

17. Myeloproliferative Diseases and Disorders, and Poorly Differentiated Neoplasms.
18. Infectious and Parasitic Diseases (Systemic or Unspecified Sites).
19. Mental Diseases and Disorders.
20. Alcohol/Drug Use and Alcohol/Drug Induced Organic Mental Disorders.
21. Injuries, Poisonings and Toxic Effects of Drugs.
22. Burns.
23. Factors Influencing Health Status and Other Contacts with Health Services.
24. Human Immunodeficiency Virus (HIV) Infections.
25. Multiple Significant Trauma.

(b) The following are abbreviations used in ICD-9 CM DRG English descriptors.

1. w AGE 70 CC: Patients who are over age 70 and/or have a substantial complication or comorbidity.
2. WO AGE 70 CC: Patients who are age 0-70 and have no substantial complication or co-morbidity.
3. W CC: Patients with a substantial complication or co-morbidity.
4. WO CC: Patients without a substantial complication or co-morbidity.
5. O.R. Procedures: therapeutic or diagnostic procedures generally performed in a fully equipped operating room (O.R.).
6. URI: Upper Respiratory Infection.
7. AMI: Acute Myocardial Infarction.
8. CHF: Congestive Heart Failure.
9. D & C: Dilation and Curettage.
10. FUO: Fever of Unknown Origin.
11. NEC: Not Elsewhere Classifiable.

Amended by R.2000 d.29.

See: 31 N.J.R. 3151(a), 32 N.J.R. 276(a).

SUBCHAPTER 8. GRADUATE MEDICAL EDUCATION AND INDIRECT MEDICAL EDUCATION

10:52-8.1 Calculation of the amount of Graduate Medical Education (GME) and Indirect Medical Education (IME) reimbursement to be distributed

(a) Effective for services on or after October 1, 1996, and prior to July 6, 1998, the amount of hospital reimbursement

for GME and IME to be distributed shall be calculated based on Medicare principles of reimbursement to major teaching hospitals. Major teaching hospitals are defined as those hospitals which had a minimum of 45 intern and resident full-time equivalents (FTEs) in all approved and accredited residencies from the 1993 Medicare first finalized audited cost report.

(b) Medicare principles of reimbursement for GME and IME are as follows:

1. Direct GME is calculated based on Medicaid's and NJ KidCare-Plan A's fee-for-service share of the major teaching hospitals' intern and resident FTEs multiplied by their specific per resident amounts as reported on the Medicare audited cost report (including subsequent amendments) in Worksheet E-3 Part IV for the year in which payment is being made.

2. IME is calculated based on Medicare's IME formula, at 42 C.F.R. 412.105, incorporated herein by reference. The major teaching hospitals' IME factor, as calculated by the Medicare IME formula, is multiplied by their hospital-specific Medicaid and NJ KidCare-Plan A fee-for-service inpatient DRG payments (net of GME and IME) to arrive at the Medicaid and NJ KidCare-Plan A fee-for-service IME payment. The components of Medicare's IME formula, IME intern and resident FTEs and maintained beds, are from the audited Medicare cost report (including subsequent amendments) in Worksheet S-3 for the year in which payment is being made.

Amended by R.1998 d.340, effective July 6, 1998.

See: 30 N.J.R. 1260(a), 30 N.J.R. 2486(b).

In (a), inserted "and prior to July 6, 1998," following "1996,;" and in (b), inserted references to NJ KidCare-Plan A fee-for-service throughout.

10:52-8.2 Distribution of Graduate Medical Education (GME) and Indirect Medical Education (IME) reimbursement

Effective for services on or after October 1, 1996, and prior to July 6, 1998, hospital reimbursement for GME and IME as calculated in N.J.A.C. 10:52-8.1, shall be distributed to all teaching hospitals based on the hospital-specific percentage of total weighted GME FTEs, where weighted GME FTEs equals the hospital-specific current GME FTEs times the hospital-specific Medicaid and NJ KidCare-Plan A fee-for-service days divided by the total Medicaid and NJ KidCare-Plan A fee-for-services days for all teaching hospitals. The source for the GME FTEs and the Medicaid and NJ KidCare-Plan A fee-for-service days is the Medicare audited cost report including subsequent amendments for the year in which payment is being made.

Amended by R.1998 d.340, effective July 6, 1998.

See: 30 N.J.R. 1260(a), 30 N.J.R. 2486(b).

Inserted "and prior to July 6, 1998" following "1996,;" and inserted references to NJ KidCare-Plan A fee-for-service days throughout. Amended by R.2000 d.29, effective January 18, 2000.

See: 31 N.J.R. 3151(a), 32 N.J.R. 276(a).

Changed N.J.A.C. reference.

10:52-8.3 Establishment of GME and IME interim method of reimbursement

Effective for services provided on or after January 21, 1997, and prior to July 6, 1998, all teaching hospitals are required to submit, for the year in which payment shall be made, their estimated average intern and resident GME and IME FTE count and maintained beds by November 1 of the preceding year to the Division's settlement agent. The settlement agent shall review the submitted information for reasonableness and consistency and forward the information to the Division. Effective for services on or after October 1, 1996, and prior July 6, 1998, the Division shall calculate Medicaid's and NJ KidCare Plan A fee-for-service GME and IME payment based on the major teaching hospitals' submitted data and their Medicaid and NJ KidCare Plan A fee-for-service inpatient DRG payments (net of IME and GME) from their most current fiscal year Unisys settlement data report with 24 months of paid data. Once the fee-for-service GME and IME payment is calculated, it shall be distributed to all teaching hospitals in accordance with N.J.A.C. 10:52-8.2 utilizing the submitted FTE count and the Medicaid and NJ KidCare Plan A fee-for-service days from the teaching hospitals' most current fiscal year Unisys settlement data report with 24 months of paid data. The payment shall be made in equal monthly installments and reconciled in accordance with N.J.A.C. 10:52-8.4.

