



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

NEWSLETTER

Volume 8 No. 59

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TO: Medical Suppliers
Providers of Orthotic and Prosthetic Services
Health Maintenance Organizations - For Information Only

SUBJECT: **Correction of Medicaid Maximum Fee Allowances for HCPCS Procedure Codes L8000 and L8030**

EFFECTIVE: Immediately

PURPOSE: To notify medical suppliers and providers of orthotic and prosthetic services of errors in Medicaid maximum fee allowances previously reported for HCPCS procedure codes L8000 and L8030.

BACKGROUND: In the New Jersey Administrative Code (N.J.A.C.) 10:59-2.3, adopted on February 15, 1996, and subsequently in the Medicaid Newsletter, Volume 6, number 31, dated June 1996, the New Jersey Division of Medical Assistance and Health Services (DMAHS) reported Medicaid maximum fee allowances for HCPCS procedure codes L8000 (breast prosthesis, mastectomy bra) and L8030 (breast prosthesis, silicone or equal) as \$16.00 and \$125.00, respectively. A recent review conducted by DMAHS indicates that the Medicaid maximum fee allowances for these services were previously reported in error.

ACTION:

1. Please be advised that the Medicaid maximum fee allowances for HCPCS procedure codes L8000 and L8030 are "By Report".
2. These corrected Medicaid maximum fee allowances for HCPCS procedure codes L8000 and L8030 have been in effect since June 5, 1997, and January 1, 1994, respectively. Since pricing documentation for these claims is unavailable, these claims cannot be reprocessed by the Division. Providers must submit properly completed Adjustment Claim Forms (FD-999s) and approved pricing documentation to Unisys to request payment adjustments.

If you have any questions concerning this Newsletter, please do not hesitate to contact the Chief, Pharmaceutical Services at (609) 588-2724, or the Medicaid Orthotic and Prosthetic Consultant at (609) 588-2739.

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