



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

NEWSLETTER

Volume 11 No. 26

March 2001

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

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

EFFECTIVE:

1. Additions effective for claims with dates of service on or after January 1, 2001
2. Deletions effective for claims with dates of service on or after July 1, 2001
3. Change in reimbursement for certain HCPCS effective for claims with dates of service on or after July 1, 2001

PURPOSE: To notify physicians and federally qualified health centers of (FQHCs) additions and deletions to the 2001 HCPCS and reimbursement for Medicaid/NJ FamilyCare 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, 2001, as well as changing reimbursement for certain HCPCS for claims with dates of service on or after July 1, 2001.

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, physicians groups and federally qualified health centers by the New Jersey Medicaid and NJ FamilyCare programs. Providers should use these HCPCS procedure codes when submitting claims for processing.

Attachments to this Newsletter include:

1. Additions/deletions/fee adjustment to N.J.A.C. 10:54-9.4, HCPCS procedure codes and maximum fee allowances for medicine;
2. Additions/deletions/fee adjustment to N.J.A.C. 10:54-9.5, HCPCS procedure codes and maximum fee allowance for surgery;
3. Additions/deletions/fee adjustment to N.J.A.C. 10:54-9.6, HCPCS procedure codes and maximum fee allowance for radiology/ultrasound; and
4. Additions/deletions/fee adjustment 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 in your Physicians Services Manual (N.J.A.C. 10:54).

If there are any questions regarding this Newsletter, please contact the Office of Utilization Management at (609) 588-2718.

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

10:54-9.4 HCPCS procedure codes and maximum fee allowance schedule for medicine

Additions, effective for claims with dates of services on or after January 1, 2001

<u>IND</u>	<u>HCPCS CODE</u>	<u>MOD</u>	<u>MAXIMUM FEE ALLOWANCE</u>		<u>ANES. BASIC UNITS</u>
			<u>SPECIALIST</u>	<u>\$ NON-SPECIALIST</u>	
	90740		B.R.	B.R.	
	90940		B.R.	B.R.	
	91132		B.R.	B.R.	
	91133		B.R.	B.R.	
	92586		47.00	47.00	
	92586	TC	39.00	39.00	
	92586	26	8.00	8.00	
	93318		B.R.	B.R.	
	93318	TC	B.R.	B.R.	
	93318	26	B.R.	B.R.	
	93662		176.00	160.00	10
	93362	TC	67.00	67.00	
	93362	26	109.00	93.00	
	97601		35.00	30.00	
	97802		11.25	11.25	
	97803		11.25	11.25	

NOTE: 97802 claims are only reimbursed six (6) times per year.
97803 claims are only reimbursed six (6) times per month.

Change in reimbursement, effective for claims with dates of service on or after July 1, 2001

<u>IND</u>	<u>HCPCS CODE</u>	<u>MOD</u>	<u>MAXIMUM FEE ALLOWANCE</u>	
			<u>SPECIALIST</u>	<u>\$ NON-SPECIALIST</u>
	90997		129.00	129.00
	91000		21.00	18.50
	91000	TC	3.50	3.50
	91000	26	17.50	15.00
	92543		11.00	10.00
	92543	TC	4.00	4.00
	92543	26	7.00	6.00
	92953		19.00	16.00
	93018		19.00	16.00
	93041		6.00	6.00
	93227		34.00	29.00
	93233		34.00	29.00

