



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

# MONTHLY NEWSLETTER

Volume 16 No. 06

June 2006

Newsletters may be downloaded free of charge from the Unisys website.  
See Table of Contents below for information contained in this Newsletter.

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**“HOW TO ACCESS INFORMATION FOUND ON THE STATE AND UNISYS WEBSITES”**

**New Jersey Medicaid Provider Services Manuals**

**A. State Website:**

[www.state.nj.us/humanservices/dmahs/manuals.html](http://www.state.nj.us/humanservices/dmahs/manuals.html)

Click on the chapter you want, for example:

1. Chapter 10-49 for Administrative services,
2. Chapter 10-50 for Transportation services,
3. Chapter 10-51 for Pharmaceutical services, etc.

**B. Unisys Website Link:**

[www.njmmis.com](http://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](http://www.njmmis.com)

\* Click on Fiscal Agent Billing Supplement

**Medicaid Alerts and Medicaid/DHSS/CBHS/PFC/CSOCI Newsletters:**

[www.njmmis.com](http://www.njmmis.com)

\* Click on Newsletters & Alerts (from November 1, 1991 to present)

**For HIPAA Information and Updated Pharmacy NCPDP-HIPAA Companion Guide:**

[www.njmmis.com](http://www.njmmis.com)

- Registered submitters can now upload files and submit HIPAA electronic claims through [HIPAA Claims](#).
- For HIPAA level 7 transaction testing, click [there](#). For Claredi customers (only), click [there](#).
- **Updated Pharmacy NCPDP-HIPAA Companion Guide** has been revised and is now available in PDF format. To obtain your copy, right mouse click the following link and select the 'Save Target As...' option from the pop-up menu. Specify the location on your hard drive into which the file should be saved. [NCPDP Companion Guide](#) (size 850KB)

**C. Drug Utilization Review Board:**

[www.state.nj.us/humanservices/dmahs](http://www.state.nj.us/humanservices/dmahs)

Click on Drug Utilization Review Board under quick links

**D. Comprehensive NeuroScience:**

[www.cnswebsite.com](http://www.cnswebsite.com)

**E. Centers for Medicare & Medicaid Services:**

[www.cms.hhs.gov](http://www.cms.hhs.gov)

**REQUEST FOR PAPER UPDATES**

DIRECTIONS: If you do not have access to the Internet, you may obtain paper copies of newsletters by mail. To obtain paper copies of newsletters, 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: \_\_\_\_\_

FAX Number: \_\_\_\_\_

Mail To Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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Provider/Authorized Representative Signature

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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 THE OFFICE OF PROVIDER RELATIONS AT:**

**Fax Number: (609) 588-3889**

## ***MEDICAID NEWS***

### **2006 Eligibility Limits for Pharmaceutical Assistance to the Aged and Disabled (PAAD), Lifeline, Hearing Aid Assistance to the Aged and Disabled (HAAAD), and Senior Gold**

The PAAD, Lifeline and HAAAD 2006 annual income limits are \$20,989 for single persons and \$25,735 for married persons.

The Senior Gold 2006 annual income limits are between \$20,989 and \$30,989 for single persons and between \$25,735 and \$35,735 for married persons.

### **Changes in Transportation Prior Authorization (PA) Requirements for Assisted Living (ALF) and Residential Health Care (RHCF) Facilities**

**Effective immediately**, the Division of Medical Assistance and Health Services will no longer require prior authorization for beneficiary transportation when the origin or destination is either an Assisted Living or a Residential Health Care facility. These two provider types are considered nursing homes for the purpose

of transportation origin and destination codes. When billing in hard copy, use “#5” for place of service. When billing electronically, use “N” for place of service.

### **Answers to Questions about Transportation Prior Authorization (PA) Procedures**

Providers have often requested information from DMAHS about PA policies and procedures. DMAHS compiled these questions and provides answers that should help providers navigate the PA process in a more efficient manner. See Page 8 for details.

### **Announcing New Pharmacy MEP Contractor**

Effective January 1, 2006, the Unisys Corporation assumed responsibilities for the Medical Exception Process (MEP).

**Prescribers and pharmacists should continue to call 1-877-888-2939 to request prior authorization.**

Pages 13 and 14 provide details concerning the PA and MEP process, as well as applicable Error Codes, including Error Codes related to the Medicare Part D Prescription Drug Program.

### **Important Updates Regarding Dental Policies and Procedures**

The Bureau of Dental Services announces important policy and procedural changes affecting coverage and claiming for dental services. See Pages 16 through 18 for important details. **Most important** are the July 1, 2006 procedure code modifier changes for paper claims.

### **Important Lead Screening Requirements**

Lead exposure continues to be an environmental risk for many young children eligible for NJ FamilyCare/Medicaid coverage. Despite the benefit that results from more screenings, statistics continue to show that many children are not receiving age-appropriate lead screening. Page 20 reiterate Federal regulations and State law regarding when screening should be

conducted and the acceptable testing procedures. Page 21 provides a **Lead Risk Assessment Questionnaire** published by the New Jersey Physician Lead Advisory Committee. Practitioners are encouraged to incorporate this questionnaire into their practices to better assess lead risks for children.

