



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

# MONTHLY NEWSLETTER

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## MEDICAID NEWS

### **HCPCS Procedure Codes NOW on Website**

Providers can now access HCPCS procedure codes and fee allowances on-line.

Providers can go to [www.njmmis.com](http://www.njmmis.com) and find this information on the main web page. Providers can click on "2006 HCPCS" to find a complete listing of procedure codes and fees for 2006.

*This list is the primary site for providers to access DMAHS-authorized HCPCS procedure codes and maximum fee allowances.*

This list is limited to only **ACTIVE** HCPCS procedure codes. Requests for information related to prior approved CPT/CDT/HCPCS procedure codes may be directed to the Unisys Provider Services Unit at 1-800-776-6334.

Subsequent changes to the list will be highlighted by DMAHS.

Descriptions for all HCPCS procedure codes are consistent with the current year **CPT/CDT/HCPCS** procedure codes manuals.

DMAHS has also included a list of Anesthesia Base Units for billing surgical CPT procedure codes

### **New HCPCS Procedure Code for "No Transport" Ambulance Services** (p. 14)

Providers of ambulance services may respond to a call for treatment requiring no transport to an Emergency Department. For billing this service, DMAHS has activated **HCPCS procedure code A0998, "Ambulance Response and Treatment, No Transport."** The NJ FamilyCare/Medicaid maximum fee allowance for this service is \$58.00.

### **MAV Providers Now Required to Use New NJ Prior Authorization Functional Assessment Form** (p. 15 – p. 16)

Effective immediately, the only form which DMAHS will accept for determining medical necessity for MAV services shall be the **New Jersey Prior Authorization Functional Assessment Form** which will be sent by Unisys or the MACC to MAV providers. If the provider submits any other form, it will be rejected.

**Any modification of this Form will delay reimbursement or cause an authorization denial.**

### **Methadone and Benzodiazepines** (p. 8)

The use of benzodiazepines by patients receiving Methadone treatment is **often** inappropriate and when appropriate,

requires very close monitoring.

To better manage a beneficiary's use of Methadone with benzodiazepines, DMAHS has activated a DUR drug conflict edit that requires prior authorization from Unisys.

Pharmacists, when advised of the conflict, should ask the prescriber to contact the Unisys Pharmacy PA Unit at 1-877-888-2939.

**New Billing Procedures for Covered NJFC/Medicaid-Dental Services**  
(p. 4)

Dentists formerly billed NJFC/Medicaid for certain dental services using "Not Otherwise Classified" or "NOC" CDT procedure codes D4999, D7999, D8999 and D9999.

DMAHS will now accept CDT procedure codes for many of these services.

Dentists should discontinue use of "NOC" CDT procedure codes for these services.

Maximum fee allowances and prior authorization requirements have also been assigned to these new CDT procedure codes.

**The NJ HealthyLiving Behavioral Pharmacy Management Program** (p. 13)

NJ HealthyLiving Behavioral Pharmacy Management Program (BPM) is a collaborative project between the Divisions of Medical Assistance and Health Services (DMAHS), Mental Health Services (DMHS), and Child Behavioral Health Services (DCBHS).

Certain prescribers of mental health medications receive best practice letters.

Through an educational and informative approach, prescribers are also advised of patient utilization patterns. Providers with questions are encouraged to email their concerns to [NJ HealthyLiving BPM@dhs.state.nj.us](mailto:NJHealthyLivingBPM@dhs.state.nj.us).

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

- 1. Newly activated CDT codes & updates for Medicaid covered dental services.**
- 2. Updates and Information**

**EFFECTIVE: (1) Additions Effective for Claims with Dates of Services on or after October 1, 2006**

The New Jersey Medicaid/NJ FamilyCare programs will be activating new procedure codes for billing dental services. These codes are effective for dates of service on or after October 1, 2006. These codes and their related information are listed below. Existing codes which have revised prior authorization requirements are shown in **boldface**.

**Reimbursements will not appear in future Newsletters and can be found on the web site, as noted on page 2.**

**Indicators denote the prior authorization requirements and should not be submitted with the codes on the dental forms.**

A single cross (+) always requires prior authorization.

A double cross (++) prior authorization based on age requirements.

A single cross hatch (#) can be provided once in a rolling calendar year without prior authorization, additional units require prior authorization.

A double cross hatch (##) can be provided twice in a rolling calendar year without prior authorization, additional units require prior authorization.