<u>IND</u>	<u>HCPCS</u> <u>CODE</u>	<u>MOD</u>	<u>MAXIMUM FEE ALLOWANCE</u>	
			<u>SPECIALIST</u>	<u>NON-SPECIALIST</u>
	93278		50.00	48.00
	93278	TC	34.00	34.00
	93278	26	16.00	14.00
	93350		111.00	104.00
	93350	TC	61.00	61.00
	93350	26	50.00	43.00
	93505		318.00	283.00
	93505	TC	86.00	86.00
	93505	26	232.00	197.00
	93539		52.00	44.00
	93540		53.00	45.00
	93541		19.00	16.00
	93542		19.00	16.00
	93544		33.00	28.00
	93562		21.00	18.50
	93562	TC	11.00	11.00
	93562	26	10.00	8.50
	93722		11.00	9.00
	93733		32.00	30.00
	93733	TC	21.00	21.00
	93733	26	11.00	9.00
	93736		20.00	18.50
	93736	TC	10.00	10.00
	93736	26	10.00	8.50
	93742		75.00	68.00
	93742	TC	28.00	28.00
	93742	26	47.00	40.00
	93743		75.00	68.00
	93743	TC	31.00	31.00
	93743	26	44.00	37.00
	93744		87.00	78.00
	93744	TC	28.00	28.00
	93744	26	59.00	50.00
	94250		15.00	14.00
	94250	TC	8.00	8.00
	94250	26	7.00	6.00
	94681		52.00	50.00
	94681	TC	40.00	40.00
	94681	26	12.00	10.00
	95004		4.50	4.50
	95024		6.00	6.00
	95145		22.00	22.00
	95146		28.00	28.00

<u>IND</u>	<u>HCPCS</u> <u>CODE</u>	<u>MOD</u>	<u>MAXIMUM FEE ALLOWANCE</u>	
			<u>SPECIALIST</u>	<u>NON-SPECIALIST</u>
	95147		40.00	40.00
	95148		39.00	39.00
	95149		48.00	48.00
	95806		193.00	179.00
	95806	TC	100.00	100.00
	95806	26	93.00	79.00
	95869		33.00	29.00
	95869	TC	9.00	9.00
	95869	26	24.00	20.00
	95870		32.00	29.00
	95870	TC	9.00	9.00
	95870	26	23.00	20.00
	95926		55.00	53.00
	95926	TC	39.00	39.00
	95926	26	16.00	14.00
	95927		55.00	53.00
	95927	TC	39.00	39.00
	95927	26	16.00	14.00
	99195		19.00	16.00

10:54-9.5 HCPCS procedure codes and maximum fee allowance schedule for Surgery

Additions, effective for claims with dates of services on or after January 1, 2001

HCPCS CODE	MOD	FOLLOW UP-DAYS	MAXIMUM FEE ALLOWANCE		ANES. BASIC UNITS
			SPECIALIST	\$ NON-SPECIALIST	
15342		0	36.00	31.00	0
15343		0	12.00	10.00	0
16036		0	40.00	34.00	0
19102		0	49.00	42.00	3
19103		0	55.00	47.00	3
19295		0	22.00	19.00	0
21199		90	363.00	309.00	7
22520		90	360.00	306.00	3
22521		90	340.00	289.00	3
22522		0	172.00	146.00	3
30465		90	231.00	196.00	5
33141		0	264.00	224.00	0
34800		90	594.00	505.00	15
34802		90	648.00	551.00	15
34804		90	648.00	551.00	15
34808		90	111.00	94.00	15
34812		90	181.00	154.00	15
34813		0	129.00	110.00	0
34820		90	432.00	367.00	15
34825		90	378.00	321.00	15
34826		0	162.00	138.00	0
34830		90	911.00	774.00	15
34831		90	984.00	837.00	15
34832		90	984.00	837.00	15
35600		90	139.00	118.00	10
36870		90	459.00	390.00	15
43231		0	150.00	128.00	5
43232		0	225.00	191.00	5
43240		0	210.00	179.00	5
43242		0	270.00	230.00	5
43256		0	143.00	122.00	5
43752		0	50.00	43.00	0
44132		0	B.R.	B.R.	0
44133		0	B.R.	B.R.	0
44135		0	B.R.	B.R.	0
44136		0	B.R.	B.R.	0
44370		0	192.00	163.00	5