Amended by R.1998 d.340, effective July 6, 1998.
See: 30 N.J.R. 1260(a), 30 N.J.R. 2486(b).

Inserted "and prior to July 6, 1998" in the first and third sentences, and inserted references to NJ KidCare-Plan A fee-for-service throughout.

Amended by R.2000 d.29, effective January 18, 2000.
See: 31 N.J.R. 3151(a), 32 N.J.R. 276(a).

Substituted references to the Division's settlement agent for references to Blue Cross and Blue Shield of New Jersey and changed N.J.A.C. references throughout.

10:52-8.4 Establishment of GME and IME final method of reimbursement

Effective for services on or after October 1, 1996 and prior to July 6, 1998, the Medicaid and NJ KidCare-Plan A fee-for-service GME and IME final payment shall be calculated in accordance with N.J.A.C. 10:52-8.1 and distributed to all teaching hospitals in accordance with N.J.A.C. 10:52-8.2. A reconciliation of the final GME and IME distribution of payment to the interim GME and IME distribution of payment shall be made and additional disbursement or recoupment shall be made in accordance with N.J.A.C. 10:52-4.7(a)1 through 5.

Amended by R.1998 d.340, effective July 6, 1998.
See: 30 N.J.R. 1260(a), 30 N.J.R. 2486(b).

Inserted "and prior to July 6, 1998" and inserted a reference to NJ KidCare-Plan A fee-for-service in the first sentence.

Amended by R.2000 d.29, effective January 18, 2000.
See: 31 N.J.R. 3151(a), 32 N.J.R. 276(a).

Changed N.J.A.C. references throughout.

10:52-8.5 Hospital fee-for-service reimbursement for Graduate Medical Education (GME) effective on or after July 6, 1998

(a) Effective for payments on or after July 6, 1998, the GME payment shall be distributed in 12 monthly lump sum payments during the State Fiscal Year. The amount distributed shall be considered the final GME payment and shall not be reconciled. The GME payment shall not exceed the amount appropriated for GME each State Fiscal Year. This GME payment represents both direct GME and Indirect Medical Education (IME).

(b) The source of the data used to allocate the GME payment is the most recent Medicare submitted cost report with corresponding 24-month fee-for-service Medicaid and NJ KidCare-Plan A inpatient paid claims data as of February 1 prior to the year of distribution. GME resident full-time-equivalents and total hospital days shall come from the Medicare submitted cost report. The hospital-specific Medicaid and NJ KidCare-Plan A fee-for-service days shall come from the 24-month data fee-for-service Medicaid and NJ KidCare-Plan A inpatient paid claims data.

(c) The intern and resident full-time equivalents (FTEs) as reported on the Medicare submitted cost report may be audited by the Division of Medical Assistance and Health Services or its agent prior to payment. An adjustment, if necessary, to the submitted intern and resident FTEs shall be made in accordance with the audit.

New Rule, R.1998 d.340, effective July 6, 1998.
See: 30 N.J.R. 1260(a), 30 N.J.R. 2486(b).

10:52-8.6 Distribution of Graduate Medical Education (GME) effective on or after July 6, 1998

(a) Effective for payments on or after July 6, 1998, the amount appropriated for GME shall be distributed to all eligible acute care teaching hospitals. An eligible acute care teaching hospital is defined as an acute care teaching hospital that has a combined Medicaid and NJ KidCare-Plan A fee-for-service utilization at or above the median of all New Jersey acute care hospitals. The Medicaid and NJ KidCare-Plan A fee-for-service utilization is calculated using the hospital-specific Medicaid and NJ KidCare-Plan A fee-for-service days divided by the hospital-specific total days.

(b) The distribution of the GME payment to eligible acute care teaching hospitals is based on the hospital-specific percentage of total weighted GME FTEs, where weighted GME FTEs equals the hospital-specific GME FTEs times the hospital-specific Medicaid and NJ KidCare-Plan A fee-for-service days divided by the total Medicaid and NJ KidCare-Plan A hospital fee-for-service days for all eligible hospitals.

1. The combined GME and Hospital Relief Subsidy Fund (HRSF) for each eligible acute care teaching hospital which receives a direct State appropriation shall be contained at its calendar year 1997 HRSF plus its calendar year 1997 interim GME/IME payment. The balance shall be distributed proportionately to the remaining qualifying GME hospitals.

New Rule, R.1998 d.340, effective July 6, 1998.
See: 30 N.J.R. 1260(a), 30 N.J.R. 2486(b).

SUBCHAPTER 9. REVIEW AND APPEAL OF RATES

10:52-9.1 Review and appeal of rates

(a) All hospitals, within 15 working days of receipt of the Proposed Schedule of Rates shall notify the Division of any calculation errors in the rate schedule. If upon review it is determined by the Division that the error is of substantial value, a revised rate will be issued to the hospital within 10 working days. If the discrepancy is determined to be substantial and a revised Schedule of Rates is not issued by the Division within 10 working days, notification time frames above will not become effective until the hospital receives a revised Schedule of Rates.

(b) Any hospital which seeks an adjustment to its rates shall agree to an operational review at the discretion of the Department of Human Services.

1. A request for a rate review must be submitted by a hospital in writing to the Department of Human Services, Division of Medical Assistance and Health Services, Office of Reimbursement Services, PO Box 712, Mail Code #49, Trenton, New Jersey 08625-0712 within 20 calendar days after publication of the rates by the Department of Human Services (DHS).

i. A hospital shall identify its rate review issues and submit supporting documentation in writing to the Division within 80 calendar days after publication of the rates by the DHS.