<b>Procedure code</b>	<b>Short-Description</b>	<b>Specialist</b>	<b>Non-Specialist</b>
D0180+	Comprehensive periodontal evaluation – must have periodontal disease or risk factors	BR	BR
D0277	Vertical bitewings (7 to 8 films)	\$18.00	\$18.00
D0416##	Viral culture	\$8.00	\$8.00
D1320+	Tobacco counseling for the control & prevention of oral disease	BR	BR
D2915	Recement cast or prefabricated post & core	\$7.00	\$6.00
D2953+	Each additional cast post -same tooth	\$37.50	\$34.00
D2955+	Post removal (not in conjunction with enzootic therapy)	\$30.00	\$30.00
D2957+	Each additional prefabricated post - same tooth	\$24.50	\$22.50
D2975+	Coping	\$161.00	\$140.00
D3331+	Treatment of root canal obstruction; non surgical access	BR	BR
D3332+	Incomplete enzootic therapy, inoperable, unrestorable or fractured tooth	BR	BR
D3333+	Internal root repair of perforation defect	BR	BR
D3352##	Apexification/recalcification -interim medication replacement	\$31.00	\$27.00
D3353+	Apexification/recalcification - final visit, includes RCT	BR	BR
D3910+	Surgical procedure for isolation	BR	BR
D4240+	Gingival flap procedure, including root planning -four or more	\$73.50	\$66.00
D4241+	Gingival flap procedure, including root planning -one to three	\$59.00	\$52.00
<b>D4245+</b>	<b>Apically positioned flap</b>	<b>\$36.00</b>	<b>\$31.50</b>
<b>D4249+</b>	<b>Clinical crown lengthening -hard tissue – per quad</b>	<b>\$75.00</b>	<b>\$64.50</b>
<b>D4263+</b>	<b>Bone replacement graft - first site in quadrant</b>	<b>\$261.00</b>	<b>\$261.00</b>
<b>D4264+</b>	<b>Bone replacement graft - each additional site in quadrant</b>	<b>\$130.50</b>	<b>\$130.50</b>
D4266+	Guided tissue regeneration -resorbable barrier, per site	BR	BR
D4267+	Guided tissue regeneration -nonresorbable barrier, per site	BR	BR
D4268+	Surgical revision procedure, per tooth	BR	BR

<b>Procedure code</b>	<b>Short-Description</b>	<b>Specialist</b>	<b>Non-Specialist</b>
D4273+	Subepithelial connective tissue graft procedures, per tooth	BR	BR
D4276+	Combined connective tissue and double pedicle graft, per tooth	BR	BR
D4381+	Localized delivery of antimicrobial agents per tooth	BR	BR
D4910+	Periodontal maintenance (with history of prior perio Tx)	\$34.00	\$32.00
D5225+	Maxillary partial denture - flexible base (including any clasps)	\$411.00	\$378.00
D5226+	Mandibular partial denture - flexible base (including any clasps)	\$392.00	\$361.00
D5850##	Tissue conditioning, maxillary	\$29.00	\$26.00
D5851##	Tissue conditioning, mandibular	\$29.00	\$26.00
D5861+	Overdenture, partial, by report	BR	BR
<b>D5862#</b>	Precision attachment – per set	\$150.00	\$150.00
D5875+	Modification of removable prosthesis following implant surgery	BR	BR
D5911+	Facial moulage (sectional)	BR	BR
D5912+	Facial moulage (complete)	BR	BR
D5913+	Nasal prosthesis	BR	BR
D5914+	Auricular prosthesis	BR	BR
D5915+	Orbital prosthesis	BR	BR
D5916+	Ocular prosthesis	BR	BR
D5919+	Facial prosthesis	BR	BR
D5922+	Nasal septal prosthesis	BR	BR
D5923+	Ocular prosthesis, interim	BR	BR
D5924+	Cranial prosthesis	BR	BR
D5925+	Facial augmentation implant prosthesis	BR	BR
D5926+	Nasal prosthesis, replacement	BR	BR
D5927+	Auricular prosthesis, replacement	BR	BR
D5928+	Orbital prosthesis, replacement	BR	BR
D5929+	Facial prosthesis, replacement	BR	BR
<b>D5931+</b>	Obturator prosthesis, surgical	\$250.00	\$250.00
D5932+	Obturator prosthesis, definitive	BR	BR
D5933+	Obturator prosthesis, modification	BR	BR
D5934+	Mandibular resection prosthesis with guide flange	BR	BR
D5935+	Mandibular resection prosthesis without guide flange	BR	BR
<b>D5937#</b>	Trismus appliance (not for TMD treatment)	\$125.00	\$125.00
<b>D5951#</b>	Feeding aid (including adjustments)	\$500.00	\$500.00
<b>D5952#</b>	Speech aid prosthesis, pediatric (including adjustments)	\$450.00	\$450.00
<b>D5953#</b>	Speech aid prosthesis, adult (including adjustments)	\$450.00	\$450.00
D5954+	Palatal augmentation prosthesis (including adjustments)	BR	BR
D5955+	Palatal lift prosthesis, definitive	BR	BR
D5958+	Palatal lift prosthesis, interim	BR	BR
D5959+	Palatal lift prosthesis, modification	BR	BR
D5960+	Speech aid prosthesis, modification	BR	BR
<b>D5982#</b>	Surgical stent (including adjustments)	\$50.00	\$43.00
D5983+	Radiation carrier	BR	BR
D5984+	Radiation shield	BR	BR
D5985+	Radiation cone locator	BR	BR
<b>D5986+</b>	Fluoride gel carriers- maxillary & mandibular	\$30.00	\$30.00
D5987+	Commisure splint	BR	BR
<b>D5988#</b>	Surgical splint (including adjustments)	\$250.00	\$250.00
D6040+	Surgical placement: eposteal implant	\$500.00	\$500.00
D6050+	Surgical placement: transosteal implant	BR	BR
D6053+	Implant/abutment supported removable denture	BR	BR
D6055+	Dental implant supported connecting bar	BR	BR
D6057+	Custom abutment - includes placement	BR	BR
<b>Procedure</b>	<b>Short-Description</b>	<b>Specialist</b>	<b>Non-</b>

