



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

MONTHLY NEWSLETTER

Volume 15 No. 06

May 2005

PROVIDER MANUALS, NEWSLETTERS AND FISCAL AGENT BILLING SUPPLEMENTS NOW PROVIDED AND UPDATED IN ELECTRONIC FORM

IMPORTANT NEWS: Effective immediately, all provider manuals, newsletters and Fiscal Agent Billing Supplements will be provided in electronic form.

The provider manuals, including both the Administration rules and specific provider rules in the New Jersey Administrative Code, may be downloaded free of charge from the Division of Medical Assistance and Health Services (DMAHS) website. See page 6 of this newsletter for instructions on how to access provider manuals in electronic form.

Provider newsletters may be downloaded free of charge from the Unisys website. The most recent versions of the Fiscal Agent Billing Supplement and other informational materials may also be found on the Unisys website. See page 6 of this newsletter for instructions on how to access provider newsletters and Fiscal Agent Billing Supplements in electronic form.

Unless providers specifically request printed copies, providers will access all provider manual information on the Unisys website and on the Division's website. **If you do not have Internet access and wish to receive updates on paper, you must complete the form on page 5 of this newsletter and fax or mail it to DMAHS at the address included on the form.**

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MEDICAID NEWS

PRIOR AUTHORIZATION DISCONTINUED FOR PROGRAMS OF ASSERTIVE COMMUNITY TREATMENT AND INTEGRATED CASE MANAGEMENT SERVICES

Providers are no longer required to request prior authorization (PA) from DMAHS for claims for Programs of Assertive Community Treatment (PACT) and Integrated Case Management Services (ICMS) with service dates on or after January 1, 2005.

However, providers must ensure that services for which reimbursement is sought must match the information regarding the individual risk of hospitalization level for each beneficiary. Providers must also ensure that this information is recorded and maintained in that beneficiary's clinical record in order to receive the appropriate reimbursement for services rendered.

IMPORTANT CONTACT INFORMATION

Providers may contact the offices below, at the numbers listed, to discuss the following matters:

TO DISCUSS:	CONTACT:	TELEPHONE NUMBER:
Policy matters	The DMAHS Office of Utilization Management	<p>MAIN OFFICE (609) 588-2721</p> <p>DENTAL (609) 588-8522</p> <p>DRUG REBATE (609) 588-8522 (609) 588-8526</p> <p>DURABLE MEDICAL EQUIPMENT (Wednesday) (609) 588-2724</p> <p>GENERAL ASSISTANCE & MEDICAL POLICY (WFNJ-GA) (609) 588-2662</p> <p>HOSPICE (609) 588-2458</p> <p>LABORATORY CONSULTANT (609) 588-2730</p> <p>MATERNAL & CHILD HEALTH SERVICES - EPSDT/PDN (609) 588-2718</p> <p>MENTAL HEALTH (609) 631-4685</p> <p>ORTHOTICS & PROSTHETICS (Thursday) (609) 588-2739</p> <p>PHARMACY/DUR (609) 588-2744</p> <p>PODIATRY (Tuesday) (609) 588-2739</p> <p>TRANSPORTATION (609) 631-4636</p> <p>VISION CARE (609) 588-2745</p>
Problems with	Unisys	1-800-776-6334

claims processing		
Access or quality of care concerns	The DMAHS Medical Assistance Customer Centers (MACCs)	<p>Burlington, Mercer (856) 787-3855 Camden, Gloucester, Salem (856) 614-2870 Cumberland, Atlantic, Cape May (856) 690-5208 Essex (973) 648-3700 Hudson (201) 217-7100 Middlesex, Union (732) 499-5700 Monmouth (732) 761-3600 (973) 631-6440 Morris, Hunterdon, Somerset, Sussex, Warren (973) 631-6440 Ocean (732) 255-0731 Passaic, Bergen (973) 977-4077</p>

REQUEST FOR PAPER UPDATES

DIRECTIONS: Enter the requested information below, sign your name, and send the completed form to the address at the bottom of this form.

Provider Name: _____ Provider Number: _____

Contact Name: _____ Telephone Number: _____

Mail To Address: _____

I would like to receive printed (paper) copies of updates and distributions.

Provider/Authorized Representative Signature

Date

MAIL THIS COMPLETED FORM TO:

**Office of Provider Relations
New Jersey Division of Medical Assistance and Health Services
P.O. Box 712 Mail Code 15
Trenton, NJ 08625-0712**

OR FAX THIS COMPLETED FORM TO:

Fax Number: (609) 588-3889

HOW TO ACCESS INFORMATION FOUND ON THE STATE AND UNISYS WEBSITES

New Jersey Medicaid Administrative Services Chapter

State Website:

www.state.nj.us/humanservices/dmahs/manuals.html Click on Chapter 10-49

Unisys Website Link:

www.njmmis.com

See link at bottom of page: Click on New Jersey Division of Medical Assistance and Health Services-Eligibility and Service Manuals and follow the State Website directions above.

Specific Provider Policy Chapters:

State Website:

www.state.nj.us Click on the chapter you want, for example, Chapter 10-50 for transportation services, Chapter 10-51 for pharmaceutical services or Chapter 10-54 for physician services.

Unisys Website Link:

www.njmmis.com

See link at bottom of page: Click on New Jersey Division of Medical Assistance and Health Services-Eligibility and Service Manuals and follow the State Website directions above.

Fiscal Agent Billing Supplement:

www.njmmis.com

Click on Fiscal Agent Billing Supplement

Medicaid Alerts:

www.njmmis.com

Click on Newsletters & Alerts

Medicaid/DHSS Newsletters:

www.njmmis.com

Click on Newsletters & Alerts

Hospital Services Manual (N.J.A.C. 10:52) 2005 Updates to HCPCS procedure codes and maximum fee allowances

EFFECTIVE: (1) Additions Effective for Claims with Dates of Service on or after January 1, 2005

ADDITIONS

<u>HCPCS CODE</u>	<u>MAXIMUM FEE ALLOWANCE</u>	<u>HCPCS CODE</u>	<u>MAXIMUM FEE ALLOWANCE</u>
82045	38.00		
		87807	12.17
82656	12.30		
		88184	26.60
83009	48.00		
		88185	26.60
83630	12.30		
		88187	12.00
84163	16.80		
		88188	12.00
84166	19.00		
		88189	12.00
86064	41.68		
		88360	94.00
86335	32.80		
		88367	47.25
86379	42.16		
		88368	47.25
86587	42.16		

EFFECTIVE: (2) Deletions Effective for Claims with Dates of Service on or after July 1, 2005

DELETIONS

<u>CODES DELETED</u>	<u>TO REPORT, USE CODE</u>
88180	NO REPLACEMENT CODE
G0001	36415

Note: No Replacement Code means an existing procedure code is no longer available for this service. If a Replacement Code is available, this information is reported above. Providers needing to bill a service with “No Replacement Code” may use “Not Otherwise Classified”.

**Physician Services Manual (N.J.A.C. 10:54):
2005 Updates to HCPCS procedure codes and maximum fee allowances**

**EFFECTIVE: (1) Additions Effective for Claims with Dates of Service on or after
January 1, 2005**

NOTE: # = When service is performed in a facility setting.

+ = Add-on code.

*** = Vaccine for children (VFC) administration code**

HCPCS CODE	FOLLOW UP-DAYS	ADDITIONS		ANES. BASIC UNITS
		SPECIALIST	NON-SPECIALIST	
11004	0	297.15	252.58	5
11005	0	405.10	344.33	3
11006	0	373.62	317.58	5
+ 11008	0	152.08	129.27	0
19296	0	2,727.12	2,318.05	3
# 1929626	0	110.23	93.70	3
+ 19297	0	50.42	42.86	0
19298	0	1,016.47	864.00	3
# 1929826	0	176.63	150.14	3
27412	90	848.55	721.27	4
27415	90	707.97	601.77	4
29866	90	556.16	472.74	4
29867	90	663.92	564.33	4
29868	90	897.67	763.02	4
31545	0	203.81	173.02	6
31546	0	310.40	263.84	6
+ 31620	0	148.67	126.37	0
31636	0	127.32	108.22	0

HCPCS CODE	FOLLOW UP-DAYS	MAXIMUM FEE ALLOWANCE		ANES. BASIC UNITS
		SPECIALIST	\$ NON-SPECIALIST	
+ 31637	0	45.25	38.46	0
31638	0	141.48	120.26	0
32019	0	511.32	434.62	6
# 3201926	0	124.47	105.80	6
32855	0	114.34	97.19	0
32856	0	114.34	97.19	0
33933	0	171.64	145.89	0
33944	0	171.64	145.89	0
34803	90	723.55	615.02	10
36475	0	1,224.50	1,040.83	4
# 3647526	0	192.20	163.37	4
+ 36476	0	236.16	200.74	0
# + 3647626	0	93.76	79.70	0
36478	0	1,126.89	957.86	4
# 3647826	0	192.20	163.37	4
+ 36479	0	238.49	202.72	0
36818	90	388.21	329.98	6
37215	90	579.45	492.53	10
37216	90	558.28	474.54	10
43257	0	161.09	136.93	5
43644	90	840.88	714.75	7
43645	90	906.60	770.61	7
44137	0	BR	BR	7