<u>HCPCS</u> <u>CODE</u>	<u>MOD</u>	<u>FOLLOW</u> <u>UP-DAYS</u>	<u>MAXIMUM FEE ALLOWANCE</u>		<u>ANES.</u> <u>BASIC</u> <u>UNITS</u>
			<u>SPECIALIST</u>	<u>\$</u> <u>NON-SPECIALIST</u>	
44379		0	192.00	163.00	5
44383		0	107.00	91.00	5
44397		0	192.00	163.00	5
45327		0	77.00	65.00	5
45341		0	170.00	145.00	5
45342		0	196.00	167.00	5
45345		0	132.00	112.00	5
45387		0	271.00	230.00	5
47379		0	B.R.	B.R.	0
50545		15	573.00	487.00	6
50947		15	620.00	527.00	6
50948		15	566.00	481.00	6
50949		0	B.R.	B.R.	0
52341		15	182.00	155.00	3
52342		15	185.00	158.00	3
52343		15	193.00	164.00	3
52344		15	196.00	167.00	3
52345		15	200.00	170.00	3
52346		15	224.00	190.00	3
52351		15	175.00	149.00	3
52352		15	224.00	190.00	3
52353		15	252.00	214.00	3
52354		15	245.00	208.00	3
52355		15	252.00	214.00	3
52400		15	182.00	155.00	3
54512		30	208.00	177.00	3
54522		30	237.00	201.00	3
55873		90	629.00	535.00	4
57022		10	76.00	65.00	3
57023		10	76.00	65.00	3
57287		90	289.00	246.00	4
58353		10	90.00	77.00	4
61697		90	1348.00	1146.00	15
61698		90	1297.00	1103.00	15
62252		0	37.00	35.00	0
62252 TC		0	20.00	20.00	0
62252 26		0	17.00	15.00	0
63043		90	133.00	113.00	0
63044		90	133.00	113.00	0
64614		10	77.00	65.00	0
66982		90	670.00	570.00	6
67221		90	215.00	183.00	6

<u>HCPCS CODE</u>	<u>MOD</u>	<u>FOLLOW UP-DAYS</u>	<u>MAXIMUM FEE ALLOWANCE</u>		<u>ANES. BASIC UNITS</u>
			<u>SPECIALIST</u>	<u>\$ NON-SPECIALIST</u>	
69714		90	474.00	403.00	5
69715		90	600.00	510.00	5
69717		90	487.00	414.00	5
69718		90	607.00	516.00	5

Change in reimbursement, effective for claims with dates of service on or after July 1, 2001

<u>HCPCS CODE</u>	<u>MOD</u>	<u>MAXIMUM FEE ALLOWANCE</u>	
		<u>SPECIALIST</u>	<u>\$ NON-SPECIALIST</u>
G0106		86.00	80.00
G0106	TC	46.00	46.00
G0106	26	40.00	34.00
20926		463.00	394.00
20931		132.00	112.00
20937		201.00	170.00
20938		219.00	186.00
22585		401.00	341.00
26125		310.00	264.00
27358		343.00	292.00
31287		284.00	241.00
32005		133.00	113.00
33968		38.00	32.00
35681		247.00	210.00
35700		250.00	213.00
35901		616.00	524.00
35903		750.00	638.00
36000		29.00	25.00
36014		184.00	156.00
36145		131.00	111.00
36450		137.00	116.00
36534		199.00	169.00
36800		179.00	152.00
37606		463.00	394.00
38230		292.00	248.00
38231		95.00	81.00
38240		141.00	120.00
38241		140.00	119.00
38792		30.00	26.00
43241		177.00	151.00
43456		167.00	142.00
43635		124.00	105.00

HCPCS	MAXIMUM FEE ALLOWANCE	
<u>CODE</u>	<u>SPECIALIST</u>	<u>NON-SPECIALIST</u>
44382	101.00	86.00
44955	102.00	87.00
45321	85.00	72.00
45337	147.00	125.00
45378	112.00	95.00
49420	140.00	119.00
58611	40.00	34.00
61888	380.00	323.00
62287	566.00	481.00
63688	417.00	355.00
64872	137.00	117.00
64874	203.00	173.00
67005	391.00	332.00

