

TO: Providers of Medical Supplies

SUBJECT: Proper Completion of Claim Form Related to the Assignment of

EFFECTIVE: For Claims with Dates of Service on/or after January 1, 1992

ACTION: This Newsletter is to announce the assignment of a "unit price" Maximum Fee Allowance for certain medical supplies. The availability of these unit prices will expedite the processing of claims. The following HCPCS procedure codes have been assigned a "unit price" Maximum Fee Allowance:

<u>HCPCS CODE ALLOWANCE</u>	<u>DESCRIPTION</u>	<u>MAXIMUM</u>	<u>FEE</u>
A4214	Sterile saline or water, 30cc vial	\$ 0.81/vial	
X6000	Disposable incontinence briefs, any size	\$ 1.05/brief	
X6001	Two piece flange "picture frame" design, any size	\$ 3.65/unit	
X6002	Two piece stoma irrigation drain with flange and attached closure, any size	\$ 3.65/unit	
X6003	Two piece drainable pouch, drainable "mini" pouch, urostomy pouch with flange and/or filters, any size	\$ 2.35/unit	
X6004	Two piece closed pouch, closed "mini" pouch, stoma cap with flange and/or filters, any size	\$ 1.14/unit	
X6005	Two piece flange, stoma size 4" and two pieces flange, stoma size 3 1/4", "picture frame" design	\$ 4.70/unit	
X6006	Two piece sterile drainable loop set 4"	\$18.25/unit	
X6007	Sterile ostomy, urostomy O.R. set, any size	\$ 9.00/unit	
X6451	Ostomy wafer (barrier) with flexible or accordion flange	\$ 3.50/unit	

X7520 Disposable diapers, any size

\$ 0.54/diaper

The 1500 N.J. claim form must be completed as described in the Fiscal Agent Billing Supplement. To properly enter the quantity of medical supplies dispensed for a procedure code assigned a price, the provider must indicate the number of units dispensed in Field 24F on the claim form. For example, a package containing 24 diapers would be entered in Field 24F as 24 units. TO AVOID THE INCORRECT PRICING OF THE CLAIM, THE NUMBER OF PACKAGES, BOXES, OR CASES, MUST NOT BE ENTERED IN THIS FIELD.

If there are any questions concerning this Newsletter, please contact the Chief Pharmacy Consultant, at (609) 588-2724 or your Local Medicaid District Office.