2. The Division will not approve an increase in a hospital's rates unless the hospital demonstrates that it would sustain a marginal loss in providing inpatient services to Medicaid and NJ KidCare Plan A fee-for-service beneficiaries at the rates under appeal even if it were an economically and efficiently operated hospital. Marginal loss is the amount by which a hospital's rate year's Medicaid and NJ KidCare Plan A fee-for-service reimbursement for inpatient services is expected to fall short of the incremental costs, defined as the variable or additional out of pocket costs, that the hospital expects to incur providing inpatient hospital services to Medicaid and NJ KidCare Plan A fee-for-service patients during the rate year. These incremental costs are over and above the inpatient costs the hospitals would expect to incur during the rate year even if it did not provide service to Medicaid and NJ KidCare Plan A fee-for-service patients. Any hospital seeking a rate increase must demonstrate the cost it must incur in providing services to Medicaid and NJ KidCare Plan A fee-for-service beneficiaries and the extent to which it has taken all reasonable steps to contain or reduce the costs of providing inpatient hospital services. The hospital may be required at a minimum to

submit to the Department of Human Services, the following information:

- i. Operational reviews;
- ii. Efficiency studies and reports identifying opportunities for cost savings;
- iii. Minutes of the meeting of the hospital's board of directors and board's finance committee;
- iv. Reports of the Joint Commission on the Accreditation of Health Care Organizations;
- v. Management letters;
- vi. The hospital's strategic plans, long range plans, facilities plans and marketing plans;
- vii. The hospital's annual report;
- viii. Any analyses of the hospital's marginal cost in providing services to Medicaid and NJ KidCare-Plan A fee-for-service or other categories of patients;
- ix. Cost accounting documentation or reports pertaining to the hospital's cost incurred in treating Medicaid and NJ KidCare-Plan A fee-for-service beneficiaries or the comparative cost of treating Medicaid and NJ KidCare-Plan A fee-for-service and other patients;
- x. A copy of the hospital's most recent Medicare cost report with all supporting schedules;
- xi. Contracts with other payors providing for negotiated rates or discounts from billed charges; and
- xii. Evidence that the appealed rates jeopardize the long term financial viability of the hospital (that is, that the hospital is sustaining a marginal loss in treating Medicaid and NJ KidCare-Plan A fee-for-service beneficiaries) and that the hospital is necessary to provide access to care for Medicaid and NJ KidCare-Plan A fee-for-service beneficiaries.

(c) The Division shall review the documentation and determine if an adjustment is warranted.

(d) The Division shall issue a written determination with an explanation as to each request for a rate adjustment. If a hospital is not satisfied with the Division's determination, the hospital may request an administrative hearing pursuant to N.J.A.C. 10:49-10. If a hospital elects to request an administrative hearing, the request must be made within 20 calendar days from the date the Division's determination was received by the hospital. The Administrative Law Judge will review the reasonableness of the Division's reason for denying the requested rate adjustment based on the documentation that was presented to the Division. Additional evidence and documentation shall not be considered. The Director of the Division of Medical Assistance and Health Services shall thereafter issue the final agency decision either adopting, modifying or rejecting the Administrative Law Judge's initial Office of Administrative Law decision. Thereafter, review may be had in the Appellate Division.

Amended by R.1995 d.141, effective March 6, 1995.
See: 27 N.J.R. 34(a), 27 N.J.R. 908(a).
Amended by R.1997 d.43, effective January 21, 1997.
See: 28 N.J.R. 4022(a), 29 N.J.R. 350(b).

Added (b)2, inserted provisions defining marginal loss and incremental costs; and in (d), inserted provision providing time period for an administrative hearing request.

Amended by R.1997 d.541 effective December 15, 1997 (operative January 1, 1998).

See: 29 N.J.R. 3227(a), 29 N.J.R. 5325(a).

Amended by R.2000 d.29, effective January 18, 2000.

See: 31 N.J.R. 3151(a), 32 N.J.R. 276(a).

In (b), substituted a reference to the Office of Reimbursement Services for a reference to the Office of Budget, Fiscal Affairs and Information Systems in 1, and substituted references to beneficiaries for references to recipients and inserted references to NJ KidCare Plan—A fee-for-service throughout 2.

Case Notes

Existence of state's administrative process did not preempt hospital association's action to enjoin state from using its revised rate setting methodology for general inpatient hospital services. *New Jersey Hosp. Ass'n v. Waldman*, C.A.3 (N.J.)1995, 73 F.3d 509.

Regulations promulgated by state department of human services regarding hospital rates for Medicaid patients were valid where they allowed hospitals to challenge impact of designation of labor market areas as part of rate adjudication process. *Matter of Adoption of N.J.A.C. 10:52-5.14(d)2 and 3*, 276 N.J.Super. 568, 648 A.2d 509 (A.D.1994), certification denied 142 N.J. 448, 663 A.2d 1355.

Denial of Medicaid rates review upheld due to hospital's failure to submit sufficient information. In re: *St. Mary's Hospital (Hoboken) 1995 Medicaid Rates*, 97 N.J.A.R.2d (DMA) 65.

Denial of Medicaid rates review upheld due to hospital's failure to submit sufficient information. In re *Palisades General Hospital, 1995 Medicaid Rates*, 97 N.J.A.R.2d (DMA) 61.

Denial of Medicaid rates review upheld due to hospital's failure to submit sufficient information. In re *Hackettstown Community Hospital's 1995 Medicaid Rates*, 97 N.J.A.R.2d (DMA) 57.

Adjustment letter insufficient notice of Medicaid rate change reversed. In the *Matter of Cathedral Healthcare System, Inc., 1994 Medicaid Rates*, 97 N.J.A.R.2d (DMA) 54.

Hospital's challenge to proposed schedule of Medicaid reimbursement rate untimely if filed six months later. *Saint Peter's Medical Center v. Division of Medical Assistance and Health Services*, 97 N.J.A.R.2d (DMA) 51.

Hospital's rate request will be denied if it fails to show loss attributable to rendering Medicaid services while running efficient and economically-operated facility. *Newcomb Medical Center v. Division of Medical Assistance and Health Services*, 97 N.J.A.R.2d (DMA) 46.