**Billing for Hospice Services in Special Residences/Waiver Programs**

Hospice/Palliative care services in ICF/MR facilities, DDD facilities and Group Homes are billed to the NJ FamilyCare/Medicaid program in different ways. In ICF/MR and DDD facilities, hospice/palliative care services are billed directly to the facility as a consultative service, and the facility reimburses the provider. A contract must exist between the facility and the hospice agency.

The DDD Waiver does not provide a hospice benefit. However, because hospice services are covered under the Medicaid State Plan and because the DDD Waiver also includes State Plan services, DDD Waiver clients have access to hospice services.

Due to limitations in the claims system, hospice claims for DDD Waiver clients must be manually submitted to DMAHS. Please submit the Election Statement, Certification of Terminal Illness, CMS-1500 billing form, and any other related hospice forms to:

**DMAHS Office of  
Provider Relations  
P.O. Box 712, # 15  
Trenton, NJ 08625-  
0712  
Attention: Hospice  
Unit**

DDD Waiver clients with both Medicare and Medicaid coverage also have access to hospice services. Medicare covers the hospice benefits and can be processed electronically. Room and Board charges related to DDD Waiver hospice services are reimbursed using the routine DDD payment process.

Group Home clients eligible for Medicare who pay privately for Group Home Services are also eligible to receive Medicare hospice services. Medicare may be billed electronically and the client is charged for room and board.

**New Procedure Code and Fee for Epogen**

A new procedure code has been assigned to Epogen. The former code was Q4055. The new procedure code is J0886, effective January 1, 2006. In addition, the maximum fee allowance was changed from \$12.26 to \$13.31 per 1000 Units.

## IMPORTANT CONTACT INFORMATION

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

| <b>TO DISCUSS:</b> | <b>CONTACT:</b>  | <b>TELEPHONE NUMBER:</b>   |
|--------------------|--|--|
| Any questions      | <b>Medicaid/NJ FamilyCare Call Center</b>                                  | 1-800-356-1561   |
| Policy matters     | <b>DMAHS Office of Provider Relations/Office of Utilization Management</b> | <p>MAIN OFFICE<br/>(609) 588-7151</p> <p>DENTAL<br/>(609) 588-7136</p> <p>DRUG REBATE<br/>(609) 588-8522<br/>(609) 588-8526</p> <p>DURABLE MEDICAL EQUIPMENT<br/>(609) 588-4304</p> <p>GENERAL ASSISTANCE &amp; MEDICAL POLICY (WFNJ-GA)<br/>(609) 588-2662</p> <p>HOSPICE<br/>(609) 588-2739</p> <p>LABORATORY CONSULTANT<br/>(609) 588-2730</p> <p>MATERNAL HEALTH SERVICES<br/>(609) 588-4611</p> <p>CHILD HEALTH SERVICES<br/>(609) 588-2739</p> <p>MENTAL HEALTH<br/>(609) 588-3354</p> <p>ORTHOTICS &amp; PROSTHETICS/ PODIATRY<br/>(609) 588-4610</p> <p>PHARMACY/DUR<br/>(609) 588-2724</p> <p>MEDICARE PART "D"<br/>(609) 588-2732</p> <p>TRANSPORTATION<br/>(609) 631-4636</p> <p>VISION CARE<br/>(609) 588-2745</p> |

|   |  |  |
|---|--|--|
| Problems with claims processing                   | <b>Unisys Hotline</b><br><b>Unisys Training</b>          | 1-800-776-6334   |
| Access or quality of care concerns and operations | <b>DMAHS Medical Assistance Customer Centers (MACCs)</b> | Burlington, Mercer (856) 787-3855<br>Camden, Gloucester, Salem (856) 614-2870<br>Cumberland, Atlantic, Cape May (856) 690-5208<br>Essex (973) 648-3700<br>Hudson (201) 217-7100<br>Middlesex, Union (732) 819-7272<br>Monmouth (732) 761-3600 (973) 631-6440<br>Morris, Hunterdon, Somerset, Sussex, Warren (973) 631-6440<br>Ocean (732) 255-0731<br>Passaic, Bergen (973) 977-4077 |

## **Transportation Services Manual (N.J.A.C. 10:50):**

### **Prior Authorization Procedures for Transportation Services**

#### **Q: How must I submit prior authorization (PA) requests to Unisys?**

**A:** Unisys will only accept prior authorization requests for MAV and Livery services by mail, accompanied by a cover sheet. To send prior authorization requests to Unisys by fax, special permission from Unisys staff is required.

#### **Q: Why must I use a cover sheet when I submit prior authorization requests?**

**A:** A Prior Authorization Request Form (MC-12A) must be used for each request for MAV and Livery services. The cover sheet lists the PA numbers, beneficiary identification numbers and beneficiary names for each of the attached MC-12A forms. The cover sheet is faxed to the provider as a receipt for the specific PA requests. Unisys will return any PA request that is not accompanied by a cover sheet containing the required information. The PA request forms will be recorded by Unisys as not being received.