<u>HCP</u> <u>CS</u> <u>CODE</u>	<u>FOLLOW</u> <u>UP-DAYS</u>	<u>MAXIMUM FEE ALLOWANCE</u>		<u>ANES.</u> <u>BASIC</u> <u>UNITS</u>
		<u>SPECIALIST</u>	<u>\$ NON-SPECIALIST</u>	
44715	0	BR	BR	0
44720	0	141.11	119.94	0
44721	0	205.80	174.93	0
45391	0	149.29	126.90	5
45392	0	188.53	160.25	5
46947	90	173.17	147.19	5
47143	0	204.95	174.21	0
47144	90	204.95	174.21	0
47145	90	204.95	174.21	0
47146	0	176.40	149.94	0
47147	0	205.80	174.93	0
48551	0	95.39	81.08	0
48552	0	120.98	102.83	0
50323	0	BR	BR	0
50325	0	BR	BR	0
50327	0	112.40	95.54	0
50328	0	98.44	83.67	0
50329	0	94.05	79.94	0
50391	0	74.44	63.27	5
# 5039126	0	54.37	46.21	5
52402	90	146.75	124.74	3
+ 57267	0	149.22	126.84	0
57283	90	356.47	303.00	6

<u>HCPCS CODE</u>	<u>FOLLOW UP-DAYS</u>	<u>MAXIMUM FEE ALLOWANCE</u>		<u>ANES. BASIC UNITS</u>
		<u>SPECIALIST</u>	<u>\$ NON-SPECIALIST</u>	
58356	10	284.49	241.82	3
# 5835626	10	195.96	166.57	3
58565	90	1,206.85	1,025.82	4
# 5856526	90	242.15	205.83	4
58956	90	699.14	594.27	8
63050	90	743.05	631.59	10
63051	90	846.19	719.26	10
+ 63295	0	167.27	142.18	0
66711	90	271.79	231.02	5

<u>HCPCS CODE</u>	<u>MAXIMUM FEE ALLOWANCE</u>			<u>HCPCS CODE</u>	<u>MAXIMUM FEE ALLOWANCE</u>		
	<u>S</u>	<u>\$</u>	<u>NS</u>		<u>S</u>	<u>\$</u>	<u>NS</u>
76077		21.56		78811		1,080.00	
76077TC		16.77		78811TC		1,000.00	
7607726		4.79		7881126		80.00	
76510		92.70		78812		1,080.00	
76510TC		47.35		78812TC		1,000.00	
7651026		45.35		7881226		80.00	
76820		50.61		78813		1,080.00	
76820TC		36.22		78813TC		1,000.00	
7682026		14.39		7881326		80.00	
76821		56.23		78814		1,080.00	
76821TC		36.23		78814TC		1,000.00	
7682126		20.00		7881426		80.00	

<u>HCPCS CODE</u>	<u>MAXIMUM FEE ALLOWANCE</u>			<u>HCPCS CODE</u>	<u>MAXIMUM FEE ALLOWANCE</u>		
	<u>S</u>	<u>\$</u>	<u>NS</u>		<u>S</u>	<u>\$</u>	<u>NS</u>
78815		1,080.00		84450QW		3.00	
78815TC		1,000.00		86064		41.68	
7881526		80.00		86335		32.80	
78816		1,080.00		86379		42.16	
78816TC		1,000.00		86587		42.16	
7881626		80.00		86701QW		12.00	
79005		107.43		87807		12.17	
79005TC		57.94		88184		26.60	
7900526		49.49		88185		26.60	
79101		112.05		88187		12.00	
79101TC		57.94		88188		12.00	
7910126		54.11		88189		12.00	
79445		124.96		88360		94.00	
79445TC		58.31		88367		47.25	
7944526		66.65		88368		47.25	
82045		38.00		*90465		11.50	
82274QW		3.70		*90466		11.50	
82523QW		15.00		*90467		5.00	
82656		12.30		*90468		5.00	
83009		48.00		90656		14.06	
83630		12.30		91034	131.97		127.87
84163		16.80		91034TC	104.64		104.64
84166		19.00		9103426	27.33		23.23

<u>HCPCS CODE</u>	<u>MAXIMUM FEE ALLOWANCE</u>		<u>HCPCS CODE</u>	<u>MAXIMUM FEE ALLOWANCE</u>	
	<u>S</u>	<u>\$ NS</u>		<u>S</u>	<u>\$ NS</u>
			93892TC	106.49	106.49
91035	261.61	254.99	9389226	33.40	28.39
91035TC	217.46	217.46	93893	137.15	132.14
9103526	44.15	37.53	93893TC	103.75	103.75
91037	83.16	79.06	9389326	33.40	28.39
91037TC	55.83	55.83	94452	28.38	27.13
9103726	27.33	23.23	94452TC	20.02	20.02
91038	70.71	66.07	9445226	8.36	7.11
91038TC	39.77	39.77	94453	40.50	38.89
9103826	30.94	26.30	94453TC	29.74	29.74
91040	256.41	252.31	9445326	10.76	9.15
91040TC	229.08	229.08	95928	94.91	88.28
9104026	27.33	23.23	95928TC	50.63	50.63
91120	253.06	248.93	9592826	44.29	37.65
91120TC	225.54	225.54	95929	98.93	92.29
9112026	27.52	23.39	95929TC	54.64	54.64
92620	25.19	21.41	9592926	44.29	37.65
92621	6.39	5.43	95978	112.81	95.89
92625	24.77	21.05	# 9597826	99.50	84.58
93745	BR	BR	+ 95979	52.05	44.25
93890	131.46	127.08	# 9597926	48.25	41.01
93890TC	102.27	102.27	97597	26.25	22.32
9389026	29.19	24.81	97598	33.32	28.32
93892	139.89	134.88			

<u>HCPCS CODE</u>	MAXIMUM FEE ALLOWANCE	
	<u>S</u>	<u>NS</u>
97810	16.00	14.00
+ 97811	16.00	14.00
97813	16.00	14.00
+ 97814	16.00	14.00

EFFECTIVE: (2) Deletions Effective for Claims with Dates of Service on or after July 1, 2005

DELETIONS

<u>CODES DELETED</u>	<u>TO REPORT, USE CODE</u>	<u>CODES DELETED</u>	<u>TO REPORT, USE CODE</u>
35161	37799	88180	NO REPLACEMENT CODE
35162	37799	91032	91034, 91035
35582	NO REPLACEMENT CODE	91033	91034, 91035
50559	NO REPLACEMENT CODE	92589	NO REPLACEMENT CODE
50578	NO REPLACEMENT CODE	97601	97597, 97598
50959	NO REPLACEMENT CODE	97780	97810, 97811
50978	NO REPLACEMENT CODE	97781	97813, 97814
52347	NO REPLACEMENT CODE	G0001	36415
78810	78811 - 78813	G0004	93268
78990	79999	G0004TC	93268TC
79000	79005	G000426	9326826
79001	79005	G0005	93270
79020	79005	G0006	93271
79030	790058	G0007	93272
79035	79005	G0015	93012
79100	79101	G0016	NO REPLACEMENT CODE
79400	79101	G0050	51798
79420	79445	J3245	NO REPLACEMENT CODE
79900	79999	J3395	NO REPLACEMENT CODE

(3) DRUG ADMINISTRATION CODES EFFECTIVE January 1, 2005:

NOTE: Continue using the old code when a new G code is not provided.

HYDRATION:

OLD CODE cross walked to **NEW CODE**

90780 G0345 IV infusion, hydration,initial,up to one hour
90781 G0346 each additional hour,up to 8 hours

INJECTIONS AND INFUSIONS (NON –CHEMOTHERAPY, OTHER THAN HYDRATION):

OLD CODE cross walked to **NEW CODE**

90780 G0347 IV infusion, for therapy/diagnosis,initial, up
to one hour
90781 G0349 additional sequential infusion, up to one hour

OLD CODE cross walked to **NEW CODE**

90781 G0348 each additional hour, up to 8 hours
N/A G0350 Concurrent infusion
90782 G0351 Therapeutic or diagnostic injection
90783 N/A intra-arterial
90784 G0353 IV push, single or initial substance/drug
N/A G0354 each additional sequential IV push
90788 N/A IM injection of antibiotic
90799 N/A Unlisted injection or infusion

CHEMOTHERAPY ADMINISTRATION:

OLD CODE cross walked to **NEW CODE**

96400 G0355 Chemotherapy administration, SQ or IM;
non-hormonal anti-neoplastic
96400 G0356 hormonal anti-neoplastic
96405 N/A Chemotherapy administration; intraleisional, up
to and including 7 lesions
96406 N/A intralesional, more than 7 lesions
96408 G0357 IV push technique, single or initial
substance/drug
96408 G0358 IV push technique, each additional
substance/drug
96410 G0359 Chemotherapy administration, IV push
technique; up to one hour
96412 G0360 each additional hour, up to 8 hours
96414 G0361 initiation of prolonged chemotherapy infusion
96412 G0362 each additional sequential infusion, up to one
hour
96420 N/A Chemotherapy administration, intra arterial;
push technique
96422 N/A infusion technique, up to one hour
96423 N/A infusion technique, each additional hour, one
to 8 hours

96425	N/A	infusion technique, initiation of prolonged infusion (more than 8 hours)
96440	N/A	Chemotherapy administration into pleural cavity
96445	N/A	Chemotherapy administration into peritoneal cavity
96450	N/A	Chemotherapy administration into CNS
96420	N/A	Refilling and maintenance of portable pump
N/A	G0363	Irrigation of implanted venous access device for drug delivery systems
96530	N/A	Refilling and maintenance of implantable pump
96542	N/A	Chemotherapy injection, subarachnoid or intraventricular via subcutaneous reservoir, single or multiple agents

Note: No Replacement Code means an existing procedure code is no longer available for this service. If a Replacement Code is available, this information is reported above. Providers needing to bill a service with “No Replacement Code” may use “Not Otherwise Classified”.