Denial of Medicaid rates appeal upheld due to hospital's failure to submit sufficient information. In *Re Cathedral Healthcare System, Inc.*, 97 N.J.A.R.2d (DMA) 27.

SUBCHAPTER 10. HCFA COMMON PROCEDURE CODING SYSTEM (HCPCS) FOR HOSPITAL OUTPATIENT LABORATORY SERVICES

10:52-10.1 Introduction

(a) The New Jersey Medicaid and NJ KidCare fee-for-service program utilizes the Health Care Financing Administration's (HCFA) Common Procedure Coding System (HCPCS). HCPCS follows the American Medical Association's Physicians' Current Procedural Terminology architecture, employing a five position code and as many as two 2-position modifiers. Unlike the CPT numeric design, the HCFA assigned codes and modifiers contain alphabetic characters. HCPCS was developed as a three level coding system.

1. LEVEL I CODES (Narratives found in CPT)

These codes are adapted from CPT for utilization primarily by Physicians, Podiatrists, Optometrists, Certified Nurse Midwives, Certified Nurse Practitioners, Independent Clinics and Independent Laboratories. CPT is a listing of descriptive terms and numeric identifying codes and modifiers for reporting medical services and procedures performed by physicians.

Copyright restrictions make it impossible to print excerpts from CPT procedure narratives for Level I codes. Thus, in order to determine those narratives it is necessary to refer to CPT, which is incorporated herein by reference, as amended and supplemented.

2. LEVEL II CODES (Narratives found at N.J.A.C. 10:52-10.3)

These codes are assigned by HCFA for physicians and non-physician services which are not in CPT.

3. LEVEL III CODES (Narratives found at N.J.A.C. 10:52-10.3)

These codes are assigned by the Division to be used for those services not identified by CPT codes or HCFA assigned codes. Level III codes identify services unique to New Jersey.

(b) The responsibility of the provider when rendering specific services and requesting reimbursement is listed in both Subchapter 1 and Subchapter 2 of N.J.A.C. 10:52, Hospital Services.

(c) Regarding specific elements of HCPCS codes which requires attention of provider, the lists of HCPCS code numbers for Pathology and Laboratory are arranged in tabular form with specific information for a code identified under columns with titles such as: "IND," "HCPCS CODE," "MOD," "DESCRIPTION," and "MAXIMUM FEE ALLOWANCE." The information identified under each column is summarized below:

Column Title	Description
IND	(Indicator Qualifier) Lists alphabetic symbols used to refer provider to information concerning the New Jersey Medicaid and NJ KidCare fee-for-service program's qualifications and requirements when a procedure or service code is used.
	Explanation of indicators and qualifiers used in this column are identified below: "A" preceding any procedure code indicates that these tests can be and are frequently done as groups and combinations (profiles) on automated equipment.

Column Title	Description
HPCPCS CODE	Lists the HCPCS procedure code numbers.
MOD	Lists alphabetic and numeric symbols. Services and procedures may be modified under certain circumstances. When applicable, the modifying circumstance should be identified by the addition of alphabetic and/or numeric characters at the end of the code. The New Jersey Medicaid program's recognized modifier codes are listed at N.J.A.C. 10:52-10.5.
DESCRIPTION	Lists the code narrative. (Narratives for Level I codes are found in CPT. Narratives for Level II and Level III codes are found at N.J.A.C. 10:52-10.3.)
MAXIMUM FEE ALLOWANCE	Lists the New Jersey Medicaid and NJ KidCare fee-for-service program's maximum reimbursement schedule for Pathology and Laboratory services. If the symbols "S.C.C." (Subject Cost-to-Charge) are listed instead of a dollar amount, it means that service is subject to the cost-to-charge ratio. If the symbols "N.A." (Not Applicable) are listed instead of a dollar amount, it means that service is not reimbursable.

1. The fee listed under "Office Total Fee(s)" represents the combined technical and professional component of the reimbursement for the procedure code notwithstanding any statement to the contrary in the narrative. It will be paid only to one provider and will not be broken down into its component parts.

2. The fee schedule for all diagnostic Medical, Radiology and Pathology services performed in a hospital setting is indicated in the "Prof. Comp" and represents the professional component for those hospital based physicians whose contract is based on fee-for-service.

(d) Regarding alphabetic and numeric symbols under "IND" and "MOD", these symbols when listed under the "IND" and "MOD" columns are elements of the HCPCS coding system used as qualifiers or indicators (as in the "IND" column) and as modifiers (as in the "MOD" column). They assist the physician in determining the appropriate procedure codes to be used, the area to be covered, the minimum requirements needed, and any additional parameters required for reimbursement purposes.

1. These symbols and/or letters must not be ignored because in certain instances requirements are created in addition to the narrative which accompanies the CPT/HCPCS procedure code as written in CPT-4. The provider will then be liable for the additional requirements and not just the CPT/HCPCS procedure code narrative. These requirements must be fulfilled in order to receive reimbursement.

2. If there is no identifying symbol listed, the CPT/HCPCS code narrative prevails.

Amended by R.2000 d.29, effective January 18, 2000.
See: 31 N.J.R. 3151(a), 32 N.J.R. 276(a).

Inserted references to NJ KidCare fee-for-service and substituted references to CPT for references to CPT-4 throughout; in (a), inserted a reference to Certified Nurse Practitioners in 1, and changed N.J.A.C. reference in 3; and in (c), inserted a reference to NJ KidCare.