e code			Specialist
D6080+	Implant maintenance procedures, including removal of prosthesis, cleanings of it and abutments and reinsertion	BR	BR
D6090+	Repair implant supported prosthesis, by report	BR	BR
D6095+	Repair implant abutment, by report	BR	BR
D6100+	Implant removal, by report	BR	BR
D6190+	Radiographic/surgical implant index, by report	BR	BR
D6920+	Connector bar	BR	BR
D6940+	Stress breaker	BR	BR
D6950+	Precision attachment, per set with bridge	\$150.00	\$150.00
D6976+	Each additional cast post -same tooth	\$37.50	\$34.00
D6977+	Each additional prefabricated post - same tooth	\$24.50	\$22.50
<b>D6985#</b>	Pediatric partial denture, fixed	\$160.00	\$160.00
D7241+	Removal of impacted tooth – complete bony, unusual	BR	BR
D7290+	Surgical repositioning of teeth	BR	BR
D7291+	Transseptal fiberotomy/supra crestal fiberotomy, by report	BR	BR
D7311#	Alveoloplasty in conjunction with extractions 1- 3 teeth, per quad	\$31.00	\$28.00
D7321#	Alveoloplasty not in conjunction with extractions 1- 3 teeth, per quad	\$31.00	\$28.00
D7856+	Myotomy	BR	BR
D7876+	Arthroscopy - surgical: dissectomy	BR	BR
<b>D7960##</b>	Frenulectomy(Frenectomy or frenotomy) separate procedure	\$60.00	\$56.00
D7963##	Frenuloplasty	\$84.50	\$76.50
<b>D8080#</b>	Comprehensive orthodontic treatment - adolescent dentition	\$493.00	\$493.00
<b>D8691#</b>	Repair of orthodontic appliance	\$49.50	\$45.00
<b>D9220##</b>	Deep sedation/general anesthesia – 1 <sup>st</sup> 30 minutes	\$125.00	\$125.00
<b>D9940#</b>	Occlusal guard, by report – for 2 <sup>nd</sup> one (for athletics & Bruxism)	\$65.00	\$58.00
<b>D9951#</b>	Occlusal adjustment – limited, per visit	\$6.00	\$5.00
<b>D9952#</b>	Occlusal adjustment – complete	\$68.00	\$60.00
<b>D9974##</b>	Internal bleaching -per tooth	\$33.00	\$33.00

The following procedure codes changed from “Dollar amount” to “By report”:

Procedure code	Short-Description	Specialist	Non-Specialist
D5860+	Overdenture - complete, by report	BR	BR
D5936+	Obturator prosthesis, interim	BR	BR
D6056+	Prefabricated abutment-includes placement	BR	BR
D9930+	Treatment of complications (post-surgical) - unusual	BR	BR

**As a reminder:**

Procedures that were denied payment because of the prior authorization requirement must be submitted for review. Approval can be given after the service(s) has been rendered. Please submit the **two-part form** with date of service noted and the **pre-treatment film(s)** to the Bureau.