(4) The list of approved Practitioner-Administered Drugs Effective January 1, 2005.

The fee allowances for the following HCPCS codes will be based at 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.

<u>HCPCS CODE</u>	<u>PROCEDURE DESCRIPTION</u>	<u>MAXIMUM FEE ALLOWANCE</u>
J0128	INJECTION, ABARELIX, 10 MG	80.92
J0135	INJECTION, ADALIMUMAB, 20 MG	359.45
J0180	INJECTION, AGALSIDASE BETA, 1 MG	142.75
J0878	INJECTION, DAPTOMYCIN, 1 MG	0.36
J1457	INJECTION, GALLIUM NITRATE, 1 MG	1.50
J1931	INJECTION, LARONIDASE, 0.1 MG	268.10
J2357	INJECTION, OMALIZUMAB, 5 MG	18.94
J2469	INJECTION, PALONOSETRON HCL, 25 MCG	340.20
J2794	INJECTION, RISPERIDONE, LONG ACTING, 0.5 MG	5.69
<u>HCPCS CODE</u>	<u>PROCEDURE DESCRIPTION</u>	<u>MAXIMUM FEE</u>

		<u>ALLOWANCE</u>
J3246	INJECTION, TIROFIBAN HCL, 0.25MG	9.92
J3396	INJECTION, VERTEPORFIN, 0.1 MG	11.25
J7304	CONTRACEPTIVE SUPPLY, HORMONE CONTAINING PATCH, EACH	14.31
J7343	DERMAL AND EPIDERMAL, TISSUE OF NON-HUMAN ORIGIN, WITH OR WITHOUT OTHER BIOENGINEERED OR PROCESSED ELEMENTS, WITHOUT METABOLICALLY ACTIVE ELEMENTS, PER SQUARE CENTIMETER	BR
J7344	DERMAL TISSUE, OF HUMAN ORIGIN, WITH OR WITHOUT OTHER BIOENGINEERED OR PROCESSED ELEMENTS, WITHOUT METABOLICALLY ACTIVE ELEMENTS, PER SQUARE CENTIMETER	BR
J7611	ALBUTEROL, INHALATION SOLUTION, ADMINISTERED THROUGH DME, CONCENTRATED FORM, 1 MG	0.17
J7612	LEVALBUTEROL, INHALATION SOLUTION, ADMINISTERED THROUGH DME, CONCENTRATED FORM, 0.5 MG	0.17
J7613	ALBUTEROL, INHALATION SOLUTION, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	0.51
J7614	LEVALBUTEROL, INHALATION SOLUTION, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	0.51
J7616	ALBUTEROL, UP TO 5 MG AND IPRATROPIUM BROMIDE, UP TO 1 MG, COMPOUNDED INHALATION SOLUTION, ADMINISTERED THROUGH DME	0.69
J7617	LEVALBUTEROL, UP TO 2.5 MG AND IPRATROPIUM BROMIDE, UP TO 1 MG, COMPOUNDED INHALATION SOLUTION, ADMINISTERED THROUGH DME	0.69
J7674	METHACHOLINE CHLORIDE ADMINISTERED AS INHALATION SOLUTION THROUGH A NEBULIZER, PER 1 MG	0.48
J9035	INJECTION, BEVACIZUMAB, 10 MG	68.75
J9041	INJECTION, BORTEZOMIB, 0.1 MG	34.18
J9055	INJECTION, CETUXIMAB, 10 MG	60.00
J9305	INJECTION, PEMETREXED, 10 MG	48.75

Independent Clinical Laboratories (N.J.A.C. 10:61): 2005 Updates to HCPCS procedure codes and maximum fee allowances

EFFECTIVE: (1) Additions Effective for Claims with Dates of Service on or after January 1, 2005

ADDITIONS

<u>HCPCS CODE</u>	<u>MAXIMUM FEE ALLOWANCE</u>	<u>HCPCS CODE</u>	<u>MAXIMUM FEE ALLOWANCE</u>
82045	38.00		
		86587	42.16
82274QW	3.70		
		86701QW	12.00
82523QW	15.00		
		87807	12.17
82656	12.30		
		88184	26.60
83009	48.00		
		88185	26.60
83630	12.30		
		88187	12.00
84163	16.80		
		88188	12.00
84166	19.00		
		88189	12.00
84450QW	3.00		
		88360	94.00
86064	41.68		
		88367	47.25
86335	32.80		
		88368	47.25
86379	42.16		

EFFECTIVE: (2) Deletions Effective for Claims with Dates of Service on or after July 1, 2005

DELETIONS

<u>CODES DELETED</u>	<u>TO REPORT, USE CODE</u>
88180	NO REPLACEMENT CODE
G0001	36415

Note: No Replacement Code means an existing procedure code is no longer available for this service. If a Replacement Code is available, this information is reported above. Providers needing to bill a service with “No Replacement Code” may use “Not Otherwise Classified”.

Medical Supply Manual (N.J.A.C. 10:59):**Updates to HCPCS procedure codes and maximum fee allowances for medical supplies and durable medical equipment****EFFECTIVE: (1) Additions Effective for Claims with Dates of Service on or after January 1, 2005****ADDITIONS**

<u>HCPCS CODE</u>	<u>PROCEDURE DESCRIPTION</u>	<u>MAXIMUM FEE ALLOWANCE</u>
A4217	STERILE WATER/SALINE, 500 ML	2.50
A4331	EXTENSION DRAINAGE TUBING, ANY TYPE, ANY LENGTH, WITH CONNECTOR/ADAPTOR, FOR USE WITH URINARY LEG BAG OR UROSTOMY POUCH, EACH	2.54
A4332	LUBRICANT, INDIVIDUAL STERILE PACKET, EACH	0.10
A4333	URINARY CATHETER ANCHORING DEVICE, ADHESIVE SKIN ATTACHMENT, EACH	BR
A4334	URINARY CATHETER ANCHORING DEVICE, LEG STRAP, EACH	3.94
A4349	MALE EXTERNAL CATHETER WITH INTEGRAL COLLECTION COMPARTMENT, EXTENDED WEAR, EACH, (E.G., 2 PER MONTH)	BR
A4369	OSTOMY SKIN BARRIER, LIQUID (SPRAY, BRUSH, ETC), PER OZ	1.94
A4371	OSTOMY SKIN BARRIER, POWDER, PER OZ	2.92
A4372	OSTOMY SKIN BARRIER, SOLID 4X4 OR EQUIVALENT, WITH BUILT-IN CONVEXITY, EACH	BR
A4373	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDIAN), WITH BUILT-IN CONVEXITY, ANY SIZE, EACH	BR
A4405	OSTOMY SKIN BARRIER, NON-PECTIN BASED, PASTE, PER OUNCE	2.72
A4406	OSTOMY SKIN BARRIER, PECTIN-BASED, PASTE, PER OUNCE	4.59

<u>HCPCS CODE</u>	<u>PROCEDURE DESCRIPTION</u>	<u>MAXIMUM FEE ALLOWANCE</u>
A4407	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE, OR ACCORDION), EXTENDED WEAR, WITH BUILT-IN CONVEXITY, 4 X 4 INCHES OR SMALLER, EACH	BR
A4408	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), EXTENDED WEAR, WITH BUILT-IN CONVEXITY, LARGER THAN 4 X 4 INCHES, EACH	BR
A4409	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), EXTENDED WEAR, WITHOUT BUILT-IN CONVEXITY, 4 X 4 INCHES OR SMALLER, EACH	BR
A4410	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), EXTENDED WEAR, WITHOUT BUILT-IN CONVEXITY, LARGER THAN 4 X 4 INCHES, EACH	BR
A4414	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), WITHOUT BUILT-IN CONVEXITY, 4 X 4 INCHES OR SMALLER, EACH	BR
A4415	OSTOMY SKIN BARRIER, WITH FLANGE (SOLID, FLEXIBLE OR ACCORDION), WITHOUT BUILT-IN CONVEXITY, LARGER THAN 4X4 INCHES, EACH	BR
A4450	TAPE, NON-WATERPROOF, PER 18 SQUARE INCHES	0.07
A4452	TAPE, WATERPROOF, PER 18 SQUARE INCHES	0.29
A4561	PESSARY, RUBBER, ANY TYPE	BR
A4562	PESSARY, NON RUBBER, ANY TYPE	BR
A4651	CALIBRATED MICROCAPILLARY TUBE, EACH	BR
A4652	MICROCAPILLARY TUBE SEALANT	BR
A4653	PERITONEAL DIALYSIS CATHETER ANCHORING DEVICE, BELT, EACH	BR
A4656	NEEDLE, ANY SIZE, EACH	BR
A4657	SYRINGE, WITH OR WITHOUT NEEDLE, EACH	BR
A4671	DISPOSABLE CYCLER SET USED WITH CYCLER DIALYSIS MACHINE, EACH	BR

