PROVIDER PAYMENT INCREASE FOR SPECIFIC ADULT & CHILDRENS PRIMARY, PREVENTIVE & POSTPARTUM CODES

NJ FAMILYCARE/MEDICAID: EFFECTIVE FOR SERVICE DATES ON OR AFTER DECEMBER 1, 2022

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CODE	MOD 1	MOD 2	SHORT - DESCRIPTION	SPECIALIST	NON-SPECIALIST
G0101			CERV/VAG CA SCREEN,PELV/BREAST	$28.84	$24.51
G0102			PROSTATE CANCER SCREENING: DIG	$17.00	$14.45
G0102	26		PROSTATE CANCER SCREENING:DIGI	$6.41	$5.44
G0105			COLONOSCOPY ON INDIV AT HIGH R	$261.25	$222.06
G0105	26		COLONOSCOPY ON INDIV AT HIGH R	$133.37	$113.37
G0121			COLONOSCOPY NON HIGH RISK INDI	$261.47	$222.25
G0121	26		COLONOSCOPY NON HIGH RISK INDI	$133.60	$113.56
G0124			SCREENING CYTOPATHOLOGY, CERVI	$16.02	$13.61
G0447			FACE-TO-FACE BEHAVIORAL COUNSE	$19.13	$16.26
P3001			SCREENING PAP SMEAR,UP TO 3,RE	$16.02	$13.61
11043			REMOVAL OF MUSCLE AND/OR TISSU	$24.91	$21.18
11446			REMOVAL OF NONCANCER SKIN GROW	$41.03	$34.87
11730			SIMPLE SEPARATION OF FINGERNAI	$12.45	$10.59
11732			SIMPLE SEPARATION OF FINGERNAI	$3.91	$3.32
13100			COMPLICATED REPAIR OF WOUND OF	$37.03	$31.47
15050			SKIN GRAFT TO TIP OF FINGER OR	$64.12	$54.50
15781			REPAIR OF DETACHED RETINA, 1 O	$58.06	$49.35
15782			DERMABRASION OF SKIN OTHER THA	$51.91	$44.12
15783			DERMABRASION OF SUPERFICIAL SC	$47.79	$40.62
15786			SCRAPING OF SKIN GROWTH, FIRST	$25.01	$21.26
15792			CHEMICAL PEEL OF OUTER LAYER O	$36.41	$30.95
15793			CHEMICAL PEEL OF DEEP LAYER OF	$50.90	$43.27
16035			INITIAL INCISION OF DEAD BURN	$19.58	$16.64

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19030			INJEC FOR MAMM DUCTOG OR GALAC	$17.94	$15.25
19287	26		PLACEMENT OF BREAST LOCALIZATI	$12.81	$10.89
19288	26		PLACEMENT OF BREAST LOCALIZATI	$6.44	$5.47
19340			PLACEMENT OF IMPLANT ON SAME D	$79.30	$67.40
19396			PREP MOULAGE FOR CUSTOM IMPLAN	$30.12	$25.60
20101			EXPLORATION OF WOUND OF CHEST	$66.46	$56.49
20225			DEEP BONE BIOPSY: TROCAR/ NEED	$43.48	$36.95
20660			PLACEMENT OF DEVICE TO SKULL	$24.61	$20.92
20670			REMOVAL OF SURFACE IMPLANT FRO	$39.78	$33.81
20690			PLACEMENT OF SINGLE DIRECTION	$62.43	$53.07
20816			REATTACHMENT OF CUTOFF FINGER	$212.87	$180.94
20822			REATTACHMENT OF PART OF CUTOFF	$184.93	$157.19
20824			REATTACHMENT OF CUTOFF THUMB	$213.28	$181.29
20827			REATTACHMENT OF PART OF CUTOFF	$189.90	$161.42
21100			PLACEMENT OF STABILIZING DEVIC	$67.87	$57.69
21125			ENLARGEMENT OF LOWER JAW WITH	$298.34	$253.59
21127			AUGMENTATION,MANDI BODY/ANGLE:	$458.89	$390.05
21150			RECONSTRUCTION OF MIDFACE BONE	$171.27	$145.58
21210			BONE GRAFT: NASAL, MAXILLARY,	$195.99	$166.59
21215			BONE GRAFT: MANDIBLE	$468.15	$397.93
21337			CLOSED TREATMENT OF BROKEN BON	$45.57	$38.73
21343			TREATMENT OF DEPRESSED BROKEN	$115.24	$115.24
21344			TREATMENT OF COMPLICATED BROKE	$146.21	$124.28

