



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

MONTHLY NEWSLETTER

Volume 14 No. 53

October 2004

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For your convenience, please find attached a Telephone Directory for the Division’s Office of Utilization Management (OUM). OUM staff are available to discuss policy matters with providers. Providers are advised that staff in the Division’s Medical Assistance Customer Centers (MACCs) are also available to discuss access and/or quality of care concerns. Unisys, the State’s fiscal agent, may be contacted at 1-800-776-6334 to discuss problems providers may experience with claims processing.

Physician Services Manual (N.J.A.C. 10:54)
Certified Nurse Midwife Manual (N.J.A.C. 10:58)
Advanced Practice Nurse Manual (N.J.A.C. 10:58A)
Independent Clinical Laboratory Services Manual (N.J.A.C. 10:61)
Federally Qualified Health Center Services Manual (N.J.A.C. 10:66-4)

Supplemental Updates to the List of Approved Practitioner-Administered Drugs

- EFFECTIVE:**
1. **Additions: Effective for Claims with Dates of Service on or after January 1, 2004**
 2. **Deletions: Effective for Claims with Dates of Service on or after July 1, 2004**

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

ADDITIONS

<u>HCPCS CODE</u>	<u>DESCRIPTION</u>	<u>MAXIMUM FEE ALLOWANCE</u>
J0152	INJECTION, ADENOSINE, 30 MG	\$ 8.74
J0215	INJECTION, ALEFACEPT, 0.5 MG	\$ 46.67
J0583	INJECTION, BIVALIRUDIN, 1 MG	\$ 1.83
J1335	INJECTION, ERTAPENEM SODIUM, 500 MG	\$ 25.74
J2001	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	\$ 8.60
J2185	INJECTION, MEROPENEM, 100 MG	\$ 5.72
J2280	INJECTION, MOXIFLOXACIN, 100 MG	\$ 10.94
J2353	INJECTION, OCTREOTIDE, DEPOT FORM FOR INTRAMUSCULAR INJECTION, 1 MG	\$ 104.29
J2354	INJECTION, OCTREOTIDE, NON-DEPOT FORM FOR SUBCUTANEOUS OR INTRAVENOUS INJECTION, 25 MCG	\$ 5.17
J2505	INJECTION, PEGFILGRASTIM, 6 MG	\$ 2,950.00
J2783	INJECTION, RASBURICASE, 0.5 MG	\$ 129.13
J3411	INJECTION, THIAMINE HCL, 100 MG	\$ 1.18
J3415	INJECTION, PYRIDOXINE HCL, 100 MG	\$ 0.34
J3465	INJECTION, VORICONAZOLE, 10 MG	\$ 5.47
J3486	INJECTION, ZIPRASIDONE MESYLATE, 10 MG	\$ 23.93
J9098	CYTARABINE LIPOSOME, 10 MG	\$ 422.60
J9178	INJECTION, EPIRUBICIN HCL, 2 MG	\$ 31.22
J9263	INJECTION, OXALIPLATIN, 0.5 MG	\$ 9.94
J9395	INJECTION, FULVESTRANT, 25 MG	\$ 98.37
Q4055	INJECTION, EPOETIN ALFA, 1000 UNITS (FOR ESRD ON DIALYSIS)	\$ 13.36

DELETIONS

<u>CODE DELETED</u>	<u>TO REPORT, USE CODE</u>
C9116	J1335
C9119	J2505
C9120	J9395
J0151	J0152
J1910	NO REPLACEMENT CODE
J2000	J2001
J2352	J2353 OR J2354
J7625	NO REPLACEMENT CODE
J9180	J9178
Q4053	J2505
Q9920	NO REPLACEMENT CODE

Advanced Practice Nurse Manual (N.J.A.C. 10:58A):
HCPSC procedure codes for Advanced Practice Nurse services

EFFECTIVE: Deletions Effective for Claims with Dates of Service on or after April 1, 2004

DELETIONS

NOTE: Revisions to Newsletter Vol. 14 # 31 previously released in March 2004

<u>CODES DELETED</u>	<u>TO REPORT, USE CODE</u>
W9065 AV WT	99382 EP SA or 99392 EP SA (Early childhood age 1 through 2 years)
W9066 AV WT	99382 EP SA or 99392 EP SA (Early childhood age 1 through 2 years)
W9067 AV WT	99382 EP SA or 99392 EP SA (Early childhood age 1 through 2 years)
W9068 AV WT	99382 EP SA or 99392 EP SA (Early childhood age 1 through 2 years)
W9820 AV	99382 SA 52 THROUGH 99385 SA 52 or 99392 SA 52 THROUGH 99395 SA 52 (age 2 through 20 years)

