>IND</u>	<u>HCPCS Code</u>	<u>Mod</u>	<u>Maximum Fee Allowance Total Fee</u>	<u>Prof. Comp.</u>
N	80048		9.30	
N	80053		10.50	
N	80069		9.60	
N	80074		30.00	
N	80076		7.00	
	82120		4.00	
	82120	QW*	4.00	
	87338		9.00	

**NOTE:** When billing for procedure codes using indicator “N”, providers must meet requirements in N.J.A.C. 10:54-9.9(a)2.

**\*NOTE:** HCPCS code identified with QW modifier indicates “Clinical Laboratory Improvement Amendment (CLIA) waived test”.

**Deletions Effective for Claims with Dates of Service on or after July 1, 2000**

<u>Code Deleted</u>	<u>To Report Use Code</u>
80049	80048
80054	80053
80058	80076
80059	80074
80091	see specific tests
80092	see specific test
86588	86403, 87081, 87430, or 87880

**Change Effective for Claims with Dates of Service on or after January 1, 2000**

<u>HCPCS Code</u>	<u>Total Fee</u>	<u>Old Fee</u>
87536	\$117.00	\$126.00

**NOTE:** Reimbursement was decreased based on HCFA recently established National Limitation Rate (NLR) for Medicare payments for the HIV-1Viral Load Test.

Effective for claims with dates of service on or after January 1, 2000, the following codes are designated as add-on codes. These add-on codes are always performed in addition to the primary procedure only, by the same physician. All add-on codes listed below are **exempt** from the multiple surgical pricing methodology (see N.J.A.C. 10:54-4.15)

11001	35390	63078
11101	35400	63082
11201	35500	63086
11732	35681	63088
13102	35682	63091
13122	35683	63308
13133	35700	64472
13153	36218	64476
15001	36248	64480
15101	37206	64484
15121	37208	64623
15201	37250	64627
15221	37251	64727
15241	38102	64778
15261	38746	64783
15351	38747	64787
15401	43635	64832
15787	44015	64837
17003	44121	64859
19001	44139	64872
19126	44955	64874
19291	47001	64876
22103	47550	64901
22116	48400	64902
22216	49568	67320
22226	49905	67331
22328	56606	67332
22585	58611	67334
22614	59525	67335
22632	60512	67340
26125	61609	69990
26861	61610	
26863	61611	
27358	61612	
27692	61795	
32501	63035	
33530	63048	
33572	63057	
33924	63066	
33961	63076	