



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

NEWSLETTER

Volume 13 No. 38

May 2003

TO: Certified Nurse Practitioners/Clinical Nurse Specialists - **For Action**
HMOs - **For Information Only**

SUBJECT: Updates to the Healthcare Common Procedure Coding System (HCPCS)

EFFECTIVE:

- 1. Additions:** Effective for Claims with Dates of Service on or after **January 1, 2003**
- 2. Deletions:** Effective for Claims with Dates of Service on or after **July 1, 2003**

PURPOSE: To notify Certified Nurse Practitioners/Clinical Nurse Specialists of additions and deletions to the 2003 Healthcare Common Procedure Coding System (HCPCS) eligible for reimbursement under the Medicaid/NJ FamilyCare fee-for-service program and the corresponding reimbursement amounts.

ACTION: The New Jersey Division of Medical Assistance and Health Services (DMAHS) has added new HCPCS procedure codes and their applicable maximum fee allowances. These procedure codes reflect Certified Nurse Practitioner/Clinical Nurse Specialist services and maximum fee allowances, which are reimbursable to providers by the New Jersey Medicaid/NJ FamilyCare fee-for-service programs. Providers should use these HCPCS procedure codes when submitting claims for processing.

Attachment to this Newsletter:

Additions and deletions to N.J.A.C. 10:58A-4.2, HCPCS procedure codes and maximum fee allowances for Certified Nurse Practitioner/Clinical Nurse Specialist services;

Certified Nurse Practitioners/Clinical Nurse Specialists, please add this attachment to Subchapter 4 (dated 09/18/95) to your manual (N.J.A.C. 10:58A).

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

**RETAIN THIS NEWSLETTER BEHIND THE NEWSLETTER TAB
(BLUE TAB MARKED "5")**

10:58A-4.2 HCPCS procedure codes and maximum fee allowance schedule

Additions, effective for claims with dates of services on or after January 1, 2003

<u>IND</u>	<u>HCPCS CODE</u>	<u>MOD</u>	<u>MAXIMUM FEE ALLOWANCE</u>
	36416	AV	1.80
	51701	AV	34.20
	51701	26 AV	9.50
	51702	AV	34.20
	51702	26 AV	9.50

Deletions, effective for claims with dates of service on or after July 1, 2003

<u>CODES DELETED</u>	<u>TO REPORT, USE CODE</u>
90745	90746 (For age 19 and over)
W9356	90471, 90472 (For VFC program only)