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21355			TREATMENT OF BROKEN CHEEK BONE	$47.92	$40.73
21440			CLOSED TREATMENT OF BROKEN UPP	$76.50	$65.03
21445			TREATMENT OF BROKEN UPPER OR L	$88.09	$74.88
21450			CLOSED TREATMENT OF BROKEN LOW	$65.74	$55.88
21451			CLOSED TREATMENT OF BROKEN LOW	$84.98	$72.23
21452			TREATMENT OF BROKEN LOWER JAW	$84.53	$71.85
21453			CLOSED TREATMENT OF BROKEN LOW	$121.19	$103.01
21461			TREATMENT OF BROKEN LOWER JAW	$204.32	$173.67
21462			TREATMENT OF BROKEN LOWER JAW	$223.17	$189.70
21485			COMPLICATED REPAIR OF DISLOCAT	$108.65	$108.65
21550			EXCISIONAL BIOPSY SOFT TISSUES	$29.19	$24.81
21555			REMOVAL OF GROWTH UNDER SKIN O	$47.04	$39.98
21920			BIOPSY OF SURFACE SOFT TISSUE	$28.21	$23.98
23031			I&D INFECTED SHOULDER BURSA	$46.72	$39.71
23065			BIOPSY OF SURFACE TISSUE OF SH	$24.39	$20.73
23066			BIOPSY OF DEEP TISSUE OF SHOUL	$61.54	$52.31
23330			REMOVAL OF FOREIGN BODY OF SHO	$33.12	$28.15
23650			CLOSED TREATMENT OF DISLOCATED	$35.27	$29.98
23931			DRAINAGE OF FLUID FILLED SAC I	$33.53	$28.50
24065			BIOPSY OF SURFACE TISSUE OF UP	$28.47	$24.20
24066			BIOPSY OF DEEP TISSUE OF UPPER	$67.40	$57.29
24160			REMOVAL OF ELBOW JOINT PROSTHE	$130.54	$110.96
24925			SECONDARY CLOSURE OR REVISION	$60.33	$51.28

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25031			DRAINAGE OF FLUID FILLED SAC I	$39.21	$33.33
25065			BIOPSY OF SURFACE TISSUE OF FO	$28.23	$23.99
25263			SECONDARY REPAIR OF TENDON OR	$67.21	$57.13
25265			REPAIR OF FOREARM AND/OR WRIST	$79.51	$67.58
26010			SIMPLE DRAINAGE OF ABSCESS OF	$38.87	$33.04
26020			DRAIN HAND TENDON SHEATH	$59.03	$50.18
26060			INCISION OF FINGER TENDON	$27.52	$23.39
26115			EXCISION BENIGN TUMOR,HAND,SUB	$60.39	$51.33
26160			REMOVE TENDON SHEATH LESION	$68.42	$58.16
26587			RECONSTRUCT SUPERNUMERARY DIGI	$109.71	$93.26
26600			CLOSED TREATMENT OF BROKEN HAN	$32.80	$27.88
26641			CLOSED TREATMENT OF DISLOCATED	$45.45	$38.63
26670			CLOSED TREATMENT OF DISLOCATED	$37.73	$32.07
26700			CLOSED TREATMENT OF DISLOCATED	$36.46	$30.99
26770			TRMT OF CLOS INTERPHAL JOINT D	$30.82	$26.20
26951			AMPUTATION OF FINGER OR THUMB	$76.65	$65.15
26952			AMPUTATION OF FINGER OR THUMB	$74.78	$63.57
26991			DRAINAGE OF INFECTED FLUID-FIL	$76.27	$64.83
27040			BIOPSY OF SURFACE TISSUE OF PE	$36.97	$31.43
27041			BIOPSY OF DEEP TISSUE OF PELVI	$74.37	$63.22
27086			REMOVAL OF FOREIGN BODY IN TIS	$34.29	$29.15
27087			REMOVE FOREIGN BODY,PELVIS/HIP	$64.43	$54.77
27093			INJECTION OF CONTRAST FOR IMAG	$26.61	$22.61

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27095			INJECTION OF CONTRAST FOR IMAG	$35.92	$30.53
27220			CLOSED TREATMENT OF BROKEN HIP	$44.26	$37.62
27323			BIOPSY OF SURFACE TISSUE OF TH	$29.72	$25.26
27324			BIOPSY OF DEEP TISSUE OF THIGH	$43.15	$36.68
27327			REMOVAL OF GROWTH UNDER SKIN O	$55.26	$46.97
27328			REMOVAL OF GROWTH OF MUSCLE OF	$65.37	$55.56
27372			REMOVAL OF FOREIGN BODY DEEP I	$64.54	$54.86
27594			SECONDARY CLOSURE OR REVISION	$53.13	$45.16
27604			DRAIN LOWER LEG BURSA	$48.27	$41.03
27605			INCISION OF ACHILLES TENDON US	$35.94	$30.55
27613			BIOPSY OF SURFACE TISSUE OF LE	$27.39	$23.28
27614			BIOPSY OF DEEP TISSUE OF LEG O	$62.72	$53.31
27618			REMOVAL OF GROWTH UNDER SKIN O	$53.55	$45.52
27884			SECONDARY CLOSURE OR REVISION	$60.20	$51.17
28001			DRAINAGE OF FLUID FILLED SAC I	$18.60	$15.81
28002			DRAINAGE OF FLUID FILLED SAC B	$26.76	$22.74
28010			REPAIR OF TOE TENDON	$24.54	$20.86
28024			INCISION OF TOE JOINT FOR EXPL	$48.73	$41.42
28043			EXCISION OF FOOT LESION	$40.95	$34.81
28190			REMOVAL OF FOREIGN BODY OF FOO	$26.31	$22.37
28192			REMOVAL OF FOREIGN BODY OF FOO	$49.16	$41.78
28193			COMPLICATED REMOVAL OF FOREIGN	$55.51	$47.19
28230			INCISION TO LENGTHEN FOOT TEND	$46.20	$39.27

