

PROVIDER PAYMENT INCREASE FOR SPECIFIC ADULT & CHILDRENS PRMARY & POSTPARTUM CODES NJ FAMILY CARE/MEDICAID: Updated January 2017

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

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				MAXIMUM FEE ALLOWANCE SPECIALIST	MAXIMUM FEE ALLOWANCE NON- SPECIALIST	IND
G0101			CERV/VAG CA SCREEN,PELV/BREAST	\$29.52	25.09	*
G0102			PROSTATE CANCER SCREENING: DIG	\$15.37	13.06	*
G0102	26		PROSTATE CANCER SCREENING:DIGI	\$6.62	5.62	*
G0105			COLONOSCOPY ON INDIV AT HIGH R	\$293.62	249.57	*
G0105	26		COLONOSCOPY ON INDIV AT HIGH R	\$156.03	132.63	*
G0121			COLONOSCOPY NON HIGH RISK INDI	\$293.62	249.57	*
G0121	26		COLONOSCOPY NON HIGH RISK INDI	\$156.03	132.63	*
G0124			SCREENING CYTOPATHOLOGY, CERVI	NA	24.88	*
G0202			SCREENING MAMMOGRAPHY, BILATER	\$106.69	90.68	*
G0202	TC		SCREENING MAMMOGRAPHY DIGITAL	\$79.04	35.39	*
G0202	26		SCREENING MAMMOGRAPHY,DIGITAL	\$27.65	23.5	*
G0447			FACE-TO-FACE BEHAVIORAL COUNSE	\$19.43	16.51	*
P3001			SCREENING PAP SMEAR,UP TO 3,RE	NA	24.88	*
11043			DEBRIDE:SKIN,SUBCU TISSUE AND	\$16.99	\$14.44	*
11446			EXCISE BENIGN LESION OVER 4.0	\$42.81	\$36.39	*
11730			SIMPLE REMOVAL OF NAIL PLATE	\$11.58	\$9.84	*
11732			EACH ADDITIONAL NAIL PLATE	\$3.91	\$3.32	*
13100			COMPLEX REPAIR 1.1 TO 2.5CM	\$37.07	\$31.51	*
15050			PINCH GRAFT: DEFECT UP TO 2 CM	\$62.87	\$53.44	*
15781			ABRASION OF SKIN FOR REMOVAL O	\$61.54	\$52.31	*
15782			ABRASION OF SKIN FOR REMOVAL O	\$71.50	\$60.78	*
15783			DERMABRASION SUPERFICIAL ANY S	\$53.53	\$45.50	*
15786			ABRASION SINGLE LESION	\$27.24	\$23.16	*
15792			CHEMICAL PEEL, NONFACIAL, EPID	\$49.20	\$41.82	*
15793			CHEMICAL PEEL, NONFACIAL: DERM	\$55.07	\$46.81	*
16035			ESCHAROTOMY B	\$21.07	\$17.91	*
19030			INJEC FOR MAMM DUCTOG OR GALAC	\$18.36	\$15.61	*
19287	26		PLACEMENT OF BREAST LOCALIZATI	\$70.63	\$60.04	*
19288	26		PLACEMENT OF BREAST LOCALIZATI	\$79.75	\$67.78	*
19340			IMMEDIATE INSERT BREAST PROSTH	\$110.55	\$93.97	*
19396			PREP MOULAGE FOR CUSTOM IMPLAN	\$32.65	\$27.75	*
20101			EXPLORE PENETRATING WOUND, CHE	\$50.47	\$42.90	*
20225			DEEP BONE BIOPSY: TROCAR/ NEED	\$59.52	\$50.59	*
20660			APPLY TONGS OR CALIPER AND REM	\$27.20	\$23.12	*

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				MAXIMUM FEE ALLOWANCE SPECIALIST	MAXIMUM FEE ALLOWANCE NON- SPECIALIST	IND
20670			REMOVE IMPLANT: SUPERFICIAL	\$42.82	\$36.40	*
20690			APPLY EXTERNAL FIXATION SYS,ST	\$65.48	\$55.66	*
20816			REPLANT DIGIT, TOTAL AMPUTATIO	\$231.65	\$196.90	*
20822			REPLANT DIGIT,EXCLUDE THUMB,CO	\$197.79	\$168.12	*
20824			REPLANT THUMB,COMPLETE AMPUTAT	\$223.37	\$189.87	*
20827			REPLANT THUMB-DISTAL TIP-COMPL	\$203.31	\$172.82	*
21100			MAXILLOFACIAL FIXATION	\$131.74	\$111.98	*
21125			AUGMENTTION,MANDIB BODY/ANGLE:	\$364.68	\$309.97	*
21127			AUGMENTATION,MANDI BODY/ANGLE:	\$499.93	\$424.94	*
21150			RECON MIDFACE,LEFORT11:ANTERIO	\$191.32	\$162.62	*
21210			BONE GRAFT: NASAL, MAXILLARY,	\$261.73	\$222.47	*
21215			BONE GRAFT: MANDIBLE	\$471.08	\$400.42	*
21337			CLOSED NASAL SEPTAL FRACTURE T	\$45.56	\$38.73	*
21343			OPEN TX CL/OPEN DEPR FRONTAL S	\$135.23	\$114.94	*
21344			OPEN TX CL/DEPR FRONTAL SINUS	\$153.00	\$130.05	*
21355			MANIPULATE FX OF MALAR AREA	\$54.06	\$45.95	*
21440			MANIPULATE ALVEOLAR RIDGE FX	\$65.88	\$56.00	*
21445			OPEN TREATMENT ALVEOLAR RIDGE	\$87.61	\$74.47	*
21450			TREAT CLOSED OR OPEN MANDIBULA	\$71.18	\$60.50	*
21451			MANDIBULAR W MANIPULATION FRAC	\$93.48	\$79.46	*
21452			TREAT OPEN MANDIBULAR FX:W/O M	\$65.83	\$55.96	*
21453			TREAT CLOSED MANDIBULAR FX W/M	\$104.02	\$88.42	*
21461			OPEN TREATMENT MANDIBULAR FX W	\$244.11	\$207.49	*
21462			OPEN TREATMENT MANDIBULAR FX W	\$259.17	\$220.29	*
21485			TEMPOROMANDIBULAR MANIPULATION	\$80.16	\$68.13	*
21550			EXCISIONAL BIOPSY SOFT TISSUES	\$29.37	\$24.97	*
21555			EXCISE BENIGN TUMOR: SUBCUTANE	\$46.29	\$39.35	*
21920			BX,SFT TISS-BACK/FLANK:SUPERFI	\$28.73	\$24.42	*
23031			I&D INFECTED SHOULDER BURSA	\$48.11	\$40.90	*
23065			BIOPSY SHOULDER SUPERFICIAL	\$24.09	\$20.48	*
23066			BIOPSY OF SHOULDER DEEP	\$62.34	\$52.99	*
23330			REMOVE SHOULDER FOREIGN BODY	\$27.63	\$23.49	*
23650			TREAT CLSD SHOULDER DISLOC W/M	\$34.60	\$29.41	*
23931			DRAINAGE OF ARM BURSA	\$32.17	\$27.35	*

