

CHAPTER 52

HOSPITAL SERVICES MANUAL

Authority

N.J.S.A. 30:4D-7 and 12.

Source and Effective Date

R.2000 d.29, effective December 21, 1999.
See: 31 N.J.R. 3151(a), 32 N.J.R. 276(a).

Executive Order No. 66(1978) Expiration Date

Chapter 52, Hospital Services Manual, expires on December 21, 2004.

Chapter Historical Note

Chapter 52, Manual for Hospital Services, was adopted as R.1971 d.30, effective March 5, 1971. See: 3 N.J.R. 24(b), 3 N.J.R. 62(c).

Subchapter 3, Teleprocessing Procedures, was adopted as R.1975 d.230, effective August 1, 1975. See: 7 N.J.R. 316(b), 7 N.J.R. 431(b).

Pursuant to Executive Order No. 66(1978), Subchapter 1, Coverage, was readopted as R.1984 d.47, effective February 9, 1984. See: 15 N.J.R. 2125(a), 16 N.J.R. 424(b).

Pursuant to Executive Order No. 66(1978), Subchapter 2, Admissions and Billing Procedures, was readopted as R.1985 d.56, effective January 28, 1985. See: 16 N.J.R. 3159(a), 17 N.J.R. 451(a).

Pursuant to Executive Order No. 66(1978), Chapter 52, Manual for Hospital Services, was readopted as R.1990 d.157, effective February 8, 1990. See: 21 N.J.R. 3911(a), 22 N.J.R. 799(b).

Subchapter 4, HCFA Common Procedure Coding System (HCPCS), was adopted as R.1992 d.327, effective August 17, 1992, operative September 1, 1992. See: 24 N.J.R. 917(a), 24 N.J.R. 2898(a).

Subchapter 5, Procedural and Methodological Regulations, Subchapter 6, Financial Reporting Principles and Concepts, Subchapter 7, Diagnosis Related Groups (DRG), Subchapter 8, Basis of Specific Payment for Disproportionate Share Hospitals, and Subchapter 9, Review and Appeal of Rates, were adopted as Emergency New Rules R.1993 d.154, effective March 11, 1993, to expire May 10, 1993. See: 25 N.J.R. 1582(a). The provisions of R.1993 d.154 were readopted as R.1993 d.263, effective May 10, 1993, with changes effective June 7, 1993. See: 25 N.J.R. 1582(a), 25 N.J.R. 2560(a).

Pursuant to Executive Order No. 66(1978), Chapter 52, Hospital Services Manual, was readopted as R.1995 d.123, effective February 3, 1995, and Subchapter 1, Coverage, Subchapter 2, Admission and Billing Procedures, Subchapter 3, Teleprocessing Procedures, and Subchapter 4, HCFA Common Procedure Coding System (HCPCS), were repealed, and Subchapter 1, General Provisions, Subchapter 2, Policies and Procedures Related to Specific Services, Subchapter 3, Healthstart—Maternity and Pediatric Services, Subchapter 4, Basis of Payment for Hospital Services, and Subchapter 11, HCFA Common Procedure Coding System (HCPCS) for Hospital Outpatient Laboratory Services, were adopted as new rules by R.1995 d.123, effective April 17, 1995. See: 26 N.J.R. 4551(a), 27 N.J.R. 1660(a).

Subchapter 10, Charity Care, was adopted as R.1995 d.258, effective May 15, 1995. See: 27 N.J.R. 656(a), 27 N.J.R. 1995(a).

Subchapter 12, Graduate Medical Education and Indirect Medical Education, was adopted as R.1997 d.43, effective January 21, 1997. See: 28 N.J.R. 4022(a), 29 N.J.R. 350(b).

Subchapter 10A, Charity Care Component of the Disproportionate Share Hospital Subsidies, was adopted as R.1997 d.520, effective January 5, 1998. See: 29 N.J.R. 1006(a), 30 N.J.R. 232(a).

Pursuant to Executive Order No. 66(1978), Chapter 52, Hospital Services Manual, was readopted as R.2000 d.29, effective December 21, 1999, and Subchapter 8, Basis of Specific Payment for Disproportionate Share Hospitals, was recodified as Subchapter 13, Eligibility for and Basis of Payment for Disproportionate Share Hospitals, Subchapter 10, Charity Care, was recodified as Subchapter 11, Charity Care, Subchapter 10A, Charity Care Component of the Disproportionate Share Hospital Subsidies, was recodified as Subchapter 12, Charity Care Component of the Disproportionate Share Hospital Subsidies, Subchapter 11, HCFA Common Procedure Coding System (HCPCS) for Hospital Outpatient Laboratory Services, was recodified as Subchapter 10, HCFA Common Procedure Coding System (HCPCS) for Hospital Outpatient Laboratory Services, and Subchapter 12, Graduate Medical Education and Indirect Medical Education, was recodified as Subchapter 8, Graduate Medical Education and Indirect Medical Education, by R.2000 d.29, effective January 18, 2000. See: Source and Effective Date. See, also, section annotations.