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28272			CAPSULOTOMY....INTERPHAL.,EACH	$40.97	$34.82
28312			INCISION OR PARTIAL REMOVAL OF	$55.39	$47.08
28344			REMOVAL OF EXTRA TOES WITH REC	$44.62	$37.93
28470			CLOSED TREATMENT OF BROKEN BON	$23.53	$20.00
28675			TREATMENT OF DISLOCATED TOE JO	$61.79	$52.52
28820			AMPUTATION OF TOE AT JOINT BET	$32.01	$27.21
28825			AMPUTATION OF TOE AT TOE JOINT	$31.42	$26.70
29740			INSERTION OF WEDGE IN CAST	$10.37	$8.82
29750			INSERTION OF WEDGE IN CLUBFOOT	$11.16	$11.16
30000			DRAINAGE OF ABSCESS OR BLOOD A	$29.87	$25.39
30100			INTRANASAL BIOPSY	$15.62	$13.28
30140			REMOVAL OF NASAL AIR PASSAGE U	$32.03	$27.23
30220			INSERTION,NASAL SEPTAL PROSTHE	$34.09	$28.98
30300			REMOVE NASAL FOREIGN BODY	$23.33	$19.83
30320			REMOVAL OF FOREIGN BODY IN NOS	$53.28	$45.29
30430			REVISION TO RESHAPE NOSE OR SM	$118.26	$100.52
30435			REVISION WORK WITH OSTEOTOMIES	$146.11	$124.19
30540			REPAIR OF NASAL PASSAGE THROUG	$80.24	$68.20
30560			RELEASE OF NASAL ADHESIONS	$36.49	$31.02
30801			CAUTERIZATION/ABLATION,MUCOSA	$24.38	$20.72
30802			DESTRUCTION OF SURFACE SOFT TI	$30.59	$26.00
30906			SUBSEQUENT CONTROL OF NOSEBLEE	$40.90	$34.77
31000			IRRIGATION OF NASAL SINUS	$20.19	$17.16

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31231			DIAGNOSTIC EXAM OF NASAL PASSA	$20.77	$17.66
31611			CREATION OF OPENING OF WINDPIP	$57.62	$48.98
31717			INSERTION OF TUBE INTO AIRWAY	$32.37	$27.52
31730			INSERTION OF NEEDLE WIRE DILAT	$125.42	$106.60
32405			NEEDLE BIOPSY OF LUNG OR CHEST	$50.88	$43.25
36470			INJECTION OF CHEMICAL AGENT IN	$12.56	$10.68
36471			INJECTION OF CHEMICAL AGENT IN	$21.71	$18.45
36514			MECHANICAL SEPARATION OF PLASM	$63.67	$54.12
37236	26		INSERTION OF INTRAVASCULAR STE	$44.28	$37.64
37237	26		INSERTION OF INTRAVASCULAR STE	$21.12	$17.95
37238	26		INSERTION OF INTRAVASCULAR STE	$30.73	$26.12
37241	26		OCCLUSION OF VENOUS MALFORMATI	$43.16	$36.69
37242	26		OCCLUSION OF ARTERY (OTHER THA	$47.52	$40.39
37243	26		OCCLUSION OF TUMORS OR OBSTRUC	$55.95	$47.56
37244	26		OCCLUSION OF ARTERIAL OR VENOU	$66.26	$56.32
37785			TYING, INCISION, AND/OR REMOVA	$38.04	$32.33
38500			BIOPSY OR REMOVAL OF LYMPH NOD	$36.19	$30.76
39503			REPAIR OF CONGENITAL DEFECT OF	$587.78	$499.62
40490			BIOPSY OF LIP	$13.21	$11.23
40800			SIMPLE DRAINAGE OF ABSCESS, CY	$22.43	$19.06
40804			SIMPLE REMOVAL OF EMBEDDED FOR	$20.52	$17.44
40805			COMPLICATED REMOVAL OF EMBEDDE	$30.71	$26.10
40808			BIOPSY OF MOUTH LESION	$18.43	$15.67

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40819			EXCISE LIP OR CHEEK FOLD	$29.13	$24.76
40830			REPAIR OF LACERATED MOUTH, 2.5	$25.71	$21.85
41009			DRAINAGE OF ABSCESS, CYST, OR	$45.78	$38.91
41100			BIOPSY OF FRONT 2/3 OF TONGUE	$20.52	$17.44
41110			REMOVAL OF GROWTH OF TONGUE WI	$25.17	$21.39
41800			DRAINAGE OF ABSCESS, CYST, OR	$32.34	$27.49
41823			EXCISION OF GUM LESION	$57.27	$48.68
42140			REMOVAL OF SOFT TISSUE OF ROOF	$34.50	$29.32
42405			BIOPSY OF SALIVA GLAND	$32.51	$27.63
42845			EXTENSIVE REMOVAL OF TONSILS,	$231.80	$197.03
42870			EXCISION OF LINGUAL TONSIL	$64.17	$54.55
42970			SIMPLE CONTROL OF BLEEDING OF	$43.31	$36.81
43220			BALLOON DILATION OF ESOPHAGUS	$105.25	$105.25
43453			DILATION OF ESOPHAGUS WITH A G	$94.01	$94.01
43761			REPOSITIONING OF ORAL OR NASAL	$12.96	$11.02
44312			SIMPLE REVISION OF SUPERFICIAL	$62.03	$52.72
44340			SIMPLE REVISION OF SUPERFICIAL	$65.57	$55.74
45303			DILATION OF RECTUM AND/OR LOWE	$110.84	$110.84
45317			CONTROL OF BLEEDING OF LOWER L	$24.32	$20.67
45900			MANUAL REPLACEMENT OF PROLAPSE	$22.35	$19.00
46083			INCISION OF EXTERNAL HEMORRHOI	$23.20	$19.72
46220			REMOVAL OF SINGLE EXTERNAL NON	$27.86	$23.68
46500			INJECTION OF HEMORRHOID	$35.25	$29.96