Procedure codes that are noted as “**By Report**” (BR) must be submitted for prior authorization with a written report that includes the diagnosis and description of the service to be provided. Include all other pertinent information and, where applicable, diagnostic films or photographs to assist in consideration of the treatment. For surgical services, the corresponding CPT code can be noted under description.

**Please note:**

Procedure code **D5986** - fluoride gel carrier has a prior authorization requirement as of **June 1, 2006**. The diagnosis related to need must be provided.

### **Claims over one year with Proof of Timely Filing**

To expedite reimbursement for dental claims with dates of service that are over one year and require proof of timely filing, the office should submit the hard copy dental claim with the Remittance Advice attached showing payment was requested within the allowed one year timeframe. **When submitting electronically, the office is still required to submit a hard copy of the Remittance Advice to UNISYS.**

### **Loss of Eligibility during dental treatment**

Services that are started during a period of eligibility can be reimbursed if completed within a minimum of sixty days after the beneficiary loses coverage. Claim must be submitted to the Bureau of Dental Services for processing prior to submission to Unisys. For dentures, complete section 11; for crowns, complete section 15A; for endodontics, complete section 15B. **Approval for the service must have been received during a period of eligibility.**

### **Status Codes on Prior Authorizations**

The status codes used for prior authorization have been revised (effective August 28, 2006). The status codes provide information concerning the reason for denial of specific procedure codes. These codes will be found in section **17 L** of the dental claim form. Denied dental services can be reconsidered and be resubmitted with additional documentation of circumstances or need.

**A** – Requested procedure code is approved

**C** – Requested procedure code denied due to lack of documented dental necessity or program regulation. Submit with additional information for reconsideration

**E** – Authorization of 2<sup>nd</sup> denture cannot be granted within 7.5 year period following the insertion of original denture.

**F** – There are at least 8 posterior teeth in occlusion; dentition does not meet program regulation for replacements.

**G**- Requested service not reimbursable by NJ Medicaid program

**H** – Additional information is required to justify dental necessity

**M** – Prior authorization has been approved but modified from request

**Y** – Service denied due to apparent poor prognosis

**Z** – Tooth number/surface code not valid

### **Dental care in an operating room for Patients with Special Needs**

To improve access to dental care for clients with special health or medical needs requiring their dental care be provided under general anesthesia, reimbursement will now be allowed to the dentist for taking the case to the operating room of either an ambulatory surgical center or a hospital. The service is reimbursed through procedure code D9420 and requires prior authorization. Documentation of need includes medical diagnoses and their clinical presentation. The planned dental services must also be included with the request. Cases done on or after July 1<sup>st</sup> can be considered for approval. The reimbursement for this code is \$320.00.

### **Reimbursement for Deep Sedation/General Anesthesia**

The procedure code D9220 for the first 30 minutes of deep sedation/general anesthesia, will be reimbursed at \$125.00 with a maximum of 2 in a rolling calendar year without prior authorization. Procedure code D9221 is billed for each additional unit (15 minutes) up to the maximum of 6 units per visit. An anesthesia record which shows the elapsed anesthesia time, and pinpoints time and amounts of drugs administered, pulse rate and character, blood pressure, respiration and so forth must be maintained in the patient's record and be available upon request.

**Pharmacy Services Manual (N.J.A.C. 10:51):**

Additions/Changes to the State's PDUR standards

**EFFECTIVE: (1) Additions Effective for Claims with Dates of Services on or after September 1, 2006**

**ACTION:** For Medicaid and NJ FamilyCare fee-for-service (FFS) pharmacy claims, Pharmaceutical Assistance to the Aged and Disabled (PAAD), Senior Gold, AIDS Drug Distribution Program (ADDP) and Cystic Fibrosis (CF) pharmacy claims with service dates on or after September 1, 2006, the following additions or changes to the State's PDUR standards shall apply:

**(1) Drug-Drug Conflict, Therapeutic Duplication**

The drug-drug conflict edit (Error Code 916) or therapeutic duplication edit (Error Code 405) posts when there are overlapping claims for two or more of the following skeletal muscle relaxants: tizanidine, cyclobenzaprine, baclofen, carisoprodol, metaxalone, methocarbamol, dantrolene, or benzodiazepines. If appropriate, Prior Authorization should be requested through Unisys (1-877-888-2939).