10:52-10.2 HCPCS Procedure Codes and Maximum Fee Allowance Schedule for Pathology/Laboratory

Ind	HCPCS Code	Mod	Maximum Fee Allowance	
			Office Total Fee	\$ Prof. Comp
N	36415		1.80	
N	80002		5.00	
N	80003		5.90	
N	80004		5.90	
N	80005		5.90	
N	80006		5.90	
N	80007		7.10	
N	80008		7.10	
N	80009		7.10	
N	80010		7.50	
N	80011		7.50	
N	80012		7.50	
N	80016		7.50	
N	80018		11.00	
N	80019		11.00	
N	80050		36.00	
N	80055		15.00	
N	80058		5.90	
N	80059		30.00	
N	80061		15.00	
N	80072		12.00	
N	80090		28.80	
N	80091		12.00	
N	80092		37.00	
	80100		5.20	
	80101		5.20	
	80102		15.00	
	80150		15.00	
	80152		15.00	
	80154		21.50	
	80156		20.00	
	80158		20.00	
	80160		15.00	
	80162		15.00	
	80164		10.00	
	80166		15.00	
	80168		24.50	
	80170		12.60	
	80172		1.80	
	80174		15.00	
	80176		18.00	
	80178		9.00	
	80182		12.00	
	80184		12.80	
	80185		19.00	
	80186		19.00	

Maximum Fee Allowance					Maximum Fee Allowance				
Ind	HCP	Mod	Office Total Fee	\$ Prof. Comp	Ind	HCP	Mod	Office Total Fee	\$ Prof. Comp
	80188		20.00			82157		29.00	
	80190		15.00			82160		38.00	
	80192		15.00			82163		21.00	
	80194		15.00			82164		20.00	
	80196		7.00			82172		20.00	
	80198		15.00			82175		7.20	
	80200		12.60			82180		3.60	
	80202		12.00			82190		S.C.C.	
	80299		10.80			82205		12.00	
	80400		34.00			82232		24.50	
	80402		96.00			82239		20.00	
	80406		98.00			82240		5.69	
	80408		130.00		A	82250		3.00	
	80410		127.00		A	82251		4.50	
	80412		S.C.C.			82252		2.50	
	80414		61.00			82270		1.20	
	80415		50.00			82273		3.70	
	80418		S.C.C.			82286		7.60	
	80420		74.00			82300		30.00	
	80422		45.00			82306		30.00	
	80424		33.00			82307		25.00	
	80426		130.00			82308		34.00	
	80428		60.00		A	82310		3.00	
	80430		73.00			82330		14.70	
	80432		125.00			82331		7.50	
	80434		100.00			82340		3.60	
	80435		95.00			82355		9.00	
	80436		75.00			82360		12.00	
	80438		50.00			82365		9.00	
	80439		100.00			82370		9.00	
	80440		60.00		A	82374		3.30	
	80500		9.00			82375		6.00	
	80502		13.00			82376		3.00	
	81000		1.20			82378		22.40	
	81002		1.00			82380		6.00	
	81003		1.50			82382		12.00	
	81005		1.00			82383		12.00	
	81007		3.82			82384		18.00	
	81015		.40			82387		24.00	
	81025		3.00			82390		6.00	
	81050		3.40			82397		21.00	
	82000		15.00			82415		18.50	
	82003		26.00		A	82435		3.00	
	82009		5.00			82436		3.00	
	82010		10.00			82438		3.00	
	82013		14.00			82441		8.92	
	82024		30.00		A	82465		3.00	
	82030		34.00			82480		4.50	
A	82040		1.80			82482		11.27	
	82042		4.30			82485		30.00	
	82043		4.30			82486		4.40	
	82044		1.00		N	82487		4.00	
	82055		4.50		N	82488		15.00	
	82075		8.80		N	82489		15.00	
	82085		13.75			82491		21.50	
	82088		40.00			82495		30.00	
	82101		16.30			82507		40.00	
	82103		7.80			82520		17.00	
	82104		7.80			82525		9.00	
	82105		10.20			82528		19.70	
	82106		10.20			82530		17.00	
	82108		38.00			82533		17.00	
	82128		12.90			82540		3.00	
	82130		25.00		A	82550		4.80	
	82131		24.00			82552		7.80	
	82135		20.00			82553		7.50	
	82140		6.00			82554		16.00	
	82143		4.20		A	82565		3.00	
	82145		12.00			82570		3.00	
A	82150		4.50			82575		4.50	
	82154		40.00			82585		6.30	

Maximum Fee Allowance					Maximum Fee Allowance				
Ind	HCPCS Code	Mod	Office Total Fee	\$ Prof. Comp	Ind	HCPCS Code	Mod	Office Total Fee	\$ Prof. Comp
	82595		1.50			83001		17.00	
	82600		27.50			83002		17.00	
	82607		15.00			83003		16.00	
	82608		15.00			83008		24.00	
	82615		11.50			83010		12.00	
	82626		37.00			83012		12.00	
	82627		33.00			83015		10.20	
	82633		43.50			83018		25.00	
	82634		39.00			83020		6.00	
	82638		18.00			83026		2.00	
	82646		25.30			83030		12.00	
	82649		31.00			83033		7.00	
	82651		33.00			83036		6.60	
	82652		55.00			83045		1.50	
	82654		13.60			83050		3.00	
	82664		13.60			83051		1.20	
	82666		22.00			83055		1.50	
	82668		17.50			83060		3.00	
	82670		25.00			83065		3.00	
	82671		41.00			83068		3.00	
	82672		25.00			83069		3.00	
	82677		28.00			83070		6.00	
	82679		25.00			83071		10.00	
	82690		25.00			83088		40.00	
	82693		12.50			83150		12.00	
	82696		22.00			83491		12.60	
	82705		.60			83497		6.00	
	82710		7.80			83498		30.50	
	82715		7.80			83499		30.50	
	82725		15.50			83500		34.00	
N	82728		16.00			83505		40.00	
	82735		24.00			83518		8.00	
	82742		29.50			83519		15.00	
	82746		10.50			83520		S.C.C.	
	82747		18.00			83525		12.00	
	82757		25.00			83527		22.00	
	82759		11.50			83528		20.00	
	82760		15.00		A	83540		4.50	
	82775		30.00		A	83550		7.20	
	82776		8.90			83570		6.00	
	82784		11.30			83582		6.00	
	82785		16.00			83586		7.50	
	82787		49.00			83593		6.00	
	82800		5.20			83605		15.00	
	82803		16.50		A	83615		4.20	
	82805		8.00			83625		9.00	
	82810		10.00			83632		16.00	
	82820		14.92			83633		6.30	
	82926		6.00			83634		14.00	
	82928		6.00		N	83655		9.00	
	82938		26.00			83661		10.50	
	82941		16.00			83662		5.00	
	82943		20.00			83670		2.10	
	82946		13.00			83690		4.50	
A	82947		3.00			83715		7.50	
	82948		1.50			83717		22.00	
	82950		3.00		A	83718		8.00	
	82951		5.00			83719		17.00	
	82952		1.00			83721		10.00	
	82953		10.00			83727		17.00	
	82955		6.00		A	83735		4.50	
	82960		7.00			83775		5.90	
	82962		2.60			83785		35.00	
	82963		26.50			83805		26.00	
	82965		6.30			83825		8.40	
	82975		22.00			83835		10.20	
A	82977		4.80			83840		4.50	
	82978		12.00			83857		12.00	
	82979		10.00			83858		22.00	
	82980		20.00			83864		13.00	
	82985		6.60			83866		15.00	

