

CHAPTER 54

PHYSICIAN SERVICES

Authority

N.J.S.A. 30:4D-6a(5); 30:4D-7, 7a, b and c; 30:4D-12; 42 CFR 440.50.

Source and Effective Date

R.2001 d.51, effective January 12, 2001.  
See: 32 N.J.R. 3929(a), 33 N.J.R. 555(a).

Executive Order No. 66(1978) Expiration Date

Chapter 54, Physician Services, expires on January 12, 2006.

Chapter Historical Note

Chapter 54, Manual for Physician's Services, was adopted and became effective prior to September 1, 1969.

Subchapter 3, Procedure Code Manual, was repealed, and Subchapter 4, HCFA Common Procedure Coding System (HCPCS), was adopted as new rules by R.1986 d.52, effective March 3, 1986. See: 17 N.J.R. 1519(b), 18 N.J.R. 478(a).

Pursuant to Executive Order No. 66(1978), Chapter 54, Manual for Physician's Services, was readopted as R.1991 d.136, effective February 15, 1991. See: 22 N.J.R. 3711(b), 23 N.J.R. 858(a).

Chapter 54, Manual for Physician's Services, was repealed, and Chapter 54, Physicians Services, was adopted as new rules by R.1996 d.66, effective February 5, 1996. See: 27 N.J.R. 4576(a), 28 N.J.R. 902(b).

Pursuant to Executive Order No. 66(1978), Chapter 54, Physician Services, was readopted as R.2001 d.51, effective January 12, 2001. See: Source and Effective Date. See, also, section annotations.

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(a) The Physician Services chapter outlines the policies and procedures of the New Jersey Medicaid/NJ FamilyCare program for a physician who prescribes, provides directly, or personally directs medically necessary health services to Medicaid/NJ FamilyCare beneficiaries. The policies and procedures in this chapter foster the delivery of services in the most efficient and cost effective manner consistent with good medical practice.

PHYSICIAN SERVICES

10:54-9.4

IND	HCPCS Code	Mod	Maximum Fee Allowance			Anes. Basic Units	IND	HCPCS Code	Mod	Maximum Fee Allowance			Anes. Basic Units
			S	\$	NS					S	\$	NS	
	99183		27.00		NA		99333		16.00		14.00		
N	99190		45.00		NA	N	99341		16.00		14.00		
N	99191		33.75		NA	N	99341	WM	NA		11.20		
N	99192		22.50		NA	N	99342		16.00		14.00		
	99195		28.00		28.00	N	99342	WM	NA		11.20		
	99199		BR		BR	N	99343		35.00		35.00		
N	99201		16.00		14.00	N	99351		16.00		14.00		
N	99202		16.00		14.00	N	99351	WM	NA		11.20		
N	99203		22.00		17.00	N	99352		16.00		14.00		
N	99204		22.00		17.00	N	99352	WM	NA		11.20		
N	99205		22.00		17.00	N	99353		35.00		35.00		
E N	99211		16.00		14.00	N	99354		45.00		40.00		
	99211	WM	NA		11.20	N	99355		22.50		20.00		
E N	99212		16.00		14.00	N	99356		45.00		40.00		
	99212	WM	NA		11.20	N	99357		22.50		20.00		
E N	99213		16.00		14.00	N	99382		22.00		17.00		
	99213	WM	NA		11.20	N	99383		22.00		17.00		
E N	99214		16.00		14.00	N	99384		22.00		17.00		
	99214	WM	NA		11.20	N	99385		22.00		17.00		
E N	99215		16.00		14.00	N	99386		22.00		17.00		
E N	99215	WM	NA		11.20	N	99387		22.00		17.00		
N	99217		16.00		14.00	N	99391		16.00		14.00		
N	99221		22.00		17.00	N	99392		22.00		17.00		
N	99222		22.00		17.00	N	99393		22.00		17.00		
N	99223		22.00		17.00	N	99394		22.00		17.00		
N	99231		16.00		14.00	N	99395		22.00		17.00		
N	99232		16.00		14.00	N	99396		22.00		17.00		
N	99233		16.00		14.00	N	99397		22.00		17.00		
	99238		16.00		14.00	N	99431		27.00		23.00		
N	99241		44.00		NA		99499		BR		BR		
N	99242		44.00		NA		99600		BR		BR		
N	99243		44.00		NA	L	H5025		8.00		6.00		
N	99244		62.00		NA	N	J0690		1.92		1.92		
N	99245		62.00		NA	N	J0696		10.24		10.24		
N	99251		44.00		NA	N	J1100		0.80		0.80		
N	99252		44.00		NA	N	J1200		0.55		0.55		
N	99253		44.00		NA	N	J2550		0.42		0.42		
N	99254		62.00		NA	N	J2680		9.50		9.50		
N	99255		62.00		NA	N	J2790		20.40		20.40		
N	99261		16.00		14.00	N	J2790	22	72.07		72.07		
N	99262		16.00		14.00	N	J9000		42.00		42.00		
N	99263		16.00		14.00	N	J9010		195.50		195.50		
N	99271		44.00		NA	N	J9020		50.36		50.36		
N	99272		44.00		NA	N	J9031		152.13		152.13		
N	99273		44.00		NA	N	J9040		255.08		255.08		
N	99274		62.00		NA	N	J9045		72.01		72.01		
N	99274	YY	50.00		NA	N	J9060		30.33		30.33		
N	99274	ZZ	50.00		NA	N	J9070		4.91		4.91		
N	99275		62.00		NA	N	J9100		6.72		6.72		
N	99281		9.00		7.00	N	J9130		12.00		12.00		
N	99282		9.00		7.00	N	J9190		0.18		0.18		
N	99283		9.00		7.00	N	J9217		451.25		451.25		
N	99284		9.00		7.00	N	J9230		10.10		10.10		
N	99285		9.00		7.00	N	J9240		9.05		9.05		
N	99291		45.00		40.00	N	J9240	22	31.50		31.50		
N	99292		22.50		20.00	N	J9260		4.75		4.75		
	99293		435.10		369.90	N	J9280		119.08		119.08		
	99294		198.50		169.10	N	J9360		3.25		3.25		
	99299		60.00		51.00	N	J9370		27.50		27.50		
N	99301		22.00		17.00	L	W9025		72.00		69.00		
N	99302		22.00		17.00	L	W9025	WM	NA		67.00		
N	99303		22.00		17.00	L	W9026		22.00		21.00		
E N	99311		16.00		14.00	L	W9026	WM	NA		19.00		
E N	99312		16.00		14.00	L	W9027		465.00		418.00		
E N	99313		16.00		14.00	L	W9027	WM		371.00			
N	99321		22.00		17.00	L	W9028		22.00		21.00		
N	99322		22.00		17.00	L	W9028	WM		19.00			
N	99323		22.00		17.00	L	W9029		487.00		439.00		
E N	99331		16.00		14.00	L	W9029	WM		390.00			
E N	99332		16.00		14.00	L	W9030		867.00		802.00		