**(2) Prior Authorization for benzodiazepines with methadone**

Prior Authorization through Unisys (1-877-888-2939) is required for all claims for benzodiazepines for patients receiving methadone maintenance therapy (MMT). Only prescribers may request Prior Authorization. An appropriate diagnosis must be provided, and there must be agreement between the prescribers that it is appropriate for the patient to receive both medications.

**(3) Prior Authorization for dronabinol and aprepitant**

Prior authorization through Unisys (1-877-888-2939) is required for dronabinol and aprepitant. A diagnosis must be provided.

**NJDURB EDUCATIONAL NEWSLETTER**

The DURB recently released "The Appropriate Use of Proton-Pump Inhibitors and H2 Receptor Antagonists", an educational newsletter that provides a review of some of the uses and recommended dosing for PPIs and H2RAs, in a handy reference format. It is available at [www.state.nj.us/humanservices/dmahs](http://www.state.nj.us/humanservices/dmahs) (select Drug Utilization Review Board under Quick Links).

**Physician Services Manual (N.J.A.C. 10:54):**  
**Advanced Practice Nurse Services Manual (N.J.A.C. 10:58A):**  
**Independent Clinic Services Manual (N.J.A.C. 10:66):**

- 1. Updated Information Regarding NJFC/Medicaid/NJ-VFC Coverage of Immunizations**
- 2. Disease Management Update**

**EFFECTIVE:** Immediately

**PURPOSE:** To provide practitioners an updated list of New Jersey Family Care/Medicaid and New Jersey Vaccine for Children (NJ-VFC)-covered immunizations and to review billing procedures.

**BACKGROUND:** The NJ-VFC program offers practitioners the opportunity to receive free vaccines for certain Medicaid/NJ FamilyCare-eligible children less than 19 years of age. In June of 1999, the Division terminated Medicaid/NJ FamilyCare fee-for-service (FFS) coverage and reimbursement for vaccines available from the NJ-VFC program. Vaccines for individuals age 19 and over continue to be covered by the Medicaid/NJ FamilyCare FFS program.

The Division provides an enhanced FFS administration of \$11.50 for the administration of injectable immunizations and \$5.00 for the administration of intranasal or oral immunizations that are ordered from the NJ-VFC program and administered to children eligible for Medicaid/NJ FamilyCare.

**ACTION:** **Effective immediately, the revised NJ-VFC-covered immunizations and billing procedures for Medicaid/NJ FamilyCare FFS individuals.**

**NJ-VFC-covered immunizations:**

- Providers must report both a vaccine administration CPT code and the associated immunization CPT code for the NJ-VFC-covered immunization when requesting payment for the administration fee(s) of NJ-VFC-covered immunizations.
- The date of service reported on the claim for vaccine administration CPT codes 90465 through 90468 and 90471 through 90474 **must** be the same as the date of service reported on the accompanying claim for the NJ-VFC-covered CPT code. If the dates are different or missing, the claim will be denied payment by Error Code 778, "No immunization code provided on same date of service."
- Although the provider is receiving the vaccines from the NJ-VFC program, the charge amount(s) for the actual NJ-VFC-covered vaccine(s) CPT code **must** reflect a provider's usual and customary charge for the vaccine.

**Non NJ-VFC-covered immunizations:**

- For those non NJ-VFC-covered immunizations, providers shall not submit a separate vaccine administration CPT code as the reimbursement amount for the administration is included in reimbursement for the specific immunization CPT code.