<u>HCPCS CODE</u>	<u>PROCEDURE DESCRIPTION</u>	<u>MAXIMUM FEE ALLOWANCE</u>
A4672	DRAINAGE EXTENSION LINE, STERILE, FOR DIALYSIS, EACH	BR
A4673	EXTENSION LINE WITH EASY LOCK CONNECTORS, USED WITH DIALYSIS	BR
A4674	CHEMICALS/ANTISEPTICS SOLUTION USED TO CLEAN/STERILIZE DIALYSIS EQUIPMENT, PER 8 OZ	BR
A4680	ACTIVATED CARBON FILTER FOR HEMODIALYSIS, EACH	BR
A4690	DIALYZER (ARTIFICIAL KIDNEYS), ALL TYPES, ALL SIZES, FOR HEMODIALYSIS, EACH	BR
A4706	BICARBONATE CONCENTRATE, SOLUTION, FOR HEMODIALYSIS, PER GALLON	BR
A4707	BICARBONATE CONCENTRATE, POWDER, FOR HEMODIALYSIS, PER PACKET	BR
A4708	ACETATE CONCENTRATE SOLUTION, FOR HEMODIALYSIS, PER GALLON	BR
A4709	ACID CONCENTRATE, SOLUTION, FOR HEMODIALYSIS, PER GALLON	BR
A4719	"Y SET" TUBING FOR PERITONEAL DIALYSIS	BR
A4720	DIALYSATE SOLUTION, ANY CONCENTRATION OF DEXTROSE, FLUID VOLUME GREATER THAN 249CC, BUT LESS THAN OR EQUAL TO 999CC, FOR PERITONEAL DIALYSIS	BR
A4721	DIALYSATE SOLUTION, ANY CONCENTRATION OF DEXTROSE, FLUID VOLUME GREATER THAN 999CC BUT LESS THAN OR EQUAL TO 1999CC, FOR PERITONEAL DIALYSIS	BR
A4722	DIALYSATE SOLUTION, ANY CONCENTRATION OF DEXTROSE, FLUID VOLUME GREATER THAN 1999CC BUT LESS THAN OR EQUAL TO 2999CC, FOR PERITONEAL DIALYSIS	BR
A4723	DIALYSATE SOLUTION, ANY CONCENTRATION OF DEXTROSE, FLUID VOLUME GREATER THAN 2999CC BUT LESS THAN OR EQUAL TO 3999CC, FOR PERITONEAL DIALYSIS	BR
A4724	DIALYSATE SOLUTION, ANY CONCENTRATION OF DEXTROSE, FLUID VOLUME GREATER THAN 3999CC BUT LESS THAN OR EQUAL TO 4999CC, FOR PERITONEAL DIALYSIS	BR

<u>HCPCS CODE</u>	<u>PROCEDURE DESCRIPTION</u>	<u>MAXIMUM FEE ALLOWANCE</u>
A4725	DIALYSATE SOLUTION, ANY CONCENTRATION OF DEXTROSE, FLUID VOLUME GREATER THAN 4999CC BUT LESS THAN OR EQUAL TO 5999CC, FOR PERITONEAL DIALYSIS	BR
A4726	DIALYSATE SOLUTION, ANY CONCENTRATION OF DEXTROSE, FLUID VOLUME GREATER THAN 5999CC, FOR PERITONEAL DIALYSIS	BR
A4736	TOPICAL ANESTHETIC, FOR DIALYSIS, PER GRAM	BR
A4737	INJECTABLE ANESTHETIC, FOR DIALYSIS, PER 10 ML	BR
A4766	DIALYSATE CONCENTRATE, SOLUTION, ADDITIVE FOR PERITONEAL DIALYSIS, PER 10 ML	BR
A4802	PROTAMINE SULFATE, FOR HEMODIALYSIS, PER 50 MG	BR
A4911	DRAIN BAG/BOTTLE, FOR DIALYSIS, EACH	BR
A4928	SURGICAL MASK, PER 20	BR
A4929	TOURNIQUET FOR DIALYSIS, EACH	BR
A5508	FOR DIABETICS ONLY, DELUXE FEATURE OF OFF-THE-SHELF DEPTH-INLAY SHOE OR CUSTOM-MOLDED SHOE, PER SHOE	BR
A6010	COLLAGEN BASED WOUND FILLER, DRY FORM, PER GRAM OF COLLAGEN	BR
A6011	COLLAGEN BASED WOUND FILLER, GEL/PASTE, PER GRAM OF COLLAGEN	BR
A6021	COLLAGEN DRESSING, PAD SIZE 16 SQ. IN. OR LESS, EACH	BR
A6022	COLLAGEN DRESSING, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., EACH	BR
A6023	COLLAGEN DRESSING, PAD SIZE MORE THAN 48 SQ. IN., EACH	BR
A6024	COLLAGEN DRESSING WOUND FILLER, PER 6 INCHES	BR
A6442	CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, NON-STERILE, WIDTH LESS THAN THREE INCHES, PER YARD	BR

<u>HCPCS CODE</u>	<u>PROCEDURE DESCRIPTION</u>	<u>MAXIMUM FEE ALLOWANCE</u>
A6443	CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, NON-STERILE, WIDTH GREATER THAN OR EQUAL TO THREE INCHES AND LESS THAN FIVE INCHES, PER YARD	BR
A6444	CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, NON-STERILE, WIDTH GREATER THAN OR EQUAL TO 5 INCHES, PER YARD	BR
A6445	CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, STERILE, WIDTH LESS THAN THREE INCHES, PER YARD	BR
A6446	CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, STERILE, WIDTH GREATER THAN OR EQUAL TO THREE INCHES AND LESS THAN FIVE INCHES, PER YARD	BR
A6447	CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, STERILE, WIDTH GREATER THAN OR EQUAL TO FIVE INCHES, PER YARD	BR
A6448	LIGHT COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, WIDTH LESS THAN THREE INCHES, PER YARD	BR
A6449	LIGHT COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, WIDTH GREATER THAN OR EQUAL TO THREE INCHES AND LESS THAN FIVE INCHES, PER YARD	BR
A6450	LIGHT COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, WIDTH GREATER THAN OR EQUAL TO FIVE INCHES, PER YARD	BR
A7000	CANISTER, DISPOSABLE, USED WITH SUCTION PUMP, EACH	6.66
A7001	CANISTER, NON-DISPOSABLE, USED WITH SUCTION PUMP, EACH	23.86
A7002	TUBING, USED WITH SUCTION PUMP, EACH	2.77
A7003	ADMINISTRATION SET, WITH SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER, DISPOSABLE	2.18
A7004	SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER, DISPOSABLE	1.22
A7005	ADMINISTRATION SET, WITH SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER, NON-DISPOSABLE	22.23

<u>HCPCS CODE</u>	<u>PROCEDURE DESCRIPTION</u>	<u>MAXIMUM FEE ALLOWANCE</u>
A7006	ADMINISTRATION SET, WITH SMALL VOLUME FILTERED PNEUMATIC NEBULIZER	6.51
A7007	LARGE VOLUME NEBULIZER, DISPOSABLE, UNFILLED, USED WITH AEROSOL COMPRESSOR	3.18
A7008	LARGE VOLUME NEBULIZER, DISPOSABLE, PREFILLED, USED WITH AEROSOL COMPRESSOR	8.80
A7009	RESERVOIR BOTTLE, NON-DISPOSABLE, USED WITH LARGE VOLUME ULTRASONIC NEBULIZER	30.32
A7010	CORRUGATED TUBING, DISPOSABLE, USED WITH LARGE VOLUME NEBULIZER, 100 FEET	18.65
A7012	WATER COLLECTION DEVICE, USED WITH LARGE VOLUME NEBULIZER	2.86
A7013	FILTER, DISPOSABLE, USED WITH AEROSOL COMPRESSOR	0.60
A7014	FILTER, NONDISPOSABLE, USED WITH AEROSOL COMPRESSOR OR ULTRASONIC GENERATOR	3.23
A7015	AEROSOL MASK, USED WITH DME NEBULIZER	1.32
A7016	DOME AND MOUTHPIECE, USED WITH SMALL VOLUME ULTRASONIC NEBULIZER	5.22
A7018	WATER, DISTILLED, USED WITH LARGE VOLUME NEBULIZER, 1000 ML	0.30
A7033	REPLACEMENT PILLOWS FOR NASAL APPLICATION DEVICE, PAIR	22.73
A7034	NASAL INTERFACE (MASK OR CANNULA TYPE) USED WITH POSITIVE AIRWAY PRESSURE DEVICE, WITH OR WITHOUT HEAD STRAP	94.11
A7035	HEADGEAR USED WITH POSITIVE AIRWAY PRESSURE DEVICE	28.34
A7036	CHINSTRAP USED WITH POSITIVE AIRWAY PRESSURE DEVICE	14.56