#### **Q: What information must I include on the cover sheet?**

**A:** The cover sheet must contain a list of prior authorization numbers, beneficiary identification numbers and the names of the beneficiaries on the attached MC-12A forms.

#### **Q: How will I know if Unisys has received my cover sheet and PA request(s)?**

**A:** On receipt at Unisys, the cover sheet will be signed, date stamped and returned via fax. The signed and dated cover sheet is confirmation that Unisys received the prior authorization form(s) for the beneficiaries listed on the cover sheet.

#### **Q: What timelines apply to follow-up and denials of prior authorization requests?**

**A:** You must contact Unisys if you have not received a response to your request for prior authorization within 14 days of the date Unisys received the request (the date on the fax). You must file an appeal of denial(s) within 20 days of notice of the denial decision.

#### **Q: What must I do if I receive a request for additional information from Unisys?**

**A:** All Unisys requests for additional information related to prior authorizations must be answered and returned to Unisys within 20 days of the date of the Unisys request for additional information. If Unisys does not receive a complete response within 20 days of their request for additional information, the original request shall be deemed abandoned by the provider. The provider must then submit a new prior authorization request.

#### **Q: May I request adjustments to a previously-submitted PA request?**

**A:** Only MAV providers may request adjustments, by notice of extra crew, oxygen or waiting time. The notices must be received by Unisys within 20 days of the date the prior authorization was received by Unisys. When requesting extra crews, MAV providers must include a certification statement. The statement must include the following text: "The Medicaid/NJ FamilyCare program rules at N.J.A.C. 10:50-1.4(b)8 apply and are followed with respect to the beneficiary's medical condition and circumstances."

#### **Q: Who should call Unisys with transportation questions or concerns?**

**A:** Only transportation providers should call Unisys. Transportation providers may contact the Unisys Transportation PA Unit, at 609-631-6670, or call Broderick F. Seymour, DMAHS Transportation Coordinator, at 609-631-4636. NJ FamilyCare/Medicaid clients should not contact the Unisys Transportation PA Unit, but may call the Medicaid/NJ FamilyCare Call Center, at 1-800-356-1561.

**Pharmaceutical Services Manual (N.J.A.C. 10:51):  
Notification of Medicaid Drug Federal Upper Limits of Payment for Maximum Allowable Cost (MAC) Drugs (APPENDIX B)**

**EFFECTIVE:** Claims with Service Dates on or after June 27, 2004

**ACTION:** As a result of changes in the marketplace, generic versions of the following drug products are **no longer** available at the Medicaid Drug Federal Upper Limits (FUL) of Payment. Consequently, the Medicaid MAC is **suspended** for the following products:

**GENERIC NAME**

AMOXICILLIN  
250 MG, TABLET, CHEWABLE, ORAL, 100

ERYTHROMYCIN  
250 MG, CAPSULE, DELAYED REL PELLETS, ORAL, 100

NIFEDIPINE  
10 MG, CAPSULE, ORAL, 100

NYSTATIN  
100,000 UNITS/ML, SUSPENSION, ORAL, 60 ML

PERPHENAZINE  
4 MG, TABLET, ORAL, 100

In addition, there are **FUL price decreases** to the current Medicaid MAC prices assigned to the drugs listed below:

| <b>GENERIC NAME</b>                                   | <b>NEW<br/>MAC PRICE</b> | <b>BRAND NAME</b> |
|---|--------------------------|-------------------|
| FLUOXETINE HYDROCHLORIDE<br>20 MG, CAPSULE, ORAL, 100 | <b>\$0.2520 B</b>        | Prozac            |

In addition, there are **FUL price increases** to the current Medicaid MAC prices assigned to the drugs listed below:

| <b>GENERIC NAME</b>                                     | <b>NEW<br/>MAC PRICE</b> | <b>BRAND NAME</b> |
|---|--------------------------|-------------------|
| DOXYCYCLINE HYCLATE<br>EQ 50 MG BASE, CAPSULE, ORAL, 50 | <b>\$0.1125 R</b>        | Vibramycin        |
| EQ 100 MG BASE, CAPSULE, ORAL, 50                       | <b>\$0.1491 B</b>        |                   |
| ISOSORBIDE DINITRATE<br>5 MG, TABLET, ORAL, 100         | <b>\$0.0217 R</b>        | Isordil           |
| 10 MG, TABLET, ORAL, 100                                | <b>\$0.0228 R</b>        |                   |
| 20 MG, TABLET, ORAL, 100                                | <b>\$0.0558 B</b>        |                   |
| METHOCARBAMOL<br>500 MG, TABLET, ORAL, 100              | <b>\$0.1463 B</b>        | Robaxin           |