10:54-9.6 HCPCS procedure codes and maximum fee allowance schedule for Radiology/Ultrasound

Additions, effective for claims with dates of services on or after January 1, 2001

<u>IND</u>	<u>HCPCS CODE</u>	<u>MOD</u>	<u>MAXIMUM FEE ALLOWANCE</u>	<u>ANES. BASIC UNITS</u>
	70496		185.00	7
	70496	TC	136.00	
	70496	26	49.00	
	70498		185.00	7
	70498	TC	136.00	
	70498	26	49.00	
	70542		341.00	7
	70542	TC	281.00	
	70542	26	60.00	
	70543		385.00	7
	70543	TC	302.00	
	70543	26	83.00	
	70544		303.00	7
	70544	TC	248.00	
	70544	26	55.00	
	70545		341.00	7
	70545	TC	275.00	
	70545	26	66.00	
	70546		385.00	7
	70546	TC	302.00	
	70546	26	83.00	
	70547		303.00	7
	70547	TC	248.00	
	70547	26	55.00	
	70548		341.00	7
	70548	TC	275.00	
	70548	26	66.00	
	70549		385.00	7
	70549	TC	302.00	
	79549	26	83.00	
	71275		163.00	7
	71275	TC	120.00	
	71275	26	43.00	
	71551		298.00	7
	71551	TC	240.00	
	71551	26	58.00	

<u>IND</u>	<u>HCPCS CODE</u>	<u>MOD</u>	<u>MAXIMUM FEE ALLOWANCE</u>	<u>ANES. BASIC UNITS</u>
	71552		336.00	7
	71552	TC	264.00	
	71552	26	72.00	
	72191		187.00	7
	72191	TC	137.00	
	72191	26	50.00	
	72195		275.00	7
	72195	TC	225.00	
	72195	26	50.00	
	72197		385.00	7
	72197	TC	302.00	
	72197	26	83.00	
	73206		187.00	7
	73206	TC	137.00	
	73206	26	50.00	
	73218		303.00	7
	73218	TC	248.00	
	73218	26	55.00	
	73219		341.00	7
	73219	TC	281.00	
	73219	26	60.00	
	73222		341.00	7
	73222	TC	281.00	
	73222	26	60.00	
	73223		385.00	7
	73223	TC	302.00	
	73223	26	83.00	
	73706		187.00	7
	73706	TC	137.00	
	73706	26	50.00	
	73718		303.00	7
	73718	TC	248.00	
	73718	26	55.00	
	73719		341.00	7
	73719	TC	275.00	
	73719	26	66.00	
	73722		341.00	7
	73722	TC	275.00	
	73722	26	66.00	
	73723		385.00	7
	73723	TC	302.00	
	73723	26	83.00	

<u>IND</u>	<u>HCPCS CODE</u>	<u>MOD</u>	<u>MAXIMUM FEE ALLOWANCE</u>	<u>ANES. BASIC UNITS</u>
	74175		170.00	7
	74175	TC	125.00	
	74175	26	45.00	
	74182		310.00	7
	74182	TC	250.00	
	74182	26	60.00	
	74183		350.00	7
	74183	TC	275.00	
	74183	26	75.00	
	75635		184.00	5
	75635	TC	135.00	
	75635	26	49.00	
	75952		199.00	5
	75952	TC	124.00	
	75952	26	75.00	
	75953		98.00	5
	75953	TC	75.00	
	75953	26	23.00	
	76012		47.00	7
	76012	TC	24.00	
	76012	26	23.00	
	76013		60.00	7
	76013	TC	36.00	
	76013	26	24.00	
	76393		308.00	7
	76393	TC	252.00	
	76393	26	56.00	
	76819		55.00	3
	76819	TC	27.50	
	76819	26	27.50	
	77522		B.R.	0
	77522	TC	B.R.	
	77522	26	B.R.	
	77525		B.R.	0
	77525	TC	B.R.	
	77525	26	B.R.	