<u>HCPCS CODE</u>	<u>PROCEDURE DESCRIPTION</u>	<u>MAXIMUM FEE ALLOWANCE</u>
A7037	TUBING USED WITH POSITIVE AIRWAY PRESSURE DEVICE	31.37
A7038	FILTER, DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	3.66
A7039	FILTER, NON DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	12.26
B4086	GASTROSTOMY / JEJUNOSTOMY TUBE, ANY MATERIAL, ANY TYPE, (STANDARD OR LOW PROFILE), EACH	BR
E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	BR
E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE	BR
E0168	COMMUNE CHAIR, EXTRA WIDE AND/OR HEAVY DUTY, STATIONARY OR MOBILE, WITH OR WITHOUT ARMS, ANY TYPE, EACH	120.74
E0217	WATER CIRCULATING HEAT PAD WITH PUMP	337.60
E0303	HOSPITAL BED, HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 350 POUNDS, BUT LESS THAN OR EQUAL TO 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH	BR
E0371	NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	BR
E0372	POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	BR
E0470	RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY, WITHOUT BACKUP RATE FEATURE, USED WITH NONINVASIVE INTERFACE, E.G., NASAL OR FACIAL MASK (INTERMITTENT ASSIST DEVICE WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE)	BR
E0471	RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY, WITH BACK-UP RATE FEATURE, USED WITH NONINVASIVE INTERFACE, E.G., NASAL OR FACIAL MASK (INTERMITTENT ASSIST DEVICE WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE)	BR

<u>HCPCS CODE</u>	<u>PROCEDURE DESCRIPTION</u>	<u>MAXIMUM FEE ALLOWANCE</u>
E0472	RESPIRATORY ASSIST DEVICE, BI-LEVEL PRESSURE CAPABILITY, WITH BACKUP RATE FEATURE, USED WITH INVASIVE INTERFACE, E.G., TRACHEOSTOMY TUBE (INTERMITTENT ASSIST DEVICE WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE)	BR
E0618	APNEA MONITOR, WITHOUT RECORDING FEATURE	200.00/ MONTH
E0619	APNEA MONITOR, WITH RECORDING FEATURE	200.00/ MONTH
E0780	AMBULATORY INFUSION PUMP, MECHANICAL, REUSABLE, FOR INFUSION LESS THAN 8 HOURS	8.30
E1340	REPAIR OR NONROUTINE SERVICE FOR DURABLE MEDICAL EQUIPMENT REQUIRING THE SKILL OF A TECHNICIAN, LABOR COMPONENT, PER 15 MINUTES	6.50
E1500	CENTRIFUGE, FOR DIALYSIS	BR
E1510	KIDNEY, DIALYSATE DELIVERY SYST. KIDNEY MACHINE, PUMP RECIRCULAT- ING, AIR REMOVAL SYST, FLOWRATE METER, POWER OFF, HEATER AND TEMPERATURE CONTROL WITH ALARM, I.V.POLES, PRESSURE GAUGE, CONCENTRATE CONTAINER	BR
E1520	HEPARIN INFUSION PUMP FOR HEMODIALYSIS	BR
E1530	AIR BUBBLE DETECTOR FOR HEMODIALYSIS, EACH, REPLACEMENT	BR
E1540	PRESSURE ALARM FOR HEMODIALYSIS, EACH, REPLACEMENT	BR
E1550	BATH CONDUCTIVITY METER FOR HEMODIALYSIS, EACH	BR
E1575	TRANSDUCER PROTECTORS/FLUID BARRIERS, FOR HEMODIALYSIS, ANY SIZE, PER 10	BR
E1580	UNIPUNCTURE CONTROL SYSTEM FOR HEMODIALYSIS	BR
E1590	HEMODIALYSIS MACHINE	BR
E1620	BLOOD PUMP FOR HEMODIALYSIS, REPLACEMENT	BR
E1634	PERITONEAL DIALYSIS CLAMPS, EACH	BR

<u>HCPCS CODE</u>	<u>PROCEDURE DESCRIPTION</u>	<u>MAXIMUM FEE ALLOWANCE</u>
E1635	COMPACT (PORTABLE) TRAVEL HEMODIALYZER SYSTEM	BR
E1636	SORBENT CARTRIDGES, FOR HEMODIALYSIS, PER 10	BR
E1637	HEMOSTATS, EACH	BR
E2100	BLOOD GLUCOSE MONITOR WITH INTEGRATED VOICE SYNTHESIZER	507.45
L7900	MALE VACUUM ERECTION SYSTEM	BR

EFFECTIVE: (2) Fee Changes Effective for Claims with Dates of Service on or after January 1, 2005

FEE CHANGES

<u>HCPCS CODE</u>	<u>PROCEDURE DESCRIPTION</u>	<u>MAXIMUM FEE ALLOWANCE</u>
A4244	ALCOHOL OR PEROXIDE, PER PINT	0.75
A4245	ALCOHOL WIPES, PER BOX	1.75
A4246	BETADINE OR PHISOHEX SOLUTION, PER PINT	4.95
A4247	BETADINE OR IODINE SWABS/WIPES, PER BOX	7.00

EFFECTIVE: (3) Deletions Effective for Claims with Dates of Service on or after July 1, 2005

DELETIONS

CODES DELETED

TO REPORT, USE CODE

A4323	A4217
A4329	NO REPLACEMENT CODE
A4363	A4369, A4371, A4405 OR 4406
A4454	NO REPLACEMENT CODE
A4460	A4561, A4562
A4560	NO REPLACEMENT CODE
A4572	L0210
A4581	NO REPLACEMENT CODE
A4655	NO REPLACEMENT CODE
A4700	A4720 – A4726
A4705	A4706, A4707
A4735	NO REPLACEMENT CODE
A4780	NO REPLACEMENT CODE
A4820	NO REPLACEMENT CODE
A4850	E1637
A4900	NO REPLACEMENT CODE
A4901	NO REPLACEMENT CODE
A4905	NO REPLACEMENT CODE
A4912	A4911
A4914	NO REPLACEMENT CODE
A4919	NO REPLACEMENT CODE
A4920	NO REPLACEMENT CODE
A4921	NO REPLACEMENT CODE
A5064	NO REPLACEMENT CODE
A5065	NO REPLACEMENT CODE
A5074	NO REPLACEMENT CODE
A5075	NO REPLACEMENT CODE
A5123	A4407 – A4410, A4414, A4415
A6020	A6010, A6011, A6021 – A6024
A6263	A6648 – A6450
A6264	A6442 – A6444
A6265	A4450, A4452
A6405	NO REPLACEMENT CODE
A6406	A6445 – A6447
B4084	B4086
B4085	B4086
E0237	E0217
E0452	E0470 – E0472
E0453	NO REPLACEMENT CODE
E0608	E0618, E0619
E0609	E2100
E0690	NO REPLACEMENT CODE
E1091	NO REPLACEMENT CODE

CODES DELETED**TO REPORT, USE CODE**

E1350	E1340
E1375	E0570
E1377	E1390
E1378	E1390
E1379	E1390
E1380	E1390
E1381	E1390
E1382	E1390
E1383	E1390
E1384	E1390
E1385	E1390
E1400	E1390
E1401	E1390
E1402	E1390
E1403	E1390
E1404	E1390
E1640	NO REPLACEMENT CODE
K0008	NO REPLACEMENT CODE
K0013	NO REPLACEMENT CODE
K0021	E0971
K0034	E0951
K0101	E0958
K0109	NO REPLACEMENT CODE
K0126	NO REPLACEMENT CODE
K0127	L4392
K0128	L4394
K0129	L4396
K0130	L4398
K0137	A4369
K0138	A4405, A4406
K0139	A4371
K0152	NO REPLACEMENT CODE
K0163	L7900
K0168	A7003
K0169	A7004
K0170	A7005
K0171	A7006
K0172	A7007
K0173	A7008
K0174	A7009
K0175	A7010
K0176	NO REPLACEMENT CODE
K0177	A7012
K0178	A7013
K0179	A7014
K0180	A7015
K0181	A7016
K0182	A7018

CODES DELETED**TO REPORT, USE CODE**

K0183	A7034
K0184	A7033
K0185	A7035
K0186	A7036
K0187	A7037
K0188	A7038
K0189	A7039
K0190	A7000
K0191	A7001
K0192	A7002
K0193	NO REPLACEMENT CODE
K0194	NO REPLACEMENT CODE
K0249	NO REPLACEMENT CODE
K0277	A4372
K0278	A4373
K0280	A4331
K0281	A4332
K0283	NO REPLACEMENT CODE
K0284	NO REPLACEMENT CODE
K0400	NO REPLACEMENT CODE
K0401	A5508
K0407	A4333
K0408	A4334
K0409	A4217
K0410	A4349
K0411	A4349
K0413	E0371
K0414	E0372
K0417	E0780
K0456	E0303
K0457	E0168
K0458	E0148
K0459	E0149
L0500	NO REPLACEMENT CODE
L0515	NO REPLACEMENT CODE
L0561	NO REPLACEMENT CODE
L0600	NO REPLACEMENT CODE

Note: No Replacement Code means an existing procedure code is no longer available for this service. If a Replacement Code is available, this information is reported above. Providers needing to bill a service with “No Replacement Code” may use “Not Otherwise Classified” procedure codes A4649 or E1399.

