



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

NEWSLETTER

Volume 9 No. 41

July 1999

TO: Medical Suppliers – **For Action**
Health Maintenance Organizations – **For Information Only**

SUBJECT: **Changes in Reimbursement for Specified Medical Equipment**

EFFECTIVE: August 16, 1999

PURPOSE: To notify providers of changes made regarding reimbursement amounts for adult disposable diapers and specified respiratory therapy devices, and to inform providers of an update to the Medical Supplier Manual regarding reimbursement for specified breast prosthesis.

BACKGROUND: The Division of Medical Assistance and Health Services (DMAHS) is changing the reimbursement amounts for adult diapers/briefs. The maximum allowable fee-per-unit established by the DMAHS reflects the outcome of a market analysis indicating that the current fee allowances established are substantially higher than the average and usual customary charges to the general public for these supplies. Also, inappropriate billing from some providers has resulted in overpayments being made from the Medicaid and NJ KidCare fee-for-service programs. The reimbursement amounts are therefore being adjusted by the Division at this time by increasing the reimbursement amount for HCPCS X7520 from \$0.54 to \$0.70 per unit and eliminating the HCPCS X6000 for adult disposable incontinence briefs.

Providers were informed in Medicaid Alert MA-98-3, dated March 1998 of a change in rental/purchase status for specified HCPCS for several DME procedure codes, including E0452 and E0601, related to airway pressure devices. Language is being added to 10:59-2.3 and Appendix A to specify the maximum allowable monthly rental fees authorized for reimbursement by the Medicaid and NJ KidCare fee-for-service programs and that the monthly rental fee shall include all supplies necessary for the use and maintenance of the devices.

In the Medicaid Newsletter, Volume 8, Number 59, dated September 1998, the New

Jersey Division of Medical Assistance and Health Services informed providers of an error in New Jersey Administrative Code (N.J.A.C.) 10:59-2.3 which had placed inaccurate Medicaid maximum fee allowances for HCPCS L8000 and L8030, related to breast prosthesis and advised providers that these codes are "By Report". The information in that newsletter remains accurate, and providers are encouraged to reference that Newsletter for more detailed information.

ACTION: For claims with dates of service on or after August 16, 1999, providers should bill for adult disposable diapers/briefs using HCPCS X7520, with a reimbursement amount of \$0.70. The HCPCS X6000 is being deleted and will no longer be authorized for reimbursement by the Medicaid and NJ KidCare fee-for-service programs.

Procedures for seeking reimbursement for HCPCS L8000 and L8030 remain as outlined in Medicaid Newsletter Volume 8, Number 59, dated September 1998, and providers are encouraged to reference this Newsletter for more detailed information.

Procedures for seeking reimbursement for HCPCS E0452 and E0601 remain as outlined to providers in Medicaid Alert MA-98-3, dated March 1998 and providers are encouraged to reference this Alert for more detailed information.

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

ATTACHMENTS: Updated text for 10:59-2.3 and Appendix A

<u>Delete</u>	<u>Dated</u>	<u>Insert</u>	<u>Dated</u>
59-2-25	2/15/96	59-2-25	8/16/99
59-2-26	2/15/96	59-2-26	8/16/99
59-2-58	2/15/96	59-2-58	8/16/99
59-2-61	2/15/96	59-2-61	8/16/99
59-2-62	2/15/96	59-2-62	8/16/99
ix	2/15/96	ix	8/16/99
xxiv	2/15/96	xxiv	8/16/99

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

10:59-2.3

Medical Supplies

<u>HCP</u> <u>CS</u> <u>CODE</u>	<u>DESCRIPTION</u>	<u>MAXIMUM FEE</u> <u>ALLOWANCE</u>
E0444	Portable oxygen contents, liquid, per unit (for use only with portable liquid systems when no stationary gas or liquid system is used; 1 unit = 1 lb.)	1.40
E0450	Volume ventilator; stationary or portable	10,546.29
E0452	Intermittent assist device with continuous positive airway pressure device	B.R.
	NOTE: Medicaid and NJ KidCare fee-for-service reimbursement, all supplies necessary for use and maintenance of device	
E0453	Therapeutic ventilator; suitable for use 12 hours or less per day	B.R.
E0455	Oxygen tent, excluding croup or pediatric tents	B.R.
E0457	Chest shell (cuirass)	414.80
E0459	Chest wrap	539.24
E0460	Negative pressure ventilator; portable or stationary	B.R.
E0462	Rocking bed with or without rails	B.R.
E0480	Percussor, electric or pneumatic, home model	279.47
E0500	IPPB machine, all types, with built-in nebulization; manual or automatic valves; internal or external power source	469.32
E0550	Humidifier, durable for extensive supplemental humidification during IPPB treatments or oxygen delivery	315.33
E0555	Humidifier, durable, glass or autoclavable plastic bottle type, for use with regulator or flowmeter	15.00