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				MAXIMUM FEE ALLOWANCE SPECIALIST	MAXIMUM FEE ALLOWANCE NON- SPECIALIST	
24065			BIOPSY ARM/ELBOW SOFT TISSUE	\$28.60	\$24.31	*
24066			BIOPSY ARM/ELBOW SOFT TISSUE:	\$69.76	\$59.29	*
24160			REMOVAL OF ELBOW JOINT HARDWAR	\$141.20	\$120.02	*
24925			AMPUTATION UPPER ARM SECONDARY	\$56.85	\$48.33	*
25031			INCISION/DRAINAGE INFECTED BUR	\$40.46	\$34.39	*
25065			BIOPSY SOFT TISSUES: SUPERFICI	\$28.35	\$24.10	*
25263			REP TEND/MUSC.:SECONDARY..EACH	\$69.34	\$58.94	*
25265			REP TEND/MUSC,SECON..W/GRAFT:	\$82.76	\$70.35	*
26010			DRAINAGE OF FINGER ABSCESS	\$29.64	\$25.19	*
26020			DRAIN HAND TENDON SHEATH	\$47.93	\$40.74	*
26060			TENOTOMY,SUBCUTAN,SING,EACH DI	\$29.10	\$24.74	*
26115			EXCISION BENIGN TUMOR,HAND,SUB	\$56.25	\$47.81	*
26160			REMOVE TENDON SHEATH LESION	\$64.25	\$54.62	*
26587			RECONSTRUCT SUPERNUMERARY DIGI	\$109.95	\$93.46	*
26600			TREAT CLSD FX...W/O MANIP:EACH	\$32.65	\$27.75	*
26641			TREAT THUMB DISLOCATION W/MANI	\$41.69	\$35.44	*
26670			TREAT CLSD HAND DISLOCATION W/	\$37.06	\$31.50	*
26700			TREAT KNUCKLE DISLOCATION:W/OA	\$35.33	\$30.03	*
26770			TRMT OF CLOS INTERPHAL JOINT D	\$30.23	\$25.70	*
26951			AMPUTATION OF FINGER/THUMB	\$71.73	\$60.97	*
26952			AMPUTATE FINGER/THUMB W/ANESTH	\$70.53	\$59.95	*
26991			DRAINAGE OF PELVIS BURSA	\$78.36	\$66.61	*
27040			SUPERFICIAL BIOPSY OF SOFT TIS	\$34.45	\$32.68	*
27041			DEEP BIOPSY OF SOFT TISSUES	\$75.94	\$64.55	*
27086			REMOVE HIP FOREIGN BODY	\$33.14	\$28.17	*
27087			REMOVE FOREIGN BODY,PELVIS/HIP	\$68.80	\$58.48	*
27093			INJECTION FOR HIP ARTHROGRAPHY	\$21.06	\$17.90	*
27095			INJ PROC HIP ARTHROGRAPHY W/AN	\$27.26	\$23.17	*
27220			TREAT (HIP SOCKET) FRACTURE AC	\$58.61	\$49.82	*
27323			BIOPSY THIGH SOFT TISSUES	\$30.19	\$25.66	*
27324			BIOPSY THIGH SOFT TISSUES:DEEP	\$43.89	\$37.31	*
27327			EXCISE TUMOR,THIGH OR KNEE: SU	\$51.20	\$43.52	*
27328			EXCISE TUMOR,THIGH OR KNEE:DEE	\$68.37	\$58.12	*
27372			REMOVAL OF FOREIGN BODY	\$67.93	\$57.74	*