**NJ-VFC-Covered Immunization(s) Administration CPT Codes:**

**Use the following administration codes for children under 8-years of age when the physician provides face-to-face counseling of the patient and family during the administration of the vaccine.**

90465	Initial vaccine (injection)	\$11.50	
90466	Each additional injection	\$11.50	(per injection administered)
90467	Initial vaccine (intranasal or oral)	\$5.00	
90468	Each additional intranasal/oral administration	\$5.00	

**Use the following administration codes for children under 19 years of age when there is no counseling by the physician.**

90471	Initial vaccine (injection)	\$11.50	
90472	Each additional injection	\$11.50	(per injection administered)
90473	Initial vaccine (intranasal or oral)	\$5.00	
90474	Each additional intranasal/oral administration	\$5.00	

**Immunization Table (NJ-VFC and non NJ-VFC-Covered)**

NJ-VFC-covered	Medicaid-covered	CPT Code	Vaccine ID	Description
Special Request	≥19 yrs	90632	Hep A (Adult)	Hepatitis A vaccine, inactivated 2 dose schedule
YES	NO	90633	Hep-A (Ped/Adol)	Hepatitis A vaccine, inactivated 2 dose schedule ≥12 months
Special Circumstances	YES	90636	Hep A-Hep B (Adult)	Hepatitis A & Hepatitis B vaccine
YES	NO	90647	Hib PRP-OMP	Hemophilus influenza B vaccine (Hib), PRP-OMP conjugate (3 dose schedule)
YES	NO	90648	Hib PRP-T	Hemophilus influenza B vaccine, (Hib) PRP-T conjugate (4 dose schedule)
<i>In the future</i>	< 19 yrs. YES for ages not covered by NJ-VFC; ≥ 19 yrs YES	90649	HPV	Human Papilloma Virus vaccine
YES	NO	90655	Flu (split virus)	Influenza virus vaccine <b>Preservative Free/Single Dose</b> (6-35 months)
YES	NO	90656	Flu (split virus)	Influenza virus vaccine <b>Preservative Free/Single Dose</b> (3 yrs and older)
NO	NO	90657	Flu (split virus)	Influenza virus vaccine <b>Multi Dose Vial</b> (6-35 months)
YES	≥ 19 yrs	90658	Flu (split virus)	Influenza virus vaccine <b>Multi Dose Vial</b> (3 yrs and older)

NJ-VFC-covered	Medicaid-covered	CPT Code	Vaccine ID	Description
YES	≥ 19 yrs	90660	Flu (intranasal)	Influenza virus vaccine, <b>Live</b> (intranasal use) 5-49 yrs of age.
YES	NO	90669	PCV	Pneumococcal Conjugate Vaccine (children under 5 yrs)
YES	NO	90680	Rotavirus	Rotavirus 2,4 and 6 months of age
YES	NO	90700	DTaP	Diphtheria, Tetanus Toxoids and Acellular Pertussis Vaccine Adsorbed (children under 7 yrs)
NO	YES	90702	DT	Diphtheria and Tetanus Toxoids Adsorbed (Pediatric use-children <7yrs)
NO	YES	90703	T	Tetanus Toxoid Adsorbed
NO	YES	90704	Mu	Mumps virus vaccine, live
NO	YES	90705	M	Measles virus vaccine, live
NO	YES	90706	Ru	Rubella virus vaccine, live
YES	≥19 yrs	90707	MMR	Measles, mumps and rubella vaccine, live
YES	NO	90710	MMRV	Measles, mumps, rubella, and varicella vaccine, live
YES	≥19 yrs	90713	IPV	Poliovirus Vaccine Inactivated
YES	≥19 yrs	90714	Td	Tetanus and Diphtheria Toxoids Adsorbed <b>Preservative Free</b> (For Adult Use)
YES	≥ 19 yrs	90715	Tdap	Tetanus Toxoid, Reduced Diphtheria Toxoid and Acellular Pertussis Vaccine Adsorbed
YES	≥ 19 yrs	90716	Var	Varicella virus vaccine, live
YES	≥ 19 yrs	90718	Td	Tetanus and diphtheria toxoids adsorbed (adult, children > 7yrs)
NO	YES	90721	DTaP/Hib	ActHIB, Haemophilus b Conjugate Vaccine <u>reconstituted</u> with Tripedia, Diphtheria & Tetanus Toxoids & Acellular Pertussis Vaccine Adsorbed
YES	NO	90723	DTaP/HepB/IPV	Diphtheria, tetanus toxoids, acellular pertussis, Hepatitis B, and inactivated poliovirus vaccine. (first 3 doses)
Special Request	≥ 19 yrs	90732	PPV	Pneumococcal polysaccharide vaccine, 23-valent (adult, or >2yrs)
NO	YES	90733	MPSV4	Meningococcal Polysaccharide Vaccine, Groups A, C, Y, & W-135 Combined