EFFECTIVE: Deletions Effective for Claims with Dates of Service on or after July 1, 2004

DELETIONS

<u>CODES DELETED</u>	<u>TO REPORT, USE CODE</u>
H5025 SA	90853 SA

Hospital Services Manual (N.J.A.C. 10:52):

Updates to HCPCS procedure codes and maximum fee allowances for pathology/laboratory

ADDITIONS

<u>IND</u>	<u>HCPCS CODE</u>	<u>MOD</u>	<u>PROCEDURE DESCRIPTION</u>	<u>MAXIMUM FEE ALLOWANCE</u>
	G0306		Complete CBC, automated (HGB, HCT, RBC, WBC, without platelet count) and automated WBC differential count	5.00
	G0307		Complete CBC, automated (HGB, HCT, RBC, WBC, without platelet count)	4.80
	G0328		Colorectal cancer screening; fecal-occult blood test, immunoassay, 1-3 simultaneous determinations	7.00

DELETIONS

<u>CODES DELETED</u>	<u>TO REPORT, USE CODE</u>
89350	89220
89355	89225
89360	89230
89399	NO REPLACEMENT CODE
G0026	NO REPLACEMENT CODE
P9042	P9046
P9610	P9612

Updates to the Healthcare Common Procedure Coding System (HCPCS) and maximum fee allowances for pathology/laboratory

- EFFECTIVE:**
- (1) Additions Effective for Claims with Dates of Service on or after January 1, 2004
 - (2) Deletions Effective for Claims with Dates of Service on or after July 1, 2004

ADDITIONS

<u>IND</u>	<u>HCPCS CODE</u>	<u>MOD</u>	<u>MAXIMUM FEE ALLOWANCE</u>	
			<u>TOTAL FEE</u>	<u>\$ PROF. COMP.</u>
	84156		1.80	
	84157		1.80	
	85055		38.00	
	85396		18.00	
	87269		10.00	
	87329		12.00	
	87660		25.00	
	88112		18.00	
	88361		94.00	
	89220		8.00	
	89225		4.50	
	89230		9.00	

Change Effective for Claims with Dates of Service on or after July 1, 2004

<u>HCPCS CODE</u>	<u>OLD FEE</u>	<u>\$</u>	<u>NEW FEE</u>
86005	5.00		4.16

NOTE: Reimbursement was decreased based on CMS' recently established National Limitation Rate for Medicare payments.

Updates to HCPCS procedure codes for independent clinic services

Independent Clinic Services (N.J.A.C. 10:66)

Updates to HCPCS procedure codes for Family Planning Services

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

DELETIONS

NOTE: Revisions to Newsletter Vol. 14 # 19 previously released in March 2004

CODES DELETED

99395 WF
99395 WF 52

TO REPORT, USE CODE

99395 FP 22
99395 FP

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

DELETIONS

CODES DELETED

Q0116 FP

TO REPORT, USE CODE

NO REPLACEMENT CODE

Independent Clinic Services (N.J.A.C. 10:66)

Updates to HCPCS procedure codes for mental health clinics

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

DELETIONS

CODE DELETED

H5025 UC

TO REPORT, USE CODE

90853 UC (Limit of up to 8 patients per group)

Independent Clinic Services (N.J.A.C. 10:66)

Updates to HCPCS procedure codes for rehabilitation services

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

CODE DELETED

H5300

TO REPORT, USE CODE

97535

Independent Clinic Services (N.J.A.C. 10:66)

Updates to HCPCS procedure codes for EPSDT Services

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

DELETIONS

NOTE: Revisions to Newsletter Vol. 14 # 31 previously released in March 2004

<u>CODES DELETED</u>	<u>TO REPORT, USE CODE</u>
W9065 AV WT	99382 EP SA or 99392 EP SA (Early childhood age 1 through 2 years)
W9065 WT	99382 22 EP or 99392 22 EP (Early childhood age 1 through 2 years)
W9066 AV WT	99382 EP SA or 99392 EP SA (Early childhood age 1 through 2 years)
W9066 WT	99382 22 EP or 99392 22 EP (Early childhood age 1 through 2 years)
W9067 AV WT	99382 EP SA or 99392 EP SA (Early childhood age 1 through 2 years)
W9067 WT	99382 22 EP or 99392 22 EP (Early childhood age 1 through 2 years)
W9068 AV WT	99382 EP SA or 99392 EP SA (Early childhood age 1 through 2 years)
W9068 WT	99382 22 EP or 99392 22 EP (Early childhood age 1 through 2 years)
W9820	99382 EP THROUGH 99385 EP or 99392 EP THROUGH 99395 EP (age 2 through 20 years)
W9820 AV	99382 SA 52 THROUGH 99385 SA 52 or 99392 SA 52 THROUGH 99395 SA 52 (age 2 through 20 years)