Maximum Fee Allowance					Maximum Fee Allowance				
Ind	HCPCS Code	Mod	Office Total Fee	\$ Prof. Comp	Ind	HCPCS Code	Mod	Office Total Fee	\$ Prof. Comp
	83872		3.20			84252		30.00	
	83873		25.00			84255		37.00	
	83874		12.00			84260		44.00	
	83883		S.C.C.			84270		25.00	
	83885		19.00			84275		16.00	
	83887		20.00			84285		28.80	
	83890		5.71		A	84295		3.90	
	83892		5.71			84300		3.90	
	83894		5.71			84305		16.00	
	83896		5.71			84307		16.00	
	83898		30.00			84311		7.50	
	83912		31.39			84315		3.00	
	83915		6.00			84375		29.00	
	83916		20.00			84392		7.00	
	83918		19.00			84402		38.00	
	83925		22.00			84403		32.00	
	83930		9.50			84425		32.00	
	83935		9.90			84430		3.60	
	83957		65.00			84432		13.00	
	83945		17.00			84436		6.00	
	83970		54.00			84437		6.00	
	83986		4.30			84439		10.00	
	83992		18.00			84442		12.00	
	84022		20.00			84443		24.00	
	84030		6.00			84445		27.80	
	84035		4.90			84446		19.00	
	84060		3.60			84449		30.00	
	84061		3.60		A	84450		3.00	
	84066		14.00		A	84460		3.00	
A	84075		3.60			84466		19.00	
	84078		3.60		A	84478		8.30	
	84080		3.60			84479		6.00	
N	84081		24.00			84480		15.00	
	84085		7.90			84481		15.00	
	84087		15.00			84482		15.00	
A	84100		3.00			84485		3.30	
	84105		3.00			84488		3.30	
	84106		1.80			84490		3.30	
	84110		7.50			84510		12.70	
	84119		3.00		A	84520		3.00	
	84120		7.50			84525		3.00	
	84126		37.00			84540		3.00	
	84127		15.00			84545		6.00	
A	84132		3.90		A	84550		3.00	
	84133		3.90			84560		3.00	
	84134		20.00			84577		6.00	
	84135		12.00			84578		.40	
	84138		12.00			84580		2.10	
	84140		50.00			84583		2.10	
	84143		60.00			84585		12.00	
	84144		20.00			84586		50.00	
	84146		20.00			84588		49.50	
	84150		30.00			84590		6.00	
	84153		26.00			84597		20.00	
A	84155		1.80			84600		18.00	
	84160		1.80		N	84620		16.00	
	84165		6.00			84630		16.00	
	84181		25.00			84681		22.00	
	84182		26.00			84702		11.39	
N	84202		10.40			84703		3.00	
N	84203		3.00			84830		3.00	
	84206		19.00			84999		S.C.C.	
	84207		40.00			85002		1.20	
	84210		16.00		N	85007		2.40	
	84220		13.00			85008		1.20	
	84228		17.00			85009		1.20	
	84233		16.00			85013		1.50	
	84234		20.00		N	85014		1.50	
	84235		63.20		N	85018		1.20	
	84238		43.00		N	85021		1.80	
	84244		25.00		N	85022		3.00	