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APPENDIX. FISCAL AGENT BILLING SUPPLEMENT

SUBCHAPTER 1. GENERAL PROVISIONS

10:52-1.1 Purpose and scope

(a) This chapter outlines the policies and procedures of the Division for the provision of inpatient and outpatient (including emergency room) hospital services to Medicaid and NJ KidCare fee-for service beneficiaries. The hospitals that are included in these policies and procedures are general hospitals, special hospitals, rehabilitation hospitals and psychiatric hospitals, unless specifically indicated otherwise.

(b) Unless otherwise stated, the rules of this chapter apply to Medicaid and NJ KidCare—Plan A, B and C fee-for-service beneficiaries and to Medicaid and NJ KidCare—Plan A, B, C and D fee-for-service services which are not the responsibility of the managed care organization with which the beneficiary is enrolled. Hospital services which are to be provided by the beneficiary's selected managed care organization (MCO) are governed and administered by that MCO.

Petition for Rulemaking.

See: 27 N.J.R. 1818(b), 27 N.J.R. 2014(c).

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

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

In (a), substituted a reference to Medicaid and NJ KidCare fee-for service beneficiaries for a reference to Medicaid recipients, and substituted a reference to psychiatric hospitals for a reference to private psychiatric hospitals; and added (b).

10:52-1.2 Definitions

The following words and terms, when used in this chapter, shall have the following meanings, unless the context clearly indicates otherwise.

“Base year” means the year from which historical cost data are utilized to establish prospective reimbursement in the rate year.

“Bundled drug service” means a drug that is marketed or distributed by the manufacturer or distributor as a combined package which includes in the cost of the drug, the drug product and ancillary services, such as, but not limited to, case management and laboratory services.

“Current Cost Base” means the actual costs and revenue of the hospital as identified in the Financial Elements in the base reporting period for the purposes of rate setting.

“DHSS” means the State Department of Health and Senior Services.

“Diagnosis Related Groups (DRGs)” means a patient classification system in which cases are grouped by shared characteristics of principal diagnosis, secondary diagnosis, age, surgical procedure, and other complications, and consumption of a similar amount of resources.

“Division” means the New Jersey Division of Medical Assistance and Health Services within the New Jersey Department of Human Services.

“Early and Periodic Screening, Diagnosis and Treatment (EPSDT)” means a preventive and comprehensive health program for Medicaid and NJ KidCare-Plan A beneficiaries under 21 years of age or age 19 for NJ KidCare-Plan A for the purpose of assessing a beneficiary’s health needs through initial and periodic examinations, health education and guidance, and identification, diagnosis, and treatment of health problems.

“Entity,” as used in N.J.A.C. 10:52-1.2A, means an outpatient department not contiguous to a main inpatient hospital for which that hospital is attempting to seek recognition and reimbursement as an outpatient hospital service.

“Equalization Factor” means the factor that is calculated based on defined Labor Market Areas and multiplied by hospital costs to permit comparability between differing regional salary costs in setting Statewide standard costs per case.

“Financial Elements” means the reasonable cost of items approved as reimbursable under Medicaid (see N.J.A.C. 10:52-5.10).

“Grouper” means the logic that assigns cases into the appropriate Diagnosis Related Groups in accordance with the clinical and statistical information supplied.

“Hospital” means, pursuant to section 1861(e) of the Social Security Act (42 U.S.C. § 1395x(e)), an institution which is primarily engaged in providing the following services to inpatients, by or under the supervision of physicians:

1. Diagnostic services and therapeutic services for the prevention, medical diagnosis, treatment, and care of injured, disabled or sick persons, including obstetrical services and services to the normal newborn; or,
2. Rehabilitation services for the rehabilitation of injured, disabled, or sick persons; and
3. Maintains clinical records on all patients;
4. Has by-laws in effect with respect to its staff of physicians;
5. Requires every patient to be under the care of a physician;
6. Provides 24-hour nursing services rendered or supervised by a registered professional nurse, and has a registered professional nurse or licensed practical nurse on duty at all times;
7. Has in effect a hospital utilization review plan that meets the requirement of the law (Sec. 1861(K) of the Social Security Act); and has in place a discharge planning process that meets the requirements of the law (Sec. 1861(ee)) of the Social Security Act;
8. Is licensed as a hospital in the State of New Jersey, or licensed as a hospital by the appropriate agency under the laws of the respective state in which the hospital is located, or approved by the agency of the state or locality responsible for licensing hospitals meeting the standards established for such licensing;
9. Meets any other requirements that the U.S. Secretary of Health and Human Services finds necessary in the interest of health and safety of individuals who furnished services in the institution; and
10. For the purposes of N.J.A.C. 10:52-1.2A only, is where the main inpatient hospital services are located.