**Prosthetic and Orthotic Services Manual (N.J.A.C. 10:55):
2005 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, 2005

ADDITIONS

<u>HCPCS CODE</u>	<u>PROCEDURE DESCRIPTION</u>	<u>MAXIMUM FEE ALLOWANCE</u>
K0630	SACROILIAC ORTHOSIS, FLEXIBLE, PROVIDES PELVIC-SACRAL SUPPORT, REDUCES MOTION ABOUT THE SACROILIAC JOINT, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PENDULOUS ABDOMEN DESIGN, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	58.25
K0631	SACROILIAC ORTHOSIS, FLEXIBLE, PROVIDES PELVIC-SACRAL SUPPORT, REDUCES MOTION ABOUT THE SACROILIAC JOINT, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PENDULOUS ABDOMEN DESIGN, CUSTOM FABRICATED	155.58
K0632	SACROILIAC ORTHOSIS, PROVIDES PELVIC-SACRAL SUPPORT, WITH RIGID OR SEMI-RIGID PANELS OVER THE SACRUM AND ABDOMEN, REDUCES MOTION ABOUT THE SACROILIAC JOINT, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PENDULOUS ABDOMEN DESIGN, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	B.R.
K0633	SACROILIAC ORTHOSIS, PROVIDES PELVIC-SACRAL SUPPORT, WITH RIGID OR SEMI-RIGID PANELS PLACED OVER THE SACRUM AND ABDOMEN, REDUCES MOTION ABOUT THE SACROILIAC JOINT, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PENDULOUS ABDOMEN DESIGN, CUSTOM FABRICATED	B.R.
K0634	LUMBAR ORTHOSIS, FLEXIBLE, PROVIDES LUMBAR SUPPORT, POSTERIOR EXTENDS FROM L1 TO BELOW L-5 VERTEBRA, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PENDULOUS ABDOMEN DESIGN, SHOULDER STRAPS, STAYS, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	34.62
<u>HCPCS</u>	<u>PROCEDURE DESCRIPTION</u>	<u>MAXIMUM</u>

<u>CODE</u>		<u>FEE ALLOWANCE</u>
K0635	LUMBAR ORTHOSIS, SAGITTAL CONTROL, WITH RIGID POSTERIOR PANEL(S), POSTERIOR EXTENDS FROM L1 TO BELOW L-5 VERTEBRA, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PADDING, STAYS, SHOULDER STRAPS, PENDULOUS ABDOMEN DESIGN, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	49.00
K0636	LUMBAR ORTHOSIS, SAGITTAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR PANELS, POSTERIOR EXTENDS FROM L-1 TO BELOW L-5 VERTEBRA, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PADDING, SHOULDER STRAPS, PENDULOUS ABDOMEN DESIGN, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	258.38
K0637	LUMBAR-SACRAL ORTHOSIS, FLEXIBLE, PROVIDES LUMBO-SACRAL SUPPORT, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE STAYS, SHOULDER STRAPS, PENDULOUS ABDOMEN DESIGN, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	52.73
K0638	LUMBAR-SACRAL ORTHOSIS, FLEXIBLE, PROVIDES LUMBO-SACRAL SUPPORT, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE STAYS, SHOULDER STRAPS, PENDULOUS ABDOMEN DESIGN, CUSTOM FABRICATED	B.R.
K0639	LUMBAR-SACRAL ORTHOSIS, SAGITTAL CONTROL, WITH RIGID POSTERIOR PANEL(S), POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PADDING, STAYS, SHOULDER STRAPS, PENDULOUS ABDOMEN DESIGN, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	101.81

<u>HCPCS CODE</u>	<u>PROCEDURE DESCRIPTION</u>	<u>MAXIMUM FEE ALLOWANCE</u>
K0640	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR PANELS, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS, INCLUDES STRAPS, PENDULOUS ABDOMEN DESIGN, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	645.31
K0641	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR PANELS, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PADDING, SHOULDER STRAPS, PENDULOUS ABDOMEN DESIGN, CUSTOM FABRICATED	B.R.
K0642	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, WITH RIGID POSTERIOR FRAME/PANEL(S), POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, LATERAL STRENGTH PROVIDED BY RIGID LATERAL FRAME/PANELS, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PADDING, STAYS, SHOULDER STRAPS, PENDULOUS ABDOMEN DESIGN, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	180.25
K0643	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, WITH RIGID POSTERIOR FRAME/PANEL(S), POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, LATERAL STRENGTH PROVIDED BY RIGID LATERAL FRAME/PANELS, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PADDING, STAYS, SHOULDER STRAPS, PENDULOUS ABDOMEN DESIGN, CUSTOM FABRICATED	B.R.

<u>HCPCS CODE</u>	<u>PROCEDURE DESCRIPTION</u>	<u>MAXIMUM FEE ALLOWANCE</u>
K0644	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, LUMBAR FLEXION, RIGID POSTERIOR FRAME/PANELS, LATERAL ARTICULATING DESIGN TO FLEX THE LUMBAR SPINE, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, LATERAL STRENGTH PROVIDED BY RIGID LATERAL FRAME/PANELS, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PADDING, ANTERIOR PANEL, PENDULOUS ABDOMEN DESIGN, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	612.78
K0645	LUMBAR SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, LUMBAR FLEXION, RIGID POSTERIOR FRAME/PANELS, LATERAL ARTICULATING DESIGN TO FLEX THE LUMBAR SPINE, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, LATERAL STRENGTH PROVIDED BY RIGID LATERAL FRAME/PANELS, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PADDING, ANTERIOR PANEL, PENDULOUS ABDOMEN DESIGN, CUSTOM FABRICATED	908.80
K0646	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR FRAME/PANELS, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, LATERAL STRENGTH PROVIDED BY RIGID LATERAL FRAME/PANELS, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PADDING, SHOULDER STRAPS, PENDULOUS ABDOMEN DESIGN, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	675.30
K0647	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR FRAME/PANELS, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, LATERAL STRENGTH PROVIDED BY RIGID LATERAL FRAME/PANELS, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON INTERVERTEBRAL DISCS, INCLUDES STRAPS, CLOSURES, MAY INCLUDE PADDING, SHOULDER STRAPS, PENDULOUS ABDOMEN DESIGN, CUSTOM FABRICATED	829.08

<u>HCPCS CODE</u>	<u>PROCEDURE DESCRIPTION</u>	<u>MAXIMUM FEE ALLOWANCE</u>
K0648	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, RIGID SHELL(S)/PANEL(S) POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, ANTERIOR EXTENDS FROM SYMPHYSIS PUBIS TO XYPHOID, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS, OVERALL STRENGTH IS PROVIDED BY OVERLAPPING RIGID MATERIAL AND STABILIZING CLOSURES, INCLUDES STRAPS, CLOSURES, MAY INCLUDE SOFT INTERFACE, PENDULOUS ABDOMEN DESIGN, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	675.04
K0649	LUMBAR-SACRAL ORTHOSIS, SAGITTAL-CORONAL CONTROL, RIGID SHELL(S)/PANEL(S), POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA, ANTERIOR EXTENDS FROM SYMPHYSIS PUBIS TO XIPHOID, PRODUCES INTRACAVITARY PRESSURE TO REDUCE LOAD ON THE INTERVERTEBRAL DISCS, OVERALL STRENGTH IS PROVIDED BY OVERLAPPING RIGID MATERIAL AND STABILIZING CLOSURES, INCLUDES STRAPS, CLOSURES, MAY INCLUDE SOFT INTERFACE, PENDULOUS ABDOMEN DESIGN, CUSTOM FABRICATED	657.77
L1932	AFO, RIGID ANTERIOR TIBIAL SECTION, TOTAL CARBON FIBER OR EQUAL MATERIAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	560.94
L2005	KNEE ANKLE FOOT ORTHOSIS, ANY MATERIAL, SINGLE OR DOUBLE UPRIGHT, STANCE CONTROL, AUTOMATIC LOCK AND SWING PHASE RELEASE, MECHANICAL ACTIVATION, INCLUDES ANKLE JOINT, ANY TYPE, CUSTOM FABRICATED	2,262.77
L2232	ADDITION TO LOWER EXTREMITY ORTHOSIS, ROCKER BOTTOM FOR TOTAL CONTACT ANKLE FOOT ORTHOSIS, FOR CUSTOM FABRICATED ORTHOSIS ONLY	B.R.
L4002	REPLACEMENT STRAP, ANY ORTHOSIS, INCLUDES ALL COMPONENTS, ANY LENGTH, ANY TYPE	B.R.