Updates to HCPCS procedure codes and maximum fee allowances for independent clinical laboratory services

EFFECTIVE: (1) Additions Effective for Claims with Dates of Service on or after January 1, 2004

(2) Deletions Effective for Claims with Dates of Service on or after July 1, 2004

<u>IND</u>	<u>HCPCS CODE</u>	<u>MOD</u>	<u>DESCRIPTION</u>	<u>MAXIMUM FEE ALLOWANCE</u>
	84156			1.80
	84157			1.80
	85055			38.00
	85396			18.00
	87269			10.00
	87329			12.00
	87660			25.00
	88112			18.00
	88361			94.00
	89220			8.00
	89225			4.50
	89230			9.00
	G0306		Complete CBC, automated (HGB, HCT, RBC, WBC, without platelet count) and automated WBC differential count	5.00
	G0307		Complete CBC, automated (HGB, HCT, RBC, WBC, without platelet count)	4.80
	G0328	QW	Colorectal cancer screening; fecal-occult blood test, immunoassay, 1-3 simultaneous determinations	7.00
	G0328		Colorectal cancer screening; fecal-occult blood test, immunoassay, 1-3 simultaneous determinations	7.00

REIMBURSEMENT CHANGE
Effective July 1, 2004

<u>HCPGS CODE</u>	<u>OLD FEE</u>	<u>\$</u>	<u>NEW FEE</u>
86005	5.00		4.16

NOTE: Reimbursement was decreased based on CMS' recently established National Limitation Rate for Medicare payments.

DELETIONS

<u>CODES DELETED</u>	<u>TO REPORT, USE CODE</u>
89350	89220
89355	89225
89360	89230
89399	NO REPLACEMENT CODE
G0026	NO REPLACEMENT CODE
P9042	P9046
P9610	P9612
Q0016 FP	NO REPLACEMENT CODE
Q0068	36516

Updates to HCPCS procedure codes and maximum fee allowances for medical supply services

EFFECTIVE: Deletions Effective for Claims with Dates of Service on or after April 1, 2004

DELETIONS

NOTE: Revisions to Newsletter Vol. 14 # 17 previously released in March 2004

CODE DELETED TO REPORT, USE CODE

X4890	L3649 52
X4891	L3649 22

Pharmaceutical Services Manual (N.J.A.C. 10:51): Additions and Deletions; Medicaid and NJ FamilyCare Drug Rebate Programs “Manufacturers’ Labeler Code List (APPENDIX F); CMS Release # 129

ADDITIONS: The Manufacturers’ Labeler Codes listed below were **added** to the New Jersey Medicaid and the NJ FamilyCare fee-for-service programs as of the indicated effective date:

<u>MANUFACTURER</u>	<u>LABELER</u>	<u>EFFECTIVE DATE</u>
Morepen Max, Inc.	67836	Feb. 03, 2004
Primus Pharmaceuticals, Inc.	68040	Feb. 02, 2004
Praecis Pharmaceuticals, Incorporated	68158	Feb. 04, 2004
Alamo Pharmaceuticals, LLC	68322	Feb. 11, 2004
Corban Pharmaceuticals, LLC	68549	Jan. 07, 2004

DELETIONS: The Manufacturers’ Labeler Code listed below will be **deleted** from the New Jersey Medicaid and the NJ FamilyCare fee-for-service programs. Drugs manufactured by the manufacturer **will not be reimbursed** by Medicaid or NJ FamilyCare fee-for-service as of the indicated date:

<u>MANUFACTURER</u>	<u>LABELER</u>	<u>EFFECTIVE DATE</u>
Muro Pharmaceutical, Inc.	00451	July 01, 2004

NOTE: The Medicaid, PAAD and Senior Gold Prescription Discount programs **are not related**. Unlike Medicaid, the PAAD program and the Senior Gold Prescription Discount program cover only legend drugs, diabetic testing supplies and insulin. Medicaid, PAAD and Senior Gold program coverage of specific drug products may be different, based on drug-manufacturer participation in the Medicaid, PAAD and Senior Gold Drug Rebate programs.