“Hospital (Approved General)” means an institution which is approved to participate as a provider in the Division if it:

1. Is licensed as a general hospital by the State of New Jersey, or licensed as a hospital by the appropriate agency under the laws of the respective state in which the hospital is located; (NOTE: When only a specific identifiable part of a multi-service institution is licensed, only the section licensed is considered a Medicaid/NJ KidCare provider);
2. Meets the requirements for participation and certification under Medicare (Title XVIII of the Social Security Act);

(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. "F" preceding any procedure code indicates that this code, when used primarily for the diagnosis and treatment of infertility, is not covered by the New Jersey Medicaid or NJ KidCare program. "L" preceding any procedure code indicates that the complete narrative for the code is located at N.J.A.C. 10:52-10.3. "N" preceding any procedure code indicates that qualifiers are applicable to that code. These qualifiers are listed by procedure code number at N.J.A.C. 10:52-10.4.
HCPCS 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	

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	80059		30.00			82009		5.00	
N	80061		15.00			82010		10.00	
N	80072		12.00			82013		14.00	
N	80090		28.80			82024		30.00	
N	80091		12.00			82030		34.00	
	80092		37.00		A	82040		1.80	
	80100		5.20			82042		4.30	
	80101		5.20			82043		4.30	
	80102		15.00			82044		1.00	
	80150		15.00			82055		4.50	
	80152		15.00			82075		8.80	
	80154		21.50			82085		13.75	
	80156		20.00			82088		40.00	
	80158		20.00			82101		16.30	
	80160		15.00			82103		7.80	
	80162		15.00			82104		7.80	
	80164		10.00			82105		10.20	
	80166		15.00			82106		10.20	
	80168		24.50			82108		38.00	
	80170		12.60			82128		12.90	
	80172		1.80			82130		25.00	
	80174		15.00			82131		24.00	
	80176		18.00			82135		20.00	
	80178		9.00			82140		6.00	
	80182		12.00			82143		4.20	
	80184		12.80			82145		12.00	
	80185		19.00		A	82150		4.50	
	80186		19.00			82154		40.00	
	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	

Maximum Fee Allowance					Maximum Fee Allowance				
Ind	HCPCS Code	Mod	Office Total Fee	\$ Prof. Comp	Ind	HCPCS Code	Mod	Office Total Fee	\$ Prof. Comp
	82436		3.00			82787		49.00	
	82438		3.00			82800		5.20	
	82441		8.92			82803		16.50	
A	82465		3.00			82805		8.00	
	82480		4.50			82810		10.00	
	82482		11.27			82820		14.92	
	82485		30.00			82926		6.00	
	82486		4.40			82928		6.00	
N	82487		4.00			82938		26.00	
N	82488		15.00			82941		16.00	
N	82489		15.00			82943		20.00	
	82491		21.50			82946		13.00	
	82495		30.00		A	82947		3.00	
	82507		40.00			82948		1.50	
	82520		17.00			82950		3.00	
	82525		9.00			82951		5.00	
	82528		19.70			82952		1.00	
	82530		17.00			82953		10.00	
	82533		17.00			82955		6.00	
	82540		3.00			82960		7.00	
A	82550		4.80			82962		2.60	
	82552		7.80			82963		26.50	
	82553		7.50			82965		6.30	
	82554		16.00			82975		22.00	
A	82565		3.00		A	82977		4.80	
	82570		3.00			82978		12.00	
	82575		4.50			82979		10.00	
	82585		6.30			82980		20.00	
	82595		1.50			82985		6.60	
	82600		27.50			83001		17.00	
	82607		15.00			83002		17.00	
	82608		15.00			83003		16.00	
	82615		11.50			83008		24.00	
	82626		37.00			83010		12.00	
	82627		33.00			83012		12.00	
	82633		43.50			83015		10.20	
	82634		39.00			83018		25.00	
	82638		18.00			83020		6.00	
	82646		25.30			83026		2.00	
	82649		31.00			83030		12.00	
	82651		33.00			83033		7.00	
	82652		55.00			83036		6.60	
	82654		13.60			83045		1.50	
	82664		13.60			83050		3.00	
	82666		22.00			83051		1.20	
	82668		17.50			83055		1.50	
	82670		25.00			83060		3.00	
	82671		41.00			83065		3.00	
	82672		25.00			83068		3.00	
	82677		28.00			83069		3.00	
	82679		25.00			83070		6.00	
	82690		25.00			83071		10.00	
	82693		12.50			83088		40.00	
	82696		22.00			83150		12.00	
	82705		.60			83491		12.60	
	82710		7.80			83497		6.00	
	82715		7.80			83498		30.50	
	82725		15.50			83499		30.50	
N	82728		16.00			83500		34.00	
	82731		71.20			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	