NJ-VFC-covered	Medicaid-covered	CPT Code	Vaccine ID	Description
YES (15 & 18 yrs ONLY)	YES (by report, not 15 & 18 yr. olds)	90734	MCV4	Meningococcal Conjugate Vaccine (Groups A, C, Y, & W-135) Polysaccharide Diphtheria Toxoid
NO	YES ≥ 60 yrs.	90736	Zostavax	Zoster Vaccine Live – adults 60 yrs. of age or older to prevent shingles.
YES	NO	90743	Hep B - Adol	Hepatitis B vaccine, adolescent - <u>2</u> dose (11-15 yrs)
YES	NO	90744	Hep B	Hepatitis B (Ped/Adol). <u>3</u> dose schedule
Special Request in STD clinics	≥ 19 yrs	90746	Hep B - Adult	Hepatitis B - Adult 3 doses
YES	NO	90748	Hep B/Hib PRP-OMP	Hepatitis B and Haemophilus influenza B vaccine
NO	YES (By Report)	90749	Tetanus Toxoid (for Booster use ONLY)	Unlisted Vaccine/Toxoid
NO	YES (By Report)	90675	Rabies Vaccine	Rabies Vaccine
NO	YES	90691	ViCPs	Typhoid Vi polysaccharide Vaccine
NO	YES	90717	Yellow Fever Vaccine	Yellow Fever Vaccine, live
NO	YES (By Report)	90586/J9031	BCG	Bacillus Calmette-Guerin vaccine for bladder cancer live, for intravesical use

If providers have any questions concerning this Newsletter, they may contact the DMAHS' Office of Provider Relations - Preventive Health Services Unit at (609) 588-2739.

## 2. Disease Management Update

### CNS

NJ HealthyLiving Behavioral Pharmacy Management Program (BPM) is a collaborative project between the Divisions of Medical Assistance and Health Services (DMAHS), Mental Health Services (DMHS), and Child Behavioral Health Services (DCBHS). The program is designed to improve the quality of psychotropic prescribing practices in the Medicaid fee-for-service program through the use of the Behavioral Pharmacy Management Program (BPM), developed by Comprehensive NeuroScience, Inc. (CNS). CNS is an independent company with experience in evidence-based and consensus-based standards and pharmacy data analysis of psychotropic medication prescribing.

NJ HealthyLiving BPM identifies potential prescribing issues associated with various quality indicators through the analysis of Medicaid behavioral health pharmacy claims data. The BPM program identifies those prescribing issues associated with the quality indicators based on evidence-based and consensus-based best practice for adults and children.

Best practice letters are mailed every other month to selected providers with information regarding clinical considerations. In addition, prescribers will receive notification if patients do not refill prescriptions for psychotropic drugs, if they receive psychotropic medications from two or more prescribers of an antipsychotic or of the same class of a psychotropic drug.

This information is intended to be educational, informative, and offer alternatives that will have a positive impact on patients. Providers having questions or concerns about the NJ HealthyLiving BPM program should email: [NJHealthyLivingBPM@dhs.state.nj.us](mailto:NJHealthyLivingBPM@dhs.state.nj.us).

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

- 1. 2006 Updates to HCPCS procedures and maximum fee allowance**
- 2. New Jersey Prior Authorization Functional Assessment Form**

**EFFECTIVE: (1) Additions Effective for Claims with Dates of Services on or after January 1, 2006**

**ADDITIONS**

<b><u>HCPCS CODE</u></b>	<b><u>DESCRIPTION</u></b>	<b><u>MAXIMUM FEE ALLOWANCE</u></b>
A0998	AMBULANCE RESPONSE AND TREATMENT, NO TRANSPORT	\$58.00

**NOTE: (2)** Effective immediately, MAV providers shall submit only the **New Jersey Prior Authorization Functional Assessment Form (see below)** for a determination of medical necessity. The form can be obtained from UNISYS or at the MACC. No other forms or alterations to this form will be accepted.



## NJ Medicaid Prior Authorization FUNCTIONAL ASSESSMENT FORM

**Dear Physician:** This office has received a request for transportation to a Medicaid covered service for the individual identified below. Please review the functional abilities and limitations and provide supporting information as necessary.