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				MAXIMUM FEE ALLOWANCE SPECIALIST	MAXIMUM FEE ALLOWANCE NON- SPECIALIST	
27594			AMPUTATION FOLLOW-UP SURGERY	\$56.04	\$47.63	*
27604			DRAIN LOWER LEG BURSA	\$54.65	\$46.45	*
27605			INCISION OF ACHILLES TENDON:LO	\$38.34	\$32.59	*
27613			BIOPSY LOWER LEG SOFT TISSUE	\$28.18	\$23.95	*
27614			BIOPSY LOWER LEG SOFT TISSUE D	\$64.45	\$54.78	*
27618			REMOVE LOWER LEG LESION	\$50.28	\$42.74	*
27884			AMPUTATION FOLLOW-UP SURGERY	\$63.93	\$54.34	*
28001			DRAINAGE OF BURSA OF FOOT	\$31.48	\$26.76	*
28002			TREATMENT OF FOOT INFECTION	\$49.26	\$41.87	*
28010			INCISION OF TOE TENDON	\$25.77	\$21.90	*
28024			EXPLORATION OF A TOE JOINT	\$52.18	\$44.35	*
28043			EXCISION OF FOOT LESION	\$45.16	\$38.39	*
28190			REMOVAL OF FOOT FOREIGN BODY	\$29.14	\$24.77	*
28192			REMOVAL OF FOOT FOREIGN BODY	\$52.85	\$44.92	*
28193			REMOVAL OF FOOT FOREIGN BODY	\$59.81	\$50.84	*
28230			INCISION OF FOOT TENDON(S)	\$49.26	\$41.87	*
28272			CAPSULOTOMY....INTERPHAL.,EACH	\$44.48	\$37.80	*
28312			REVISION OF TOE	\$58.55	\$49.77	*
28344			RECONSTRUCT TOES:POLYDACTYLY	\$63.12	\$53.65	*
28470			TREAT CLSD METATAR FX.W/O MANI	\$24.38	\$20.72	*
28675			REPAIR OF TOE DISLOCATION	\$65.73	\$55.87	*
28820			AMPUTATION OF TOE	\$63.67	\$54.12	*
28825			PARTIAL AMPUTATION OF TOE	\$60.94	\$51.80	*
29740			WEDGING OF CAST	\$11.05	\$9.39	*
29750			WEDGING OF CLUBFOOT CAST	\$10.52	\$8.94	*
30000			DRAINAGE OF NOSE LESION	\$25.87	\$21.99	*
30100			INTRANASAL BIOPSY	\$15.80	\$13.43	*
30140			SUBMUCOUS RESECTION TURBINATE,	\$49.29	\$41.89	*
30220			INSERTION,NASAL SEPTAL PROSTHE	\$34.16	\$29.04	*
30300			REMOVE NASAL FOREIGN BODY	\$26.02	\$22.11	*
30320			REMOVE NASAL FOREIGN BODY	\$50.17	\$42.65	*
30430			REVISION OF NOSE	\$96.33	\$81.88	*
30435			REVISION WORK WITH OSTEOTOMIES	\$138.60	\$117.81	*
30540			REPAIR NASAL DEFECT	\$76.01	\$64.61	*

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				MAXIMUM FEE ALLOWANCE SPECIALIST	MAXIMUM FEE ALLOWANCE NON- SPECIALIST	IND
30560			RELEASE OF NASAL ADHESIONS	\$30.40	\$25.84	*
30801			CAUTERIZATION/ABLATION,MUCOSA	\$25.87	\$21.99	*
30802			CAUTERIZE/ABLATION,MUCOSA TURB	\$32.57	\$27.68	*
30906			REPEAT CONTROL OF NOSEBLEED	\$38.69	\$32.88	*
31000			IRRIGATION MAXILLARY SINUS	\$20.69	\$17.59	*
31231			DX ENDOSCOPY/NASAL UNI/BILATER	\$23.67	\$20.12	*
31611			CONSTRUCT TRACHEOESOPH FISTULA	\$59.97	\$50.98	*
31717			BRONCHIAL BRUSH BIOPSY	\$29.23	\$24.84	*
31730			INSERTION INTO WINDPIPE OF NEE	\$140.25	\$119.21	*
32405			BIOPSY,LUNG,PERCUTANEOUS,NEEDL	\$50.88	\$43.25	*
36470			INJECTION THERAPY OF VEIN	\$16.70	\$14.19	*
36471			INJECTION THERAPY OF VEINS	\$19.39	\$16.48	*
36514			THERAPEUTIC APHERESIS PLASMA P	\$61.20	\$52.02	*
37236	26		INSERTION OF INTRAVASCULAR STE	\$241.93	\$205.64	*
37237	26		INSERTION OF INTRAVASCULAR STE	\$116.81	\$99.29	*
37238	26		INSERTION OF INTRAVASCULAR STE	\$164.16	\$139.54	*
37241	26		OCCLUSION OF VENOUS MALFORMATI	\$242.41	\$206.04	*
37242	26		OCCLUSION OF ARTERY (OTHER THA	\$883.98	\$751.38	*
37243	26		OCCLUSION OF TUMORS OR OBSTRUC	\$1,116.14	\$948.72	*
37244	26		OCCLUSION OF ARTERIAL OR VENOU	\$778.92	\$662.08	*
37785			LIGAT, DIV EXC SEC VAR VEIN LEG	\$39.40	\$33.49	*
38500			BIOPSY/REMOVAL OF LYMPH NODE	\$36.68	\$31.18	*
39503			NEONATE HERNIA REPAIR	\$673.06	\$572.10	*
40490			BIOPSY OF LIP	\$14.38	\$12.23	*
40800			DRAINAGE OF MOUTH LESION	\$24.47	\$20.80	*
40804			REMOVAL FOREIGN BODY, MOUTH	\$24.40	\$20.74	*
40805			REMOVAL FOREIGN BODY, MOUTH	\$36.92	\$31.39	*
40808			BIOPSY OF MOUTH LESION	\$21.57	\$18.33	*
40819			EXCISE LIP OR CHEEK FOLD	\$36.02	\$30.62	*
40830			REPAIR MOUTH LACERATION	\$30.55	\$25.97	*
41009			DRAINAGE OF MOUTH LESION	\$45.84	\$38.97	*
41100			BIOPSY OF TONGUE	\$19.12	\$16.25	*
41110			EXCISION OF TONGUE LESION	\$24.26	\$20.62	*
41800			DRAINAGE OF GUM LESION	\$31.67	\$26.92	*