Physician Services Manual (N.J.A.C. 10:54)

Updates to HCPCS procedure codes and maximum fee allowances for medicine

- EFFECTIVE:**
- (1) Additions Effective for Claims with Dates of Service on or after January 1, 2004
 - (2) Deletions Effective for Claims with Dates of Service on or after date indicated

NOTE:

“+” designates add-on codes.

“S” designates Second Opinion required.

“#” designates the amount payable when service is performed in a facility setting.

ADDITIONS

<u>IND</u>	<u>HCPCS CODE</u>	<u>MOD</u>	<u>FOLLOW UP DAYS</u>	<u>MAXIMUM FEE ALLOWANCE</u>	
				<u>SPECIALIST \$</u>	<u>NON-SPECIALIST</u>
	90473		0	5.00	5.00
	90473	SA	0	5.00	5.00
	90698				B.R.
	90715				B.R.
	90734				B.R.
	91110			815.00	793.00
	91110	TC			665.00
	91110	26		150.00	128.00
	95991			45.00	38.00

DELETIONS

(Effective April 1, 2004)

NOTE: Revisions to Newsletter Vol. 14 # 31 previously released in March 2004

CODES DELETED

TO REPORT, USE CODE

W9065 AV WT	99382 EP SA or 99392 EP SA (Early childhood age 1 through 2 years)
W9065 WT	99382 22 EP or 99392 22 EP (Early childhood age 1 through 2 years)
W9066 AV WT	99382 EP SA or 99392 EP SA (Early childhood age 1 through 2 years)
W9066 WT	99382 22 EP or 99392 22 EP (Early childhood age 1 through 2 years)
W9067 AV WT	99382 EP SA or 99392 EP SA (Early childhood age 1 through 2 years)
W9067 WT	99382 22 EP or 99392 22 EP (Early childhood age 1 through 2 years)

W9068 AV WT	99382 EP SA or 99392 EP SA (Early childhood age 1 through 2 years)
W9068 WT	99382 22 EP or 99392 22 EP (Early childhood age 1 through 2 years)
W9820	99382 EP THROUGH 99385 EP or 99392 EP THROUGH 99395 EP (age 2 through 20 years)
W9820 AV	99382 SA 52 THROUGH 99385 SA 52 or 99392 SA 52 THROUGH 99395 SA 52 (age 2 through 20 years)

DELETIONS
(Effective July 1, 2004)

<u>CODES DELETED</u>	<u>TO REPORT, USE CODE</u>
90659	90658
90741	NO REPLACEMENT CODE
90742	NO REPLACEMENT CODE
99025	NO REPLACEMENT CODE
H5025	90853 (Limit of up to 8 patients per group)
H5300	97535

<p><u>Physician Services Manual (N.J.A.C. 10:54)</u> <u>Updates to HCPCS procedure codes and maximum fee allowances for surgery</u></p>

ADDITIONS

<u>IND</u>	<u>HCPCS CODE</u>	<u>MOD</u>	<u>FOLLOW UP-DAYS</u>	<u>MAXIMUM FEE ALLOWANCE</u>		<u>ANES. BASIC UNITS</u>
				<u>SPECIALIST</u>	<u>\$ NON-SPECIALIST</u>	
	20982			750.00	637.00	
#	20982	26		200.00	170.00	
	21685		90	228.00	194.00	12
	22532		90	1,003.00	853.00	10
	22533		90	859.00	730.00	8
+	22534		0	218.00	185.00	0
+	31632			30.00	26.00	
# +	31632	26		30.00	26.00	
+	31633			37.00	31.00	
	34805		90	650.00	552.00	10
	35510		90	765.00	650.00	10
	35512		90	648.00	551.00	8
	35522		90	678.00	577.00	8
	35525		90	633.00	538.00	8
+	35697			69.00	59.00	
	36555		0	172.00	146.00	4
#	36555	26	0	56.00	48.00	4
	36556		0	160.00	136.00	4
#	36556	26	0	52.00	44.00	4

