



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

NEWSLETTER

Volume 10 No. 37

May 2000

- TO:** Independent Clinics – **For Action**
Health Maintenance Organizations – **For Information Only**
- SUBJECT:** Updates to the HCFA Common Procedure Coding System (HCPCS) for Independent Clinics
- EFFECTIVE:** Additions Effective for Claims with Dates of Service on or After January 1, 2000

Deletions Effective for Claims with Dates of Service on or After July 1, 2000
- PURPOSE:** To notify Independent Clinics of additions and deletions to the 2000 HCPCS procedure codes; the corresponding reimbursement amounts for Medicaid and NJ KidCare fee-for-service covered services; and deletion of Level III HCPCS procedure codes for specified immunization services
- ACTION:** The Division of Medical Assistance and Health Services (DMAHS) has added new HCPCS procedure codes and their applicable maximum fee allowances to the Independent Clinic Services Manual. These procedure codes reflect services and maximum fee allowances which are reimbursable to providers by the New Jersey Medicaid and NJ KidCare fee-for-service programs. Providers should use these HCPCS procedure codes when submitting claims for processing.

Please note that the Level III procedure codes W9099 and W9099 52, related to the Hepatitis B vaccine for adults, are being deleted and replaced with new Level I procedure codes, 90746 and 90746 52 respectively, with no changes in the maximum fee allowance.

Attached to this Newsletter are additions and deletions to N.J.A.C. 10:66, the Independent Clinic Services Manual. Please retain this attachment to Subchapter 6 in your Independent Clinic Services Manual.

If there are any questions concerning this Newsletter, please contact the Office of Health Services Administration at (609) 588-2721.

**RETAIN THIS NEWSLETTER NUMERICALLY BEHIND THE NEWSLETTER TAB
(BLUE TAB MARKED "5")
Additions Effective for Claims With Dates of Service on or After January 1, 2000**

10:66-6.2 HCPCS procedure code numbers and maximum fee allowance schedule

<u>IND</u>	<u>HCPCS CODE</u>	<u>MOD</u>	<u>MAXIMUM FEE ALLOWANCE</u>
	90746		63.57
L	90746	52	2.50
	99173		5.00

Clarification of billing procedures for Hepatitis B vaccine for beneficiaries 19 years of age and older:

As of July 1, 2000, the Division will no longer be reimbursing for procedure codes W9099 and W9099 52 for the Hepatitis B vaccine. Providers are instructed to use the following procedure codes for this service. These codes have been activated as of January 1, 2000.

<u>HCPCS CODE</u>	<u>MOD</u>	<u>MAXIMUM FEE ALLOWANCE</u>
90746		\$63.57
90746	52	\$2.50