<u>HCPCS CODE</u>	<u>PROCEDURE DESCRIPTION</u>	<u>MAXIMUM FEE ALLOWANCE</u>
L5685	ADDITION TO LOWER EXTREMITY PROSTHESIS, BELOW KNEE, SUSPENSION/SEALING SLEEVE, WITH OR WITHOUT VALVE, ANY MATERIAL, EACH	B.R.
L5856	ADDITION TO LOWER EXTREMITY PROSTHESIS, ENDOSKELETAL KNEE-SHIN SYSTEM, MICROPROCESSOR CONTROL FEATURE, SWING AND STANCE PHASE, INCLUDES ELECTRONIC SENSOR(S), ANY TYPE	15,188.22
L5857	ADDITION TO LOWER EXTREMITY PROSTHESIS, ENDOSKELETAL KNEE-SHIN SYSTEM, MICROPROCESSOR CONTROL FEATURE, SWING PHASE ONLY, INCLUDES ELECTRONIC SENSOR(S), ANY TYPE	5,433.57
L6694	ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOW/ABOVE ELBOW, CUSTOM FABRICATED FROM EXISTING MOLD OR PREFABRICATED, SOCKET INSERT, SILICONE GEL, ELASTOMERIC OR EQUAL, FOR USE WITH LOCKING MECHANISM	B.R.
L6695	ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOW/ABOVE ELBOW, CUSTOM FABRICATED FROM EXISTING MOLD OR PREFABRICATED, SOCKET INSERT, SILICONE GEL, ELASTOMERIC OR EQUAL, NOT FOR USE WITH LOCKING MECHANISM	B.R.
L6696	ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOW/ABOVE ELBOW, 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 L6694 OR L6695)	B.R.
L6697	ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOW/ABOVE ELBOW, 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 L6694 OR L6695)	B.R.

<u>HCPCS CODE</u>	<u>PROCEDURE DESCRIPTION</u>	<u>MAXIMUM FEE ALLOWANCE</u>
L6698	ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOW/ABOVE ELBOW, LOCK MECHANISM, EXCLUDES SOCKET INSERT	B.R.
L7181	ELECTRONIC ELBOW, MICROPROCESSOR SIMULTANEOUS CONTROL OF ELBOW AND TERMINAL DEVICE	B.R.

EFFECTIVE: (2) Deletions Effective for Claims with Dates of Service on or after July 1, 2005

DELETIONS

<u>CODES DELETED</u>	<u>TO REPORT, USE CODE</u>
K0127	L4392
K0128	L4394
K0129	L4396
K0130	L4398
L0476	NO REPLACEMENT CODE
L0478	NO REPLACEMENT CODE
L0500	NO REPLACEMENT CODE
L0510	NO REPLACEMENT CODE
L0515	NO REPLACEMENT CODE
L0520	NO REPLACEMENT CODE
L0530	NO REPLACEMENT CODE
L0540	NO REPLACEMENT CODE
L0550	NO REPLACEMENT CODE
L0560	NO REPLACEMENT CODE
L0561	NO REPLACEMENT CODE
L0565	NO REPLACEMENT CODE
L0600	NO REPLACEMENT CODE
L0610	NO REPLACEMENT CODE
L0620	NO REPLACEMENT CODE
L2435	NO REPLACEMENT CODE
L5674	NO REPLACEMENT CODE
L5675	NO REPLACEMENT CODE
L5846	NO REPLACEMENT CODE
L5847	NO REPLACEMENT CODE
L5989	NO REPLACEMENT CODE
L8490	NO REPLACEMENT CODE

Note: No Replacement Code means an existing procedure code is no longer available for this service. If a Replacement Code is available, this information is reported above. Providers needing to bill a service with “No Replacement Code” may use “Not Otherwise Classified” procedure codes.

Pharmaceutical Services Manual (N.J.A.C. 10:51):**Notification of Medicaid drug federal upper limit of payment for Maximum Allowable Cost (MAC) drugs (Appendix B)**

(1) EFFECTIVE: State Pharmacy Benefit claims with service dates on or after October 28, 2004

ADDITIONS

Dextroamphetamine Sulfate 10 mg, Tablet, Oral, 100	\$0.3425 B
Flecainide Acetate 50 mg, Tablet, Oral, 100	\$0.8610 B
100 mg, Tablet, Oral, 100	\$1.4070 B
150 mg, Tablet, Oral, 100	\$1.9328 B
Fluocinonide Emulsified Base (Fluocinonide-E) 0.05%, Cream, Topical, 60 gm	\$0.2453 R
Lithium Carbonate 300 mg, Capsule, Oral, 100	\$0.1350 B
Metformin Hydrochloride 1000 mg, Tablet, Oral, 100	\$0.4597 B
Mirtazapine 15 mg, Tablet, Oral, 30	\$1.6300 B
30 mg, Tablet, Oral, 30	\$1.6775 B
45 mg, Tablet, Oral, 30	\$1.7100 B
Pergolide Mesylate 1 mg, tablet, Oral, 100	\$3.4872 R
Rimantadine Hydrochloride 100 mg, Tablet, Oral, 100	\$1.5120 B
Tamoxifen Citrate 10 mg, Tablet, Oral, 60	\$0.9713 B
20 mg, Tablet, Oral, 60	\$1.9425 B

CHANGES**NEW PRICE DECREASES**

Acetaminophen; Hydrocodone Bitartrate 500 mg; 5 mg, Tablet, Oral, 100	\$0.0833 B
Atropine Sulfate; Diphenoxylate Hydrochloride 0.025 mg; 2.5 mg, Tablet, Oral, 100	\$0.1088 B
Captopril 12.5 mg, Tablet, Oral, 100	\$0.0232 B
50 mg, Tablet, Oral, 100	\$0.0390 B
100 mg, Tablet, Oral, 100	\$0.1080 B
Cefaclor EQ 125 mg Base/5 ml, Powder for Reconstitution, Oral, 150	\$0.0980 B
EQ 187 mg Base/5 ml, Powder for Reconstitution, Oral, 150	\$0.1470 B
Chlorhexidine Gluconate	

0.12%, Solution, Dental, 480 ml	\$0.0109 B
Chlorzoxazone	
500 mg, Tablet, Oral, 100	\$0.0757 B
Cimetidine	
400 mg, Tablet, Oral, 100	\$0.1071 R
Diazepam	
10 mg, Tablet, Oral, 100	\$0.0573 B
Famotidine	
20 mg, Tablet, Oral, 100	\$0.1500 B
40 mg, Tablet, Oral, 100	\$0.3000 B
Fluocinonide	
0.05%, Cream, Topical, 60 gm	\$0.0790 R
Flurbiprofen	
100 mg, Tablet, Oral, 100	\$0.2438 B
Gentamicin Sulfate	
EQ 0.3% Base, Solution/Drops, Ophthalmic, 5 ml	\$0.5700 B
Gramicidin; Neomycin; Polymyxin B Sulfate	
0.025 mg/ml; EQ 1.75 mg Base/ml; 10,000 units/ml, Solution/Drops, Ophthalmic, 10 ml	\$2.0250 B
Haloperidol Lactate	
EQ 2 mg/ml, Concentrate, Oral, 100	\$0.1369 B
Hydrochlorothiazide; Triamterene	
25 mg; 37.5 mg, Tablet, Oral, 100	\$0.1683 R
Meclizine Hydrochloride	
25 mg, Tablet, Oral, 100	\$0.0420 B
Metoprolol Tartrate	
100 mg, Tablet, Oral, 100	\$0.0690 B
Oxazepam	
15 mg, Tablet, Oral, 100	\$0.5709 B
Sulfamethoxazole; Trimethoprim	
800 mg; 160 mg, Tablet, Oral, 100	\$0.1454 R
Ticlopidine Hydrochloride	
250 mg, Tablet, Oral, 60	\$0.2732 B
Tizanidine Hydrochloride	
2 mg, Tablet, Oral, 150	\$0.6499 B
4 mg, Tablet, Oral, 150	\$0.7899 B
Tobramycin	
0.3%, Solution/Drops, Ophthalmic, 5 ml	\$0.6720 B
Verapamil Hydrochloride	
40 mg, Tablet, Oral, 100	\$0.1509 B

NEW PRICE INCREASES

Acetaminophen; Butalbital; Caffeine 500 mg; 50 mg; 40 mg, Tablet, Oral, 100	\$0.6870 B
Acetaminophen; Codeine Phosphate 300 mg; 60 mg, Tablet, Oral, 100	\$0.3833 B
Acetaminophen; Oxycodone Hydrochloride 500 mg; 5 mg, Capsule, Oral, 100	\$0.2248 B
Amoxicillin 250 mg, Tablet, Oral, 100	\$0.0675 B
500 mg, Tablet, Oral, 100	\$0.1302 R
Atenolol 540 mg, Tablet, Oral, 100	\$0.1058 B
100 mg, Tablet, Oral, 100	\$0.1943 B
Betamethesone Dipropionate EQ 0.05% Base, Lotion, Topical, 60 ml	\$0.1500 B
Bisoprolol Fumarate; Hydrochlorothiazide 2.5 mg; 6.25 mg, Tablet, Oral, 100	\$1.0260 B
5 mg; 6.25 mg, Tablet, Oral, 100	\$1.0260 B
Brompheniramine Maleate; Dextromethorphan Hydrobromide Pseudoephedrine Hydrochloride 2 mg/10 mg/30 mg per 5 ml, Syrup, Oral, 480 ml	\$0.0387 B
Cimetidine 200 mg, Tablet, Oral, 100	\$0.1313 B
Clomipramine Hydrochloride 75 mg, Tablet, Oral, 100	\$0.6623 B
Doxycycline Hyclate EQ 50 mg Base, Capsule, Oral, 50	\$0.1317 B
Enalapril Maleate 2.5 mg, Tablet, Oral, 100	\$0.4334 B
Erythromycin 0.5%, Ointment, Ophthalmic, 3 gm	\$1.0714 B
Estradiol 1 mg, Tablet, Oral, 100	\$0.2175 B
Glipizide 10 mg, Tablet, Oral, 100	\$0.1192 B
Hydrocortisone 0.05%, Cream, Topical, 30 gm	\$0.0510 M
Lidocaine Hydrochloride 2%, Solution, Oral, 100 ml	\$0.0315 R
Potassium Chloride 8 MEQ, Tablet, Extended Release, Oral, 100	\$0.0893 B
Triamcinolone Acetonide 0.1%, Cream, Topical, 80 gm	\$0.0469 B