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41823			EXCISION OF GUM LESION	\$52.14	\$44.32	*
42140			EXCISION OF UVULA	\$28.84	\$24.52	*
42405			BIOPSY OF SALIVARY GLAND:INCIS	\$33.50	\$28.48	*
42845			RAD.RESECT.TONSIL,ETC.W/OTHER	\$249.15	\$211.77	*
42870			EXCISION OF LINGUAL TONSIL	\$67.56	\$57.42	*
42970			CONTROL NOSE/THROAT BLEEDING	\$46.19	\$39.26	*
43220			BALLOON DILATION OF ESOPHAGUS	\$130.19	\$110.66	*
43453			DILATE ESOPHAGUS	\$112.01	\$95.21	*
43760			CHANGE OF GASTROSTOMY TUBE:SIM	\$55.97	\$47.57	*
43761			REPOSITION GASTRIC TUBE/ENTER.	\$12.75	\$10.84	*
44312			REVISION OF ILEOSTOMY	\$64.88	\$55.15	*
44340			REVISION OF COLOSTOMY	\$68.85	\$58.53	*
45303			PROCTOSIGMOIDOSCOPY WITH DILAT	\$110.55	\$93.97	*
45317			PROCTOSIGMOIDOSCOPY: HEMORRHAG	\$27.12	\$23.05	*
45900			REDUCTION OF RECTAL PROLAPSE	\$22.46	\$19.09	*
46083			EXC.EXT.THROMBOSED HEMORRHOID	\$19.72	\$16.76	*
46220			REMOVAL OF ANAL TAB	\$23.11	\$19.64	*
46500			INJECTION TREATMENT OF ANUS	\$26.91	\$22.88	*
46604			ANOSCOPY WITH DIRECT DILATION	\$71.67	\$60.92	*
46606			ANOSCOPY WITH BIOPSY	\$25.49	\$21.66	*
46917			DESTROY ANAL LESION(S):LASER S	\$51.50	\$43.77	*
46945			LIGATION OF HEMORRHOIDS	\$34.69	\$29.48	*
47000			NEEDLE BIOPSY OF LIVER	\$40.98	\$34.83	*
47382			ABLATION LIVER TUMOR PERCU RAD	\$568.07	\$482.86	*
48510			INSERTION OF DRAIN FROM PANCRE	\$120.78	\$102.67	*
49605			REPAIR UMBILICAL LESION	\$540.17	\$459.14	*
50200			RENAL BIOPSY:PERCUTANEOUS TROC	\$69.43	\$59.01	*
50972			URETER ENDOSCOPY W/CATHETER	\$39.09	\$33.23	*
52214			CYSTOURETHROSCOPY WITH FULGURA	\$74.32	\$63.17	*
52224			CYSTOURETHROSCOPY WITH FULGURA	\$77.69	\$66.04	*
54001			SLITTING OF PREPUCE:EXCEPT NEW	\$20.40	\$17.34	*
54015			DRAIN PENIS LESION	\$33.72	\$28.66	*
54100			BIOPSY OF PENIS	\$22.06	\$18.75	*
54150			CIRCUMCISION-USING CLAMP	\$17.06	\$14.50	*

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55120			REMOVAL OF SCROTUM LESION	\$39.60	\$33.66	*
55873			CRYOSURGICAL ABLATION OF PROST	\$803.45	\$682.93	*
57170			FITTING OF DIAPHRAGM	\$33.06	\$28.10	*
58353			ENDOMET ABLATION THERM WO MUST	\$113.15	\$96.18	*
58555			DIAGNOSTIC HYSTEROSCOPY	\$33.35	\$28.35	*
58558			HYSTEROSCOPY W/BIOPSY W/WO D&C	\$153.66	\$130.61	*
58562			SURG HYSTEROSCOPY W/REMOV FORI	\$44.86	\$38.13	*
59400			OBSTETRICAL CARE	\$1,152.81	\$979.89	*
59400	SB		OBSTETRICAL CARE	NA	\$806.97	*
59410			VAGINAL DELIVERY & POST PARTUM	\$571.76	\$485.99	*
59410	SB		VAGINAL DELIVERY PLUS POST PAR	NA	\$400.23	*
59425			ANTEPARTUM CARE ONLY: 4-6 VISI	\$50.27	\$42.73	*
59426			ANTEPARTUM CARE ONLY: 7+ VISIT	\$90.08	\$76.57	*
59430			CARE AFTER DELIVERY	\$102.35	\$86.99	*
59430	SA		CARE AFTER DELIVERY	NA	\$82.64	*
59430	SB		CARE AFTER DELIVERY	NA	\$71.64	*
59510			CESAREAN DELIVERY WITH PRE- AN	\$1,273.41	\$1,082.39	*
59515			CESAREAN SECTION ONLY INCL PP	\$692.44	\$588.57	*
59610			ROUTINE OB CARE/VAG DEL AFTER/	\$1,207.32	\$1,026.22	*
59610	SB		ROUTINE OB CARE/VAG DEL POST/P	\$845.12	\$328.00	*
59614			VAGINAL DEL POST PREV C/S W/PP	\$625.30	\$531.51	*
59614	SB		VAG DEL POST PREV C/S W/PP CAR	\$437.71	\$224.00	*
59618			ROUTINE OB CARE W/C/S P/VBAC A	\$1,290.65	\$1,097.05	*
59622			C/S ONLY W/PP CARE P/VBAC ATT/	\$711.09	\$604.43	*
61151			PIERCE SKULL FOR DRAINAGE	\$112.57	\$95.68	*
64600			INJECTION TX FACIAL NERVES (5	\$43.60	\$37.06	*
64605			INJECTION TREATMENT NERVES IN	\$67.53	\$57.40	*
64774			REMOVE SKIN NERVE LESION	\$45.96	\$39.06	*
64907			NERVE PEDICLE TRANSFER	\$162.61	\$138.22	*
65450			DESTROY CORNEAL LESION	\$35.78	\$30.41	*
67700			DRAINAGE OF EYELID ABSCESS	\$29.96	\$25.46	*
67715			CANTHOTOMY(SEPARATE PROCEDURE)	\$26.73	\$22.72	*
67810			INCISIONAL BIOPSY OF EYELID SK	\$19.17	\$16.29	*
67840			REMOVE EYELID LESION EXC CHALA	\$30.50	\$25.92	*

