

**PROVIDER PAYMENT INCREASE FOR SPECIFIC ADULT & CHILDRENS PRIMARY, PREVENTIVE & POSTPARTUM CODES**  
**NJ FAMILYCARE/MEDICAID: EFFECTIVE FOR SERVICE DATES ON OR AFTER JULY 1, 2020**

*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

<b>CODE</b>	<b>MOD 1</b>	<b>MOD 2</b>	<b>SHORT - DESCRIPTION</b>	<b>SPECIALIST</b>	<b>NON-SPECIALIST</b>
G0101			CERV/VAG CA SCREEN,PELV/BREAST	\$29.25	\$24.86
G0102			PROSTATE CANCER SCREENING: DIG	\$16.93	\$14.39
G0102	26		PROSTATE CANCER SCREENING:DIGI	\$6.33	\$5.38
G0105			COLONOSCOPY ON INDIV AT HIGH R	\$245.91	\$209.02
G0105	26		COLONOSCOPY ON INDIV AT HIGH R	\$135.34	\$115.04
G0121			COLONOSCOPY NON HIGH RISK INDI	\$246.37	\$209.41
G0121	26		COLONOSCOPY NON HIGH RISK INDI	\$135.79	\$115.42
G0124			SCREENING CYTOPATHOLOGY, CERVI	NA	\$19.15
G0447			FACE-TO-FACE BEHAVIORAL COUNSE	\$18.87	\$16.04
P3001			SCREENING PAP SMEAR,UP TO 3,RE	NA	\$19.15
11043			DEBRIDE:SKIN,SUBCU TISSUE AND	\$23.93	\$20.34
11446			REMOVAL (OVER 4.0 CENTIMETERS)	\$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

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

**PROVIDER PAYMENT INCREASE FOR SPECIFIC ADULT & CHILDRENS PRIMARY, PREVENTIVE & POSTPARTUM CODES**  
**NJ FAMILYCARE/MEDICAID: EFFECTIVE FOR SERVICE DATES ON OR AFTER JULY 1, 2020**

*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

<b>CODE</b>	<b>MOD 1</b>	<b>MOD 2</b>	<b>SHORT - DESCRIPTION</b>	<b>SPECIALIST</b>	<b>NON-SPECIALIST</b>
19030			INJEC FOR MAMM DUCTOG OR GALAC	\$18.36	\$15.61
19287	26		PLACEMENT OF BREAST LOCALIZATI	\$67.04	\$56.98
19288	26		PLACEMENT OF BREAST LOCALIZATI	\$33.71	\$28.65
19340			INSERTION OF BREAST PROSTHESIS	\$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
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

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

**PROVIDER PAYMENT INCREASE FOR SPECIFIC ADULT & CHILDRENS PRIMARY, PREVENTIVE & POSTPARTUM CODES**  
**NJ FAMILYCARE/MEDICAID: EFFECTIVE FOR SERVICE DATES ON OR AFTER JULY 1, 2020**

*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

<b>CODE</b>	<b>MOD 1</b>	<b>MOD 2</b>	<b>SHORT - DESCRIPTION</b>	<b>SPECIALIST</b>	<b>NON-SPECIALIST</b>
21355			TREATMENT OF BROKEN LOWER AND	\$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			TREATMENT OF BROKEN JAW BONE W	\$69.22	\$58.84
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	\$83.33	\$70.83
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			REMOVAL OF FOREIGN BODY OF SHO	\$29.19	\$24.81
23650			TREAT CLSD SHOULDER DISLOC W/M	\$34.60	\$29.41
23931			DRAINAGE OF ARM BURSA	\$32.17	\$27.35
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

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

**PROVIDER PAYMENT INCREASE FOR SPECIFIC ADULT & CHILDRENS PRIMARY, PREVENTIVE & POSTPARTUM CODES**  
**NJ FAMILYCARE/MEDICAID: EFFECTIVE FOR SERVICE DATES ON OR AFTER JULY 1, 2020**

*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

<b>CODE</b>	<b>MOD 1</b>	<b>MOD 2</b>	<b>SHORT - DESCRIPTION</b>	<b>SPECIALIST</b>	<b>NON-SPECIALIST</b>
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			INCISION OF FINGER TENDON, ACC	\$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			REMOVAL OF FOREIGN BODY IN TIS	\$33.14	\$28.17
27087			REMOVE FOREIGN BODY,PELVIS/HIP	\$68.80	\$58.48
27093			INJECTION FOR HIP ARTHROGRAPHY	\$21.06	\$17.90

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

**PROVIDER PAYMENT INCREASE FOR SPECIFIC ADULT & CHILDRENS PRIMARY, PREVENTIVE & POSTPARTUM CODES**  
**NJ FAMILYCARE/MEDICAID: EFFECTIVE FOR SERVICE DATES ON OR AFTER JULY 1, 2020**

*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

<b>CODE</b>	<b>MOD 1</b>	<b>MOD 2</b>	<b>SHORT - DESCRIPTION</b>	<b>SPECIALIST</b>	<b>NON-SPECIALIST</b>
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
27594			AMPUTATION FOLLOW-UP SURGERY	\$56.04	\$47.63
27604			DRAIN LOWER LEG BURSA	\$54.65	\$46.45
27605			INCISION OF ACHILLES TENDON, A	\$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			REPAIR OF TOE TENDON, ACCESSED	\$25.77	\$21.90
28024			EXPLORATION, DRAINAGE, OR REMO	\$52.18	\$44.35
28043			EXCISION OF FOOT LESION	\$45.16	\$38.39
28190			REMOVAL OF FOREIGN BODY OF FOO	\$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 TO LENGTHEN FOOT TEND	\$49.26	\$41.87