Medical Supplies**10:59-2.3**

<u>HCPCS CODE</u>	<u>DESCRIPTION</u>	<u>MAXIMUM FEE ALLOWANCE</u>
E0560	Humidifier, durable for supplemental humidification during IPPB treatment or oxygen delivery	64.64
E0565	Compressor, air power source for equipment which is not self-contained or cylinder driven	506.07
E0570	Nebulizer, with compressor	166.19
E0575	Nebulizer, ultrasonic	732.97
E0580	Nebulizer, durable, glass or autoclavable plastic, bottle type, for use with regulator or flowmeter	121.29
E0585'	Nebulizer, with compressor and heater	121.29
E0600	Suction pump, home model, portable	409.72
E0601	Continuous airway pressure (CPAP) Device	126.56
	NOTE: Medicaid and NJ KidCare fee-for-service reimbursement, (per month) all supplies necessary for the use and maintenance of the device.	
E0605	Vaporizer, room type	30.58
E0606	Postural drainage board	158.19
E0607	Home blood glucose monitor	90.00
E0608	Apnea monitor	200.00 (per month)
E0609	Blood glucose monitor with special features (e.g., voice synthesizers, automatic timers, etc.)	B.R.
E0610	Pacemaker monitor, self-contained (checks battery depletion, includes audible and visible check systems)	336.42

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<u>HCPCS CODE</u>	<u>DESCRIPTION</u>	<u>MAXIMUM FEE ALLOWANCE</u>
L3916	WHFO, wrist extension cock-up, with outrigger	72.00
L8000	Breast prosthesis, mastectomy bra	B.R.
L8010	Breast prosthesis, mastectomy sleeve	40.56
L8020	Breast prosthesis, mastectomy form	132.00
L8030	Breast prosthesis, silicone or equal	B.R.
L8100	Elastic support, elastic stocking, below knee, medium weight, each	24.00
L8110	Elastic support, elastic stocking, below knee, heavy weight, each	30.40
L8120	Elastic support, elastic stocking, below knee, surgical weight, (Linton type or equal), each	32.00
L8130	Elastic support, elastic stocking, above knee, medium weight, each	33.60
L8140	Elastic support, elastic stocking, above knee, heavy weight, each	36.00
L8150	Elastic support, elastic stocking, above knee, surgical weight, (Linton type or equal), each	44.00
L8160	Elastic support, elastic stocking, full-length, medium weight, each	40.00
L8170	Elastic support, elastic stocking, full-length, heavy weight, each	48.00

X4802	Arch support, foot plate: (plaster cast taken by vendor) leather - schaffer	45.00
X4803	Arch support, foot plate: (plaster cast taken by vendor) leather - schaffer with metatarsal pad	75.00
X4804	Arch support, foot plate: (plaster cast taken by vendor), leather - whitman combination	75.00
X4805	Arch support, foot plate: (plaster cast taken by vendor), leather-rohadur plastic	75.00
X4810	Velcro straps, attached to a pair of shoes, per pair	14.00
X4850	Space shoe rubber raise for shoe: 1/4" raise	8.00
X4851	Space shoe rubber raise for shoe: 1/2" raise	9.00
X4852	Space shoe rubber raise for shoe: 3/4" raise	13.00
X4853	Space shoe rubber raise for shoe: 1" raise	20.00
X4854	Space shoe rubber raise for shoe: Each addition*al* 1/2" raise	8.00
X4890	Foot casting	50.00
X4891	Foot, ankle casting	65.00
X4892	Foot, ankle, shin casting	70.00
X6460	Ostomy deodorant	B.R.
X7200	Hypodermic syringes over 5cc	B.R.
X7300	Rectal syringes	B.R.

<u>HCPCS CODE</u>	<u>DESCRIPTION</u>	<u>MAXIMUM FEE ALLOWANCE</u>
X7520	Disposable briefs/diapers, any size, each	0.70/diaper
X8020	Pharmaceuticals associated with home IV therapy	B.R.
X8200	Augmentative communication device	B.R.
X8339	Gloves, sterile, each	.30
X8433	Gloves, non-sterile, each	.09

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<u>PROC CODE</u>	<u>DME RENT IND</u>	<u>DME PURCH IND</u>	<u>PA IND</u>
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E0443	N	M	A
E0450	M	D	A
E0452	M	N	A
E0453	M	D	A
E0454	N	M	N
E0457	M	D	A
E0459	M	D	A
E0460	M	D	A
E0470	N.	D	N
E0480	M	D	A
E0500	M	D	A
E0550	M	D	A
E0556	N	M	A
E0560	M	D	A
E0565	M	D	A
E0570	M	D	A
E0580	M	D	A
E0585	M	D	A
E0600	M	D	A
E0601	M	N	A
E0605	M	D	A
E0606	M	D	A
E0607	N	D	A
E0609	N	D	A
E0610	M	D	A
E0611	N	M	A
E0615	M	D	A
E0616	N	M	N
E0620	N	M	A
E0624	N	M	A
E0625	M	D	N
E0630	M	D	A
E0635	M	D	A
E0637	N	M	N
E0651	M	D	A
E0652	M	D	A

ix

<u>PROC</u> <u>CODE</u>	<u>DME</u> <u>RENT</u> <u>IND</u>	<u>DME</u> <u>PURCH</u> <u>IND</u>	<u>PA</u> <u>IND</u>
X4890	N	P	A
X4891	N	P	A

X4892	N	P	A
X6006	N	M	A
X6460	N	M	A
X7200	N	M	N
X7300	N	M	N
X7520	N	M	A
X8200	M	D	N
X8334	N	M	A
X8335	N	M	A
X8336	N	M	A
X8337	N	M	A
X8338	N	M	A
X8339	N	M	A
X8433	N	M	A