IND	HCPCS Code	Mod	Maximum Fee Allowance			Anes. Basic Units
			S	\$	NS	
L	W9030	WM		723.00		
L	W9031		595.00		531.00	
L	W9040		30.00		30.00	
L	W9041		120.00		120.00	
L	W9042		50.00		50.00	
L	W9043		100.00		100.00	
L	W9050		27.00		27.00	
L	W9055		27.00		27.00	
L	W9060		31.00		26.00	
L	W9060	WT	23.00		18.00	
L	W9061		31.00		26.00	
L	W9061	WT	23.00		18.00	
L	W9062		31.00		26.00	
L	W9062	WT	23.00		18.00	
L	W9063		31.00		26.00	
L	W9063	WT	23.00		18.00	
L	W9064		31.00		26.00	
L	W9064	WT	23.00		18.00	
L	W9065		31.00		26.00	
L	W9065	WT	23.00		18.00	
L	W9066		31.00		26.00	
L	W9066	WT	23.00		18.00	
L	W9067		31.00		26.00	
L	W9067	WT	23.00		18.00	
L	W9068		31.00		26.00	
L	W9068	WT	23.00		18.00	
L	W9095		6.60		6.60	
L	W9096		17.46		17.46	
L	W9096	22	32.79		32.79	
L	W9096	52	2.50		2.50	
L	W9097		17.46		17.46	
L	W9097	52	2.50		2.50	
L	W9098		32.79		32.79	
L	W9098	52	2.50		2.50	
L	W9099		63.57		63.57	
L	W9099	52	2.50		2.50	
L	W9170		13.00		13.00	
L	W9200		12.00		NA	
L	W9205		70.00		NA	
L	W9210		70.00		NA	
L	W9215		9.00		NA	
L	W9220		16.00		NA	
L	W9310		51.00		NA	
L	W9333		27.88		27.88	
L	W9333	52	2.50		2.50	
L	W9334		27.88		27.88	
L	W9334	52	2.50		2.50	
L	W9335		62.09		62.09	
L	W9335	52	2.50		2.50	
L	W9336		36.90		36.90	
L	W9337		2.34		2.34	
L	W9338		30.27		30.27	
L	W9339		360.63		360.63	
L	W9343		451.25		451.25	
L	W9344		811.25		811.25	
L	W9345		902.50		902.50	
L	W9378		16.00		NA	
L	W9382		16.00		NA	
L	W9384		16.00		NA	
L	W9385		16.00		NA	
L	W9386		16.00		NA	
L	W9387		16.00		NA	
L	W9388		16.00		NA	
L	W9450		100.00		NA	
L	W9450	26	33.00		NA	
L	W9820		23.00		18.00	
L	W9840		150.00		150.00	
L	W9847		63.00		NA	
L	W9848		28.00		30.00	
L	W9849		28.00		30.00	

IND	HCPCS Code	Mod	Maximum Fee Allowance			Anes. Basic Units
			S	\$	NS	
L	Z0250	WM		NA		40.00
L	Z0300			7.00		7.00
L	Z0310			45.00		45.00

Amended by R.2004 d.51, effective February, 2, 2004.  
See: 35 N.J.R. 3027(a), 36 N.J.R. 664(b).

Deleted HCPCS Code 92599 and inserted codes 92601 through 92700, 93580 through 93581, 95990, 96920 through 96922, 99293 through 99299 and 99600.

**10:54-9.5 HCPCS procedure codes and maximum fee schedule for surgery**

IND	HCPCS Code	Mod	Follow Up Days	Maximum Fee Allowance			Anes. Basic Units
				S	\$	NS	
N	10040		0	18.00		16.00	3
	10060		0	13.00		11.00	3
	10061		30	48.00		42.00	3
	10080		0	30.00		26.00	3
	10081		0	45.00		38.00	3
	10120		0	18.00		16.00	3
	10121		30	34.00		29.00	3
	10140		0	18.00		16.00	3
	10160		0	13.00		11.00	3
	10180		14	100.00		85.00	3
	11000		0	13.00		11.00	3
	11001		0	6.00		5.00	3
	11040		0	13.00		11.00	3
	11041		0	13.00		11.00	3
	11042		0	16.00		14.00	3
	11043		0	16.00		14.00	3
	11044		0	48.00		42.00	3
	11050		0	13.00		11.00	3
	11051		0	18.00		15.00	3
	11052		0	23.00		20.00	3
	11100		7	13.00		11.00	3
	11101		0	5.00		4.00	3
	11200		0	18.00		14.00	3
	11201		7	9.00		7.00	3
	11300		15	18.00		16.00	3
	11301		15	22.00		20.00	3
	11302		15	27.00		24.00	3
	11303		30	32.00		27.00	3
	11305		15	18.00		16.00	3
	11306		15	22.00		20.00	3
	11307		15	27.00		24.00	3
	11308		15	32.00		27.00	3
	11310		15	18.00		16.00	3
	11311		15	22.00		20.00	3
	11312		15	27.00		24.00	3
	11313		30	32.00		27.00	3
	11400		15	18.00		16.00	3
	11401		15	22.00		20.00	3
	11402		15	27.00		24.00	3
	11403		15	32.00		27.00	3
	11404		15	32.00		27.00	3
	11406		15	32.00		27.00	3
	11420		15	18.00		16.00	3
	11421		15	22.00		20.00	3
	11422		15	27.00		24.00	3
	11423		15	32.00		27.00	3
	11424		15	32.00		27.00	3
	11426		15	32.00		27.00	3
	11440		15	18.00		16.00	5
	11441		15	22.00		20.00	5
	11442		15	27.00		24.00	5
	11443		15	32.00		27.00	5
	11444		15	32.00		27.00	5
	11446		15	32.00		27.00	5