**Beneficiary's Name:** \_\_\_\_\_ **Medicaid#** \_\_\_\_\_

**Date of Birth** \_\_\_/\_\_\_/\_\_\_

**Beneficiary's current ambulatory status (Circle):**

Ambulates independently?	Yes	No
Uses walker or cane?	Yes	No
Walks with difficulty?	Yes	No
Requires assistance of trained personnel for safety?	Yes	No
Is confined to a wheelchair?	Yes	No
Is oriented and alert?	Yes	No

**Beneficiary arriving at your facility:**

Did beneficiary arrive alone?	Yes	No
Does beneficiary ambulate with assistance? Type (i.e. walker, wheelchair?) _____	Yes	No
Did an individual accompany the beneficiary on arrival at the facility? If yes, name of individual accompanying the beneficiary _____	Yes	No
Diagnosis: _____		
Is diagnosis permanent?	Yes	No
Other Comments _____		

Recent Hospitalizations (To/From Dates): \_\_\_\_\_

**Can beneficiary travel by:** (Circle)

Bus	Yes	No
Car/Taxi	Yes	No
Clinic Van or Livery Van	Yes	No
MAV (wheelchair lift van) only	Yes	No

Signature \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_  
(Physician)

**Please Return Form To: UNISYS Corporation: Fax# 609-588-0816  
3705 Quakerbridge Road, Suite 101  
Trenton, NJ 08619  
Attn. PA Transportation**

**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: \_\_\_\_\_

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

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

\_\_\_\_\_

\_\_\_\_\_

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

---

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:**

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

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

- A. **Centers for Medicare & Medicaid Services:**  
[www.cms.hhs.gov](http://www.cms.hhs.gov)
- B. **Comprehensive NeuroScience:**  
[www.cnswebsite.com](http://www.cnswebsite.com)
- 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. **HCPCS procedure codes and maximum fee allowances**  
[www.njmmis.com](http://www.njmmis.com). On main web page, click on “2006 HCPCS”
- E. **State Website:**  
[www.state.nj.us/humanservices/dmahs/manuals.html](http://www.state.nj.us/humanservices/dmahs/manuals.html)  
NJFC/Medicaid Provider Services Manuals
- F. **Unisys Website Link:**  
[www.njmmis.com](http://www.njmmis.com)

**Fiscal Agent Billing Supplement:**  
[www.njmmis.com/billing](http://www.njmmis.com/billing) supplements

**Medicaid Alerts and Medicaid/DHSS/CBHS/PFC/CSOCI Newsletters:**  
[www.njmmis.com/newsletters](http://www.njmmis.com/newsletters) and alerts

**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](#), as well as conduct HIPAA level 7 transaction testing.
- **Updated Pharmacy NCPDP-HIPAA Companion Guide** has been revised and is now available in PDF format. To obtain a copy, right mouse click the following link and select the 'Save Target As...' option from the pop-up menu. Specify the location on the hard drive into which the file should be saved. [NCPDP Companion Guide](#) (size 850KB)

**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 (609) 588-7151</p> <p>DENTAL (609) 588-7136</p> <p>DRUG REBATE (609) 588-8522 (609) 588-8526</p> <p>DURABLE MEDICAL EQUIPMENT (609) 584-4304</p> <p>GENERAL ASSISTANCE &amp; MEDICAL POLICY (WFNJ-GA) (609) 588-2662</p> <p>HOSPICE (609) 588-2739</p> <p>LABORATORY CONSULTANT (609) 588-2730</p> <p>MATERNAL HEALTH SERVICES (609) 588-4611</p> <p>MENTAL HEALTH (609) 588-3354</p> <p>ORTHOTICS &amp; PROSTHETICS/ PODIATRY (609) 588-4610</p> <p>PHARMACY/DUR (609) 588-2724</p> <p>MEDICARE PART "D" (609) 588-2732</p> <p>PREVENTIVE HEALTH SERVICES (CHILD HEALTH) (609) 588-2739</p> <p>TRANSPORTATION (609) 631-4636</p> <p>VISION CARE (609) 588-2745</p>

Problems with claims processing	<b>Unisys Hotline</b> <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 Camden, Gloucester, Salem (856) 614-2870 Cumberland, Atlantic, Cape May (856) 690-5208 Essex (973) 648-3700 Hudson (201) 217-7100 Middlesex, Union (732) 819-7272 Monmouth, Ocean (732) 761-3600 or (973) 631-6440 Morris, Hunterdon, Somerset, Sussex, Warren (973) 631-6440 Passaic, Bergen (973) 977-4077

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