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46604			ANOSCOPY WITH DIRECT DILATION	$78.08	$66.37
46606			ANOSCOPY WITH BIOPSY	$32.02	$27.22
46917			LASER DESTRUCTION OF GROWTH OF	$48.63	$41.34
46945			TYING OF SINGLE INTERNAL HEMOR	$36.45	$30.98
47000			NEEDLE BIOPSY OF LIVER THROUGH	$33.83	$28.75
47382			DESTRUCTION OF GROWTH OF LIVER	$422.66	$359.26
48510			INSERTION OF DRAIN FROM CYST O	$114.99	$97.74
49605			REPAIR OF LARGE DEFECT OF ABDO	$507.06	$431.00
50200			NEEDLE BIOPSY OF KIDNEY	$58.81	$49.99
50972			INSERTION OF TUBE INTO URETER	$36.30	$30.86
52214			DESTRUCTION OF TISSUE OF BLADD	$84.87	$72.14
52224			DESTRUCTION OF GROWTH OF BLADD	$88.80	$75.48
54001			INCISION OF FORESKIN	$21.05	$17.89
54015			DRAIN PENIS LESION	$31.25	$26.56
54100			BIOPSY OF PENIS	$21.92	$18.64
54150			REMOVAL OF FORESKIN USING CLAM	$15.78	$13.41
55120			REMOVAL OF FOREIGN BODY IN SCR	$36.78	$31.26
55873			DESTRUCTION OF PROSTATE USING	$662.05	$562.74
57170			FITTING OF DIAPHRAGM	$88.24	$75.00
58353			ENDOMET ABLATION THERM WO NUST	$107.34	$107.34
58555			DIAGNOSTIC EXAM OF UTERUS USIN	$40.48	$34.41
58558			BIOPSY OF LINING OF UTERUS AND	$154.11	$130.99
58562			SURG HYSTEROSCOPY W/REMOV FORI	$47.72	$40.56

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59400			VAGINAL DELIVERY WITH CARE BEF	$2,615.36	$2,223.06
59400	SB		OBSTETRICAL CARE	NA	$2,615.36
59410			VAGINAL DELIVERY WITH POST DEL	$1,143.14	$971.67
59410	SB		VAGINAL DELIVERY PLUS POST PAR	NA	$1,143.14
59425			PREDELIVERY CARE, 4 TO 6 VISIT	$615.52	$523.19
59426			PREDELIVERY CARE, 7 OR MORE VI	$1,124.46	$955.79
59430			POST DELIVERY CARE	$295.39	$251.08
59430	SA		CARE AFTER DELIVERY	$238.53	$93.42
59430	SB		CARE AFTER DELIVERY	NA	$295.39
59510			CESAREAN DELIVERY WITH CARE BE	$2,881.89	$2,449.61
59515			CESAREAN DELIVERY WITH CARE AF	$1,407.06	$1,196.00
59610			VAGINAL DELIVERY AND CARE BEFO	$2,728.28	$2,319.04
59610	SB		ROUTINE OB CARE/VAG DEL POST/P	NA	$2,728.28
59614			VAGINAL DELIVERY AND CARE AFTE	$1,229.51	$1,045.08
59614	SB		VAG DEL POST PREV C/S W/PP CAR	NA	$1,229.51
59618			CESAREAN DELIVERY AND CARE BEF	$2,911.16	$2,474.49
59622			CESAREAN DELIVERY WITH CARE AF	$1,460.88	$1,241.75
61151			BURR HOLE WITH SUBSEQUENT ASPI	$103.35	$87.85
64600			DESTRUCTION OF FIRST DIVISION	$50.68	$43.08
64605			DESTRUCTION OF SECOND AND THIR	$69.79	$59.32
64774			REMOVE SKIN NERVE LESION	$43.87	$37.29
64907			TRANSFER OF NERVE TO INJURED N	$135.65	$115.30
65450			DESTRUCTION OF GROWTH OF CORNE	$34.41	$29.25

