



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

NEWSLETTER

Volume 10 No. 11

February 2000

TO: Home Health Agencies - For Action
Health Maintenance Organizations - For Information Only

SUBJECT: Procedure Code Error

EFFECTIVE: Claims with service dates on or after January 1, 1999

PURPOSE: To notify home health agencies of a procedure code error in the Revised Home Health Agency Billing Instructions Newsletter dated January 1999 (Vol. 9 No 4).

BACKGROUND: The Division of Medical Assistance and Health Services (DMAHS) sent out a Newsletter in January, 1999 (Vol. 9 No.4), notifying Home Health Agencies of the change in the home health reimbursement methodology from a cost-based methodology to a prospective rate methodology. The Newsletter included the revised home health agency billing instructions and a listing of HCPCS codes which pertained to this change.

ACTION: On page 59-2-49 of the Medical Supplies Fee Schedule (10:59-2.3) Attachment, there is a procedure code error. Procedure code KOI64 has been discontinued. Providers should bill using procedure code A4628 for oropharyngeal suction catheters.

If you have any questions concerning this Newsletter, please contact the Chief, Pharmaceutical Services, at (609) 588-2724.

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