	36557		10	399.00	339.00	4
#	36557	26	10	195.00	166.00	4
	36558		10	385.00	327.00	4
#	36558	26	10	154.00	131.00	4
	36560		10	675.00	574.00	4
#	36560	26	10	175.00	149.00	4
	36561		10	655.00	557.00	4
#	36561	26	10	164.00	139.00	4
	36563		10	1,025.00	871.00	4
#	36563	26	10	215.00	183.00	4
	36565		10	655.00	557.00	4
#	36565	26	10	164.00	139.00	4
	36566		10	715.00	607.00	4
#	36566	26	10	236.00	201.00	4
	36568		0	132.00	113.00	4
#	36568	26	0	53.00	45.00	4
	36569		0	119.00	101.00	4
#	36569	26	0	31.00	26.00	4
	36570		10	595.00	506.00	4
#	36570	26	10	149.00	127.00	4
	36571		10	595.00	506.00	4
#	36571	26	10	149.00	127.00	4
	36575		0	99.00	84.00	4
#	36575	26	0	31.00	26.00	4
	36576		10	377.00	321.00	4
#	36576	26	10	177.00	151.00	4
	36578		10	436.00	371.00	4
#	36578	26	10	183.00	156.00	4
	36580		0	139.00	118.00	4
#	36580	26	0	50.00	43.00	4
	36581		10	417.00	354.00	4
#	36581	26	10	138.00	117.00	4
	36582		10	595.00	506.00	4
#	36582	26	10	149.00	127.00	4
	36583		10	595.00	506.00	4
#	36583	26	10	149.00	127.00	4
	36584		0	139.00	118.00	4
#	36584	26	0	50.00	43.00	4
	36585		10	1,025.00	871.00	4
#	36585	26	10	174.00	148.00	4
	36589		10	131.00	114.00	4
#	36589	26	10	107.00	91.00	4
	36590		10	206.00	174.00	4
#	36590	26	10	168.00	144.00	4
	36595		0	377.00	321.00	4
#	36595	26	0	168.00	144.00	4
	36596		0	99.00	84.00	4
#	36596	26	0	31.00	26.00	4

	36597		0	131.00	114.00	4
#	36597	26	0	41.00	35.00	4
	36838		90	715.00	607.00	6
	37765		90	344.00	292.00	3
	37766		90	424.00	360.00	3
	43237		0	140.00	119.00	5
	43238		0	173.00	147.00	5
	47140		90	945.00	803.00	13
	47141		90	1,155.00	982.00	13
	47142		90	1,270.00	1,080.00	13
	53500		90	302.00	263.00	3
	57425		90	477.00	405.00	6
	59070		0	141.00	120.00	6
#	59070	26	0	104.00	88.00	6
	59072		0	167.00	142.00	6
	59074		0	134.00	114.00	6
#	59074	26	0	104.00	88.00	6
	59076		0	167.00	142.00	6
	59897			BR	BR	7
	61537		90	713.00	607.00	11
	61540		90	783.00	666.00	11
	61566		90	743.00	631.00	11
	61567		90	906.00	770.00	11
	61863		90	428.00	364.00	11
+	61864			105.00	91.00	11
	61867		90	708.00	602.00	11
+	61868			302.00	257.00	
	63101		90	855.00	727.00	13
	63102		90	855.00	727.00	13
+	63103			120.00	102.00	
	64449		10	76.00	65.00	3
	64517			90.00	77.00	3
#	64517	26		56.00	47.00	3
	64681		10	211.00	184.00	3
#	64681	26	10	95.00	81.00	3
	65780		90	350.00	298.00	5
	65781		90	535.00	455.00	5
	65782		90	462.00	393.00	5
	67912		90	484.00	411.00	5
#	67912	26	90	387.00	329.00	5
	68371		10	148.00	126.00	5

DELETIONS
(Effective July 1, 2004)

CODES DELETED

(36488–36491)

36493

36530

36531

36532

36533

36534

36535

36536

36537

47134

61862

TO REPORT, USE CODE

36555, 36556, 36568, 36569, 36580, 36584

36597

36563

36575, 36576, 36578, 36581, 36582, 36584, 36585

36590

(36557–36561), 36565, 36566, 36570, 36571

(36575–36578), (36581–36583), 36585

36589

36595

36596

47140

61867, 61868

Physician Services Manual (N.J.A.C. 10:54)**Updates to HCPCS procedure codes and maximum fee allowances for radiology/ultrasound****ADDITIONS**

