



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

NEWSLETTER

Volume 9 No. 38

July 1999

TO: Physicians - **For Action**
Certified Nurse Midwives - **For Action**
Certified Nurse Practitioners/Clinical Nurse Specialists - **For Action**
Independent Clinics - **For Action**
Federally Qualified Health Centers- **For Action**
Health Maintenance Organizations – **For Information Only**

SUBJECT: Supplemental Updates to the List of Approved Practitioner-Administered Drugs that was distributed April 1999

EFFECTIVE: Claims with service dates on or after January 1, 1999

PURPOSE: To notify practitioners of additions and deletions of drugs approved for office, home or independent clinic administration.

BACKGROUND: In April 1999, the New Jersey Division of Medical Assistance and Health Services (DMAHS) published an updated list of approved practitioner-administered procedure codes, descriptions, and Medicaid and NJ KidCare fee-for-service maximum fee allowances. These fee allowances reflect the cost of common dosages of approved drugs, based on each drug's Average Wholesale Price (AWP) per unit. Unless otherwise indicated, a "unit" is defined as one (1) cubic centimeter (cc.) or one (1) milliliter (ml.). For drugs packaged in one cc. or one ml. vials, the fee allowance reflects the AWP per vial. For additional information regarding coverage and reimbursement for approved practitioner-administered drugs, please see the Medicaid Newsletters Volume 4, No. 4 dated January 1994; Volume 6, No. 60, dated November 1996; Volume 8, No. 12, dated February, 1998, Volume 9, No. 22, dated April 1999.

ACTION: For claims with service dates on or after January 1, 1999, the additional procedure codes and maximum fee allowances described on the attached list are available for billing the AWP of drugs approved for office, home or independent clinic administration by the New Jersey Medicaid and NJ KidCare fee-for-service programs. These codes reflect **additional** services which may be billed when administered in these settings and are in **addition to** those previously

announced to practitioners in the Medicaid Newsletter Volume 9, No. 22, dated April 1999.

Procedure codes J9240 and J9240 22, related to the administration of Medroxyprogesterone Acetate, have been replaced with the procedure code J1050. For claims with services dates on or after January 1, 1999, providers should seek reimbursement using procedure code J1050.

Procedure code W9339, related to Lupron, has been reassigned the procedure code J1950. Providers should utilize this code for claims with service dates on or after January 1, 1999.

For reimbursement information related to procedure codes J1050 and J1950, please refer to Medicaid Newsletter Volume 9, No. 22, dated April 1999

ATTACHMENT: Supplemental list of additions/deletions for practitioner-administered drugs, with effective dates of January 1, 1999 and September 1, 1999.

If you have any questions regarding this Newsletter, please contact the Office of Health Service Administration at (609) 588-2721.

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

ADDITIONS
(effective January 1, 1999)

| <u>CODE</u> | <u>DESCRIPTION</u> | <u>MAXIMUM FEE ALLOWANCE</u> |
|-------------|---|------------------------------|
| J0704 | Injection, betamethsone sodium phosphate, per 4 mg | \$1.78 |
| J1050 | Injection, Medroxyprogesterone acetate, (Depo-Provera, Prempro) | \$9.05 |
| J1260 | Injection, dolasetron mesylate, per 1 mg | \$1.56 |
| J9015 | Aldesleukin, per single us vial | \$557.35 |
| J9165 | Injection, diethylstilbestrol diphosphate, (Stilphostrol), 250 mg | \$15.17 |
| J9200 | Floxuridine, 500 mg | \$136.38 |
| J9340 | Thiotepa, 15 mg | \$633.44 |

DELETIONS
(effective September 1, 1999)

J9240
J9240 22
W9339