The following drug products have been **added** to the list of MAC drugs at Appendix B:

| <b>GENERIC NAME</b>   | <b>MAC PRICE</b>                                     | <b>BRAND NAME</b>                               |
|---|--|---|
| BACLOFEN<br>10 MG, TABLET, ORAL, 100<br>20 MG, TABLET, ORAL, 100  | \$0.4492 B<br>\$0.8438 B                             | Lioresal<br>Lioresal DS                         |
| BROMPHENIRAMINE MALEATE/DEXTROMETHORPHAN<br>HYDROBROMIDE/PSEUDOEPHEDRINE HYDROCHLORIDE<br>2 MG/10 MG/30 MG PER 5 ML, SYRUP,<br>ORAL, 480 ML | \$0.0168 B   | Dimetane-<br>DX                                 |
| ERYTHROMYCIN<br>2%, GEL, TOPICAL, 30 GM,<br>0.5%, OINTMENT, OPHTHALMIC, 3 GM  | \$0.6250 B<br>\$0.9643 B                             | E-Mycin<br>Ery-Tab<br>Eryc<br>A/T/S<br>Ilotycin |
| HYDROCHLOROTHIAZIDE/<br>PROPANOLOL<br>25 MG; TABLET, ORAL, 1000<br>50 MG; TABLET, ORAL, 1000  | \$0.0577 R<br>\$0.1019 R                             | Inderide  |
| SOTALOL HYDROCHLORIDE<br>80 MG, TABLET, ORAL, 100<br>120 MG, TABLET, ORAL, 100<br>160 MG, TABLET, ORAL, 100<br>240 MG, TABLET, ORAL, 100    | \$1.7850 B<br>\$2.3550 B<br>\$2.9250 B<br>\$3.9750 B | Betapace  |

**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 # 140**

**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 effective dates indicated below:

| <b><u>MANUFACTURER</u></b>          | <b><u>LABELER</u></b> | <b><u>EFFECTIVE DATE</u></b> |
|-------------------------------------|-----------------------|------------------------------|
| Red River Pharma Manufacturing, LLC | 12593                 | 04/01/2006                   |
| Trigen Laboratories, Inc.           | 13811                 | 04/01/2006                   |
| Tercica, Inc.                       | 15054                 | 04/01/2006                   |
| Genpharm, L.P.                      | 15330                 | 04/01/2006                   |
| Esprit Pharma, Inc.                 | 15456                 | 04/01/2006                   |
| Midland Healthcare, LLC             | 15686                 | 04/01/2006                   |
| Pack Pharmaceuticals, L.L.C.        | 16571                 | 04/01/2006                   |
| Medline Industries, Inc.            | 53329                 | 04/01/2006                   |
| Amkas Laboratories, Inc.            | 61073                 | 04/01/2006                   |

**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 the Medicaid or NJ FamilyCare fee-for-service programs as of the effective dates indicated below:

| <b><u>MANUFACTURER</u></b>     | <b><u>LABELER</u></b> | <b><u>EFFECTIVE DATE</u></b> |
|--------------------------------|-----------------------|------------------------------|
| Bajamar Chemical Compant, Inc. | 44184                 | 04/01/2006                   |
| Colorado Biolabs               | 67181                 | 04/01/2006                   |
| Pronova Corporation            | 67555                 | 04/01/2006                   |

**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.

**Pharmaceutical Services Manual (N.J.A.C. 10:51):**  
**Physician Services Manual (N.J.A.C. 10:54):**  
**Independent Clinic Services Manual (N.J.A.C. 10:66):**  
**Additions/Changes to PDUR Standards Recommended by the New Jersey State Drug Utilization Review Board on January 19, 2005**

**PURPOSE:** To notify providers of pharmaceutical services of additions/changes to the State's Prospective Drug Utilization Review (PDUR) program recommended by the New Jersey Drug Utilization Review Board (NJDURB) and approved by the New Jersey Department of Human Services (DHS) and the New Jersey Department of Health and Senior Services (DHSS).

**BACKGROUND:** The Division of Medical Assistance and Health Services (DMAHS) and the Department of Health and Senior Services (DHSS), through the State's point-of-sale (POS) claims processing system, implemented a PDUR program designed to ensure the cost-effective delivery of quality pharmaceutical services. Currently, the program monitors duplicate therapy, early refill claim payments, utilization of certain drugs based on State policy, sex and age categories, therapeutic duplication, maximum daily dosage, drug-drug interactions, and duration of drug use. This program is also designed to provide pharmacists with important information to assist them with their patient consultation responsibilities. Please see the Medicaid/DHSS Newsletter Volume 9, No. 67, dated November 1999, for additional information concerning this program and the Medical Exception Process (MEP).

