



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

# MONTHLY NEWSLETTER

Volume 14 No. 58

December 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.

# MEDICAID NEWS

## Reminder about Billing of E & M Procedure Codes

DMAHS policy has been changed to allow Medicaid/NJ FamilyCare fee-for-service (FFS) reimbursement for Evaluation and Management (E & M) procedures billed in an independent clinic by a psychiatrist.

Procedure codes CPT 99201 ZI to 99205 ZI and CPT 99211 ZI to 99215 ZI for service dates on or after January 1, 2003 and prior to April 1, 2004 may be billed in accordance with Medicaid timely filing requirements.

On or after April 1, 2004, the procedures to be billed are CPT 99201 UC to 99205 UC and CPT 99211 UC to 99215 UC. 'UC' is HIPAA-compliant and is used to report clinic services.

When billing for medication management, CPT 90862 ZI or CPT 90862 UC may also be billed with the same date of service.

The CPT procedure code 90782 and administration fee (\$2.50) for injectable drugs have not changed.

## DMAHS Reduces PA Requirements for Medical Supply Services

Effective **IMMEDIATELY** the Division of Medical Assistance and Health Services has discontinued the need to request prior authorization (PA) for blood

glucose monitors, nebulizers, diapers and underpads. In addition, oxygen and related respiratory services will only require prior authorization every 12 months.

Procedure codes affected include A4521, A4522, A4523, A4524, A4525, A4526, A4527, A4528, A4529, A4530, A4531, A4532, A4533, A4534, A4535, A4554, E0570, E0575, E0580, E0585, E0607, E0609 & E1375.

These changes are the result of an ongoing review of existing policy and procedures.

## NEWS from the Bureau of Dental Services

In an effort to simplify requests for PA, the Bureau of Dental Services is in the process of completing a **Quick Reference Guide** for dental CDT-4 procedure codes used in the Medicaid fee-for-service program. The **Guide** will include a listing of codes, descriptions, limitations or special notations and fee allowances. A telephone directory will also be incorporated into the **Guide**. **The Guide should be available by early 2005.**

The Bureau is pleased to announce the additions of Elizabeth Clemente, D.D.S. and Donna Kurc, D.D.S. to its dental staff. Responsiveness of the Bureau to correspondence and calls has greatly improved. Prior authorization requests are now being processed by the Bureau within 4-5 days.

## WEBSITE NEWS

The [www.state.nj.us](http://www.state.nj.us) home page provides important information about the Division's manuals, billing supplements, newsletters and alerts.

On the State home page, select **Department of Human Services** and click on **Medical Assistance and Health Services (DMAHS)**. On the DMAHS home page, click on **Eligibility and Service Manuals**. Providers can then select from a list of DMAHS Service Manuals. These Manuals can be downloaded or printed but require Adobe Acrobat Reader (available free on the DMAHS website).

For additional information, return to the DMAHS home page and click on **Provider Relations**. This will open the NJMMIS home page. Additional information is available concerning newsletters, alerts, billing supplements and error codes.

## Billing for Specialty Care Transports

The State has changed its reimbursement policy for transporting Medicare/Medicaid beneficiaries (dual-eligibles). As of July 1, 2004, the Medicare fee is paid for these services. Transportation procedure codes include A0428, A0429, A0425, Y0004, A0430, A0422 & A0420.

In response to industry concerns, DMAHS will also begin paying the Medicare

fee for procedure code A0434, **Specialty Care Transport**, for services provided on or after July 1, 2004.

In addition, DMAHS will allow payments for A0434 for fee-for-service (FFS) Medicaid beneficiaries as well. This will also be effective for claims with service dates on or after 070104.

## Pharmacies are Reminded that Drug Quantities Dispensed for Rx Refill May Differ From the Original Prescription.

A limit of 34 days exists for the original prescription. Pharmacists are reminded that refills must be dispensed up to the greater of 34 days or 100 Units when permitted within prescription constraints. This change on refills is important for minimizing beneficiary costs and improving compliance.

## Mental Health and Waiver Programs

Providers of community behavioral health programs are reminded that the Community Care Program for the Elderly and Disabled (CCPED) and **Medically Needy** do not provide coverage for mental health treatment.

For more information about services covered by the Medically Needy program, please call 1-800-356-1561. For CCPED, please call 609-943-4060. For information on mental health services, please call 609-631-4685.

**FOR FASTER PAYMENTS,  
Submit Claims  
Electronically, Call 609-588-6051.**

**DON'T FORGET:  
PHARMACIES MUST  
COMPLETE AND SUBMIT  
THEIR FD-70 AND PDUR  
CERTIFICATION SURVEYS  
BY FEBRUARY 15, 2005.**

## DMAHS Approves Medicaid Coverage of OTC Ophthalmic Lubricants

**EFFECTIVE IMMEDIATELY,  
DMAHS has approved  
Medicaid fee-for-service  
(FFS) coverage of OTC  
ophthalmic lubricants for  
Medicaid/NJFC-eligible  
children, under 21 years of  
age and certain adults.**

For adults over 21 years of age, prior authorization will be required by First Health. Error Code 537/423 will deny payments if a diagnosis of 370.33 (keratoconjunctivitis sicca) is not reported to First Health for authorization. Pharmacies should retain on file verification of this diagnosis.