Maximum Fee Allowance				Maximum Fee Allowance					
Ind	HCPCS Code	Mod	Office Total Fee	\$ Prof. Comp	Ind	HCPCS Code	Mod	Office Total Fee	\$ Prof. Comp
N	85023		S.C.C.			85576		10.00	
N	85024			4.80		85585		1.00	
N	85025		S.C.C.		N	85590		3.00	
N	85027			4.80	N	85595		3.00	
	85029			2.75		85597		20.00	
	85030			3.25		85610		3.00	
	85031			3.00		85611		4.50	
N	85041			1.20		85612		13.00	
N	85044			3.00		85613		10.00	
	85045			4.00		85635		8.40	
N	85048			1.20		85651		1.50	
	85060		S.C.C.			85660		3.00	
	85095		S.C.C.			85670		6.60	
	85097		S.C.C.			85675		6.42	
	85102		S.C.C.			85705		7.90	
	85130		S.C.C.			85730		3.00	
	85170			.60		85732		3.00	
	85175			3.90		85810		15.00	
	85210			3.00		85999		S.C.C.	
	85220			25.00		86000		.90	
	85230			25.00		86003		20.00	
	85240			25.00		86005		5.00	
	85244			29.00		86021		9.00	
	85246			10.00		86022		9.00	
	85247			10.00		86023		15.00	
	85250			27.00		86038		7.80	
	85260			26.00		86039		15.00	
	85270			26.00		86060		3.60	
	85280			26.00		86063		1.20	
	85290			8.00		86077		S.C.C.	
	85291			7.00		86078		S.C.C.	
	85292			28.00		86079		S.C.C.	
	85293			28.00		86140		3.00	
	85300			15.00		86147		38.00	
	85301			16.00		86155		14.00	
	85302			17.00		86156		3.00	
	85303			18.00		86157		9.00	
	85305			17.00		86160		9.00	
	85306			18.00		86161		9.00	
	85335			10.00		86162		15.60	
	85337			10.00		86171		4.50	
	85345			1.80		86185		7.90	
	85347			3.00		86215		18.50	
	85348			1.20		86225		13.00	
	85360			12.00		86226		15.00	
	85362			3.00		86235		25.00	
	85366			8.00		86243		15.90	
	85370			5.00		86255		7.80	
	85378			5.00		86256		12.50	
	85379			5.00		86277		16.00	
	85384			9.60		86280		5.40	
	85385			9.60		86287		10.00	
	85390			7.00		86289		15.00	
	85400			9.00		86290		18.00	
	85410			9.00		86291		15.00	
	85415			10.00		86293		12.00	
	85420			9.00		86295		12.00	
	85421			15.00		86296		10.00	
	85441			6.00		86299		12.60	
	85445			5.00		86302		19.00	
	85460			9.40		86306		20.00	
	85475			10.00		86308		3.00	
	85520			19.00		86309		5.00	
	85525			17.00		86310		4.50	
	85530			16.00		86311		26.00	
	85535			3.00		86316		30.00	
	85540			8.90		86317		8.00	
	85547			10.50		86318		7.00	
	85549			28.00		86320		10.50	
	85555			4.80		86325		25.00	
	85557			4.80		86327		25.00	

Maximum Fee Allowance				Maximum Fee Allowance			
Ind	HCPCS Code	Mod	Office Total Fee \$ Prof. Comp	Ind	HCPCS Code	Mod	Office Total Fee \$ Prof. Comp
	86329		20.00		86703		21.00
	86331		4.50		86710		12.00
	86332		33.00		86713		20.00
	86334		31.20		86717		S.C.C.
	86337		13.71		86720		15.00
	86340		20.00		86723		15.00
	86341		25.00		86727		15.00
	86343		6.00		86729		12.00
	86344		10.86		86732		15.00
	86353		32.00	EACH MITOGEN	86735		15.00
	86359		40.00		86738		12.00
	86360		55.00		86741		12.00
	86376		6.60		86744		12.00
	86378		26.00		86747		12.00
	86382		20.00		86750		12.00
	86384		10.86		86753		12.00
	86403		8.00		86756		12.00
	86430		1.80		86759		12.00
	86431		4.50		86762		12.00
	86485		S.C.C.		86765		10.00
	86490		S.C.C.		86768		12.00
	86510		S.C.C.		86771		12.00
	86580		S.C.C.		86774		5.40
	86585		S.C.C.		86777		12.00
	86586		S.C.C.		86778		15.00
	86588		13.20		86781		12.00
	86590		8.00		86784		8.00
	86592		1.50		86787		12.60
	86593		3.00		86790		S.C.C.
	86602		10.00		86793		8.00
	86603		10.00		86800		13.00
	86606		10.00		86805		22.00
	86609		10.00		86806		22.00
	86612		10.00		86807		55.00
	86615		10.00		86808		39.00
	86618		25.00		86812		12.60
	86619		10.00		86813		19.00
	86622		8.00		86816		19.00
	86625		10.00		86817		19.00
	86628		10.00		86821		68.00
	86631		10.00		86822		50.00
	86632		15.00		86849		S.C.C.
	86635		10.00		86850		4.20
	86638		12.50		86860		4.20
	86641		12.50		86870		9.00
	86644		23.00		86880		5.00
	86645		12.00		86885		6.80
	86648		18.00		86886		5.00
	86651		12.00		86890		75.00
	86652		12.00		86891		75.00
	86653		12.00		86900		2.00
	86654		12.00		86901		2.00
	86658		12.00		86903		11.70
	86663		12.00		86904		11.70
	86664		23.00		86905		3.00
	86665		25.00		86906		2.00
	86668		12.00		86910		12.60
	86671		15.00		86911		5.00
	86674		S.C.C.		86915		67.50
	86677		12.00		86920		12.00
	86682		12.00		86921		12.00
	86684		15.00		86922		12.00
	86687		12.00		86940		9.50
	86688		13.00		86941		12.50
	86689		21.20		86945		S.C.C.
	86692		20.00		86950		S.C.C.
	86694		12.80		86965		S.C.C.
	86695		12.80		86970		S.C.C.
	86698		15.00		86971		S.C.C.
	86701		13.00		86972		S.C.C.
	86702		13.00		86975		S.C.C.