DELETIONS

Betamethasone Valerate
EQ 0.1% Base, Lotion, Topical, 60 ml
Chlorpheniramine Maleate
4 mg, Tablet, Oral, 100
Homatropine Methylbromide; Hydrocodone Bitartrate
1.5 mg/5 ml; 5 mg/5 ml, Syrup, Oral, 480 ml
Isosorbide Dinitrate
2.5 mg, Tablet, Sublingual, 100
Ketoprofen
50 mg, Tablet, Oral, 100
75 mg, Tablet, Oral, 100
Triamcinolone Acetonide
0.025%, Cream, Topical, 80 gm

(2) EFFECTIVE: State Pharmacy Benefit claims with service dates on or after April 8, 2005

DELETIONS

ACETAZOLAMIDE
250 MG, TABLET, ORAL, 100

THIORIDAZINE HYDROCHLORIDE
10 MG, TABLET, ORAL, 100
25 MG, TABLET, ORAL, 100
50 MG, TABLET, ORAL, 100
100 MG, TABLET, ORAL, 100

CHANGES

NEW PRICE DECREASES

ACEBUTOLOL HYDROCHLORIDE
EQ 200 MG BASE, CAPSULE, ORAL, 100 **\$0.3567 B**
EQ 400 MG BASE, CAPSULE, ORAL, 100 **\$0.5315 B**

ACETAMINOPHEN; HYDROCODONE BITARTRATE
500 MG/15ML; 7.5 MG/15ML, ELIXIR,
ORAL, 473 **\$0.0633 R**
500 MG; 7.5 MG, TABLET, ORAL, 100 **\$0.1739 B**
650 MG; 7.5 MG, TABLET, ORAL, 100 **\$0.1410 B**
750 MG; 7.5 MG, TABLET, ORAL, 100 **\$0.1407 B**

ACETAMINOPHEN; PROPOXYPHENE HYDROCHLORIDE
650 MG; 65 MG, TABLET, ORAL, 100 **\$0.1090 R**

ACYCLOVIR
400 MG, TABLET, ORAL, 100 **\$0.2334 B**

800 MG, TABLET, ORAL, 100	\$0.4667 B
ALBUTEROL 0.09 MG, AEROSOL, METERED, INHALATION, 17 GM	\$0.3088 R
ALBUTEROL SULFATE EQ 0.083% BASE, SOLUTION, INHALATION, 3 ML	\$0.1150 R
EQ 0.5% BASE, SOLUTION, INHALATION, 20 ML	\$0.2333 B
ALLOPURINOL 300 MG, TABLET, ORAL, 100	\$0.1013 R
ETODOLAC 500 MG, TABLET, ORAL, 100	\$0.7500 B
HYDROXYZINE HYDROCHLORIDE 10 MG/5 ML, SYRUP, ORAL, 480 ML	\$0.0159 B
25 MG, TABLET, ORAL, 100	\$0.6744 B
IBUPROFEN 800 MG, TABLET, ORAL, 100	\$0.0590 B
PROPRANOLOL HYDROCHLORIDE 80 MG, TABLET, ORAL, 100	\$0.1020 B
RANITIDINE HYDROCHLORIDE EQ 150 MG BASE, TABLET, ORAL, 100	\$0.1088 B
EQ 300 MG BASE, TABLET, ORAL, 30	\$0.2025 R
TRIAZOLAM 0.125 MG, TABLET, ORAL, 10	\$0.3012 B

NEW PRICE INCREASES

ACETAMINOPHEN; OXYCODONE HYDROCHLORIDE 325 MG; 5 MG, TABLET, ORAL, 100	\$0.1493 B
ETODOLAC 200 MG, CAPSULE, ORAL, 100	\$0.5850 B
400 MG, TABLET, ORAL, 100	\$0.3923 B
LORAZEPAM 2 MG, TABLET, ORAL, 100	\$0.8483 B
POTASSIUM CHLORIDE 8 MEQ, TABLET, EXTENDED RELEASE, ORAL, 100	\$0.1044 R

ADDITIONS

CILOSTAZOL	
100 MG, TABLET, ORAL, 60	\$1.7790 B
CITALOPRAM HYDROBROMIDE	
10 MG, TABLET, ORAL, 100	\$0.5850 B
20 MG, TABLET, ORAL, 100	\$0.6150 B
40 MG, TABLET, ORAL, 100	\$0.6600 B
DEMECLOCYCLINE HYDROCHLORIDE	
150 MG, TABLET, ORAL, 100	\$ 9.4950 B
300 MG, TABLET, ORAL, 48	\$17.1875 B
FLUCONAZOLE	
50 MG, TABLET, ORAL, 30	\$0.5000 B
100 MG, TABLET, ORAL, 30	\$0.8825 B
200 MG, TABLET, ORAL, 30	\$1.4075 B
FLUTICASONE PROPIONATE	
0.005%, OINTMENT, TOPICAL, 30 GM	\$1.1110 B
0.05%, CREAM, TOPICAL, 30 GM	\$1.1110 B
GLYBURIDE; METFORMIN HYDROCHLORIDE	
1.25 MG; 250 MG, TABLET, ORAL, 100	\$0.8405 B
2.5 MG; 500 MG, TABLET, ORAL, 100	\$1.0026 B
5 MG; 500 MG, TABLET, ORAL, 100	\$1.0026 B
HALOBETASOL PROPIONATE	
0.05%, OINTMENT, TOPICAL, 50 GM	\$1.4766 B
HYDROCHLOROTHIAZIDE; QUINAPRIL HYDROCHLORIDE	
12.5 MG; 10 MG, TABLET, ORAL, 100	\$0.6450 B
12.5 MG; 20 MG, TABLET, ORAL, 100	\$0.6983 B
25 MG; 20 MG, TABLET, ORAL, 100	\$0.7065 B
HYDROCORTISONE VALERATE	
0.2%, CREAM, TOPICAL, 45 GM	\$0.6583 B
0.2%, OINTMENT, TOPICAL, 45 GM	\$0.6583 R
HYDROXYZINE HYDROCHLORIDE	
10 MG, TABLET, ORAL, 100	\$0.4865 R
50 MG, TABLET, ORAL, 100	\$0.8222 B
LEVOTHYROXINE SODIUM	
0.025 MG, TABLET, ORAL, 100	\$0.2318 B
0.05 MG, TABLET, ORAL, 100	\$0.2633 B
0.075 MG, TABLET, ORAL, 100	\$0.2910 B
0.088 MG, TABLET, ORAL, 100	\$0.2955 B

0.1 MG, TABLET, ORAL, 100	\$0.2985 B
0.112 MG, TABLET, ORAL, 100	\$0.3443 B
0.125 MG, TABLET, ORAL, 100	\$0.3495 B
0.15 MG, TABLET, ORAL, 100	\$0.3600 B
0.175 MG, TABLET, ORAL, 100	\$0.4275 B
0.2 MG, TABLET, ORAL, 100	\$0.4418 B
0.3 MG, TABLET, ORAL, 100	\$0.6023 B
METHIMAZOLE	
5 MG, TABLET, ORAL, 100	\$0.4212 R
10 MG, TABLET, ORAL, 100	\$0.7176 R
METOPROLOL TARTRATE	
25 MG, TABLET, ORAL, 100	\$0.0720 B
OFLOXACIN	
0.3%, SOLUTION/DROPS, OPHTHALMIC, 5 ML	\$6.7470 B
OMEPRAZOLE	
10 MG, CAPSULE, DELAYED RELEASE PELLETS, ORAL, 100	\$3.5463 B
20 MG, CAPSULE, DELAYED RELEASE PELLETS, ORAL, 100	\$3.9790 B
PROMETHAZINE HYDROCHLORIDE	
12.5 MG, SUPPOSITORY, RECTAL, 12	\$0.9612 B
25 MG, SUPPOSITORY, RECTAL, 12	\$1.0362 B
RIBAVIRIN	
200 MG, CAPSULE, ORAL, 84	\$7.5764 B
TERCONAZOLE	
0.4%, CREAM, VAGINAL, 45 GM	\$0.9650 B
0.8%, CREAM, VAGINAL, 20 GM	\$1.9868 B
TRIAZOLAM	
0.25 MG, TABLET, ORAL, 10	\$0.3251 B

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(BLUE TAB MARKED "5")**