



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

# NEWSLETTER

Volume 12 No. 85

September 2002

**TO:** Certified Nurse Midwife Providers - **For Action**  
 HMOs - **For Information Only**

**SUBJECT:** Increase in Reimbursement for Certified Nurse Midwife Services

**EFFECTIVE:** For claims with service dates on or after **September 9, 2002**

**PURPOSE:** To notify Medicaid/NJ FamilyCare (NJFC) fee-for-service (FFS) providers of increases in reimbursement for selected services.

**BACKGROUND:** The Division of Medical Assistance and Health Services is pleased to announce that reimbursement for selected services listed below shall increase, effective September 9, 2002.

**ACTION:** For claims with service dates on or after September 9, 2002, the maximum fee allowance for the following HCPCS procedure codes shall increase as follows:

HCPCS CODE	MOD	MAXIMUM FEE ALLOWANCE
99201	WM	\$ 16.50
99202	WM	\$ 16.50
99203	WM	\$ 22.60
99204	WM	\$ 22.60
99212	WM	\$ 16.50
99213	WM	\$ 16.50
99214	WM	\$ 16.50
99215	WM	\$ 16.50
99221	WM	\$ 22.60
99231	WM	\$ 16.50
99232	WM	\$ 16.50
99341	WM	\$ 16.50
HCPCS CODE	MOD	MAXIMUM FEE ALLOWANCE

99342	WM	\$	16.50
99384	WM	\$	22.60
99385	WM	\$	22.60
99386	WM	\$	22.60
99387	WM	\$	22.60
99394	WM	\$	22.60
99395	WM	\$	22.60
99396	WM	\$	22.60
99397	WM	\$	22.60

If there are any questions regarding this Newsletter, please contact the Office of Utilization Management at (609) 588-2718.

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