Maximum Fee Allowance					Maximum Fee Allowance				
Ind	HCPCS Code	Mod	Office Total Fee	\$ Prof. Comp	Ind	HCPCS Code	Mod	Office Total Fee	\$ Prof. Comp
	83593		6.00			84127		15.00	
	83605		15.00		A	84132		3.90	
A	83615		4.20			84133		3.90	
	83625		9.00			84134		20.00	
	83632		16.00			84135		12.00	
	83633		6.30			84138		12.00	
	83634		14.00			84140		50.00	
N	83655		9.00			84143		60.00	
	83661		10.50			84144		20.00	
	83662		5.00			84146		20.00	
	83670		2.10			84150		30.00	
	83690		4.50			84153		26.00	
	83715		7.50		A	84155		1.80	
	83717		22.00			84160		1.80	
A	83718		8.00			84165		6.00	
	83719		17.00			84181		25.00	
	83721		10.00			84182		26.00	
	83727		17.00		N	84202		10.40	
A	83735		4.50		N	84203		3.00	
	83775		5.90			84206		19.00	
	83785		35.00			84207		40.00	
	83805		26.00			84210		16.00	
	83825		8.40			84220		13.00	
	83835		10.20			84228		17.00	
	83840		4.50			84233		16.00	
	83857		12.00			84234		20.00	
	83858		22.00			84235		63.20	
	83864		13.00			84238		43.00	
	83866		15.00			84244		25.00	
	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	

Maximum Fee Allowance					Maximum Fee Allowance								
Ind	HCP	Code	Mod	Office	Total Fee	\$ Prof. Comp	Ind	HCP	Code	Mod	Office	Total Fee	\$ Prof. Comp
		84545			6.00				85347			3.00	
A		84550			3.00				85348			1.20	
		84560			3.00				85360			12.00	
		84577			6.00				85362			3.00	
		84578			.40				85366			8.00	
		84580			2.10				85370			5.00	
		84583			2.10				85378			5.00	
		84585			12.00				85379			5.00	
		84586			50.00				85384			9.60	
		84588			49.50				85385			9.60	
		84590			6.00				85390			7.00	
		84597			20.00				85400			9.00	
		84600			18.00				85410			9.00	
N		84620			16.00				85415			10.00	
		84630			16.00				85420			9.00	
		84681			22.00				85421			15.00	
		84702			11.39				85441			6.00	
		84703			3.00				85445			5.00	
		84830			3.00				85460			9.40	
		84999			S.C.C.				85475			10.00	
		85002			1.20				85520			19.00	
N		85007			2.40				85525			17.00	
		85008			1.20				85530			16.00	
		85009			1.20				85535			3.00	
		85013			1.50				85540			8.90	
N		85014			1.50				85547			10.50	
N		85018			1.20				85549			28.00	
N		85021			1.80				85555			4.80	
N		85022			3.00				85557			4.80	
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	

Maximum Fee Allowance					Maximum Fee Allowance				
Ind	HCPCS Code	Mod	Office Total Fee	\$ Prof. Comp	Ind	HCPCS Code	Mod	Office Total Fee	\$ Prof. Comp
	86215		18.50			86635		10.00	
	86225		13.00			86638		12.50	
	86226		15.00			86641		12.50	
	86235		25.00			86644		23.00	
	86243		15.90			86645		12.00	
	86255		7.80			86648		18.00	
	86256		12.50			86651		12.00	
	86277		16.00			86652		12.00	
	86280		5.40			86653		12.00	
	86287		10.00			86654		12.00	
	86289		15.00			86658		12.00	
	86290		18.00			86663		12.00	
	86291		15.00			86664		23.00	
	86293		12.00			86665		25.00	
	86295		12.00			86668		12.00	
	86296		10.00			86671		15.00	
	86299		12.60			86674		S.C.C.	
	86302		19.00			86677		12.00	
	86306		20.00			86682		12.00	
	86308		3.00			86684		15.00	
	86309		5.00			86687		12.00	
	86310		4.50			86688		13.00	
	86311		26.00			86689		21.20	
	86316		30.00			86692		20.00	
	86317		8.00			86694		12.80	
	86318		7.00			86695		12.80	
	86320		10.50			86698		15.00	
	86325		25.00			86701		13.00	
	86327		25.00			86702		13.00	
	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.	