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				MAXIMUM FEE ALLOWANCE SPECIALIST	MAXIMUM FEE ALLOWANCE NON- SPECIALIST	IND
67914			REPAIR ECTROPIAN: SUTURE	\$52.04	\$44.23	*
67915			REPAIR EYELID DEFECT	\$32.46	\$27.59	*
67921			REPAIR ENTROPIAN: SUTURE	\$51.02	\$43.37	*
67922			REPAIR EYELID DEFECT	\$32.18	\$27.35	*
67930			REPAIR EYELID WOUND	\$40.14	\$34.12	*
67935			SUTURE RECENT WOUND EYELID..FU	\$65.33	\$55.53	*
67975			RECONSTRUCTION OF EYELID	\$74.73	\$63.52	*
68115			REMOVE EYELID LINING LESION	\$34.49	\$29.32	*
68130			REMOVE EYELID LINING LESION	\$59.40	\$50.49	*
68135			REMOVE EYELID LINING LESION	\$17.14	\$14.57	*
68510			BIOPSY OF TEAR GLAND	\$49.02	\$41.67	*
68705			REVISE TEAR DUCT OPENING	\$26.13	\$22.21	*
68801			DILATION LACRIMAL PUNCTUM W/WO	\$13.81	\$11.74	*
68810			PROBING NASOLACRIMAL DUCT W/WO	\$26.72	\$22.71	*
68840			EXPLORE/IRRIGATE TEAR DUCTS	\$14.07	\$11.96	*
69020			DRAIN OUTER EAR CANAL LESION	\$26.17	\$22.24	*
69145			REMOVE EAR CANAL LESION(S)	\$44.70	\$38.00	*
69200			CLEAR OUTER EAR CANAL	\$13.77	\$11.70	*
69610			REPAIR OF EAR DRUM	\$42.55	\$36.16	*
77078			COMPUTED TOMOGRAPHY, BONE MINE	NA	\$56.36	*
77078	TC		COMPUTED TOMOGRAPHY, BONE MINE	NA	\$47.13	*
77078	26		COMPUTED TOMOGRAPHY, BONE MINE	NA	\$9.23	*
77080			DUAL-ENERGY X-RAY ABSORPTIOMET	NA	\$32.20	*
77080	TC		DUAL-ENERGY X-RAY ABSORPTIOMET	NA	\$24.53	*
77080	26		DUAL-ENERGY X-RAY ABSORPTIOMET	NA	\$7.67	*
77081			DUAL-ENERGY X-RAY ABSORPTIOMET	NA	\$21.71	*
77081	TC		DUAL-ENERGY X-RAY ABSORPTIOMET	NA	\$13.53	*
77081	26		DUAL-ENERGY X-RAY ABSORPTIOMET	NA	\$8.18	*
82705			FATS/LIPIDS,FECEs,SCREENING	NA	\$0.69	*
84578			TEST URINE UROBILINOGEN	NA	\$0.44	*
86000			AGGLUTININS: FEBRILE EACH ANTI	NA	\$0.95	*
87190			TB ANTIBIOTIC SENSITIVITY	NA	\$0.77	*
88106	TC		CYTOPATHOLOGY	NA	\$7.61	*
88108	TC		CYTOPATHOLOGY, FLUIDS, WASHING	NA	\$6.89	*



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88160			CYTOPATHOLOGY	NA	\$7.39	*
88160	TC		CYTOPATHOLOGY	NA	\$4.55	*
88173	TC		FINE NEEDLE ASPIRATE...INTERP/	NA	\$9.15	*
88307	TC		SURGICAL PATHOLOGY, COMPLETE	NA	\$24.85	*
88309	TC		SURGICAL PATHOLOGY, COMPLETE	NA	\$35.24	*
88312	TC		SPECIAL STAINS	NA	\$8.02	*
88313	TC		SPECIAL STAINS	NA	\$8.02	*
88314	TC		GROSS & MICROSCOPIC EXAM 3 SPE	NA	\$6.29	*
88319			DETERMINATIVE HISTOCHEMISTRY T	NA	\$9.93	*
88319	TC		DETERMINATIVE HISTOCHEMISTRY T	NA	\$9.93	*
88342			IMMUNOCYTOCHEMISTRY (INCLUDING	NA	\$11.92	*
88342	TC		IMMUNOCYTOCHEMISTRY (INCLUDING	NA	\$6.08	*
91030	TC		ACID PERFUSION FOR ESOPHAGITIS	NA	\$10.23	*
91132			ELECTROGASTROGRAPHY DIAG TRANS	\$16.85	\$14.32	*
91133			ELECTROGASTROGRAPHY DX TRANS W	\$19.50	\$16.57	*
92240	TC		INDOCYANINE-GREEN ANGIOGRAPHY	\$21.67	\$17.00	*
92250	TC		OPHTHALMOSCOPY W/FUNDUS PHOTO	NA	\$6.20	*
92275	TC		ELECTRORETINOGRAPHY	NA	\$10.72	*
92507			SPEECH LANGUAGE HEARING THERAP	\$8.51	\$7.24	*
92562			LOUDNESS BALANCE TEST	\$5.28	\$4.49	*
92563			TONE DECAY HEARING TEST	\$3.50	\$2.98	*
92583			SELECT PICTURE AUDIOMETRY	\$5.72	\$4.87	*
93623	26		PROGRAM STIM&PACING W IV INFUS	\$17.63	\$14.99	*
93926	TC		DUPLEX SCAN...7/U OR LIMITED S	\$14.66	\$13.00	*
95060			OPHTHALMIC MUCOUS MEMBRANE TES	\$4.03	\$3.43	*
95065			NASAL MUCOUS MEMBRANE TEST	\$2.86	\$2.43	*
95805	TC		SLEEP LATENCY TESTING	\$41.97	\$29.00	*
95812	TC		EEF EXTENDED MONITORING UP TO	NA	\$40.96	*
95813	TC		EEG EXTENDED MONITORING >1 HOU	\$46.31	\$36.00	*
95816			EEG,INCL RECOR AWAKE&D,SAME FA	\$40.77	\$34.65	*
95816	TC		EEG,INCL RECOR AWAKE&D,SAME FA	\$34.56	\$17.00	*
95819			EEG-STD/PORT: SAME FACILITY	\$46.94	\$39.89	*
95819	TC		EEG-STD/PORT: SAME FACILITY	\$40.69	\$17.00	*
95822			EEG: SLEEP ONLY	\$42.34	\$35.99	*