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CODE	*MOD 1*	*MOD 2*	*SHORT - DESCRIPTION*	SPECIALIST	NON-SPECIALIST
67700			INCISION AND DRAINAGE OF ABSCE	$31.60	$26.86
67715			INCISION OF CORNER OF EYE AT E	$29.29	$24.89
67810			INCISIONAL BIOPSY OF EYELID SK	$20.44	$17.38
67840			REMOVAL OF GROWTH OF EYELID	$30.65	$26.05
67914			SUTURE REPAIR OF TURNING-OUTWA	$52.99	$45.04
67915			REPAIR OF TURNING-OUTWARD DEFE	$34.62	$29.42
67921			REPAIR ENTROPIAN: SUTURE	$51.97	$44.17
67922			REPAIR OF TURNING-INWARD EYELI	$33.49	$28.47
67930			SUTURE OF RECENT WOUND OF EYEL	$39.65	$33.71
67935			SUTURE RECENT WOUND EYELID..FU	$63.69	$54.14
67975			RECONSTRUCTION OF EYELID BY TR	$70.27	$59.73
68115			REMOVAL OF GROWTH OF EYELID LI	$36.31	$30.86
68130			REMOVAL OF GROWTH OF EYELID LI	$59.20	$50.32
68135			DESTRUCTION OF GROWTH OF EYELI	$16.39	$13.93
68510			BIOPSY OF TEAR PRODUCING GLAND	$48.43	$41.17
68705			REVISE TEAR DUCT OPENING	$28.51	$24.23
68801			DILATION OF TEAR DRAINAGE OPEN	$10.31	$10.31
68810			INSERTION OF PROBE INTO NASAL	$17.19	$14.61
68840			PROBING OF NASAL TEAR DUCT	$14.13	$12.01
69020			DRAINAGE OF ABSCESS OF EAR CAN	$25.82	$21.95
69145			REMOVAL OF GROWTH IN SOFT TISS	$45.47	$38.65
69200			REMOVAL OF FOREIGN BODY IN EAR	$8.60	$7.31
69610			REPAIR OF EAR DRUM	$40.96	$34.82

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77078			CT SCAN FOR MEASURING CALCIUM	NA	$50.91
77078	TC		CT SCAN FOR MEASURING CALCIUM	NA	$44.80
77078	26		CT SCAN FOR MEASURING CALCIUM	NA	$6.11
77080			DXA BONE DENSITY MEASUREMENT O	NA	$20.23
77080	TC		DXA BONE DENSITY MEASUREMENT O	NA	$15.35
77080	26		DXA BONE DENSITY MEASUREMENT O	NA	$4.88
77081			DXA BONE DENSITY MEASUREMENT O	NA	$16.86
77081	TC		DXA BONE DENSITY MEASUREMENT O	NA	$11.79
77081	26		DXA BONE DENSITY MEASUREMENT O	NA	$5.07
82705			STOOL FAT OR LIPIDS ANALYSIS,	$0.51	$0.43
84578			UROBILINOGEN (METABOLISM SUBST	NA	$0.45
86000			AGGLUTININS: FEBRILE EACH ANTI	$0.70	$0.59
87190			ANTIMICROBIAL STUDY, MYCOBACTE	$0.73	$0.62
88106	TC		CYTOPATHOLOGY	$4.52	$4.37
88108	TC		CYTOPATHOLOGY, FLUIDS, WASHING	$3.95	$3.79
88160			SCREENING EXAMINATION OF SPECI	$7.69	$6.47
88160	TC		CYTOPATHOLOGY	$4.33	$4.24
88173	TC		FINE NEEDLE ASPIRATE..:INTERP/	$8.21	$7.87
88307	TC		SURGICAL PATHOLOGY, COMPLETE	$19.17	$19.04
88309	TC		SURGICAL PATHOLOGY, COMPLETE	$27.34	$27.15
88312	TC		SPECIAL STAINS	$8.13	$7.94
88313	TC		SPECIAL STAINS	$6.47	$6.39
88314	TC		GROSS & MICROSCOPIC EXAM 3 SPE	$7.30	$7.36

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88319			DETERMINATIVE HISTOCHEMISTRY T	$12.94	$11.82
88319	TC		DETERMINATIVE HISTOCHEMISTRY T	$12.48	$9.47
88342			SPECIAL STAINED SPECIMEN SLIDE	$10.85	$9.56
88342	TC		IMMUNOCYTOCHEMISTRY (INCLUDING	$6.24	$6.52
90473			ADMINISTRATION OF NASAL OR ORA	$9.22	$9.22
91030	TC		ACID PERFUSION FOR ESOPHAGITIS	$11.30	$9.60
91132			RECORDING AND INTERPRETATION O	$52.47	$44.60
91133			RECORDING AND INTERPRETATION O	$54.82	$46.60
92240	TC		INDOCYANINE-GREEN ANGIOGRAPHY	$16.27	$14.75
92250	TC		OPHTHALMOSCOPY W/FUNDUS PHOTO	$1.80	$1.70
92507			TREATMENT OF SPEECH, LANGUAGE,	$7.99	$6.79
92562			TEST TO DETECT LOUDNESS DIFFER	$5.10	$4.34
92563			TEST TO ASSESS DEFECTS IN ADAP	$3.52	$2.99
92583			TEST TO ASSESS HEARING USING P	$5.58	$4.75
93623	26		PROGRAM STIM&PACING W IV INFUS	$10.84	$9.21
93926	TC		DUPLEX SCAN...7/U OR LIMITED S	$10.26	$10.05
95060			TEST FOR ALLERGY USING ALLERGE	$4.05	$3.44
95065			TEST FOR ALLERGY USING ALLERGE	$3.00	$2.55
95805	TC		SLEEP LATENCY TESTING	$40.11	$34.10
95812	TC		EEF EXTENDED MONITORING UP TO	$27.46	$27.21
95813	TC		EEG EXTENDED MONITORING >1 HOU	$32.47	$31.90
95816			MEASUREMENT OF BRAIN WAVE ACTI	$42.11	$35.80
95816	TC		EEG,INCL RECOR AWAKE&D,SAME FA	$30.84	$30.26