<u>IND</u>	<u>HCPCS CODE</u>	<u>MOD</u>	<u>MAXIMUM FEE ALLOWANCE</u>	<u>ANES. BASIC UNITS</u>
	70557	26	62.00	7
	70558	26	68.00	7
	70559	26	68.00	7
+	75998		54.00	
+	75998	TC	39.00	
+	75998	26	15.00	
+	76082		15.00	
+	76082	TC	11.00	
+	76082	26	4.00	
+	76083		15.00	
+	76083	TC	11.00	
+	76083	26	4.00	
	76514		11.00	
	76514	TC	3.00	
	76514	26	8.00	
+	76937		29.00	
+	76937	TC	15.00	
+	76937	26	14.00	
	76940		145.00	

76940	TC	56.00
76940	26	89.00
78804		172.00
78804	TC	130.00
78804	26	42.00
79403		217.00
79403	TC	125.00
79403	26	92.00

NOTE:

“+” designates add-on codes.

DELETIONS

(Effective July 1, 2004)

<u>CODES DELETED</u>	<u>TO REPORT, USE CODE</u>
G0236	76082
76085	76082, 76083
76490	76940

REIMBURSEMENT CHANGE

Effective July 1, 2004

<u>HCPCS CODE</u>	<u>OLD FEE</u>	<u>\$</u>	<u>NEW FEE</u>
78608	BR		1,080.00
78608TC	BR		896.00
7860826	BR		184.00
78810	BR		1,080.00
78810TC	BR		896.00
7881026	BR		184.00

Physician Services Manual (N.J.A.C. 10:54)

Updates to HCPCS procedure codes and maximum fee allowances for pathology/laboratory

ADDITIONS

<u>IND</u>	<u>HCPCS CODE</u>	<u>MOD</u>	<u>DESCRIPTION</u>	<u>MAXIMUM FEE ALLOWANCE</u>
	84156			1.80
	84157			1.80
	85055			38.00
	85396			18.00
	87269			10.00
	87329			12.00
	87660			25.00
	88112			18.00
	88361			94.00
	89220			8.00
	89225			4.50
	89230			9.00
	86005			
	G0306		Complete CBC, automated (HGB, HCT, RBC, WBC, without platelet count) and automated WBC differential count	5.00
	G0307		Complete CBC, automated (HGB, HCT, RBC, WBC, without platelet count)	4.80
	G0328	QW	Colorectal cancer screening; fecal-occult blood test, immunoassay, 1-3 simultaneous determinations	7.00
	G0328		Colorectal cancer screening; fecal-occult blood test, immunoassay, 1-3 simultaneous determinations	7.00

Change Effective for Claims with Dates of Service on or after July 1, 2004

<u>HCPCS CODE</u>	<u>OLD FEE</u>	<u>\$</u>	<u>NEW FEE</u>
86005	5.00		4.16

NOTE: Reimbursement was decreased based on CMS' recently established National Limitation Rate for Medicare payments.

DELETIONS
(Effective July 1, 2004)

<u>CODES DELETED</u>	<u>TO REPORT, USE CODE</u>
89350	89220
89355	89225
89360	89230
89399	NO REPLACEMENT CODE
G0026	NO REPLACEMENT CODE
P9042	P9046
P9610	P9612
Q0068	36516

<p><u>Physician Services Manual (N.J.A.C. 10:54)</u> <u>Exemptions to multiple surgical pricing methodology</u></p>
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Effective for claims with dates of service on or after January 1, 2004, the following codes are designated as add-on codes. These add-on codes are always performed in addition to the primary procedure only, by the same physician. All add-on codes listed below are **exempt** from the multiple surgical pricing methodology (see N.J.A.C. 10:54-4.16).

HCPCS Procedure Code	HCPCS Procedure Code	HCPCS Procedure Code
22534	31632	31632 26
31633	35697	61864
61868	63103	75998
75998 TC	75998 26	76082
76082 TC	76082 26	76083
76083 TC	76083 26	76937
76937 TC	76937 26	

Podiatry Services Manual (N.J.A.C. 10:57):

Updates to HCPCS procedure codes and maximum fee allowances for podiatric services

EFFECTIVE: **(1) Additions Effective for Claims with Dates of Service on or after January 1, 2004**
(2) Deletions Effective for Claims with Dates of Service on or after July 1, 2004