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				MAXIMUM FEE ALLOWANCE SPECIALIST	MAXIMUM FEE ALLOWANCE NON- SPECIALIST	IND
95822	TC		EEG: SLEEP ONLY	\$36.09	\$17.00	*
95827			EEG: ALL NIGHT SLEEP RECORDING	\$88.69	\$75.38	*
95827	TC		EEG: ALL NIGHT SLEEP RECORDING	\$82.55	\$17.00	*
95829			ELECTROCORTICOGRAM AT SURGERY(	\$215.93	\$183.54	*
95860	TC		ELECTROMYOGRAPH:1 EXTREMITY&PA	\$8.02	\$7.00	*
95867	TC		MYOGRAPHY: CRANIAL NERVE: UNIL	\$6.25	\$4.00	*
95875	26		ISCHEMIC LIMB EXERCISE,EMG,...	\$6.36	\$5.31	*
95923			TESTING AUTO NERV SYST FUNCTIO	\$21.46	\$18.24	*
95923	TC		TESTING AUTO NERV SYST FUNCTIO	\$16.55	\$6.00	*
95930	TC		VISUAL EVOKED POTENTIAL TESTIN	\$12.62	\$11.00	*
95951			MONITORING FOR LOCALIZATION OF	\$214.63	\$182.44	*
95951	TC		MONITORING FOR LOCALIZATION OF	\$180.10	\$68.00	*
95954	TC		PHARM/PHYSICAL ACTIVATION DUR	\$37.93	\$20.00	*
95956			EACH 24 HOUR EEG MONITORING	\$188.24	\$160.01	*
95956	TC		EACH 24 HOUR EEG MONITORING	\$167.69	\$68.00	*
96372			THERAPEUTIC PROPHYLACTIC OR	\$14.20	\$12.07	*
96425			CHEMOTHERAPY INFUSION >8HRS PE	\$20.75	\$17.63	*
97802			MED NUTRITION THER INIT ASSESS	\$26.30	\$22.35	*
97803			MED NUTRITION THER RE-ASSESS 1	\$22.83	\$19.40	*
99201			NEW PATIENT OFFICE OR OTHER OU	\$25.02	\$21.27	*
99201	SA		E/M OFFICE/OP NEW PATIENT	NA	\$20.21	*
99201	SB		E/M OFFICE/OP NEW PATIENT BY C	NA	\$17.52	*
99201	UC		E/M OFFICE/OP NEW PATIENT	\$27.00	\$27.00	*
99202			NEW PATIENT OFFICE OR OTHER OU	\$42.37	\$36.02	*
99202	FP	SB	E/M INITIAL VS BY CNM IN FP CL	NA	\$35.70	*
99202	SA		E/M OFFICE/OP NEW PATIENT	NA	\$34.22	*
99202	SB		E/M OFFICE/OP NEW PATIENT BY C	NA	\$29.66	*
99202	SB	52	E/M INITIAL VS BY CNM IN FP CL	NA	\$35.70	*
99202	UC		E/M OFFICE/OP NEW PATIENT	\$42.00	\$42.00	*
99203			NEW PATIENT OFFICE OR OTHER OU	\$61.05	\$51.89	*
99203	FP	SB	E/M INITIAL FP VISIT BY CNM IN	NA	\$58.59	*
99203	SA		E/M OFFICE/OP NEW PATIENT..MIN	NA	\$49.37	*
99203	SA	UD	E/M OFFICE/OP NEW PATIENT.CNP/	NA	\$23.80	*
99203	SB		E/M OFFICE/OP NEW PATIENT BY C	NA	\$51.89	*

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				MAXIMUM FEE ALLOWANCE SPECIALIST	MAXIMUM FEE ALLOWANCE NON- SPECIALIST	IND
99203	SB	52	E/M INITIAL FP VISIT BY CNM IN	NA	\$44.11	*
99203	UC		E/M OFFICE/OP NEW PATIENT..MIN	\$61.14	\$61.14	*
99203	UD		E/M OFFICE/OP NEW PATIENT..MIN	\$61.14	\$51.97	*
99204			NEW PATIENT OFFICE OR OTHER OU	\$92.31	\$78.46	*
99204	FP		E/M OFFICE/OP NEW VISIT FP CL	\$92.31	\$92.31	*
99204	FP	SB	E/M OFFICE/OP NEW VISIT IN FL	NA	\$64.62	*
99204	SA		E/M OFFICE/OP NEW PATIENT	NA	\$74.54	*
99204	SB		E/M OFFICE/OP NEW PATIENT BY C	NA	\$64.62	*
99204	UC		E/M OFFICE/OP NEW PATIENT	\$92.31	\$92.31	*
99205			NEW PATIENT OFFICE OR OTHER OU	\$115.84	\$98.46	*
99205	FP		E/M OFFICE/OP NEW IN FL CL	NA	\$115.60	*
99205	FP	SB	E/M OFFICE/OP NEW IN FL CL CNM	NA	\$80.92	*
99205	FP	52	E/M INITIAL FP VISIT IN FP CLI	\$115.60	\$115.60	*
99205	SB	52	E/M INITIAL FP VS IN FP CL CNM	NA	\$81.09	*
99205	UC		E/M OFFICE OP NEW PATIENT..MIN	\$115.60	\$115.60	*
99212			ESTABLISHED PATIENT OFFICE OR	\$24.83	\$21.11	*
99212	FP	SB	E/M FOLLOW UP VS BY CNM IN FP	NA	\$29.33	*
99212	SA		E/M OFFICE/OP - ESTABLISHED PA	NA	\$20.05	*
99212	SB		E/M ESTABLISHED PT. VS BY CNM	NA	\$17.38	*
99212	SB	52	E/M FOLLOW UP VS BY CNM IN FP	NA	\$17.24	*
99212	UC		E/M OFFICE/OP - ESTABLISHED PA	\$49.06	\$49.06	*
99213			ESTABLISHED PATIENT OFFICE OR	\$41.28	\$35.09	*
99213	FP	SB	E/M F/U VISIT-FP CLINIC BY CNM	NA	\$29.33	*
99213	SA		E/M OFFICE/OP ESTAB PATIENT	NA	\$33.33	*
99213	SA	UD	E/M OFFICE/OP ESTAB PATIENT CN	NA	\$33.01	*
99213	SB		E/M ESTABLISHES PT VISIT BY CN	NA	\$28.89	*
99213	SB	52	E/M F/U VISIT-FP CLINIC BY CNM	NA	\$28.62	*
99213	UC		E/M OFFICE/OP ESTAB PATIENT	\$81.60	\$81.60	*
99213	UD		E/M OFFICE/OP ESTAB PATIENT	\$40.88	\$34.75	*
99214			ESTABLISHED PATIENT OFFICE OR	\$60.58	\$51.49	*
99214	FP		E/M FOLLOW UP VISIT - FAMILY P	\$60.19	\$60.19	*
99214	FP	SB	E/M FP VISIT BY CNM - FP CLINI	NA	\$42.13	*
99214	FP	52	E/M FOLLOW UP VISIT - FAMILY P	\$60.19	\$60.19	*
99214	SA		E/M OFFICE/OP ESTABLISHED PATI	NA	\$48.92	*

