



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

NEWSLETTER

Volume 12 No. 24

April 2002

- TO:** Independent Clinical Laboratories - **For Action**
Health Maintenance Organizations - **For Information**
- SUBJECT:** Updates to the Healthcare Common Procedure Coding System (HCPCS) for Independent Clinical Laboratories
- 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 codes Effective for Claims with Dates of Service on or after May 1, 2002

PURPOSE: To notify independent clinical laboratories (1) of additions and deletions to the 2002 Healthcare Common Procedure Coding System (HCPCS) and (2) of changes in the reimbursement rate for certain HCPCS codes.

ACTION: (1) For claims with dates of service on or after January 1, 2002, the New Jersey Division of Medical Assistance and Health Services (DMAHS) has added new HCPCS procedure codes and their applicable maximum fee allowances to the Independent Clinical Laboratories Manual. These procedure codes reflect covered pathology/laboratory services and maximum fee allowances under the New Jersey Medicaid and NJ FamilyCare Programs. Providers should use these HCPCS procedure codes when submitting claims for processing.

In addition, the Division is deleting certain HCPCS procedure codes for pathology/laboratory services for claims with service dates on or after June 1, 2002.

(2) Consistent with N.J.A.C. 10:61-1.7, the Medicaid program can pay no more than the Medicare limit for laboratory services. Therefore, the reimbursement rate for certain HCPCS codes is being changed.

Attachments to this Newsletter include:

Additions/deletions to N.J.A.C. 10:61-3.2, HCPCS procedure codes and maximum fee allowances.

If there are any questions regarding this Newsletter, please contact the Office of Utilization Management at (609) 588-4610.

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

10:61-3.2 HCPCS procedure codes and maximum fee allowances

Additions Effective for claims with Dates of Service 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		17.50	
	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 CMS' recently established National Limitation Rate for Medicare payments.