ADDITIONS

<u>HCPCS CODE</u>	<u>DESCRIPTION</u>	<u>MAXIMUM FEE ALLOWANCE</u> \$
L1907	AFO, SUPRAMALLEOLAR WITH STRAPS, WITH OR WITHOUT INTERFACE/PADS, CUSTOM FABRICATED	353.71
L1951	ANKLE FOOT ORTHOSIS, SPIRAL, (INSTITUTE OF REHABILITATIVE MEDICINE TYPE), PLASTIC OR OTHER MATERIAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	527.61
L1971	ANKLE FOOT ORTHOSIS, PLASTIC OR OTHER MATERIAL WITH ANKLE JOINT, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	294.64
L3031	FOOT, INSERT/PLATE, REMOVABLE, ADDITION TO LOWER EXTREMITY ORTHOSIS, HIGH STRENGTH, LIGHTWEIGHT MATERIAL, ALL HYBRID LAMINATION/ PREPREG COMPOSITE, EACH	BR
L5673	ADDITION TO LOWER EXTREMITY, BELOW KNEE/ABOVE KNEE, CUSTOM FABRICATED FROM EXISTING MOLD OR PREFABRICATED, SOCKET INSERT, SILICONE GEL, ELASTOMERIC OR EQUAL, FOR USE WITH LOCKING MECHANISM	506.15
L5679	ADDITION TO LOWER EXTREMITY, BELOW KNEE/ABOVE KNEE, CUSTOM FABRICATED FROM EXISTING MOLD OR PREFABRICATED, SOCKET INSERT, SILICONE GEL, ELASTOMERIC OR EQUAL, NOT FOR USE WITH LOCKING MECHANISM	421.77

L5681 ADDITION TO LOWER EXTREMITY, BELOW 828.47
 KNEE/ABOVE KNEE, CUSTOM FABRICATED
 SOCKET INSERT FOR CONGENITAL
 OR ATYPICAL TRAUMATIC AMPUTEE, SILICONE
 GEL ELASTOMERIC OR EQUAL, FOR USE WITH OR
 WITHOUT LOCKING MECHANISM, INITIAL ONLY
 (FOR OTHER THAN INITIAL, USE CODE L5673 OR
 L5679)

L5683 ADDITION TO LOWER EXTREMITY, BELOW 828.47
 KNEE/ABOVE KNEE, CUSTOM FABRICATED
 SOCKET INSERT FOR OTHER THAN CONGENITAL
 OR ATYPICAL TRAUMATIC AMPUTEE, SILICONE GEL
 ELASTOMERIC OR EQUAL, FOR USE WITH OR
 WITHOUT LOCKING MECHANISM, INITIAL ONLY
 (FOR OTHER THAN INITIAL, USE CODE L5673 OR
 L5679)

DELETIONS

CODE DELETED

L2102
 L2104
 L4200
 L4200

TO REPORT, USE CODE

NO REPLACEMENT CODE
 NO REPLACEMENT CODE
 L4205
 L4205 (15 MINUTES EQUAL 1 UNIT)

DELETIONS

(Effective April 1, 2004)

NOTE: Revisions to Newsletter Vol. 14 # 17 previously released in March 2004

CODE DELETED

X4890
 X4891

TO REPORT, USE CODE

L3649 52
 L3649 22

**Prosthetic and Orthotic Services Manual (N.J.A.C. 10:55):
Updates to HCPCS procedure codes and maximum fee allowances for prosthetic
and orthotic services**

- EFFECTIVE:**
- (1) Additions Effective for Claims with Dates of Service on or after January 1, 2004**
 - (2) Deletions Effective for Claims with Dates of Service on or after July 1, 2004**

**Updates to HCPCS procedure codes and maximum fee allowances for ONLY
orthotic services**

ADDITIONS

<u>HCPCS CODE</u>	<u>DESCRIPTION</u>	<u>MAXIMUM FEE ALLOWANCE</u> \$
L0112	CRANIAL CERVICAL ORTHOSIS, CONGENITAL TORTICOLLIS TYPE, WITH OR WITHOUT SOFT INTERFACE MATERIAL, ADJUSTABLE RANGE OF MOTION JOINT, CUSTOM FABRICATED	879.82
L0861	ADDITION TO HALO PROCEDURE, REPLACEMENT LINER/INTERFACE MATERIAL	135.48
L1831	KNEE ORTHOSIS (KO), LOCKING KNEE JOINT(S), POSITIONAL ORTHOSIS, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	185.00
L1907	AFO, SUPRAMALLEOLAR WITH STRAPS, WITH OR WITHOUT INTERFACE/PADS, CUSTOM FABRICATED	353.71
L1951	ANKLE FOOT ORTHOSIS, SPIRAL, (INSTITUTE OF REHABILITATIVE MEDICINE TYPE), PLASTIC OR OTHER MATERIAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	527.61
L1971	ANKLE FOOT ORTHOSIS, PLASTIC OR OTHER MATERIAL WITH ANKLE JOINT, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	294.64
L3031	FOOT, INSERT/PLATE, REMOVABLE, ADDITION TO LOWER EXTREMITY ORTHOSIS, HIGH STRENGTH, LIGHTWEIGHT MATERIAL, ALL HYBRID LAMINATION/PREPREG COMPOSITE, EACH	BR