Maximum Fee Allowance					Maximum Fee Allowance				
Ind	HCPCS Code	Mod	Office Total Fee	\$ Prof. Comp	Ind	HCPCS Code	Mod	Office Total Fee	\$ Prof. Comp
	86850		4.20			87174		10.00	
	86860		4.20			87175		15.00	
	86870		9.00			87176		6.40	
	86880		5.00			87177		5.10	
	86885		6.80			87178		24.00	
	86886		5.00			87179		24.00	
	86890		75.00			87181		5.80	
	86891		75.00		N	87184		9.00	
	86900		2.00			87186		13.00	
	86901		2.00			87187		13.00	
	86903		11.70			87188		6.00	
	86904		11.70			87190		.60	
	86905		3.00			87192		.60	
	86906		2.00			87197		15.00	
	86910		12.60			87205		4.20	
	86911		5.00			87206		4.20	
	86915		67.50			87207		3.00	
	86920		12.00			87208		5.10	
	86921		12.00			87210		2.40	
	86922		12.00			87211		5.10	
	86940		9.50			87220		2.40	
	86941		12.50			87230		27.00	
	86945		S.C.C.			87250		28.00	
	86950		S.C.C.			87252		29.50	
	86965		S.C.C.			87253		6.00	
	86970		S.C.C.			87999		S.C.C.	
	86971		S.C.C.			88104		S.C.C.	7.00
	86972		S.C.C.			88106		S.C.C.	7.00
	86975		S.C.C.			88107		S.C.C.	7.00
	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

Ind	HCPCS Code	Mod	Maximum Fee Allowance	
			Office Total Fee	\$ Prof. Comp
	88313		S.C.C.	5.00
	88314		S.C.C.	7.00
	88318		S.C.C.	
	88319		S.C.C.	
	88321		S.C.C.	
	88323		S.C.C.	
	88325		S.C.C.	
	88329		S.C.C.	
	88331		S.C.C.	41.00
	88332		S.C.C.	
	88342		S.C.C.	7.00
	88346		40.00	7.00
	88347		45.00	7.00
N	88348		184.00	151.00
N	88349		S.C.C.	151.00
	88355		S.C.C.	31.50
	88356		S.C.C.	31.50
	88358		S.C.C.	31.50
	88362		S.C.C.	31.50
	88365		47.25	15.75
	88371		S.C.C.	
	88372		S.C.C.	
	88399		S.C.C.	
	89050		0.90	
	89051		0.90	
	89060		8.50	
	89100		S.C.C.	
	89105		S.C.C.	
	89125		0.60	
	89130		S.C.C.	
	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	
	89300		2.40	
	89310		4.80	
	89320		3.00	
	89325		13.00	
F	89329		31.00	
F	89330		8.00	
	89350		S.C.C.	
	89355		S.C.C.	
N	89360		S.C.C.	
	89399		S.C.C.	
L	G0001		1.80	
L	P9610		1.80	
L	P9615		1.80	
L	Q0111		2.40	
L	Q0112		2.40	
L	Q0113		5.10	
L	Q0114		9.60	
L	Q0115		12.33	
L	Q0116		2.00	
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	

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

PATHOLOGY/LABORATORY			Maximum Fee Allowance
Ind	HCPCS Code Mod	Procedure Description	
	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 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
	Q0111	Wet mount, including preparations of vaginal, cervical or skin specimens	2.40
	Q0112	All potassium hydroxide (KOH) preparations	2.40
	Q0113	Pinworm examination	5.10
	Q0114	Fern test	9.60
	Q0115	Post-coital direct, qualitative examinations of vaginal or cervical mucous	12.33
	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	W8200	Glucose, serum (separate tube, grey top) QUALIFIER: Submitted on same claim, and performed on same date as chemistry profiles	2.00
	W8260	Haldol (haloperidol) serum, confirmation test	33.00
	W8265	Serentil, serum mesoridazine, quantitative, confirmation test	33.00
	W8730	Gonozyme, Gonococcal antigen	11.00

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

Amended by R.2002 d.323, effective October 7, 2002.
See: 34 N.J.R. 959(a), 34 N.J.R. 3524(a).
Added HCPCS Code 82731 and its corresponding Office Total Fee.

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