IND	HCPCS Code	Mod	Follow Up Days	Maximum Fee Allowance			Anes. Basic Units	IND	HCPCS Code	Mod	Follow Up Days	Maximum Fee Allowance			Anes. Basic Units
				S	\$	NS						S	\$	NS	
	64897		90	360.00		306.00	3	66020		0	90.00		79.00	6	
	64898		90	420.00		357.00	3	66030		0	90.00		77.00	4	
	64901		30	120.00		102.00	3	66130		45	300.00		255.00	6	
	64902		30	150.00		128.00	3	66150		45	300.00		255.00	6	
	64905		90	300.00		255.00	3	66155		45	300.00		255.00	4	
	64907		30	150.00		128.00	3	66160		45	300.00		255.00	6	
	64999		0	BR		BR	0	66165		45	242.00		210.00	6	
	65091		30	211.00		184.00	6	66170	N	45	375.00		319.00	6	
	65093		30	242.00		210.00	6	66172		45	450.00		382.00	5	
	65101		30	211.00		184.00	6	66180		45	BR		BR	5	
	65103		30	211.00		184.00	6	66185		45	BR		BR	5	
	65105		30	211.00		184.00	6	66220		90	500.00		425.00	6	
	65110		60	182.00		158.00	6	66225		90	500.00		425.00	6	
	65112		60	315.00		274.00	6	66250		45	121.00		105.00	4	
	65114		90	437.00		370.00	6	66500		30	121.00		105.00	6	
	65125		0	BR		BR	5	66505		30	121.00		105.00	6	
	65130		30	200.00		170.00	6	66600		45	272.00		236.00	6	
	65135		60	250.00		213.00	6	66605		45	302.00		263.00	6	
	65140		30	242.00		210.00	6	66625		45	285.00		243.00	6	
	65150		90	360.00		306.00	6	66630		45	285.00		243.00	4	
	65155		90	350.00		298.00	6	66635		45	285.00		243.00	6	
	65175		60	300.00		255.00	6	66680		45	228.00		194.00	6	
	65205		0	16.00		14.00	3	66700		30	151.00		131.00	6	
	65210		0	32.00		27.00	3	66710		30	130.00		110.00	4	
	65220		0	32.00		27.00	3	66720		30	121.00		105.00	4	
	65222		0	48.00		41.00	3	66740		30	121.00		105.00	6	
	65235		45	242.00		210.00	6	66761		30	121.00		105.00	6	
	65260		45	302.00		263.00	6	66762		30	121.00		105.00	0	
	65265		45	302.00		263.00	6	66770		30	152.00		132.00	4	
	65270		15	30.00		26.00	4	66820		45	121.00		105.00	6	
	65272		15	60.00		51.00	4	66821		45	151.00		131.00	4	
	65273		15	60.00		51.00	4	66825		45	151.00		131.00	6	
	65275		30	180.00		153.00	4	66830		30	151.00		131.00	6	
	65280		30	182.00		158.00	8	66840		30	151.00		131.00	6	
	65285		45	211.00		174.00	6	66850		90	393.00		341.00	8	
	65286		30	180.00		153.00	4	66852		90	393.00		341.00	6	
	65290		30	90.00		77.00	4	66920	N I	90	393.00		341.00	8	
	65400		30	151.00		131.00	6	66930	N I	90	393.00		341.00	8	
	65410		0	24.00		21.00	4	66940	N I	90	393.00		341.00	8	
	65420		30	121.00		105.00	6	66983		90	513.00		446.00	8	
	65426		30	121.00		105.00	6	66984		90	513.00		446.00	8	
	65430		0	16.00		14.00	0	66985		90	393.00		341.00	4	
	65435		0	30.00		26.00	3	66986		90	432.00		367.00	6	
	65436		0	60.00		51.00	4	+ 66990		0	71.00		60.00	0	
	65450		0	30.00		26.00	5	66999		0	BR		BR	0	
	65600		0	151.00		131.00	3	67005		90	393.00		NA	8	
	65710		90	453.00		394.00	8	67010		90	393.00		NA	8	
	65730		90	432.00		376.00	8	67015		15	151.00		131.00	4	
	65750		90	432.00		376.00	8	67025		30	285.00		243.00	4	
	65755		90	432.00		376.00	7	67028		45	80.00		68.00	5	
	65760		0	BR		BR	0	67030		60	332.00		283.00	8	
	65765		0	BR		BR	0	67031		90	332.00		283.00	8	
	65767		0	BR		BR	0	67036		90	665.00		578.00	8	
	65770		90	BR		BR	7	67038		90	665.00		578.00	8	
	65771		90	BR		BR	7	67039		60	264.00		224.00	6	
	65772		15	60.00		51.00	6	67040		90	369.00		314.00	6	
	65775		90	320.00		272.00	6	67101		90	362.00		NA	7	
	65800		0	61.00		53.00	3	67105		90	362.00		NA	6	
	65805		0	61.00		53.00	3	67107		90	544.00		473.00	6	
	65810		30	140.00		119.00	6	67108		90	544.00		473.00	6	
	65815		15	100.00		85.00	6	67109		30	151.00		131.00	6	
	65820		30	182.00		158.00	6	67110		90	252.00		215.00	6	
	65850		45	300.00		255.00	4	67112		30	272.00		231.00	6	
	65855		0	272.00		NA	0	67115		30	228.00		194.00	6	
	65865		30	200.00		170.00	6	67120		30	228.00		194.00	6	
	65870		30	200.00		170.00	6	67121		30	342.00		291.00	6	
	65875		30	200.00		170.00	6	67141		30	228.00		194.00	4	
	65880		30	200.00		170.00	6	67145		30	144.00		NA	4	
	65900		30	200.00		170.00	6	67208		30	362.00		NA	6	
	65920		30	200.00		170.00	6	67210		30	182.00		NA	6	
	65930		30	200.00		170.00	6	67218		30	323.00		275.00	4	

