



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

NEWSLETTER

Volume 13 No. 55

July 2003

TO: Physicians, Certified Nurse Midwives, Certified Nurse Practitioners/Clinical Nurse Specialists, Independent Clinics, and Federally Qualified Health Centers– **For Action**
Health Maintenance Organizations – **For Information Only**

SUBJECT: **Supplemental Updates to the List of Approved Practitioner-Administered Drugs**

EFFECTIVE:

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

PURPOSE: The purpose of this Newsletter is to update the Medicaid fee allowances for approved practitioner-administered drugs, and also notify practitioners of additions and deletions of drugs approved for office, home or independent clinic administration.

BACKGROUND: In the past, the New Jersey Division of Medical Assistance and Health Services (DMAHS) published an updated list of approved practitioner-administered procedure codes, descriptions, and Medicaid and NJ FamilyCare fee-for-service maximum fee allowances. These fee allowances reflect the cost of common dosages of approved drugs, based on each drug's Average Wholesale Price (AWP) per unit. A unit represents the dosage indicated in the description for each drug listed.

ACTION: The New Jersey Division of Medical Assistance and Health Services (DMAHS) has added new HCPCS codes and applicable maximum fee allowances, effective for claims with dates of service on or after **July 1, 2003**, and also deleted certain HCPCS codes, effective for claims with dates of service on or after **August 1, 2003**. Finally, the Division has made changes in reimbursement effective for claims with dates of service on or after **January 1, 2003**.

These codes are reimbursable to Physicians, Certified Nurse Midwives, Certified Nurse Practitioners/Clinical Nurse Specialists, Independent Clinics and Federally Qualified Health Centers, as appropriate, based on their scope of practice, by the New Jersey Medicaid and NJ FamilyCare programs. Providers should use these HCPCS codes when submitting claims for processing.

NOTE: When billing for any codes listed in this attachment, enter the average wholesale price (AWP) or your acquisition cost, whichever is lower, in block 24F on the CMS (HCFA) 1500 claim form.

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

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

Additions; Effective for Claims with Dates of Service on or after July 1, 2003

HCPCS CODE	DESCRIPTION	MAXIMUM FEE ALLOWANCE
Q4053	NEULASTA PER 1 MG	491.67

Change in Reimbursement for Claims with Dates of Service on or after January 1, 2003

HCPCS CODE ALLOWANCE	DESCRIPTION	MAXIMUM FEE
J0150	INJECTION, ADENOSINE, 6 MG	39.75
J0300	INJECTION, AMOBARBITAL, UP TO 125	2.75
J0640	INJECTION, LEUCOVORIN CALCIUM, PER 50 MG	3.75
J0706	INJECTION, CAFFEINE CITRATE, 5MG	3.77
J1626	INJECTION, GRANISETRON HYDROCHLORIDE, 100 MCG	19.52
J1650	INJECTION, ENOXAPARIN SODIUM, 10 MG	5.82
J1835	INJECTION, ITRACONAZOLE, 50 MG	36.97
J2000	INJECTION, LIDOCAINE HCL, 50 CC	6.60
J2820	INJECTION, SARGRAMOSTIM (GM-CSF), 50 MCG	30.59
J9150	DAUNORUBICIN, 10 MG	80.66
S0023	INJECTION, CIMETIDINE HYDROCHLORIDE, 300 MG	2.60

Deletions; Effective for Claims with Dates of Service on or after August 1, 2003

CODE DELETED TO REPORT, USE CODE

C9119 Q4053