**ACTION:** For Medicaid and NJ FamilyCare fee-for-service (FFS) pharmacy claims, Pharmaceutical Assistance to the Aged and Disabled (PAAD), AIDS Drug Distribution Program (ADDP) and Cystic Fibrosis (CF) pharmacy claims with service dates on or after April 1, 2005, the following additions/changes to the State's PDUR standards shall apply:

**A. EFFECTIVE:** Claims with service dates on or after April 1, 2005.

**(1) Severe Drug-Drug Interactions (Edit code 916)**

Additional severe drug-drug interaction standards were approved for the following drugs. Prior authorization shall be required when these severe drug-drug interactions are identified by the point-of-sale claims processing system.

| Drug     | Drug   |
|----------|--|
| Truvada  | Emtriva  |
| Truvada  | Viread   |
| Truvada  | Combivir   |
| Truvada  | Epivir, Epivir-HBV                               |
| Truvada  | Epzicom  |
| Truvada  | Trizivir   |
| Truvada  | Reyataz without ritonavir                        |
| Epzicom  | Ziagen   |
| Epzicom  | Epivir, Epivir-HBV                               |
| Epzicom  | Emtriva  |
| Epzicom  | Combivir   |
| Epzicom  | Trizivir   |
| Epzicom  | Hivid  |
| Tramadol | Selective Serotonin Reuptake Inhibitors (SSRI's) |
| Ultracet | Selective Serotonin Reuptake Inhibitors (SSRI's) |

(2) **Prior Authorization for Epoetin**

To obtain prior authorization for epoetin (including darbepoetin), prescribers must provide a diagnosis and Hemoglobin level. Beginning February 13, 2006, coverage for Medicaid beneficiaries will include the following non-prescription, single-entity iron replacement products: ferrous sulfate, ferrous gluconate, ferrous fumarate, carbonyl iron and polysaccharide iron. A prescription is required.

**B. EFFECTIVE:** Claims with service dates on or after October 1, 2005.

(1) **Quantity Limits for Antiemetics (5HT3 receptor antagonists)**

The maximum quantity edit (Error Code 537) posts when the number of units dispensed for a 30 day period exceeds any of the following:

| <b>Drug</b>            | <b>Quantity</b> |
|------------------------|-----------------|
| dolasetron 50 mg       | 2               |
| dolasetron 100 mg      | 2               |
| granisetron 1 mg       | 8               |
| granisetron 2 mg/10 ml | 30 ml           |
| ondansetron 4 mg       | 21              |
| ondansetron 8 mg       | 21              |
| ondansetron 24 mg      | 6               |
| ondansetron 4 mg/5 ml  | 50 ml           |

Prior authorization for larger quantities can be requested through Unisys (1-877-888-2939). A diagnosis is required.

(2) **Prior Authorization for oral transmucosal fentanyl**

Prior authorization through Unisys (1-877-888-2939) is required for all claims for oral transmucosal fentanyl. A diagnosis is required, and the prescription history must document a tolerance to opioids. The initial titration supply is limited to six 200 mcg units.

**C. EFFECTIVE:** Claims with service dates on or after June 6, 2006.

**ACTION:** For NJ FamilyCare/Medicaid and Work First NJ (WFNJ/GA) fee-for-service (FFS) pharmacy claims with service dates on or after June 6, 2006, the following additions/changes to the State's PDUR standards shall apply:

(1) **Expanded coverage of Proton Pump Inhibitors:**

Coverage of the class of drugs known as proton pump inhibitors has been expanded to include the non-legend products (also known as OTC, or over the counter). The order must be in the form of a prescription, by a licensed prescriber. The OTC products are generally the least expensive alternative within this class, and their use is encouraged when appropriate.

**FOR YOUR INFORMATION:**

The Medical Exception Process (MEP) is now administered through a clinical services unit at Unisys, the state fiscal agent. Prescribers and pharmacists should call 1-877-888-2939 when a prior authorization (PA) is required. **This number is for providers only.** Beneficiary questions should be directed to the Medicaid Hotline at 1-800-356-1561 or the Senior Gold/PAAD Hotline at 1-800-792-9745.

To prevent delays, providers should only call the Unisys clinical services number when a prior authorization is needed. The following are edit codes that **cannot** be overridden with PA; please call Provider Services at 1-800-776-6334, or the Medicaid Hotline with questions about these edit codes. **Do not contact the Unisys Clinical Services Unit regarding these Error Codes.**

| <b><u>Edit Code</u></b> | <b><u>Description</u></b>                                       |
|-------------------------|---|
| 254                     | Not covered for patient age                                     |
| 257                     | NDC not covered   |
| 303                     | Patient restricted to another pharmacy                          |
| 321                     | Patient ineligible  |
| 380                     | Must submit claim to managed care plan; cannot bill to Medicaid |
| 395                     | Maximum days supply (34) for original Rx is exceeded            |
| 396                     | Maximum days supply (34) or units (100) for refill is exceeded  |
| 538                     | Maximum daily dose allowed is exceeded                          |
| 542                     | Drug not covered  |
| 547                     | Unit dose product only payable for nursing home patient         |
| 549                     | Drug not covered-no rebate agreement signed by manufacturer     |
| 570                     | Drug not payable – No PAAD/SR GOLD rebate agreement             |
| 738                     | Refills exceeded (Medicaid Rx valid for 6 months or 5 refills)  |
| 827                     | Duplicate-claim already paid to same pharmacy, same date        |
| 828                     | Duplicate-claim already paid to different pharmacy, same date   |
| 830                     | Refill too soon-same pharmacy                                   |
| 832                     | Refill too soon-different pharmacy                              |
| 884                     | Must submit as DME claim to Medicare Part B                     |
| 921                     | Drug-drug interaction   |