IND	HCPCS Code	Mod	Follow Up Days	Maximum Fee Allowance			Anes. Basic Units	IND	HCPCS Code	Mod	Follow Up Days	Maximum Fee Allowance			Anes. Basic Units
				S	\$	NS						S	\$	NS	
	67227		30	182.00		155.00	7	67922		15	30.00		26.00	3	
	67228		30	182.00		NA	4	67923		30	171.00		146.00	4	
	67250		90	393.00		334.00	6	67924		30	182.00		158.00	4	
	67255		90	432.00		367.00	6	67930		15	30.00		26.00	4	
	67299		0	BR		BR	0	67935		15	57.00		50.00	4	
	67311		30	272.00		236.00	5	67938		15	30.00		26.00	4	
	67312		30	302.00		263.00	5	67950		30	121.00		105.00	4	
	67314		30	262.80		223.40	5	67961		60	227.00		197.00	4	
	67316		30	332.90		282.65	5	67966		60	242.00		210.00	4	
	67318		30	280.32		238.27	5	67971		60	242.00		210.00	4	
	67320		30	302.00		257.00	6	67973		60	362.00		315.00	4	
	67331		30	272.00		231.00	6	67974		60	411.00		357.00	4	
	67332		30	302.00		257.00	6	67975		30	46.00		40.00	4	
	67334		30	243.00		NA	5	67999		0	BR		BR	0	
	67335		30	166.00		NA	5	68020		0	16.00		14.00	4	
	67340		30	305.00		NA	5	68040		0	16.00		14.00	4	
	67343		30	225.50		NA	5	68100		0	18.00		16.00	3	
	67345		0	41.00		35.00	5	68110		15	30.00		26.00	3	
	67350		0	86.00		74.00	3	68115		15	30.00		26.00	3	
	67399		0	BR		BR	0	68130		15	40.00		34.00	4	
	67400		30	242.00		210.00	6	68135		0	16.00		14.00	4	
	67405		30	242.00		210.00	6	68200		0	16.00		14.00	4	
	67412		30	272.00		236.00	6	68320		30	242.00		210.00	6	
	67413		30	272.00		236.00	6	68325		30	272.00		236.00	6	
	67414		30	408.00		347.00	5	68326		30	342.00		291.00	6	
	67415		15	48.00		41.00	4	68328		30	371.00		316.00	6	
	67420		30	272.00		236.00	6	68330		30	257.00		219.00	6	
	67430		30	408.00		347.00	6	68335		30	314.00		267.00	6	
	67440		30	385.00		327.00	6	68340		30	257.00		219.00	6	
	67445		30	408.00		347.00	5	68360		30	114.00		97.00	4	
	67450		30	408.00		347.00	3	68362		30	228.00		194.00	4	
	67500		0	57.00		49.00	5	68399		0	BR		BR	0	
	67505		0	57.00		49.00	3	68400		15	48.00		42.00	3	
	67515		0	30.00		26.00	0	68420		15	37.00		32.00	3	
	67550		30	272.00		236.00	4	68440		0	16.00		14.00	0	
	67560		30	272.00		236.00	4	68500		45	242.00		210.00	4	
	67570		30	204.00		173.00	5	68505		45	242.00		210.00	4	
	67599		0	BR		BR	0	68510		0	30.00		26.00	4	
	67700		0	24.00		20.00	3	68520		45	242.00		210.00	4	
	67710		0	24.00		20.00	4	68525		0	30.00		26.00	4	
	67715		0	24.00		20.00	4	68530		15	60.00		52.00	4	
	67800		15	30.00		26.00	4	68540		45	253.00		221.00	4	
	67801		15	42.00		37.00	4	68550		45	253.00		221.00	4	
	67805		15	50.00		43.00	4	68700		45	90.00		79.00	4	
	67808		15	90.00		76.00	4	68705		15	23.00		20.00	4	
	67810		0	16.00		14.00	4	68720		60	272.00		236.00	5	
	67820		0	16.00		14.00	0	68745		30	272.00		236.00	4	
	67825		0	20.00		20.00	4	68750		30	272.00		236.00	4	
	67830		90	121.00		105.00	4	68760		15	30.00		26.00	4	
	67835		60	169.00		144.00	4	68761		15	30.00		26.00	4	
	67840		15	18.00		16.00	3	68770		15	114.00		97.00	3	
	67850		0	42.00		37.00	4	68800		0	8.00		7.00	3	
	67875		30	70.00		59.00	5	68820		0	13.00		11.00	3	
	67880		30	76.00		66.00	4	68825		0	30.00		26.00	4	
	67882		30	114.00		99.00	4	68830		15	13.00		11.00	5	
	67900		30	120.00		102.00	5	68840		0	8.00		7.00	3	
	67901		60	272.00		236.00	4	68850		0	21.00		19.00	3	
	67901	50	60	513.00		436.00	0	68899		0	BR		BR	0	
	67902		60	182.00		158.00	4	69000		0	24.00		21.00	3	
	67902	50	60	342.00		291.00	4	69005		15	61.00		53.00	4	
	67903		60	272.00		236.00	4	69020		0	18.00		16.00	3	
	67904		60	272.00		236.00	4	69100		0	18.00		16.00	3	
	67906		60	182.00		158.00	4	69105		0	18.00		16.00	4	
	67908		60	205.00		178.00	4	69110		90	76.00		66.00	4	
	67909		30	114.00		99.00	4	69120		90	151.00		131.00	4	
	67911		15	205.00		178.00	4	69140		90	182.00		158.00	4	
	67914		15	30.00		26.00	4	69145		0	24.00		20.00	3	
	67915		15	30.00		26.00	3	69150		90	169.00		147.00	6	
	67916		30	171.00		146.00	4	69155		90	242.00		210.00	6	
	67917		30	182.00		158.00	4	69200		0	13.00		11.00	0	
	67921		15	30.00		26.00	4	69205		0	30.00		26.00	4	

IND	HCPCS Code	Mod	Follow Up Days	Maximum Fee Allowance		Anes. Basic Units	IND	HCPCS Code	Mod	Follow Up Days	Maximum Fee Allowance		Anes. Basic Units
				S	NS						S	NS	
	69210		0	13.00	11.00	5		69802		90	427.00	401.00	5
	69220		0	18.00	15.00	3		69805		90	315.00	267.00	5
	69220	50	0	35.00	30.00	3		69806		90	432.00	367.00	5
	69222		0	35.00	30.00	3		69820		90	423.00	368.00	5
	69222	50	0	53.00	45.00	3		69840		90	254.00	221.00	5
C	69300		90	121.00	105.00	4		69905		90	393.00	341.00	5
C	69300	50	90	170.00	147.00	4		69910		90	550.00	467.00	5
	69310		60	121.00	105.00	3		69915		90	508.00	431.00	5
	69320		90	242.00	210.00	4	N	69930		90	725.00	NA	3
	69399		0	BR	BR	0		69949		0	BR	BR	0
	69400		0	16.00	14.00	3		69950		90	720.00	612.00	6
	69401		0	16.00	14.00	4		69955		90	635.00	539.00	9
	69405		0	16.00	14.00	3		69960		90	571.00	485.00	6
	69420		0	24.00	21.00	4		69970		90	423.00	368.00	6
	69420	20	0	61.00	53.00	4		69979		0	BR	BR	0
	69420	20-50	0	90.00	79.00	4	L	M0101		0	16.00	14.00	0
	69421		7	121.00	105.00	4	L	W0001	WF	30	188.00	181.00	0
	69424		0	18.00	16.00	4	L	W0001	WM WF	30	NA	177.00	0
	69424	50	0	27.00	23.00	4	L	W0002	WF	0	123.00	116.00	0
	69433		0	37.00	32.00	3	L	W0002	WM WF	0	NA	112.00	0
	69433	50	0	48.00	42.00	3	L	W0004	WF	0	204.00	195.00	0
	69436		0	54.00	47.00	3	L	W0004	WM WF	0	NA	188.00	0
	69436	50	0	67.00	58.00	3	L	W0008	WF	0	139.00	130.00	0
	69440		30	242.00	210.00	5	L	W0008	WM WF	0	NA	123.00	0
	69450		30	332.00	289.00	4	L	W1000		60	1440.00	NA	8
	69501		90	242.00	210.00	5	L	W1001		60	214.00	NA	6
	69502		90	528.00	450.00	5	L	W1002		7	121.00	105.00	5
	69505		90	423.00	368.00	5	L	W1003		7	121.00	105.00	5
	69511		90	423.00	368.00	5	L	W1008		45	121.00	105.00	6
	69530		90	604.00	525.00	5	L	W1009		45	90.00	79.00	6
	69535		90	818.00	696.00	5	L	W2000		30	75.00	NA	3
	69540		15	37.00	32.00	3	E L	W3600		0	25.00	25.00	0
	69550		90	332.00	282.00	5	E L	W3650		30	194.00	NA	6
	69552		90	423.00	359.00	5	L	W4850		30	227.00	197.00	0
	69554		90	483.00	411.00	5	L	W5650		0	15.00	15.00	3
	69601		90	302.00	263.00	5	L	W5750		0	30.00	28.00	0
	69602		90	302.00	263.00	5	L	W5760	76	15	72.00	63.00	3
	69603		90	302.00	263.00	5	L	W5760		15	48.00	42.00	3
	69604		90	368.00	313.00	5	L	W5920		0	51.00	44.00	0
	69605		90	266.00	226.00	5	E L	W5930		45	30.00	26.00	3
	69610		0	24.00	21.00	3	L	W6499		0	6.30	5.50	3
	69610	50	0	30.00	26.00	5	L	W9855		0	22.00	17.00	0
	69620		90	280.00	252.00	5	L	W9855	WM	0	NA	15.40	0
	69631		90	403.00	351.00	5	L	W9856		0	16.00	14.00	0
	69632		90	403.00	351.00	5	L	W9856	WM	0	NA	11.20	0
	69633		90	403.00	351.00	5							
	69635		90	484.00	411.00	5							
	69636		90	483.00	420.00	5							
	69637		90	484.00	411.00	5							
	69641		90	483.00	420.00	5							
	69642		90	483.00	420.00	5							
	69643		90	483.00	420.00	5							
	69644		90	483.00	420.00	5							
	69645		90	483.00	420.00	5							
	69646		90	483.00	420.00	5							
	69650		90	302.00	263.00	5							
	69660		90	393.00	341.00	5							
	69661		90	393.00	341.00	5							
	69662		90	435.00	377.00	5							
	69666		90	393.00	341.00	5							
	69667		90	393.00	341.00	5							
	69670		90	280.00	252.00	5							
	69676		90	257.00	219.00	5							
	69676	50	90	399.00	349.00	5							
	69700		60	121.00	105.00	5							
	69720		90	362.00	315.00	5							
	69725		90	590.00	501.00	5							
	69740		90	435.00	378.00	5							
	69745		90	590.00	501.00	5							
	69799		0	BR	BR	0							
	69801		90	393.00	341.00	5							

