



- TO:** Physicians and Federally Qualified Health Centers - **For Action**  
HMOs - **For Information Only**
- SUBJECT:** Updates to the Healthcare Common Procedure Coding System (HCPCS)
- EFFECTIVE:**
1. Additions Effective for Claims with Dates of Service on or after January 1, 2002
  2. Deletions Effective for Claims with Dates of Service on or after June 1, 2002
  3. Change in reimbursement for certain HCPCS for Claims with Dates of Service on or after May 1, 2002

**PURPOSE:** To notify physicians and federally qualified health centers of additions and deletions to the 2002 Healthcare Common Procedure Coding System (HCPCS) and reimbursement for Medicaid and 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 June 1, 2002.

**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 to N.J.A.C. 10:54-9.4, HCPCS procedure codes and maximum fee allowances for Medicine;
2. Additions/deletions to N.J.A.C. 10:54-9.5, HCPCS procedure codes and maximum fee allowance for Surgery;
3. Additions/deletions 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 (dated 2/20/96) 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, 2002**

<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>	
	90473		BR	BR	
	90474		BR	BR	
	90939		BR	BR	
	92136		40.00	38.50	
	92136	TC	30.00	30.00	
	92136	26	10.00	8.50	
	92973		82.00	70.00	
	92974		90.00	77.00	
	93025		136.00	116.00	
	93613		303.00	258.00	
	93701		31.00	30.00	
	93701	TC	23.00	23.00	
	93701	26	8.00	7.00	
	95250		29.00	25.00	
	95965		233.00	198.00	
	95966		120.00	102.00	
	95967		105.00	89.00	
	96000		48.00	41.00	
	96001		58.00	49.00	
	96002		11.00	9.00	
	96003		10.00	8.50	
	96004		49.00	42.00	
	96150		14.00	12.00	
	96151		14.00	12.00	
	96152		13.00	11.00	
	96153		5.00	4.00	
	96154		13.00	11.00	
	96155		12.00	10.00	
	96567		39.00	33.00	
	99289		45.00	40.00	
	99290		22.50	20.00	
	99502		35.00	35.00	
	99504		35.00	35.00	
	99539		BR	BR	

**NOTE:** Federally Qualified Health Centers must use modifier "ZI" for the following HCPCS codes 96150, 96151, 96152, 96253, 96154 and 96155 when billing the Medicaid program.

**Deletions, effective for claims with dates of service on or after June 1, 2002**

**CODES DELETED**

**TO REPORT, USE CODE**

93536

33967.

93607

93622.

93737

93741 or 93743.

93738

93742 or 93744.

**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, 2002**

<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>	
10021		0	49.00	45.00	3
10021	TC	0	19.00	19.00	
10021	26	0	30.00	26.00	
10022		0	87.00	78.00	3
10022	TC	0	26.00	26.00	
10022	26	0	61.00	52.00	
11981		0	100.00	85.00	3
11982		0	100.00	85.00	3
11983		0	180.00	153.00	3
20526		0	13.00	11.00	3
20551		0	13.00	11.00	3
20552		0	13.00	11.00	3
20553		0	13.00	11.00	3
24300		90	135.00	115.00	3
24332		90	210.00	179.00	3
24343		90	278.00	236.00	3
24344		90	418.00	355.00	3
24345		90	278.00	236.00	3
24346		90	418.00	355.00	3
25001		90	115.00	98.00	3
25024		90	204.00	174.00	3
25025		90	329.00	280.00	3
25259		90	185.00	158.00	3
25275		90	327.00	278.00	3
25394		90	342.00	291.00	3
25430		90	303.00	258.00	3
25431		90	342.00	291.00	3
25651		90	199.00	170.00	3
25652		90	295.00	251.00	3
25671		90	154.00	131.00	3
26340		90	128.00	109.00	3
29086		0	18.00	15.00	0
29805		90	138.00	118.00	4
29806		90	389.00	330.00	4
29807		90	378.00	321.00	4
29824		90	238.00	202.00	4
29900		90	152.00	129.00	3

