

TO: Medical Suppliers

SUBJECT: Additions/Deletions (Durable Medical Equipment, Medical and Surgical Supplies, Orthotic Appliances, Orthopedic Footwear, and Prosthetic Devices) - New Jersey Health Services Program Newsletter Volume 2 No. 8

PURPOSE: The purpose of this Newsletter is to inform medical suppliers that the Division of Medical Assistance and Health Services is revising the list of allowable HCPCS procedure codes included in the interim Medicaid fee schedule for durable medical equipment (10:59-3.2), medical and surgical supplies (10:59-3.3), orthotic devices (10:59-3.5), and orthopedic footwear (10:59-3.6). The Division has also created a new section 10:59-3.7 (prosthetic devices).

The Division is changing the billing procedures used by medical suppliers to submit claims for certain orthotic devices, orthopedic footwear and prosthetic devices. This Newsletter clarifies procedures used by medical suppliers when billing the Medicaid program for these medical supplies. In some cases, the Division is deleting certain HCPCS procedure codes which were previously billed to Medicaid and is replacing these procedure codes with new HCPCS procedure codes listed in the revised interim Medicaid fee schedule enclosed.

ACTION: (1) The Division is deleting the following HCPCS procedure codes:

A4490	A4500	L2210
A4495	A4510	

Medical supply claims submitted for these HCPCS procedure codes with dates of service on and after August 1, 1993 will be denied payment.

- (2) For claims submitted on or after July 26, 1993, the Division is activating the following HCPCS procedure codes for medical suppliers:

L0172	L1902	L8030	L8400
L0210	L1906	L8100	L8410
L0315	L3650	L8110	L8415
L0515	L3660	L8120	L8420
L0900	L3670	L8130	L8430
L0920	L3700	L8140	L8435
L0974	L4350	L8150	L8440
L0976	L4360	L8160	L8460
L0982	L4370	L8170	L8465
L1600	L4380	L8180	L8470
L1610	L8000	L8190	L8480
L1620	L8010	L8200	X3650
L1815	L8020	L8320	

NOTE: These changes include the creation of a new section 3.7 which contains new codes and codes transferred from another section.

- (3) Claims for the HCPCS procedure codes cited in (2) above and denied prior to July 26, 1993, which are being resubmitted more than one (1) year from the date of service, must be submitted to the Chief, Pharmaceutical Services, Division of Medical Assistance and Health Services, Mail Code #20, CN 712, Trenton, New Jersey 08625-0712. Envelopes containing such claims must be marked, "Attention: MSP0-026".
- (4) Claims which are being submitted now and which are less than one year from the date of service must be submitted directly to Paramax/Unisys with the appropriate attachments.
- (5) The Division is clarifying the maximum fee allowance for HCPCS procedure code E1350. This procedure code is payable at \$40.00 per hour.

NOTE:

- (1) When billing the Medicaid program for medical supplies, complete the 1500 N.J. claim form (Health Insurance Claim Form) as described in the Fiscal Agent Billing Supplement.
- (2) Garden State Health Plan and other HMO policies and procedures concerning prior authorization for reimbursement remain in effect.

MANUAL MAINTENANCE:

- (1) In order to conform to the changes in the HCFA Common Procedure Coding System (HCPCS), Subchapter 3 of Chapter 59, the Division is enclosing revised and new pages with this Newsletter. Please insert these pages in the New Jersey Health Services Program Newsletter Volume 2 No. 8 (issued March 1992) as follows:

Replacement Pages	New Pages
59-i,59-ii	59-36(back of page 59-35)
59-1,59-2	59-37,59-38
59-17,59-18	
59-19,59-20	
59-29,59-30	
59-31,59-32	
59-33,59-34	
59-35	

Please note that no substantive changes were made to pages 59-18, 59-20, and 59-29.

If you have any questions regarding this Newsletter, contact the Chief Pharmacy Consultant, Division of Medical Assistance and Health Services at (609) 588-2724.

Enclosures

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