Amended by R.2002 d.402, effective December 16, 2002.  
 See: 34 N.J.R. 2680(a), 34 N.J.R. 4441(a).  
 Added HCPCS code 62318 to the table of procedure codes.  
 Amended by R.2004 d.51, effective February, 2, 2004.  
 See: 35 N.J.R. 3027(a), 36 N.J.R. 664(b).  
 Rewrote the section.

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

IND	HCPCS Code	Mod	Maximum Fee Allowance	Anes. Basic Units
	70010		63.90	
	70010	26	24.00	
	70010	TC	39.90	
	70015		213.33	
	70015	26	80.00	
	70015	TC	133.33	
	70030		15.00	
	70030	26	7.20	
	70030	TC	7.80	
	70100		15.00	
	70100	26	5.40	
	70100	TC	9.60	

<u>IND</u>	<u>HCPCS Code</u>	<u>Mod</u>	<u>Maximum Fee Allowance</u>	<u>Anes. Basic Units</u>	<u>IND</u>	<u>HCPCS Code</u>	<u>Mod</u>	<u>Maximum Fee Allowance</u>	<u>Anes. Basic Units</u>
	70110		20.00			70355	TC	6.00	
	70110	26	9.00			70360		10.00	
	70110	TC	11.00			70360	26	3.60	
	70120		15.00			70360	TC	6.40	
	70120	26	7.20			70370		20.00	
	70120	TC	7.80			70370	26	9.00	
	70130		20.00			70370	TC	11.00	
	70130	26	10.80			70371		30.00	
	70130	TC	9.20			70371	26	13.00	
	70134		25.00			70371	TC	17.00	
	70134	26	10.00			70373		32.00	
	70134	TC	15.00			70373	26	12.00	
	70140		15.00			70373	TC	20.00	
	70140	26	5.40			70380		15.00	
	70140	TC	9.60			70380	26	5.40	
	70150		20.00			70380	TC	9.60	
	70150	26	9.00			70390		15.00	
	70150	TC	11.00			70390	26	7.20	
	70160		15.00			70390	TC	7.80	
	70160	26	5.40			70450		125.00	3
	70160	TC	9.60			70450	26	35.00	
	70170		20.00			70450	TC	90.00	
	70170	26	7.20			70460		125.00	3
	70170	TC	12.80			70460	26	35.00	
	70190		15.00			70460	TC	90.00	
	70190	26	5.40			70470		125.00	3
	70190	TC	9.60			70470	26	35.00	
	70200		25.00			70470	TC	90.00	
	70200	26	9.00	N		70470	52	75.00	
	70200	TC	16.00			70470	26 52	21.00	
	70210		20.00			70470	TC 52	54.00	
	70210	26	5.40			70480		125.00	3
	70210	TC	14.60			70480	26	35.00	
	70220		25.00			70480	TC	90.00	
	70220	26	9.00			70481		125.00	3
	70220	TC	16.00			70481	26	35.00	
	70240		15.00			70481	TC	90.00	
	70240	26	7.20			70482		125.00	3
	70240	TC	7.80			70482	26	35.00	
	70250		15.00			70482	TC	90.00	
	70250	26	5.40	N		70482	52	75.00	
	70250	TC	9.60			70482	26 52	21.00	
	70260		25.00			70482	TC 52	54.00	
	70260	26	9.00			70486		125.00	3
	70260	TC	16.00			70486	26	35.00	
	70300		5.00			70486	TC	90.00	
	70300	26	1.80			70487		125.00	3
	70300	TC	3.20			70487	26	35.00	
	70310		10.00			70487	TC	90.00	
	70310	26	3.60			70488		125.00	3
	70310	TC	6.40			70488	26	35.00	
	70320		15.00			70488	TC	90.00	
	70320	26	7.20	N		70488	52	55.00	
	70320	TC	7.80			70488	26 52	21.00	
	70328		13.00			70488	TC 52	54.00	
	70328	26	5.40			70490		125.00	3
	70328	TC	7.60			70490	26	35.00	
	70330		20.00			70490	TC	90.00	
	70330	26	9.00			70491		125.00	3
	70330	TC	11.00			70491	26	35.00	
	70332		70.50			70491	TC	90.00	
	70332	26	24.00			70492		125.00	3
	70332	TC	46.50			70492	26	35.00	
	70336		300.00	3		70492	TC	90.00	
	70336	26	84.00	N		70492	52	75.00	
	70336	TC	216.00			70492	26 52	21.00	
	70350		8.00			70492	TC 52	54.00	
	70350	26	3.60	N		70540		300.00	3
	70350	TC	4.40			70540	26	84.00	
	70355		10.00			70540	TC	216.00	
	70355	26	4.00	N		70541		BR	3

(b) Diagnostic endoscopy: The following are the qualifiers for HCPCS procedure codes for diagnostic endoscopic procedure codes.