Deletions, effective for claims with dates of service on or after July 1, 2001

<u>CODES DELETED</u>	<u>TO REPORT, USE CODE</u>
70541	70544, 70546, 70547, or 70549
71036	76003
76365	See appropriate organ or site and 76360
76934	32000 and 76942
76938	See appropriate organ or site and 76942
76960	76950

Change in reimbursement, effective for claims with dates of service on or after July 1, 2001

<u>HCPCS CODE</u>	<u>MOD</u>	<u>MAXIMUM FEE ALLOWANCE</u>
70015		120.00
70015	TC	59.00
70015	26	61.00
74291		29.00
74291	TC	18.00
74291	26	11.00
74485		168.00
74485	TC	137.00
74485	26	31.00
76076		45.00
76076	TC	33.00
76076	26	12.00

10:54-9.7 HCPCS procedure codes and maximum fee allowance schedule for pathology/laboratory

Additions, effective for claims with dates of services on or after January 1, 2001

<u>IND</u>	<u>HCPCS</u> <u>CODE</u>	<u>MOD</u>	<u>MAXIMUM FEE ALLOWANCE</u>	
			<u>TOTAL FEE</u>	<u>\$</u> <u>PROF. COMP.</u>
	P9031		8.00	
	P9032		8.00	
	P9033		16.00	
	P9034		25.00	
	P9035		16.00	
	P9036		8.00	
	P9037		8.00	
	P9038		8.00	
	P9039		8.00	
	P9040		8.00	
	P9041		10.00	
	P9042		10.00	
	P9043		10.00	
	P9044		20.00	
	80157		10.00	
	80173		16.10	
	82373		7.95	
	82945		4.34	
	83090		18.65	
	83663		10.46	
	83664		5.23	
	83921		19.00	
	84152		24.50	
	84591		12.82	
	85307		18.00	
	85536		5.00	
	86001		4.00	
	86146		35.00	
	86294		12.00	
	86300		23.00	
	86301		23.00	
	86304		23.00	
	86611		11.20	
	86666		11.20	
	86683		3.00	
	86683	QW	3.00	
	86696		21.40	
	86757		21.40	

<u>IND</u>	<u>HCPCS</u> <u>CODE</u>	<u>MOD</u>	<u>MAXIMUM FEE ALLOWANCE</u>	
			<u>TOTAL FEE</u>	<u>\$ PROF. COMP.</u>
	87046		3.00	
	87071		6.00	
	87073		6.00	
	87077		9.00	
	87077	QW	9.00	
	87107		11.42	
	87149		22.00	
	87152		5.79	
	87168		4.72	
	87169		4.72	
	87172		4.72	
	87185		5.25	
	87254		5.41	
	87273		12.18	
	87275		12.18	
	87277		12.18	
	87279		12.18	
	87281		12.18	
	87283		12.18	
	87300		6.00	
	87327		12.18	
	87336		12.18	
	87337		12.18	
	87339		12.18	
	87339	QW	12.18	
	87341		11.42	
	87400		6.00	
	87427		12.18	
	87451		10.60	
	87800		25.00	
	87801		38.00	
	88400		3.00	
	89321		9.00	

Deletions, effective for claims with dates of service on or after July 1, 2001

<u>CODES DELETED</u>	<u>TO REPORT, USE CODE</u>
82251	82247 and 82248
97060	87070 or 87081
87072	87076 or 87077
87082	87081
87083	87081
87085	87086
87087	87088
87117	87015
87145	No crosswalk
87151	87147
87155	87147
87163	87076 or 87077
87174	No crosswalk
87175	No crosswalk
87192	87181, 87184, 87186, 87187, or 87188
87208	No crosswalk
87211	87177

Change in reimbursement, effective for claims with dates of service on or after July 1, 2001

<u>HCPCS CODE</u>	<u>TOTAL FEE</u>
82947	4.34
84597	18.00
85535	5.00
89320	9.00

Effective for claims with dates of service on or after January 1, 2001, 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. 10:54-4.16).

15343	16036	19295
33141	34808	34813
34826	63043	63044