Maximum Fee Allowance					Maximum Fee Allowance				
Ind	HCPSC Code	Mod	Office Total Fee	\$ Prof. Comp	Ind	HCPSC Code	Mod	Office Total Fee	\$ Prof. Comp
	86976		S.C.C.			88108		S.C.C.	7.00
	86977		S.C.C.			88125		S.C.C.	
	86978		S.C.C.			88130		9.65	7.00
	86985		S.C.C.			88140		4.20	3.00
	86999		S.C.C.			88150		6.00	
	87001		9.00			88151		6.00	
	87003		15.00		N	88155		6.00	
	87015		5.10			88156		6.00	
N	87040		9.00			88157		6.00	
N	87045		9.00			88160		S.C.C.	
N	87060		9.00			88161		S.C.C.	7.00
N	87070		9.00			88162		S.C.C.	
	87072		6.00			88170		S.C.C.	
	87075		9.00			88171		S.C.C.	
	87076		6.00			88172		S.C.C.	
	87081		9.00			88173		S.C.C.	
	87082		4.00			88180		S.C.C.	
	87083		4.00			88182		300.00	
	87084		3.00			88199		S.C.C.	
	87085		4.00			88230		90.00	
	87086		6.00			88233		90.00	
	87087		2.70			88235		90.00	
	87088		2.70			88237		90.00	
	87101		8.00			88239		90.00	
	87102		8.00			88245		184.00	
	87103		8.00			88248		230.00	
	87106		8.00			88250		184.00	
	87109		14.00			88262		184.00	
	87110		15.00			88263		184.00	
	87116		6.00			88267		230.00	
	87117		9.00			88280		37.00	
	87118		12.00			88283		46.00	
	87140		3.00			88285		2.00	
	87143		3.00			88289		40.00	
	87145		3.00			88300		S.C.C.	7.00
	87147		3.00			88302		S.C.C.	15.00
	87151		3.00			88304		S.C.C.	19.00
	87155		3.00			88305		S.C.C.	30.00
	87158		3.00			88307		S.C.C.	44.00
	87163		12.00			88309		S.C.C.	66.00
	87164		6.00			88311		S.C.C.	
	87166		6.00			88312		S.C.C.	8.00
	87174		10.00			88313		S.C.C.	5.00
	87175		15.00			88314		S.C.C.	7.00
	87176		6.40			88318		S.C.C.	
	87177		5.10			88319		S.C.C.	
	87178		24.00			88321		S.C.C.	
	87179		24.00			88323		S.C.C.	
	87181		5.80			88325		S.C.C.	
N	87184		9.00			88329		S.C.C.	
	87186		13.00			88331		S.C.C.	41.00
	87187		13.00			88332		S.C.C.	
	87188		6.00			88342		S.C.C.	7.00
	87190		.60			88346		40.00	7.00
	87192		.60			88347		45.00	7.00
	87197		15.00		N	88348		184.00	151.00
	87205		4.20		N	88349		S.C.C.	151.00
	87206		4.20			88355		S.C.C.	31.50
	87207		3.00			88356		S.C.C.	31.50
	87208		5.10			88358		S.C.C.	31.50
	87210		2.40			88362		S.C.C.	31.50
	87211		5.10			88365		47.25	15.75
	87220		2.40			88371		S.C.C.	
	87230		27.00			88372		S.C.C.	
	87250		28.00			88399		S.C.C.	
	87252		29.50			89050		0.90	
	87253		6.00			89051		0.90	
	87999		S.C.C.			89060		8.50	
	88104		S.C.C.	7.00		89100		S.C.C.	
	88106		S.C.C.	7.00		89105		S.C.C.	
	88107		S.C.C.	7.00		89125		0.60	

Ind	HCPCS		Maximum Fee Allowance		Ind	HCPCS		Procedure Description	Maximum Fee Allowance
	Code	Mod	Total Fee	\$ Prof. Comp		Code	Mod		
	89130		S.C.C.					QUALIFIER: This service is reimbursable at a fixed rate or at the amount of the hospital charge (whichever is less) per specimen type, per patient encounter, regardless of the number of patient encounters per day.	
	89132		S.C.C.						
	89135		S.C.C.						
	89136		S.C.C.						
	89140		S.C.C.						
	89141		S.C.C.						
	89160		2.10						
	89190		2.20		Q0111			Wet mount, including preparations of vaginal, cervical or skin specimens	2.40
	89300		2.40						
	89310		4.80		Q0112			All potassium hydroxide (KOH) preparations	2.40
	89320		3.00						
	89325		13.00		Q0113			Pinworm examination	5.10
F	89329		31.00		Q0114			Fern test	9.60
F	89330		8.00		Q0115			Post-coital direct, qualitative examinations of vaginal or cervical mucous	12.33
	89350		S.C.C.						
	89355		S.C.C.		Q0116			Hemoglobin by single analyte instruments with self-contained or component features to perform specimen/reagent interaction, providing direct measurements and read-out	2.00
N	89360		S.C.C.					Glucose, serum (separate tube, grey top)	2.00
	89399		S.C.C.					QUALIFIER: Submitted on same claim, and performed on same date as chemistry profiles	
L	G0001		1.80		N W8200				
L	P9610		1.80						
L	P9615		1.80						
L	Q0111		2.40						
L	Q0112		2.40		W8260			Haldol (haloperidol) serum, confirmation test	33.00
L	Q0113		5.10						
L	Q0114		9.60		W8265			Serentil, serum mesoridazine, quantitative, confirmation test	33.00
L	Q0115		12.33						
L	Q0116		2.00		W8730			Gonozyme, Gonococcal antigen	11.00
LN	W8200		2.00						
L	W8260		33.00						
L	W8265		33.00						
L	W8730		11.00						
L	W8900		10.00						
L	W8920		1.80						
L	W8925		.60						

Amended by R.2000 d.29, effective January 18, 2000.

See: 31 N.J.R. 3151(a), 32 N.J.R. 276(a).

In the table, deleted a reference to home bound, nursing and SNF patients in P9610, and deleted W8900, W8920 and W8925.

10:52-10.4 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
- Albumin
- Alkaline Phosphatase
- (ALT, SGPT) Aspartate Aminotranferase

10:52-10.3 HCPCS Code Numbers, Procedure Description and Maximum Fee Schedule; Pathology/Laboratory (Codes and Narratives Not Found in CPT)

PATHOLOGY/LABORATORY

HCPCS Ind Code Mod	Procedure Description	Maximum Fee Allowance
G0001	Routine Venipuncture QUALIFIER: This service is reimbursable at a fixed rate or at the amount of the hospital charge (whichever is less) per specimen type, per patient encounter, regardless of the number of patient encounters per day.	\$ 1.80
P9610	Catheterization for collection of (urine) specimen(s), single patient QUALIFIER: This service is reimbursable at a fixed rate or at the amount of the hospital charge (whichever is less) per specimen type, per patient encounter, regardless of the number of patient encounters per day.	1.80
P9615	Catheterization for collection of (urine) specimen(s), (multiple) patients	1.80