1. Respiratory System (CPT codes 30000-32999)
  - 31520 Laryngoscopy direct, with or without tracheoscopy; diagnostic newborn.  
QUALIFIER: When combined with another endoscopic procedure, each procedure may be reimbursed at 100% of the maximum fee allowance.
  - 31525 Laryngoscopy direct, with or without tracheoscopy; diagnostic except newborn.  
QUALIFIER: When combined with another endoscopic procedure, each procedure may be reimbursed at 100% of the maximum fee allowance.
  - 31575 Laryngoscopy, flexible fiberoptic; diagnostic  
QUALIFIER: When combined with another endoscopic procedure, each procedure may be reimbursed at 100% of the maximum fee allowance.
  - 31615 Tracheobronchoscopy through established tracheostomy incision.  
QUALIFIER: When combined with another endoscopic procedure, the procedure may be reimbursed at the rate of the maximum fee allowance of the procedure of the "deepest penetration".
  - 31622 Diagnostic (flexible or rigid) with or without all washing or brushing.  
QUALIFIER: When combined with another endoscopic procedure, the procedure may be reimbursed at the rate of the maximum fee allowance of the procedure of the "deepest penetration".
2. Hemic and Lymphatic systems (CPT codes 38100-39599)
  - 39400 22 Mediastinoscopy with biopsy  
QUALIFIER: Multiple surgery pricing applies.
3. Digestive system (CPT codes 40490-49999)
  - i. Upper gastrointestinal system
    - 43200 Esophagoscope, rigid or flexible; diagnostic, with or without removal of foreign body  
QUALIFIER: When combined with another endoscopic procedure, the procedure may be reimbursed at the rate of the maximum fee allowance of the procedure of the "deepest penetration".
    - 43234 Upper gastrointestinal endoscopy simple primary examination (e.g. with small diameter flexible fiberscope)  
QUALIFIER: When combined with another endoscopic procedure, the procedure may be reimbursed at the rate of the maximum fee allowance of the procedure of the "deepest penetration".
    - 43235 Upper gastrointestinal endoscopy including esophagus, stomach and either the duodenum and/or jejunum, as appropriate; complex diagnostic  
QUALIFIER: When combined with another endoscopic procedure, the procedure may be reimbursed at the rate of the maximum fee allowance of the procedure of the "deepest penetration".
  - ii. Lower gastrointestinal
    - 45300 Proctosigmoidoscopy; diagnostic (separate procedure)  
QUALIFIER: When combined with another endoscopic procedure, the procedure may be reimbursed at the rate of the maximum fee allowance of the procedure of the "deepest penetration".
    - 45330 Sigmoidoscopy, flexible fiberoptic; diagnostic

- 46600 Anoscope: diagnostic (separate procedure)  
QUALIFIER: This diagnostic endoscopy procedure has the least penetration: (despite the "high" HCPCS number). When combined with another endoscopic procedure in the same body system, the reimbursement is at the rate of the maximum fee allowance of any other procedure code that denotes the "deepest penetration".
- iii. Biliary tract;
  - 47550 Biliary endoscopy, intraoperative (kaleidoscope)  
QUALIFIER: When combined with another endoscopic procedure, each procedure may be reimbursed at 100% of the maximum fee allowance.
  - 47552 Biliary endoscopy, intraoperative (kaleidoscope)  
QUALIFIER: When combined with another endoscopic procedure, each procedure may be reimbursed at 100% of the maximum fee allowance.
- iv. Urinary system (CPT codes 50010-53899)
  - 50951 Ureteral endoscopy through established ureterostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service  
QUALIFIER: When combined with another endoscopic procedure, each procedure may be reimbursed at 100% of the maximum fee allowance.
  - 50970 Ureteral endoscopy through ureterotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service  
QUALIFIER: When combined with another endoscopic procedure, each procedure may be reimbursed at 100% of the maximum fee allowance.
  - 52000 Cystourethroscopy (separate procedure)  
QUALIFIER: When combined with another endoscopic procedure, each procedure may be reimbursed at 100% of the maximum fee allowance.
- v. Female genital system (CPT codes 56000-58999)
  - 57452 Colposcopy (vaginocopy); (separate procedure)  
QUALIFIER: When combined with another endoscopic procedure, each procedure may be reimbursed at 100% of the maximum fee allowance.

(c) HCPCS Code Qualifiers

- 41872 Gingivoplasty  
QUALIFIER: Reimbursement is based upon a dollar amount for each quadrant.
- 50590 Lithotripsy, extracorporeal shock wave (Professional Component) (PC)  
QUALIFIER: For the Professional Component of lithotripsy, extracorporeal shock wave (ESWL), reimbursement includes all professional services (Professional Component) pertaining to ESWL performed by the treating physician during this hospitalization, consortium visit or office visit. This code excludes reimbursement of the Technical Component of the ESWL service.
- 55250 Vasectomy, unilateral or bilateral (separate procedure), including postoperative semen examination(s)  
QUALIFIER: As a primary sterilization (family planning procedure), a completed consent form must be attached to the 1500 N.J. claim form. See N.J.A.C. 10:54-5.16 for regulations on sterilizations and hysterectomy.
- 55450 Ligation (percutaneous) of vas deferens, unilateral or bilateral (separate procedure)  
QUALIFIER: As a primary sterilization (family planning procedure), a completed consent form must be attached to the 1500 N.J. claim form. See N.J.A.C. 10:54-5.16 for regulations on sterilization and hysterectomy.