| <b><u>Edit Code</u></b> | <b><u>Description (Part “D”)</u></b>                                  |
|-------------------------|---|
| 2016                    | Must submit claim to other insurer                                    |
| 2017                    | Must submit claim to Medicare Part D PDP                              |
| 2019                    | Claim not split billed properly; co-payment & deductible fields are 0 |
| 2030                    | Part D co-payment exceeds \$3.00                                      |
| 2031                    | Part D co-payment exceeds \$5.00                                      |
| 2040                    | Medicare Part D co-payment exceeds max allowed                        |
| 2041                    | Invalid deductible for recipient                                      |

**Hospital Services Manual - Out-Patient Services (N.J.A.C. 10:52):**  
**Independent Clinical Laboratory Services Manual (N.J.A.C. 10:61):**

**Reimbursement Adjustment for Genotype and Phenotype Lab Testing**

**For HCPCS CODE 87901** (Infectious agent genotype analysis by nucleic acid (DNA or RNA), HIV-1 reverse transcriptase and protease, the reimbursement adjustment, effective on July 1, 2005, is \$287.75.

**For HCPCS CODE 87903** (Infectious agent phenotype analysis by nucleic acid (DNA or RNA) with drug resistance tissue culture analysis, HIV-1, 1 – 10 drugs tested, the reimbursement adjustment on July 1, 2005, is \$546.18.

**FOR YOUR INFORMATION:**

**For HCPCS CODE 87902**, Hepatitis C virus (genotype), reimbursement is \$287.75.

**For HCPCS CODE 87900**, Virtual phenotype (replaces 0023T), reimbursement is \$80.00.

**For HCPCS CODE 87904**, each additional drug tested, reimbursement is \$36.00.

**FOR OUT-PATIENT LABORATORY ONLY:**

**Effective immediately:**

P9045 - Infusion, Albumin (Human), 5%, 250ml

P9047 - Infusion, Albumin-(Human), 25%, 50ml

P9052 - Platelets, HLA-matched leukocytes reduced, each unit

P9053 - Platelets, Pheresis, leukocytes reduced, CMV-neg. Irradiated, each unit

P9056 - Whole blood, Leukocytes reduced, irradiated, each unit

P9058 - Red blood cells, leukocytes reduced, CMV- neg. irradiated, each unit

The above P codes are paid cost-to-charge.

## **Dental Services Manual (N.J.A.C. 10:56):**

### **Bureau of Dental Services Inquiries**

Dental offices, and **not the patient**, should contact the Bureau of Dental Services at 609-588-7136, concerning the following:

- ✓ Status of prior authorization requests;
- ✓ Denials of authorization;
- ✓ Corrections to Notification Letters (FD-362) received from Unisys;
- ✓ Program policies and procedures;
- ✓ Unresolved payment problems after contacting UNISYS; and
- ✓ Failure to receive your dental claim and corresponding confirmation letter from Unisys within 5 days of each other

### **Reporting Requirements**

A complete treatment plan must be submitted with all prior authorization requests. Any submitted materials will be returned to the provider.

Prior authorization requests for procedure codes priced “By Report” require written detailed documentation related to the service.

Requests for prorate require submission of dental forms (either the dental claim for already approved services or both the dental claim and the prior authorization); a copy of the treatment records; any lab work to stage of completion; and a written explanation of why the service was not completed. Payment for incomplete requests will be delayed.

### **Patient Information**

It is imperative that the patient present to the office staff a current Medicaid card at every visit so that staff can copy and review the card for information on month of eligibility, HMO enrollment, Service Package, special program enrollment and additional insurance information. Questions concerning eligibility should be directed to the County Board of Social Services or if applicable, to the Provider Service Unit for the Managed Care Plan. Recipient eligibility verification system (REVS) can be called to access eligibility information at 1-800-676-6562.

### **Submitting for Reimbursement**

Dental services that require multiple visits should not be billed until the service is completed or the case is inserted.

### **Payment problems**

Information regarding non-payment of claims is provided with your Remittance Advice Statement. If you need clarification of the Statement, contact Unisys at 1-800-776-6334. To prevent delays in reimbursement, report dollar amounts using the dollar/cents format (for example, 375.00) on all forms.

NJ FamilyCare/Medicaid Newsletters/Alerts; The Quick Reference Guide to CDT4 Dental Procedure Codes (Newsletter Vol.15, No. 7) and the Manual for Dental Services – Chapter 10-56 can be located on the Division of Medical Assistance and Health Services (DMAHS) website at: [www.state.nj.us/humanservices/dmahs/manuals.html](http://www.state.nj.us/humanservices/dmahs/manuals.html).

