

Volume 7 No. 2

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TO: Medical Suppliers- For Action
Health Maintenance Organizations (HMOs)-For Information

SUBJECT: Updates to the Medical Procedure Code File

EFFECTIVE: Immediately

BACKGROUND: In the Medicaid Newsletter, Volume 6, No. 31, dated June 1996, the New Jersey Division of Medical Assistance and Health Services (DMAHS) notified medical suppliers of the list of HCPCS procedure codes which may be billed by suppliers for medical supply services covered by the Medicaid program. Additional information was also provided which identified the rental and purchase status of covered medical supplies and Durable Medical Equipment (DME); and those services requiring Prior Authorization (PA) by procedure code.

The purpose of this Newsletter is to notify medical suppliers regarding (1) the addition of new HCPCS procedure codes and Medicaid maximum fee allowances to the New Jersey Medicaid Management Information System (NJMMIS) procedure code file; (2) the termination of certain HCPCS procedure codes from this same file; and (3) a change in description for procedure code E0747.

ACTION: Effective immediately, the new HCPCS procedure codes on Attachment A and Medicaid maximum fee allowances are available to medical suppliers when billing for covered medical supply services: **“see Attachment A”**.

Please note that the acronym “B.R.” listed under “Fee” refers to the requirement for an acceptable manufacturer’s price list, or supplier’s invoice to be attached to medical supply claims for these services for pricing purposes.

For your use, the rental and purchase status of each of these new HCPCS procedure codes, as well as PA requirements for each procedure code, is described in **Attachment B**.

Upon publication of this Newsletter, the HCPCS procedure codes listed in **Attachment C** will be **terminated**.

Also note that the description for HCPCS procedure code E0747 has been changed. The new description is “Osteogenesis stimulator, non-invasive, other than spinal applications.” This procedure code change was initiated by HCFA and therefore is being included here to maintain consistency.

Please place Attachment “A” immediately behind the last page of 10:59-2.3 **HCPCS Procedure Codes and Maximum Fee Allowance Schedule for medical supplies and durable medical equipment** of your manual.

Please add Attachment “B” behind the last page of 10:59 **APPENDIX A** in your manual.

Please add Attachment “C” behind Attachment “B” in your manual.

If you have any questions regarding this Newsletter, please contact Unisys Provider Services at 1-800-776-6334, or the Chief Pharmaceutical Consultant at (609) 588-2724.

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NEWSLETTER TAB
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