58301 WM	Removal of intrauterine device by certified nurse mid-wife.		70540	72148
58611	Ligation or transection of fallopian tube(s) when done at the time of obstetrical delivery (caesarean section) or intra-abdominal surgery (not a separate procedure) QUALIFIER: This procedure code may be billed separately in addition to the appropriate procedure codes for primary obstetrical or abdominal surgery procedure. This also includes those obstetrical procedure codes used by HealthStart identified providers.		70551 70552 70553 71550 72141 72142 72146 72147	72156 72157 72158 72196 72220 73720 73721 74181
59510	Caesarean delivery only including postpartum care	72170		Radiologic examination, pelvis; anteroposterior only QUALIFIER: Pelvis x-ray is not eligible for separate payment when performed in conjunction with complete lumbarsacral spine x-rays (72100, 72110, 72114, 72120)
59514	QUALIFIER: For anesthesia during Caesarean Section, use Anesthesia reimbursement methodology including the AA modifier and indicating the standard anesthesia formula (time in units of 15 minute intervals) when used in combination with HCPCS 62278 or 62279.	76805		Echography, pregnant uterus, B-scan and/or real time with image documentation; complete (complete fetal and maternal evaluation) QUALIFIER: Limited to one complete study per pregnancy per provider. Any additional medically necessary studies performed by the same provider will be reimbursed as HCPCS 76815 (limited study). Also, only one study (complete or limited or follow-up) can be reimbursed to the same provider on a given day.
66170	Fistula of sclera for glaucoma; trephination with iridectomy; trabeculectomy QUALIFIER: This procedure code may be billed with the following other procedure codes representing other optical procedure (HCPCS 65850, 66030, 66625, and 67500) and be reimbursed according to the multiple surgical policy.			Echography, pregnant uterus, B-scan and/or real time with image documentation; limited (gestational age, heart beat, placental location, fetal position, or emergency in the delivery room.) QUALIFIER: Subsequent to the third study, a statement of medical necessity attesting that the pregnancy is high risk with substantiating reasons is required to be attached to the claim. Only one study (complete or limited or follow-up) can be reimbursed to the same provider on a given day.
62278	Injection of anesthesia substance (including narcotics), diagnostic or therapeutic; epidural, lumbar or caudal, single QUALIFIER: Only for use during labor or intractable pain, (including insertion of catheter or cannula—lumbar or caudal—single, regardless of time).	76815		Echography, pregnant uterus, B-scan and/or real time with image documentation; follow-up or repeat QUALIFIER: Subsequent to the third study, a statement of medical necessity attesting that the pregnancy is high risk with substantiating reasons is required to be attached to the claim. Only one study (complete or limited or follow-up) can be reimbursed to the same provider on a given day.
62279	Injection of anesthesia substance (including narcotics), diagnostic or therapeutic; epidural, lumbar or caudal, continuous QUALIFIER: Only for use during labor or intractable pain, (including insertion of catheter or cannula—lumbar or caudal—continuously, regardless of time). Reimbursement is at a flat fee unless C-Section is necessary; then, separate reimbursement for the C-Section and anesthesia using the anesthesia reimbursement formula is allowed. This procedure code may be used with HCPCS 59515.	76816		Supervision, handling and loading radioelement QUALIFIER: Reimbursable only when performed by a Radiologist.
66920	Discission of secondary membranous cataract QUALIFIER: This procedure code must not be billed with any other procedure code representing any other optical procedure.	77790		Radionuclide localization of abscess: limited area QUALIFIER: Reimbursable only when performed by a Radiologist.
66930	Removal of secondary membranous cataract QUALIFIER: This procedure code must not be billed with any other procedure code representing any other optical procedure.	78805		FOR QUALIFIERS FOR PATHOLOGY AND LABORATORY SERVICES PROCEDURE CODES, SEE THE SECTION OF THIS SUBCHAPTER AT N.J.A.C 10:54-9.9.
66940	Removal of lens material; aspiration techniques, one or more stages. QUALIFIER: This procedure code must not be billed with any other procedure code representing any other optical procedure.	***		FOR QUALIFIERS FOR PREADMISSION SCREENING AND ANNUAL RESIDENT REVIEW (PASARR), SEE THE SECTION OF THIS SUBCHAPTER AT N.J.A.C. 10:54-9.10.
69930	Cochlear device implantation, with or without mastoidectomy QUALIFIER: Reimbursement limited to those cases that meet the current Medicare Selection Criteria.	****		Immunization, passive; Immune serum globulin, human (ISG) QUALIFIER: Prior authorization from the Medical Consultant at the Medicaid District Office is required.
70470 52	Limited computerized axial tomography, head or body	90741		Immunization, passive; Specific hyperimmune serum globulin, human (ISG); e.g. hepatitis B, measles, pertussis, rabies, Rho(D), tetanus, vaccinia, varicella zoster QUALIFIER: Prior authorization from the Medical Consultant at the Medicaid District Office is required.
70482 52	for medical necessary follow-up or monitoring			IV infusion therapy, (excluding allergy, immunizations and chemotherapy) administered by physician exclusive of his/her other duties or under direct supervision of physician by a practitioner; up to one hour QUALIFIER: Not to be used for routine IV drug injection or infusion. Reimbursement is contingent upon the required medical necessity, hand written chart documentation including time and indication of physician's presence with the patient to the exclusion of his other duties.
70488 52	QUALIFIER: For C.A.T. scan guidance (monitoring)			
70492 52	performed in conjunction with biopsy, aspiration, puncture, injection of contrast material, placement of tube	90742		
71270 52	stint, drain, etc. use codes with modifier "52".			
74170 52				
(d) Magnetic Resonance Imaging (MRI) Diagnostic Services:		90780		
	QUALIFIER: An MRI service provided by physicians in an office setting may only be billed to and reimbursed by Medicaid when the recipient is other than a hospital inpatient. The Medicaid Maximum Fee Allowance is the composite rate and must not be split between the technical component and the professional component. These rules apply to the billing of the HCPCS for MRI as follows:			

New Patient	Established Patient		
15783	15822	19325 50	30430
15786	15823	19325	30435
15787	15824		30450
15788	15826	21120	30460
15789	15831	through	30462
15792		21198	30520
15793			

(h) Physician Administered Drugs

1. The New Jersey Division of Medical Assistance and Health Services provides physician reimbursement for the administration of medications. Reimbursement will continue to be available for the administration of the drug. The procedure code 90799 may be billed for intradermal, subcutaneous, intramuscular, or intravenous drug administration.

2. However, reimbursement for the drug administered by a physician, other than immunizations, was only available if a prescription was issued and the drug was obtained from a pharmacy which directly billed the New Jersey Medicaid program.

3. Unless otherwise indicated, the Medicaid maximum fee allowance shall be based on the AWP per unit which equals one cubic centimeter (CC) or milliliter (ml). For drug vials with a volume equal to one cc or ml, the Medicaid maximum fee allowance shall be based on the cost per vial. For further information on physician administered drugs, see N.J.A.C. 10:54-8.6.

HCPCS Code	Description	Maximum Fee Allowance
J0690	Cefazolin 500 mg	\$ 1.92
J0696	Ceftriaxone 250 mg	10.24
J1100	Dexamethasone 4 mg	0.80
J1200	Diphenhydramine 50 mg	0.55
J2550	Promethazine 50 mg	0.42
J2680	Fluphenazine Decanoate 25 mg	9.50
J2790	RhoGAM, Rho (D) Immune Globulin (Human) Single dose (Micro-Dose)	20.40
J2790 22	RhoGAM, Rho (D) Immune Globulin (Human) Single dose (Full dose) (22—Services greater than usual)	72.07
J9000	Doxorubicin 10 mg	42.00
J9010	Doxorubicin 50 mg	195.50
J9020	Asparaginase 10,000 Units	50.36
J9031	BCG Live Vaccine 27 mg	152.13
J9040	Bleomycin Sulfate 15 units	255.08
J9045	Carboplatin 50 mg	72.01
J9060	Cisplatin Powder or Solution 10 mg	30.33
J9070	Cyclophosphamide 100 mg	4.91
J9100	Cytarabine 100 mg	6.72
J9130	Decarbazine 100 mg	12.00
J9190	Fluorouracil 50 mg	0.18
J9217	Lupron 7.5 mg	451.25
J9230	Mechlorethamine HCl 10 mg	10.10
J9240	Medroxyprogesterone 100 mg	9.05
J9240 22	Medroxyprogesterone 400 mg	31.50
J9260	Methotrexate Sodium 50 mg	4.75
J9280	Mitomycin 5 mg	119.08
J9360	Vinblastine Sulfate 1 mg	3.25
J9370	Vincristine 1 mg	27.50
W9095	Immunization—Tetanus antitoxin	6.60

(i) Hepatitis B Vaccine: Coverage is available for post exposure prophylaxis and for vaccination of individuals in

selected high risk groups, regardless of age, in accordance with the criteria defined by the CDC. In all such cases, the need for this vaccination must be fully documented in the recipient's medical record. In order to facilitate reimbursement for Hepatitis B immunoprophylaxis for high risk individuals, manufacturer, age, and dose specific procedure codes have been developed for use by physicians and independent clinics providing this service.

EXCEPTION: The New Jersey Medicaid program will reimburse for the universal vaccination of infants born on and after January 1, 1992, whose immunization was delayed beyond the newborn period because this policy was not yet in effect. However, the immunization schedule must be completed before the infant's second birthday.