<u>HCP</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>	
29901		90	167.00	142.00	3
29902		90	179.00	152.00	3
29999		90	BR	BR	3
33967		0	124.00	106.00	0
33979		0	BR	BR	0
33980		0	BR	BR	0
35647		90	760.00	646.00	15
35685		90	178.00	152.00	10
35686		90	148.00	126.00	10
36002		0	142.00	120.00	0
36820		90	327.00	278.00	6
38220		10	180.00	153.00	5
38221		10	194.00	165.00	5
43313		90	1123.00	955.00	15
43314		90	1235.00	1049.00	7
44126		90	844.00	717.00	6
44127		90	970.00	825.00	6
44128		90	103.00	88.00	0
44203		90	122.00	104.00	6
44204		90	706.00	600.00	6
44205		90	625.00	531.00	6
45136		90	765.00	650.00	5
46020		10	96.00	82.00	5
47370		90	329.00	280.00	7
47371		90	310.00	264.00	7
47380		90	387.00	329.00	7
47381		90	382.00	325.00	7
47382		90	230.00	196.00	7
49491		90	326.00	277.00	4
49492		90	399.00	339.00	4
52001		0	49.00	42.00	3
52347		0	129.00	110.00	3
53431		90	517.00	440.00	3
53444		90	372.00	316.00	3
53446		90	347.00	295.00	3
53448		90	622.00	529.00	3
53853		90	1073.00	913.00	5
54162		10	BR	BR	3
54163		10	BR	BR	3
54164		10	BR	BR	3
54406		90	353.00	300.00	4
54408		90	372.00	316.00	4

<u>HCP</u> <u>CS</u> <u>CODE</u>	<u>MOD</u>	<u>FOLLOW</u> <u>UP-DAYS</u>	<u>MAXIMUM FEE ALLOWANCE</u> <u>SPECIALIST</u>	<u>\$</u> <u>NON-SPECIALIST</u>	<u>ANES.</u> <u>BASIC</u> <u>UNITS</u>
54410		90	440.00	374.00	4
54411		90	481.00	409.00	4
54415		90	263.00	224.00	4
54416		90	343.00	292.00	4
54417		90	422.00	359.00	4
57155		0	148.00	126.00	3
58346		10	213.00	181.00	4
58953		90	614.00	522.00	8
58954		90	667.00	567.00	8
59001		0	47.00	40.00	4
64561		10	417.00	354.00	5
64581		90	376.00	302.00	10
64821		90	282.00	240.00	3
64822		90	282.00	240.00	3
64823		90	325.00	276.00	3

**Deletions, effective for claims with dates of service on or after June 1, 2002**

**CODES DELETED                      TO REPORT, USE CODE**

26585	26587.
26597	11041, 11042, 14040,14041, 15120 or 15140.
29815	29805.
29909	29999.
53443	53431.
54402	54415 or 54416.
54407	54406, 54408 or 54410.
54409	54408.
54510	54512.

**Effective for claims with dates of service on or after January 1, 2002**, 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).

<b>35685</b>	<b>35686</b>	
<b>44128</b>	<b>44203</b>	

**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, 2002**

<u>IND</u>	<u>HCPCS CODE</u>	<u>MOD</u>	<u>MAXIMUM FEE ALLOWANCE</u>
	76085		13.00
	76085	TC	11.00
	76085	26	2.00
	76362		259.00
	76362	TC	162.00
	76362	26	97.00
	76394		317.00
	76394	TC	215.00
	76394	26	102.00
	76490		79.00
	76490	TC	30.00
	76490	26	49.00
	77301		753.00
	77301	TC	541.00
	77301	26	212.00
	77418		461.00

**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, 2002**

<u>IND</u>	<u>HCPCS CODE</u>	<u>MOD</u>	<u>MAXIMUM FEE ALLOWANCE</u>	
			<u>TOTAL FEE</u>	<u>\$</u> <u>PROF. COMP.</u>
	82274		3.70	
	82570	QW	3.00	
	82679	QW	25.00	
	82947	QW	4.34	
	83001	QW	17.00	
	83002	QW	17.00	
	83605	QW	13.50	
	83950		71.20	
	84460	QW	3.00	
	86141		14.30	
	86336		BR	
	86618	QW	23.00	
	87198		12.17	
	87199		12.17	
	87449	QW	12.00	
	87802		12.17	
	87803		12.17	
	87804		12.17	
	87804	QW	12.17	
	88380		BR	

**Deletions Effective for Claims with Dates of Service on or after June 1, 2002**

**CODES DELETED**

80072  
 85095  
 85102  
 85535  
 86683  
 86683 QW  
 88170  
 88171

**Changes Effective for Claims with Dates of Service on or after May 1, 2002**

<u>HCPCS CODE</u>	<u>OLD FEE</u>	<u>\$</u>	<u>NEW FEE</u>
82010	10.00		9.90
82010 QW	10.00		9.90
82042	4.30		2.43
82190	48.00		20.60
82300	30.00		28.00
82397	21.00		19.50
82485	30.00		28.00
82495	27.00		9.66
82634	39.00		25.72
82742	26.55		21.73
82775	27.00		3.74
82787	39.20		11.09
82820	14.92		13.82
83520	BR		14.31
83785	30.00		12.99
83883	BR		15.00
85520	18.00		7.97

**NOTE:** Reimbursement was increased/decreased based on CMMS recently established National Limitation Rate for Medicare payments.