L3917	HAND ORTHOSIS, METACARPAL FRACTURE ORTHOSIS, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	22.26
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DELETIONS

<u>CODE DELETED</u>	<u>TO REPORT, USE CODE</u>
L1885	L1845
L1899	L2999
L2102	NO REPLACEMENT CODE
L2104	NO REPLACEMENT CODE
L2122	NO REPLACEMENT CODE
L2124	NO REPLACEMENT CODE
L4200	L4205 (15 MINUTES EQUAL 1 UNIT)

DELETIONS

NOTE: Revisions to Newsletter Vol. 14 # 27 previously released in March 2004

<u>CODE DELETED</u>	<u>TO REPORT, USE CODE</u>
X4890	L3649 52
X4891	L3649 22

Updates to HCPCS procedure codes and maximum fee allowances for ONLY prosthetic services

ADDITIONS

<u>HCPCS CODE</u>	<u>DESCRIPTION</u>	<u>MAXIMUM FEE ALLOWANCE</u> \$
L5673	ADDITION TO LOWER EXTREMITY, BELOW KNEE/ABOVE KNEE, CUSTOM FABRICATED FROM EXISTING MOLD OR PREFABRICATED, SOCKET INSERT, SILICONE GEL, ELASTOMERIC OR EQUAL, FOR USE WITH LOCKING MECHANISM	506.15

L5679	ADDITION TO LOWER EXTREMITY, BELOW KNEE/ABOVE KNEE, CUSTOM FABRICATED FROM EXISTING MOLD OR PREFABRICATED, SOCKET INSERT, SILICONE GEL, ELASTOMERIC OR EQUAL, NOT FOR USE WITH LOCKING MECHANISM	421.77
L5681	ADDITION TO LOWER EXTREMITY, BELOW KNEE/ABOVE KNEE, CUSTOM FABRICATED SOCKET INSERT FOR CONGENITAL OR ATYPICAL TRAUMATIC AMPUTEE, SILICONE GEL ELASTOMERIC OR EQUAL, FOR USE WITH OR WITHOUT LOCKING MECHANISM, INITIAL ONLY (FOR OTHER THAN INITIAL, USE CODE L5673 OR L5679)	828.47
L5683	ADDITION TO LOWER EXTREMITY, BELOW KNEE/ABOVE KNEE, CUSTOM FABRICATED SOCKET INSERT FOR OTHER THAN CONGENITAL OR ATYPICAL TRAUMATIC AMPUTEE, SILICONE GEL ELASTOMERIC OR EQUAL, FOR USE WITH OR WITHOUT LOCKING MECHANISM, INITIAL ONLY (FOR OTHER THAN INITIAL, USE CODE L5673 OR L5679)	828.47

DELETIONS

CODE DELETED

L7160
L7165

TO REPORT, USE CODE

NO REPLACEMENT CODE
NO REPLACEMENT CODE

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



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

OFFICE OF UTILIZATION MANAGEMENT
(OUM)

<u>DENTAL</u>	(609) 588-7140
<u>DRUG REBATE</u>	588-4611
<u>DURABLE MEDICAL EQUIPMENT (Wednesday)</u>	588-4624
<u>GENERAL ASSISTANCE & MEDICAL POLICY (WFNJ-GA)</u> 2662	588-
<u>HOSPICE</u>	588-2458
<u>LABORATORY CONSULTANT</u>	588-2730
<u>MATERNAL & CHILD HEALTH SERVICES</u> <u>EPSDT / PDN</u>	588-2731
<u>NON-INSTITUTIONAL SERVICES</u>	588-2721
<u>MENTAL HEALTH</u>	588-2740 or 631-4685
<u>ORTHOTICS & PROSTHETICS (Thursday)</u>	588-7368
<u>PHARMACY/DUR</u>	588-2744
<u>PODIATRY (Tuesday)</u>	588-2538
<u>TRANSPORTATION</u>	631-4636
<u>VISION CARE</u>	588-2777

(REV. 6-3-04)