## Changes in Procedure Codes

### The elimination of modifier “YU” and “YL”

The use of the “YU” and “YL” modifiers with procedure codes D5510, D5610, D5630 and D5660 was eliminated. For hard copy claims, submit only the base code without the modifier; otherwise the claim will be denied. For electronic claims, the base code may be submitted with or without the modifier. Up to two units per date of service are allowed.

### The following changes shall apply to dental claims with service dates on or after July 1, 2006:

- ✓ An **Enteral Sedation Permit**, as required by the State Board of Dentistry, **must be on file at UNISYS**. Submit a copy to Unisys, Provider Enrollment Unit, PO Box 4804, Trenton, NJ 08650-4801.
- 1. **Prior authorization is now required** for D2720, D2721, D2722, D2750, D2751, D2752, D2790, D2791, D2792 D3310, D3320, D3330, D3346, D3347, and D3348.
- 2. **As a general change in dental procedure codes, reporting modifiers “52” and “22” has been eliminated. Only the base procedure code must be reported. For electronic claims, the base code can be reported with or without the modifier.**

Summary of the dental codes affected by elimination of the “52” and “22” modifiers are listed below. For description refer to the CDT5.

| <u>ELIMINATED</u>           | <u>REPLACEMENT</u> | <u>REIMBURSEMENT</u><br><u>(Specialist/Nonspecialist)</u> |
|-----------------------------|--------------------|---|
| D0210-52                    | D0210              | 26  |
| D0210-22                    | D0210              | 26  |
| D0310-22                    | D0310              | 30  |
| D0340-22                    | D0340              | 22.50   |
| D1110-52                    | D1110              | 17/16   |
| D1205-52                    | D1205              | 27/25   |
| D1510-52<br>(with D5899-22) | D6985              | 160 (See #4 below)  |

| <u>ELIMINATED</u> | <u>REPLACEMENT</u> | <u>REIMBURSEMENT</u><br><u>(Specialist/Nonspecialist)</u> |
|-------------------|--------------------|---|
| D3950-22          | D3950              | 23/20   |
| D5130-22          | D5130              | 392/353   |
| D5140-22          | D5140              | 400/363   |
| D5211-52          | D5211              | 275/250   |
| D5212-52          | D5212              | 275/250   |
| D5899-22          | <b>ELIMINATED</b>  | 0   |
| D6930-22          | D6930              | 14/12   |
| D7441-22          | D7441              | 274/256   |
| D7451-22          | D7451              | 150/130   |
| D7461-22          | D7461              | 150/130   |
| D7471-22          | D7471              | 109/98  |
| D7550-22          | D7550              | 90/75   |

|          |       |          |
|----------|-------|----------|
| D7620-52 | D7620 | 182/166  |
| D7630-22 | D7630 | 336/331  |
| D7640-52 | D7640 | 182/166  |
| D7660-52 | D7660 | 63/58    |
| D7720-52 | D7720 | 182/166  |
| D7730-22 | D7730 | 363/310  |
| D7740-52 | D7740 | 182/166  |
| D7760-52 | D7760 | 63/58    |
| D8080-22 | D8670 | 80/80    |
| D8080-52 | D8670 | 80/80    |
| D9220-22 | D9220 | 72/61    |
| D9420-22 | D9420 | BR       |
| D9610-22 | D9610 | 13/11    |
| D9940-22 | D9940 | 65/58    |
| D9999-52 | D9410 | 20.50/19 |

**This will not effect procedure code D0120-22 used by Federally Qualified Health Centers for their encounter visit.**

3. D8080-22 and D8080-52 will be replaced with **D8670** – Periodic Orthodontic Treatment Visit - for the first through **twenty-eighth adjustment visit**. **Additional adjustment visits, up to six maximum, will require prior authorization using this code.**
4. Procedure code **D6985** will replace D1515 and D1510-22 when billing for the pediatric fixed partial denture. Procedure code D5899-22 and the service for immediate replacement of anterior teeth on a partial denture will be **eliminated**.
5. D9220-22 has been **eliminated**. For reporting deep sedation/general anesthesia, as defined by the State Board of Dentistry, procedure codes D9220 (first 30 minutes) and D9221 (each additional unit-15 minutes; with a maximum of six) shall be used.

For reporting intravenous sedation, procedure codes D9241 (first 30 minutes) and D9242 (each additional unit-15 minutes; with a maximum of six) shall be used. Reimbursement for D9241, the first 30 minutes, is \$72 (Specialist) and \$61 (Nonspecialist) with the reimbursement for D9242 unchanged at \$11. This also represents the reimbursement for D9220 and D9221 respectively. Total time for both services is two hours with a reimbursement total of \$125.