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				MAXIMUM FEE ALLOWANCE SPECIALIST	MAXIMUM FEE ALLOWANCE NON- SPECIALIST	IND
99214	SB		E/M FOLLOW UP VISIT EST PT BY	NA	\$42.41	*
99214	SB	52	E/M FP VISIT BY CNM - FP CLINI	NA	\$42.13	*
99214	UC		E/M OFFICE/OP ESTABLISHED PATI	\$119.85	\$119.85	*
99215			ESTABLISHED PATIENT OFFICE OR	\$81.42	\$69.20	*
99215	FP		E/M FP VISIT-ESTAB PT IN FP CL	\$81.42	\$81.42	*
99215	FP	SB	E/M FP VISIT BY CNM IN FP CLIN	NA	\$56.99	*
99215	FP	52	E/M FU VISIT IN FP CLINIC	\$81.42	\$81.42	*
99215	SA		E/M OFFICE/OP ESTAB PT VISIT B	NA	\$65.74	*
99215	SB		E/M VISIT-ESTABLISHED PT-BY CN	NA	\$56.99	*
99215	SB	52	E/M FP VISIT BY CNM IN FP CLIN	NA	\$56.99	*
99215	UC		E/M OFFICE/OP ESTAB PT VISIT	\$161.06	\$161.06	*
99217			HOSPITAL OBSERVATION CARE DISC	\$40.66	\$34.56	*
99221			INITIAL HOSPITAL INPATIENT CAR	\$56.41	\$47.95	*
99221	SA		E/M INITIAL HOSPITAL CARE	NA	\$45.55	*
99221	SB		E/M INITIAL HOSPITAL CARE BY C	NA	\$39.49	*
99222			INITIAL HOSPITAL INPATIENT CAR	\$76.06	\$64.65	*
99223			INITIAL HOSPITAL INPATIENT CAR	\$112.47	\$95.60	*
99232			SUBSEQUENT HOSPITAL INPATIENT	\$40.08	\$34.06	*
99232	SA		E/M SUBSEQUENT HOSPITAL CARE	NA	\$32.36	*
99232	SB		E/M SUBSEQUENT HOSPITAL CARE C	NA	\$28.05	*
99233			SUBSEQUENT HOSPITAL INPATIENT	\$57.96	\$49.27	*
99234			HOSPITAL OBSERVATION OR INPATI	\$74.27	\$63.13	*
99235			HOSPITAL OBSERVATION OR INPATI	\$93.81	\$79.74	*
99236			HOSPITAL OBSERVATION OR INPATI	\$120.86	\$102.73	*
99238			HOSPITAL DISCHARGE DAY MANAGEM	\$40.47	\$34.40	*
99238	SA		HOSP DISCH DAY MNGMNT BY CNP/C	NA	\$32.68	*
99238	SB		HOSPITAL DISCHARGE DAY MNGMNT	NA	\$28.33	*
99239			HOSP DISCH DAY MNGMNT >30 MINU	\$60.01	\$51.01	*
99283			EMERGENCY DEPARTMENT VISIT, MO	\$33.99	\$28.89	*
99283	SA		E.M EMERG DEPT. VISIT NEW/EST	NA	\$27.44	*
99284			EMERGENCY DEPARTMENT VISIT, PR	\$64.82	\$55.10	*
99284	SA		E.M EMERG.DEPT. VISIT NEW/EST	NA	\$52.34	*
99285			EMERGENCY DEPARTMENT VISIT, PR	\$95.52	\$81.20	*
99291			CRITICAL CARE.....FIRST HOUR	\$153.48	\$130.46	*