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95819			MEASUREMENT OF BRAIN WAVE ACTI	$49.50	$42.07
95819	TC		EEG-STD/PORT: SAME FACILITY	$37.09	$37.34
95822			MEASUREMENT OF BRAIN WAVE ACTI	$45.94	$39.05
95822	TC		EEG: SLEEP ONLY	$34.06	$33.58
95827			MEASUREMENT AND RECORDING OF B	$88.69	$75.38
95827	TC		EEG: ALL NIGHT SLEEP RECORDING	NA	$82.55
95829			MEASUREMENT OF BRAIN WAVE ACTI	$200.85	$170.72
95860	TC		ELECTROMYOGRAPH:1 EXTREMITY&PA	$6.05	$6.42
95867	TC		MYOGRAPHY: CRANIAL NERVE: UNIL	$6.40	$6.65
95875	26		ISCHEMIC LIMB EXERCISE,EMG,...	$6.01	$5.11
95923			TESTING AUTO NERV SYST FUNCTIO	$13.73	$11.67
95923	TC		TESTING AUTO NERV SYST FUNCTIO	$7.77	$8.10
95930	TC		VISUAL EVOKED POTENTIAL TESTIN	$4.46	$4.59
95951			MONITORING FOR LOCALIZATION OF	$214.63	$182.44
95951	TC		MONITORING FOR LOCALIZATION OF	NA	$180.10
95954	TC		PHARM/PHYSICAL ACTIVATION DURI	$28.21	$26.82
95956			EACH 24 HOUR EEG MONITORING	$188.24	$160.01
95956	TC		EACH 24 HOUR EEG MONITORING	NA	$167.69
96372			INJECTION OF DRUG OR SUBSTANCE	$7.86	$6.68
96425			ADMINISTRATION OF PROLONGED CH	$19.53	$16.60
97802			THERAPY PROCEDURE FOR NUTRITIO	$27.01	$22.96
97803			THERAPY PROCEDURE REASSESSMENT	$23.46	$19.94
99202			NEW PATIENT OUTPATIENT VISIT,	$39.75	$33.79

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99202	FP	SB	E/M INITIAL VS BY CNM IN FP CL	NA	$79.52
99202	SA		E/M OFFICE/OP NEW PATIENT	$30.86	$26.23
99202	SB		E/M OFFICE/OP NEW PATIENT BY C	NA	$39.75
99202	SB	52	E/M INITIAL VS BY CNM IN FP CL	$27.82	$23.65
99202	UC		E/M OFFICE/OP NEW PATIENT	$87.16	$87.16
99203			NEW PATIENT OFFICE OR OTHER OU	$60.78	$51.66
99203	FP	SB	E/M INITIAL FP VISIT BY CNM IN	NA	$79.52
99203	SA		E/M OFFICE/OP NEW PATIENT..MIN	$47.19	$40.11
99203	SA	UD	E/M OFFICE/OP NEW PATIENT.CNP/	$94.38	$80.22
99203	SB		E/M OFFICE/OP NEW PATIENT BY C	NA	$60.78
99203	SB	52	E/M INITIAL FP VISIT BY CNM IN	$42.54	$36.16
99203	UC		E/M OFFICE/OP NEW PATIENT..MIN	$116.88	$99.35
99203	UD		E/M OFFICE/OP NEW PATIENT..MIN	$116.88	$99.35
99204			NEW PATIENT OFFICE OR OTHER OU	$90.40	$76.84
99204	FP		E/M OFFICE/OP NEW VISIT FP CL	$90.40	$76.84
99204	FP	SB	E/M OFFICE/OP NEW VISIT IN FL	NA	$71.31
99204	SA		E/M OFFICE/OP NEW PATIENT	$70.19	$59.66
99204	SB		E/M OFFICE/OP NEW PATIENT BY C	NA	$90.40
99204	UC		E/M OFFICE/OP NEW PATIENT	$173.84	$147.76
99205			NEW PATIENT OFFICE OR OTHER OU	$119.22	$101.33
99205	FP		E/M OFFICE/OP NEW IN FL CL	$119.22	$101.33
99205	FP	SB	E/M OFFICE/OP NEW IN FL CL CNM	NA	$105.81
99205	FP	52	E/M INITIAL FP VISIT IN FP CLI	$119.22	$101.33