W9096	Hepatitis B immunoprophylaxis with Recombivax HB, 0.25 ml dose. This code applies only to newborns of HBsAg negative mothers.	17.46
W9096 22	Hepatitis B immunoprophylaxis with Recombivax HB, 0.5 ml dose. This code applies only to newborns of HBsAg positive mothers.	32.79
W9097	Hepatitis B immunoprophylaxis with Recombivax HB, 0.25 ml dose. This code applies only to high risk recipients under 11 years of age (exclusive of newborns).	17.46
W9098	Hepatitis B immunoprophylaxis with Recombivax HB, 0.5 ml dose. This code applies only to high risk recipients 11-19 years of age.	32.79
W9099	Hepatitis B immunoprophylaxis with Recombivax HB, 1.0 ml dose. This code applies only to high risk recipients over 19 years of age.	63.57
W9333	Hepatitis B immunoprophylaxis with Engerix-B, 0.5 ml dose. This code applies only when immunizing newborns.	27.88
W9334	Hepatitis B immunoprophylaxis with Engerix-B, 0.5 ml dose. This code applies only to high risk recipients under 11 years of age (exclusive of newborns)	27.88
W9335	Hepatitis B immunoprophylaxis with Engerix-B, 1.0 ml dose. This code applies only to high risk recipients over 11 years of age.	62.09
W9336	Medroxyprogesterone Acetate 150 mg	36.90
W9337	Cephadrine 250 mg	2.34
W9338	TETRAMUNE, a biological combining Diphtheria, Tetanus Toxoids and Pertussis Vaccine (DTP) with Hemophilus B Conjugate Vaccine QUALIFIER: Not to be billed separately with HCPCS 90701 or 90731.	30.27
W9339	Lupron 3.75 mg	360.63
W9343	Lupron Depot Pediatric 7.5 mg	451.25
W9344	Lupron Depot Pediatric 11.25 mg	811.25
W9345	Lupron Depot Pediatric 15 mg	902.50

10:54-9.9 Pathology and Laboratory HCPCS Codes-Qualifiers

(a) Qualifiers for pathology and laboratory services are summarized below:

1. Chemistry Automated, Multichannel Tests

Applies to CPT Codes: 80002, 80003, 80004, 80005, 80006, 80007, 80008, 80009, 80010, 80011, 80012, 80016, 80018, and 80019. The following list contains those tests which can be and are frequently performed as groups and combinations (profiles) on automated multichannel equipment: Apply this methodology to the above CPT Codes. For reporting one test, regardless of method of testing, use appropriate single test code number. For any combination of tests among those listed below use the appropriate number 80002-80019. Groups of the tests listed here are distinguished from multiple tests performed individually for immediate or 'stat' reporting. Laboratory chemistry tests performed on your automated equipment in addition to laboratory chemistry tests listed must be billed as 80002-80019 as part of the automated multichannel test listing.

Acid-Phosphatase	Creatinine
Albumin	Gamma Glutamyl Transpeptidase (GGTP)
Alkaline Phosphatase (ALT, SGPT)	Glucose (Sugar)
Aspartate Aminotransferase (AST, SGOT)	Iron
Aspartate Aminotransferase	Iron Binding Capacity
Amylase	Lactic Dehydrogenase (LD)
Bilirubin, Total	Lipoprotein (HDL Cholesterol)
Bilirubin, Direct	Magnesium
Blood Urea Nitrogen (BUN)	Phosphorus
Calcium	Potassium (K)
Carbon Dioxide (CO <sub>2</sub> )	Protein, Total
Chlorides (Cl)	Sodium (NA)
Cholesterol	Triglycerides
Creatine Kinase (CK, CPK)	Uric Acid

NOTE 1: If any two of the following HCPCS procedure codes are performed on the same day by automated equipment and the total reimbursement of the two chemistry tests would have exceeded \$5.00, the maximum reimbursement will not be more than \$5.00: 82040, 82150, 82250, 82251, 82310, 82374, 82435, 82465, 82550, 82565, 82947, 82977, 83540, 83550, 83615, 83718, 83735, 84060, 84075, 84100, 84132, 84155, 84295, 84450, 84460, 84478, 84520, 84550.

NOTE 2: The following calculations and ratios are not eligible for separate or additional reimbursement. Mathematical calculations listed below are not reimbursable.

A/G Ratio	Globulin
BUN/Creatinine Ratio	FTI (T7)
Free Calcium	Free Thyroxine

NOTE 3: Any additional automated multichannel chemistry tests performed on same date as Codes 80002, 80003, 80004, 80005, 80006, 80007, 80008, 80009, 80010, 80011, 80012, 80016, 80018, and 80019 will not be reimbursed at the current allowable fee for each added test when performed on automated multichannel equipment.

NOTE 4: Code (W8200)—Glucose (separate tube, gray top) performed on the same date as the following chemistry profiles 80002, 80003, 80004, 80005, 80006, 80007, 80008, 80009, 80010, 80011, 80012, 80016, 80018 and 80019 will be paid an additional \$2.00.

2. Codes 80050, 80055, 80058, 80059, 80061, 80072, 80090, 80091, 80092.—The panels listed must include the laboratory tests assigned by the CPT-4 as the components of the panel. The tests listed with each of the panels identify the defined components of that panel. If any three laboratory tests included in the panel are billed a la carte, the tests must be billed as the panel. The laboratory provider may not charge Medicaid more than the lowest charge level offered to another provider. The lowest charges for the laboratory test comprising the panel must aggregate as equivalent to or greater than the listed panel fee.

NOTE 1: Code 80091—Thyroid panel

Reimbursement not eligible for 84439 when billed in conjunction with 80091 on same day.

NOTE 2: Code 80092—Thyroid panel with TSH

Code 84443—TSH will not be paid a separate reimbursement when performed in conjunction with 80091 or 80092.

3. Codes 82487, 82488, and 82489—Chromatography—must list substance (compound) tested for in block 34 (REMARKS) of the claim form.

4. Code 82728—Ferritin

When the procedure for ferritin is performed in combination with Vitamin B12 or Folate or any of the chemistry analytes listed on codes 80002-80019, the maximum reimbursable fee for code 82728 is \$5.00.

5. Code 84081—Phosphatidylglycerol—test done on newborn or amniotic fluid to determine fetal lung maturity.

6. Code 84202—Protoporphyrin, RBC; quantitative—Utilize only for testing of anemia. Utilize code 84203—Protoporphyrin, RBC; screen when testing for anemia. Code 84203 will not be reimbursed when billed in conjunction with code 83655—Blood lead determination (quantitative).

7. Code 84620—Xylose absorption tests, blood and/or urine (D-xylose tolerance test), includes serum & urine levels, up to 5 hourly specimens.

8. Codes 85023 and 85025—Hematology

NOTE: For purpose of reimbursement based on this schedule, a complete blood count (CBC) includes a hematocrit, hemoglobin determination, RBC count, RBC indices, WBC count and differential WBC count (see codes 85021 and 85022), for a platelet count with a CBC (see codes 85023-85025).

Hematology codes 85014, 85018, 85041 and 85048 will not be reimbursed in conjunction with codes for blood count with hemogram (85021, 85022, 85023, 85024, 85025, and 85027).