

Volume 6 No. 47

September 1996

TO: Independent Clinical Laboratories, Physicians, Podiatrists,
Certified Nurse Practitioners/Clinical Nurse Specialists, and
Independent Clinics - For Action
Health Maintenance Organizations - For Information

SUBJECT: 1996 HCFA Common Procedure Coding System (HCPCS)
Pertaining to Independent Clinical Laboratories Service
Codes

EFFECTIVE: Immediately

PURPOSE: To notify Medicaid providers of the additions to the 1996
Clinical Laboratories, HCFA Common Procedure Coding
Systems (HCPCS) CPT-4.

ACTION: The New Jersey Medicaid program has added and amended
HCPCS procedure codes and their applicable Maximum Fee
Allowances to the procedure code file.

Attached to this Newsletter are the additions and amendments.

All providers (except Health Maintenance Organizations) listed above should add
the contents to their appropriate HCPCS subchapter.

HMOs should retain the attachment and the Newsletter behind the blue tab
marked "5".

<u>HCPCS Code</u>	<u>Descriptions</u>	<u>Maximum Fee Allowance Total Fee</u>
<u>1996 ADDITIONS</u>		
80416	Renal vein renin stimulation panel	\$150.00
80417	Peripheral vein renin stimulation panel	\$ 50.00
81001	Urinalysis by dip stick automated with microscopy	\$ 1.20
85652	Sedimentation rate, erythrocyte automated	\$ 1.50
89250	Culture and fertilization of oocyte(s)	\$ 25.00
G0026	Fecal leukocyte examination	\$ 4.20
G0027	Semen Analysis	\$ 2.40

The following new temporary codes are to be used when a glucose tolerance test is performed on a device that is approved by the FDA for quantitative determination of glucose for use in the diagnosis and treatment of the diabetic patient (at this time, the only approved device in the marketplace is manufactured by Hemocue).

G0055	glucose; post dose (includes glucose)	\$ 3.00
G0056	glucose tolerance test (GTT) three specimens (includes glucose)	\$ 5.00
G0057	glucose tolerance test (GTT) each additional beyond three specimens (includes glucose)	\$ 1.00

1996 changes to Nomenclature

Procedure codes 80019-19 clinical chemistry tests	\$ 11.00
---	----------

The following new temporary codes are to be utilized when more than 19 automated lab tests are performed

G0058 Automated multichannel test; 20 clinical chemistry tests
G0059 Automated multichannel test; 21 clinical chemistry tests
G0060 Automated multichannel test; 22 clinical chemistry tests

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

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