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99205	SB	52	E/M INITIAL FP VS IN FP CL CNM	$83.45	$70.93
99205	UC		E/M OFFICE OP NEW PATIENT..MIN	$119.22	$101.33
99212			ESTABLISHED PATIENT OFFICE OR	$30.92	$26.28
99212	FP	SB	E/M FOLLOW UP VS BY CNM IN FP	NA	$39.81
99212	SA		E/M OFFICE/OP - ESTABLISHED PA	$24.97	$21.04
99212	SB		E/M ESTABLISHED PT. VS BY CNM	NA	$30.92
99212	SB	52	E/M FOLLOW UP VS BY CNM IN FP	$21.45	$18.24
99212	UC		E/M OFFICE/OP - ESTABLISHED PA	$59.46	$50.54
99213			ESTABLISHED PATIENT OFFICE OR	$49.47	$42.05
99213	FP	SB	E/M F/U VISIT-FP CLINIC BY CNM	NA	$39.81
99213	SA		E/M OFFICE/OP ESTAB PATIENT	$39.95	$33.96
99213	SA	UD	E/M OFFICE/OP ESTAB PATIENT CN	$76.83	$65.30
99213	SB		E/M ESTABLISHES PT VISIT BY CN	NA	$49.47
99213	SB	52	E/M F/U VISIT-FP CLINIC BY CNM	$34.63	$29.44
99213	UC		E/M OFFICE/OP ESTAB PATIENT	$95.14	$80.87
99213	UD		E/M OFFICE/OP ESTAB PATIENT	$95.14	$80.87
99214			ESTABLISHED PATIENT OFFICE OR	$69.36	$58.96
99214	FP		E/M FOLLOW UP VISIT - FAMILY P	$69.36	$58.96
99214	FP	SB	E/M FP VISIT BY CNM - FP CLINI	NA	$47.38
99214	FP	52	E/M FOLLOW UP VISIT - FAMILY P	$69.36	$58.96
99214	SA		E/M OFFICE/OP ESTABLISHED PATI	$56.01	$48.09
99214	SB		E/M FOLLOW UP VISIT EST PT BY	NA	$69.36
99214	SB	52	E/M FP VISIT BY CNM - FP CLINI	$49.05	$41.69

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99214	UC		E/M OFFICE/OP ESTABLISHED PATI	$134.75	$114.54
99215			ESTABLISHED PATIENT OFFICE OR	$97.57	$82.94
99215	FP		E/M FP VISIT-ESTAB PT IN FP CL	$97.57	$82.94
99215	FP	SB	E/M FP VISIT BY CNM IN FP CLIN	NA	$63.49
99215	FP	52	E/M FU VISIT IN FP CLINIC	$97.57	$82.94
99215	SA		E/M OFFICE/OP ESTAB PT VISIT B	$78.79	$66.97
99215	SB		E/M VISIT-ESTABLISHED PT-BY CN	NA	$97.57
99215	SB	52	E/M FP VISIT BY CNM IN FP CLIN	$68.30	$58.06
99215	UC		E/M OFFICE/OP ESTAB PT VISIT	$187.64	$159.49
99217			HOSPITAL OBSERVATION CARE ON D	$37.82	$32.15
99221			INITIAL HOSPITAL CARE WITH STR	$52.70	$44.79
99221	SA		E/M INITIAL HOSPITAL CARE	$42.55	$36.36
99221	SB		E/M INITIAL HOSPITAL CARE BY C	NA	$52.70
99222			INITIAL HOSPITAL CARE WITH STR	$70.94	$60.30
99223			INITIAL HOSPITAL CARE WITH MOD	$104.00	$104.00
99232			SUBSEQUENT HOSPITAL CARE WITH	$37.40	$31.79
99232	SA		E/M SUBSEQUENT HOSPITAL CARE	$30.20	$25.88
99232	SB		E/M SUBSEQUENT HOSPITAL CARE C	NA	$37.40
99233			SUBSEQUENT HOSPITAL CARE WITH	$53.75	$45.69
99234			INITIAL HOSPITAL CARE WITH SAM	$68.30	$58.06
99235			INITIAL HOSPITAL CARE WITH SAM	$86.73	$73.72
99236			INITIAL HOSPITAL CARE WITH SAM	$110.94	$110.94
99238			HOSPITAL DISCHARGE DAY MANAGEM	$38.14	$32.42

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99238	SA		HOSP DISCH DAY MNGMNT BY CNP/C	$30.80	$26.18
99238	SB		HOSPITAL DISCHARGE DAY MNGMNT	NA	$38.14
99239			HOSPITAL DISCHARGE DAY MANAGEM	$55.55	$47.21
99283			EMERGENCY DEPARTMENT VISIT WIT	$37.74	$32.08
99283	SA		E.M EMERG DEPT. VISIT NEW/EST	$30.47	$25.90
99284			EMERGENCY DEPARTMENT VISIT WIT	$63.69	$54.14
99284	SA		E.M EMERG.DEPT. VISIT NEW/EST	$51.43	$43.97
99285			EMERGENCY DEPARTMENT VISIT WIT	$92.43	$78.57
99291			CRITICAL CARE, FIRST 30-74 MIN	$150.15	$127.63
99292			CRITICAL CARE, EACH ADDITIONAL	$64.79	$55.07
99304			INITIAL NURSING FACILITY CARE	$46.87	$39.84
99304	SA		INITIAL NURSING FACILITY CARE,	$37.85	$32.44
99305			INITIAL NURSING FACILITY CARE	$67.75	$57.59
99305	SA		INITIAL NURSING FACILITY CARE	$54.71	$46.87
99306			INITIAL NURSING FACILITY CARE	$86.79	$73.77
99306	SA		INITIAL NURSING FACILITY CARE,	$70.08	$60.19
99307			SUBSEQUENT NURSING FACILITY CA	$23.07	$19.61
99307	SA		SUBSEQUENT NURSING FAC CARE PE	$18.63	$15.97
99308			SUBSEQUENT NURSING FACILITY CA	$36.58	$31.09
99308	SA		SUBSEQUENT NURSING FAC CARE,PE	$29.54	$25.11
99309			SUBSEQUENT NURSING FACILITY CA	$48.24	$41.00
99309	SA		SUBSEQUENT NURSING FAC CARE,PE	$38.95	$33.11
99310			SUBSEQUENT NURSING FACILITY CA	$70.68	$60.08

