



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

NEWSLETTER

Volume 14 No. 27

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TO: Prosthetic and Orthotic Service Providers - **For Action**
 Health Maintenance Organizations - For Information Only

SUBJECT: Updates to the Local Procedure and Modifier Codes

EFFECTIVE: **Effective for claims with dates of service on or after April 1, 2004**

PURPOSE: To notify providers of **deletions of certain local procedure and modifier codes** for Medicaid and NJ FamilyCare fee-for-service covered services.

ACTION: Effective for claims with dates of service **on or after April 1, 2004**, the Division of Medical Assistance and Health Services will no longer accept certain New Jersey local procedure and modifier codes. Providers should use the following equivalent national procedure and modifier codes when submitting electronic and hard-copy claims for processing. Where there is "NO REPLACEMENT CODE" indicated, the local code has been deleted in its entirety.

| <u>CODES DELETED</u> | <u>TO REPORT, USE CODE</u> |
|----------------------|----------------------------|
| X3000 | NO REPLACEMENT CODE |
| X3001 | L5695 |
| X3002 | L5978 OR L5986 |
| X0003 | NO REPLACEMENT CODE |
| X3410 | L5690 OR L5684 |
| X3435 | L5650 |
| X3610 | NO REPLACEMENT CODE |
| X3620 | L2785 |
| X4000 | NO REPLACEMENT CODE |
| X4001 | NO REPLACEMENT CODE |
| X4002 | NO REPLACEMENT CODE |
| X4003 | L2270 |
| X4004 | L2755 |
| X4005 | L1960 |
| X4006 | L1960 |
| X4007 | L1906 |
| X4008 | L2755 |
| X4070 | L0972 |
| X4280 | L3580 |