## NO MORE PRIOR AUTHORIZATION FOR PARTIAL CARE & PARTIAL HOSPITALIZATION SERVICES

DMAHS is eliminating the need to request PA from the State for partial care (PC) and partial hospitalization (PH) services.

Therefore, claims for PC or PH with service dates on or after January 1, 2005 will not require prior authorization. Error codes 704 and 763 will no longer apply. DMAHS will be increasing staff presence on site to better monitor utilization.

## DMAHS Expands List of Recyclable Equipment

DMAHS is expanding its current list of durable medical equipment (DME) that can be recycled to meet the medical necessity needs of its Medicaid beneficiaries. The rules and requirements of the current DME recycling program, managed by Global Medical Equipment Recycling, Inc., will also apply to this equipment. HCPCS procedure codes for additional recyclable DME include:

B4224 E0187 E0192  
E0193 E0194 E0245  
E0267 E0277 E0570  
E0575 E0585 E0607 E0652  
E0655 E0661 E0665  
E0666 E0667 E0668  
E0669 E0690 E0691  
E0692 E0693 E0694 E0747  
E0748 E0950 E0953  
E0954 E0958 E0959  
E0967 E0968 E0970  
E0973 E0974 E0978 E0979  
E0990 E0999 E1000  
E1375 E2500 E2502  
E2504 E2506 E2508 E2510  
K0016 K0030 K0031  
K0040 K0041 K0052  
K0053 K0059 K0060  
K0061 K0062 K0063 K0066  
K0067 K0074 K0075  
K0080 K0098 K0100  
K0101 K0102 K0103  
K0107 K0193 K0194 K0195  
K0413 X8200 V2615

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

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

**EFFECTIVE: Deletions Effective for Claims with Dates of Service on or after January 31, 2005**

**DELETIONS**

**CODES DELETED                      TO REPORT, USE CODE**

G0004	93268
G0004TC	93268TC
G000426	9326826
G0005	93270
G0006	93271
G0007	93272
G0015	93012
G0016	NO REPLACEMENT CODE
G0050	51798
82173	NO REPLACEMENT CODE
82443	NO REPLACEMENT CODE
83526	NO REPLACEMENT CODE

Note: "No Replacement Code" means a unique procedure code has not been assigned to this service. If not incorporated within a global service, providers may bill "Unlisted special service, procedure or report."

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

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

**EFFECTIVE: Deletions Effective for Claims with Dates of Service on or after January 31, 2005**

**DELETIONS**

**CODES DELETED                      TO REPORT, USE CODE**

G0026	NO REPLACEMENT CODE
82173	NO REPLACEMENT CODE
82443	NO REPLACEMENT CODE
83526	NO REPLACEMENT CODE

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

**Updates to HCPCS procedure codes for independent clinic services**

**EFFECTIVE:** Deletions Effective for Claims with Dates of Service on or after  
January 31, 2005

**DELETIONS**

<b><u>CODES DELETED</u></b>	<b><u>TO REPORT, USE CODE</u></b>
G0004	93268
G0004TC	93268TC
G000426	9326826
G0005	93270
G0006	93271
G0007	93272
G0015	93012
G0016	NO REPLACEMENT CODE
G0050	51798

**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:** Deletions Effective for Claims with Dates of Service on or after  
January 31, 2005

**DELETIONS**

<b><u>CODES DELETED</u></b>	<b><u>TO REPORT, USE CODE</u></b>
K0127	L4392
K0128	L4394
K0129	L4396
K0130	L4398

**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

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**OFFICE OF UTILIZATION MANAGEMENT**

**(609) 588-2721**

**REVISED**

<b>DENTAL</b>	<b>(609) 588-7136</b>
<b>DRUG REBATE</b>	<b>(609) 588-8522</b> <b>(609) 588-8526</b>
<b>DURABLE MEDICAL EQUIPMENT (Wednesday)</b>	<b>(609) 588-2724</b>
<b>GENERAL ASSISTANCE &amp; MEDICAL POLICY (WFNJ-GA)</b> <b>2662</b>	<b>(609) 588-</b> <b>2662</b>
<b>HOSPICE</b>	<b>(609) 588-2458</b>
<b>LABORATORY CONSULTANT</b>	<b>(609) 588-2730</b>
<b>MATERNAL &amp; CHILD HEALTH SERVICES</b> <b>EPSDT / PDN</b>	<b>(609) 588-2718</b>
<b>MENTAL HEALTH</b>	<b>(609) 631-4685</b>
<b>ORTHOTICS &amp; PROSTHETICS (Thursday)</b>	<b>(609) 588-2739</b>
<b>PHARMACY/DUR</b>	<b>(609) 588-2744</b>
<b>PODIATRY (Tuesday)</b>	<b>(609) 588-2739</b>
<b>TRANSPORTATION</b>	<b>(609) 631-4636</b>
<b>VISION CARE</b>	<b>(609) 588-2745</b>

**(REV. 12-01-04)**