**Vision Care Services Manual (N.J.A.C. 10:62):**  
**2005 HCPCS procedure codes and maximum fee allowances for vision care services**

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

**ADDITIONS**

| <b><u>HCPCS<br/>CODE</u></b> | <b><u>PROCEDURE DESCRIPTION</u></b>   | <b><u>MAXIMUM<br/>FEE<br/>ALLOWANCE</u></b> |
|------------------------------|---|---|
| V2745                        | ADDITION TO LENS; TINT, ANY COLOR, SOLID,<br>GRADIENT OR EQUAL, EXCLUDES PHOTOCROMATIC,<br>ANY LENS MATERIAL, <b>PER LENS</b> | 1.75  |
| V2784                        | LENS, POLYCARBONATE OR EQUAL, ANY INDEX,<br><b>PER LENS</b>   | 10.00                                       |

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

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

**Advanced Practice Nurses Manual (N.J.A.C. 10:58A):**

**Independent Clinics, Federally Qualified Health Centers (N.J.A.C. 10:66):**

**ROUTE TO:** Hospital Outpatient Departments: Pediatrics and Emergency Room and Health Maintenance Organizations – **FOR ACTION**

**SUBJECT:** Lead Screening Requirements

**PURPOSE:** The purpose of this Newsletter is to remind physicians, advanced practice nurses, independent clinics, FQHCs, and hospital outpatient departments of the current requirements for screening children for lead exposure.

**BACKGROUND:** Lead exposure continues to be an environmental risk for many young children. Despite the risk, statistics show that many children are not receiving age-appropriate lead screening. A small percentage of infants and toddlers are currently receiving a lead screening.

**ACTION:** Federal regulations and State law require that screening for lead exposure **must** be done for all children between 9 and 12 months of age and **again** at or about 2 years of age. Children **must** be screened between two and six years of age, if there is no evidence of prior screening.

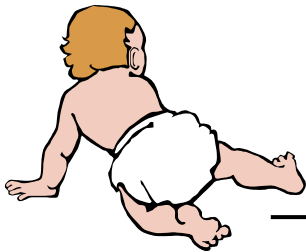
The initial blood lead level determination may use a capillary (fingerstick) blood specimen or the filter paper method. Any capillary blood test results equal to, or greater than, 10 µg/dL must be followed by a more definitive blood level determination using a venous blood sample. Primary Care Providers and other providers are reimbursed by the HMOs on a fee-for-service basis for blood lead drawing for lead screening performed in their offices.

Regularly scheduled preventive health/EPSTD screening visits and any associated office visits must be used as an opportunity for anticipatory guidance and risk assessment for lead poisoning. State law requires that a lead risk assessment be done starting at 6 months of age and continue annually to age six. The Lead Risk Assessment Questionnaire developed by the New Jersey Physician Advisory Committee of the Department of Health and Senior Services is attached for your guidance.

Please note that children with developmental delays and/or pica behavior are at potentially higher risk for lead exposure regardless of age and, therefore, routine blood level screening should continue after age two.

Nutritional assessment and counseling is part of the management of children with low level exposure. A referral to the Special Supplemental Food Program for Women, Infants and Children (WIC) for nutritional assessment and counseling is recommended for all children under five (5) years of age.

Practitioners who would like more information on the clinical management of lead-burdened children, including the names of physician regional advisors in their area, may contact the State Childhood Poisoning program at (609) 292-5666.



**New Jersey Physician Lead Advisory Committee  
LEAD RISK ASSESSMENT QUESTIONNAIRE**

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

| High Risk Exposure Factors   | Date | / / |     | / / |     | / / |     | / / |  |
|--|------|-----|-----|-----|-----|-----|-----|-----|--|
|  | Yes  | No  | Yes | No  | Yes | No  | Yes | No  |  |
| 1. Does your child live in or regularly visit a house with peeling or chipped paint built before 1960? This could include the home of a babysitter or relative, a day care center or preschool, etc. |      |     |     |     |     |     |     |     |  |
| 2. Does your child live in or regularly visit a house built before 1960 with planned, recent (past 6 months) or ongoing renovation/remodeling activity?  |      |     |     |     |     |     |     |     |  |
| 3. Does your child live with an adult whose job or hobby involves exposure to lead?  |      |     |     |     |     |     |     |     |  |
| 4. Did your child have an elevated blood lead test (10ug/dL or higher) when last tested? (If no previous test and 12 months or older, consider this a "Yes" response.)                               |      |     |     |     |     |     |     |     |  |
| <b>Other Risk Factors/Comments:</b>  |      |     |     |     |     |     |     |     |  |

**THE ABOVE QUESTIONS ARE *NOT* A SUBSTITUTE FOR BLOOD LEAD TESTING**

- ▶ Each child's individual **risk of lead exposure should be assessed yearly**, starting at 6 months of age and continue through age 5.
- ▶ A **"Yes" or "I Don't Know"** answer to **ANY** of the questions indicates high risk status. Blood lead testing should begin at 6 months of age and continue at regular intervals until risk status has decreased. Retest whenever new exposure is suspected.
- ▶ A **"No"** answer to **ALL** of the above questions indicates **low risk status**. However, routine blood lead testing should be done on all children initially at 12 months and again at 24 months of age.
- ▶ **Children 27 months through 72 months who have never been tested should be tested.**

*(Revised 06/98)*

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