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99310	SA		SUBSEQUENT NURSING FAC CARE,PE	$57.08	$49.03
99315			NURSING FACILITY DISCHARGE DAY	$38.21	$32.48
99315	SA		NF DISCHARGE DAY MNGMT 30 MIN	$30.85	$26.44
99316			NURSING FACILITY DISCHARGE MAN	$54.60	$46.41
99316	SA		NF DISCHARGE DAY MNGMT > 30 MI	$44.09	$38.02
99318			NURSING FACILITY ANNUAL ASSESS	$50.48	$42.90
99318	SA		EVALUATION & MANAGEMENT NURS F	$40.76	$34.65
99324	SA		DOMICILIARY/REST HOME VISIT N	$23.03	$19.57
99325			NEW PATIENT CUSTODIAL CARE FAC	$41.64	$35.40
99325	SA		DOMICILIARY/REST HOME VS NEW P	$33.63	$28.58
99326			NEW PATIENT CUSTODIAL CARE FAC	$72.00	$61.20
99326	SA		DOMICILIARY/REST HOME VS NEW P	$58.14	$50.05
99327			NEW PATIENT CUSTODIAL CARE FAC	$97.00	$82.45
99327	SA		DOMICILIARY/REST HOME VISIT NE	$78.32	$67.13
99328			NEW PATIENT CUSTODIAL CARE FAC	$114.06	$114.06
99328	SA		DOMICILIARY/REST HOME VS NEW P	$92.11	$78.94
99334			ESTABLISHED PATIENT CUSTODIAL	$32.02	$27.21
99334	SA		DOMICILIARY/REST HOME VS ESTAB	$25.85	$21.80
99335			ESTABLISHED PATIENT CUSTODIAL	$50.49	$42.92
99335	SA		DOMICILIARY/REST HOME VS ESTAB	$40.77	$34.66
99336			ESTABLISHED PATIENT CUSTODIAL	$71.07	$60.41
99336	SA		DOMICILIARY/REST HOME VS ESTAB	$57.39	$49.03
99337			ESTABLISHED PATIENT CUSTODIAL	$102.08	$86.77

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99337	SA		DOMICILIARY/REST HOME VS ESTAB	$82.43	$70.07
99341			RESIDENCE VISIT FOR NEW PATIEN	$28.48	$24.21
99341	SA		E/M HOME VISIT NEW PATIENT	$23.00	$19.71
99341	SB		E/M HOME VISIT NEW PATIENT	NA	$28.48
99342			RESIDENCE VISIT FOR NEW PATIEN	$40.36	$34.30
99342	SA		E/M HOME VISIT - NEW PATIENT	$32.59	$27.70
99342	SB		E/M HOME VISIT - NEW PATIENT	NA	$40.36
99343			NEW PATIENT HOME VISIT, TYPICA	$65.55	$55.71
99344			RESIDENCE VISIT FOR NEW PATIEN	$94.74	$80.53
99344	SA		E/M HOME VISIT NEW PATIENT 60	$76.50	$65.45
99345			RESIDENCE VISIT FOR NEW PATIEN	$114.75	$114.75
99345	SA		E/M HOME VISIT NEW PATIENT 75	$92.66	$79.62
99349			RESIDENCE VISIT FOR ESTABLISHE	$67.59	$57.46
99349	SA		E/M HOME VISIT ESTABLISHED PT	$54.58	$46.76
99350			RESIDENCE VISIT FOR ESTABLISHE	$93.52	$79.49
99350	SA		E/M HOME VISIT ESTABLISHED PT	$75.51	$64.61
99357			EXTENDED INPATIENT OR OBSERVAT	$47.73	$40.57
99406			SMOKING AND TOBACCO USE INTENS	$8.29	$7.05
99406	HF		SMOKING AND TOBACCO USE CESSAT	$15.94	$13.55
99406	UC		SMOKING AND TOBACCO USE CESSAT	$15.94	$13.55
99406	26		SMOKING & TOBACCO USE CESSATIO	$6.34	$5.39
99407			SMOKING AND TOBACCO USE INTENS	$15.17	$12.90
99407	HF		SMOKING AND TOBACCO USE CESSAT	$29.18	$24.80

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PROVIDER PAYMENT INCREASE FOR SPECIFIC ADULT & CHILDRENS PRIMARY, PREVENTIVE & POSTPARTUM CODES

NJ FAMILYCARE/MEDICAID: EFFECTIVE FOR SERVICE DATES ON OR AFTER DECEMBER 1, 2022

This website file is for informational purposes only

MOD 1 = MODIFIER 1 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = MODIFIER 2 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS

NA = NOT APPLICABLE

CODE	*MOD 1*	*MOD 2*	*SHORT - DESCRIPTION*	SPECIALIST	NON-SPECIALIST
99407	UC		SMOKING AND TOBACCO USE CESSAT	$29.18	$24.80
99407	26		SMOKING & TOBACCO USE CESSATIO	$13.42	$11.41
99495			TRANSITIONAL CARE MANAGEMENT S	$112.28	$112.28
99495	26		TRANSITIONAL CARE MANAGEMENT S	$76.30	$64.85

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