

**TO:** Podiatrists

**SUBJECT:** Updates to the 1997 HCFA Common Procedure Coding System (HCPCS)

**EFFECTIVE:** Claims with service dates on or after January 1, 1997.

**PURPOSE:** To notify Medicaid providers of additions and changes to the 1997 HCFA Common Procedure Coding System (HCPCS) procedure codes for podiatric surgery, as described in Chapter 57 Podiatry Services, at N.J.A.C. 10:57-3.2.

**ACTION:** The New Jersey Division of Medical Assistance and Health Services (DMAHS) has added new HCPCS procedure codes and related maximum fee allowances for nail debridement services to Chapter 57 Podiatry Services, at N.J.A.C. 10:57-3.2. These codes replace previous HCPCS procedure codes for these same services which will be deleted by the Medicaid program.

The HCPCS procedure codes 11720 and 11721 have been **added** to the HCPCS which the Medicaid program will reimburse for claims with service dates on or after January 1, 1997. The terminology for these procedure codes and their maximum fee allowances are described below.

11720 - Debridement of nail(s) by any method(s); one to five

11721 - Debridement of nail(s) by any method(s); six or more

<u>HCPCS CODE</u>	<u>FOLLOW-UP DAYS</u>	<u>SPECIALIST</u>	<u>NON-SPECIALIST</u>	<u>ANESTHESIA BASIC UNITS</u>
11720	0	\$13.00	\$11.00	3
11721	0	\$21.00	\$18.00	3

For claims with service dates on or after May 31, 1997, the HCPCS procedure codes 11700, 11701, 11710, and 11711 will no longer be reimbursed. Please note that all other limitations applicable to nail debridement, as described in N.J.A.C. 10:57 continue to apply, including N.J.A.C. 10:57-1.3, 1.5, 2.1 and 3.3.

Please **add** this Newsletter to Subchapter 3 (dated 4/85) in your Podiatric Services Manual.

If you have any questions regarding this Newsletter, please contact the Chief Podiatric Consultant at (609) 588-2739.

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