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99292			CRITICAL CARE..EACH ADDITIONAL	\$68.35	\$58.10	*
99304			INITIAL NURSING FACILITY VISIT	\$50.86	\$43.23	*
99304	SA		INITIAL NURSING FACILITY CARE,	NA	\$41.07	*
99305			INITIAL NURSING FACILITY VISIT	\$72.60	\$61.71	*
99305	SA		INITIAL NURSING FACILITY CARE	NA	\$58.63	*
99306			INITIAL NURSING FACILITY VISIT	\$92.75	\$78.84	*
99306	SA		INITIAL NURSING FACILITY CARE,	NA	\$74.90	*
99307			SUBSEQUENT NURSING FACILITY VI	\$24.92	\$21.19	*
99307	SA		SUBSEQUENT NURSING FAC CARE PE	NA	\$20.13	*
99308			SUBSEQUENT NURSING FACILITY VI	\$38.59	\$32.81	*
99308	SA		SUBSEQUENT NURSING FAC CARE,PE	NA	\$31.16	*
99309			SUBSEQUENT NURSING FACILITY VI	\$51.05	\$43.39	*
99309	SA		SUBSEQUENT NURSING FAC CARE,PE	NA	\$41.22	*
99310			SUBSEQUENT NURSING FACILITY VI	\$75.88	\$64.50	*
99310	SA		SUBSEQUENT NURSING FAC CARE,PE	NA	\$61.27	*
99315			NF DISCHARGE DAY MNGMT 30 MIN	\$40.89	\$34.76	*
99315	SA		NF DISCHARGE DAY MNGMT 30 MIN	NA	\$33.02	*
99316			NF DISCHARGE DAY MNGMT > 30 MI	\$58.94	\$50.10	*
99316	SA		NF DISCHARGE DAY MNGMT > 30 MI	NA	\$47.60	*
99318			NURSING FACILITY ANNUAL ASSESS	\$53.67	\$45.62	*
99318	SA		EVALUATION & MANAGEMENT NURS F	NA	\$43.34	*
99324	SA		DOMICILIARY/REST HOME VISIT N	NA	\$24.80	*
99325			NEW PATIENT ASSISTED LIVING VI	\$44.60	\$37.91	*
99325	SA		DOMICILIARY/REST HOME VS NEW P	NA	\$36.01	*
99326			NEW PATIENT ASSISTED LIVING VI	\$77.44	\$65.82	*
99326	SA		DOMICILIARY/REST HOME VS NEW P	NA	\$62.53	*
99327			NEW PATIENT ASSISTED LIVING VI	\$103.28	\$87.79	*
99327	SA		DOMICILIARY/REST HOME VISIT NE	NA	\$83.40	*
99328			NEW PATIENT ASSISTED LIVING VI	\$120.89	\$102.76	*
99328	SA		DOMICILIARY/REST HOME VS NEW P	NA	\$97.62	*
99334			ESTABLISHED PATIENT ASSISTED L	\$33.54	\$28.51	*
99334	SA		DOMICILIARY/REST HOME VS ESTAB	NA	\$27.08	*
99335			ESTABLISHED PATIENT ASSISTED L	\$52.81	\$44.89	*
99335	SA		DOMICILIARY/REST HOME VS ESTAB	NA	\$42.65	*

PROVIDER PAYMENT INCREASE FOR SPECIFIC ADULT & CHILDRENS PRMARY & POSTPARTUM CODES NJ FAMILY CARE/MEDICAID: Updated January 2017

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

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

NOTE: J AND Q CODE FEES ARE FOR CROSS-OVER CLAIMS ONLY. STRAIGHT MEDICAID CLAIMS ARE PRICED FROM THE NDC.

CPT/ HCPCS/ CDT/ PRACTITIONER	MOD 1	MOD 2	SHORT - DESCRIPTION	Rates Effective * January 1, 2017 (SPA 17-001) OR ** April 1, 2017 (SPA 17-003)		
				MAXIMUM FEE ALLOWANCE SPECIALIST	MAXIMUM FEE ALLOWANCE NON- SPECIALIST	IND
99336			ESTABLISHED PATIENT ASSISTED L	\$75.05	\$63.79	*
99336	SA		DOMICILIARY/REST HOME VS ESTAB	NA	\$60.60	*
99337			ESTABLISHED PATIENT ASSISTED L	\$107.21	\$91.13	*
99337	SA		DOMICILIARY/REST HOME VS ESTAB	NA	\$86.57	*
99341			NEW PATIENT HOME VISIT, TYPICA	\$30.53	\$25.95	*
99341	SA		E/M HOME VISIT NEW PATIENT	NA	\$24.66	*
99341	SB		E/M HOME VISIT NEW PATIENT	NA	\$21.37	*
99342			NEW PATIENT HOME VISIT, TYPICA	\$43.91	\$37.38	*
99342	SA		E/M HOME VISIT - NEW PATIENT	NA	\$35.51	*
99342	SB		E/M HOME VISIT - NEW PATIENT	NA	\$30.78	*
99343			NEW PATIENT HOME VISIT, TYPICA	\$72.17	\$61.35	*
99344			NEW PATIENT HOME VISIT, TYPICA	\$101.52	\$86.29	*
99344	SA		E/M HOME VISIT NEW PATIENT 60	NA	\$95.56	*
99345			NEW PATIENT HOME VISIT, TYPICA	\$122.95	\$104.51	*
99345	SA		E/M HOME VISIT NEW PATIENT 75	NA	\$115.57	*
99349			ESTABLISHED PATIENT HOME VISIT	\$70.96	\$70.96	*
99349	SA		E/M HOME VISIT ESTABLISHED PT	NA	\$67.41	*
99350			ESTABLISHED PATIENT HOME VISIT	\$98.98	\$84.13	*
99350	SA		E/M HOME VISIT ESTABLISHED PT	NA	\$92.96	*
99357			PROLONGED PHYS SERVICE INPT AD	\$51.15	\$43.48	*
99406			SMOKING AND TOBACCO USE CESSAT	\$8.12	\$6.90	*
99406	26		SMOKING & TOBACCO USE CESSATIO	\$6.87	\$5.84	*
99407			SMOKING AND TOBACCO USE CESSAT	\$15.56	\$13.23	*
99407	26		SMOKING & TOBACCO USE CESSATIO	\$14.31	\$12.16	*
99495			TRANSITIONAL CARE MANAGEMENT S	\$92.53	\$78.65	*
99495	26		TRANSITIONAL CARE MANAGEMENT S	\$61.28	\$52.09	*