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

**PROVIDER PAYMENT INCREASE FOR SPECIFIC ADULT & CHILDRENS PRIMARY, PREVENTIVE & POSTPARTUM CODES**  
**NJ FAMILYCARE/MEDICAID: EFFECTIVE FOR SERVICE DATES ON OR AFTER JULY 1, 2020**

*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

<b>CODE</b>	<b>MOD 1</b>	<b>MOD 2</b>	<b>SHORT - DESCRIPTION</b>	<b>SPECIALIST</b>	<b>NON-SPECIALIST</b>
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	\$11.32	\$9.62
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
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

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

**PROVIDER PAYMENT INCREASE FOR SPECIFIC ADULT & CHILDRENS PRIMARY, PREVENTIVE & POSTPARTUM CODES**  
**NJ FAMILYCARE/MEDICAID: EFFECTIVE FOR SERVICE DATES ON OR AFTER JULY 1, 2020**

*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

<b>CODE</b>	<b>MOD 1</b>	<b>MOD 2</b>	<b>SHORT - DESCRIPTION</b>	<b>SPECIALIST</b>	<b>NON-SPECIALIST</b>
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			NEEDLE BIOPSY OF LUNG OR CHEST	\$50.88	\$43.25
36470			INJECTION OF CHEMICAL AGENT IN	\$16.70	\$14.19
36471			INJECTION OF CHEMICAL AGENT IN	\$20.03	\$17.02
36514			THERAPEUTIC APHERESIS PLASMA P	\$84.20	\$71.57
37236	26		INSERTION OF INTRAVASCULAR STE	\$229.97	\$195.47
37237	26		INSERTION OF INTRAVASCULAR STE	\$109.68	\$93.22
37238	26		INSERTION OF INTRAVASCULAR STE	\$158.37	\$134.61
37241	26		OCCLUSION OF VENOUS MALFORMATI	\$226.95	\$192.90
37242	26		OCCLUSION OF ARTERY (OTHER THA	\$247.36	\$210.26
37243	26		OCCLUSION OF TUMORS OR OBSTRUC	\$292.52	\$248.64
37244	26		OCCLUSION OF ARTERIAL OR VENOU	\$346.56	\$294.58
37785			LIGAT, DIV EXC SEC VAR VEIN LEG	\$39.40	\$33.49
38500			BIOPSY OR REMOVAL OF LYMPH NOD	\$36.68	\$31.18
39503			REPAIR OF CONGENITAL DEFECT OF	\$673.06	\$572.10
40490			BIOPSY OF LIP	\$14.38	\$12.23
40800			INCISION OF ABSCESS, CYST, OR	\$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

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

**PROVIDER PAYMENT INCREASE FOR SPECIFIC ADULT & CHILDRENS PRIMARY, PREVENTIVE & POSTPARTUM CODES**  
**NJ FAMILYCARE/MEDICAID: EFFECTIVE FOR SERVICE DATES ON OR AFTER JULY 1, 2020**

*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

<b>CODE</b>	<b>MOD 1</b>	<b>MOD 2</b>	<b>SHORT - DESCRIPTION</b>	<b>SPECIALIST</b>	<b>NON-SPECIALIST</b>
40819			EXCISE LIP OR CHEEK FOLD	\$36.02	\$30.62
40830			REPAIR MOUTH LACERATION	\$30.55	\$25.97
41009			DRAINAGE OF ABSCESS, CYST, OR	\$45.84	\$38.97
41100			BIOPSY OF TONGUE	\$19.12	\$16.25
41110			EXCISION OF TONGUE LESION	\$24.26	\$20.62
41800			DRAINAGE OF ABSCESS, CYST, OR	\$31.67	\$26.92
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			REMOVAL OF TONSILS, TISSUE, MU	\$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
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

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.



**PROVIDER PAYMENT INCREASE FOR SPECIFIC ADULT & CHILDRENS PRIMARY, PREVENTIVE & POSTPARTUM CODES**  
**NJ FAMILYCARE/MEDICAID: EFFECTIVE FOR SERVICE DATES ON OR AFTER JULY 1, 2020**

*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

<b>CODE</b>	<b>MOD 1</b>	<b>MOD 2</b>	<b>SHORT - DESCRIPTION</b>	<b>SPECIALIST</b>	<b>NON-SPECIALIST</b>
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			REMOVAL AND TYING OF SINGLE HE	\$34.69	\$29.48
47000			NEEDLE BIOPSY OF LIVER, ACCESS	\$40.98	\$34.83
47382			DESTRUCTION OF 1 OR MORE GROWT	\$568.07	\$482.86
48510			INSERTION OF DRAIN FROM PANCRE	\$120.78	\$102.67
49605			REPAIR UMBILICAL LESION	\$540.17	\$459.14
50200			NEEDLE BIOPSY OF KIDNEY, ACCES	\$69.43	\$59.01
50972			URETER ENDOSCOPY W/CATHETER	\$39.09	\$33.23
52214			DESTRUCTION OF TISSUE IN THE B	\$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
55120			REMOVAL OF SCROTUM LESION	\$39.60	\$33.66
55873			CRYOSURGICAL ABLATION OF PROST	\$803.45	\$682.93
57170			FITTING OF DIAPHRAGM	\$37.20	\$31.62
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

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

**PROVIDER PAYMENT INCREASE FOR SPECIFIC ADULT & CHILDRENS PRIMARY, PREVENTIVE & POSTPARTUM CODES**  
**NJ FAMILYCARE/MEDICAID: EFFECTIVE FOR SERVICE DATES ON OR AFTER JULY 1, 2020**

*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

<b>CODE</b>	<b>MOD 1</b>	<b>MOD 2</b>	<b>SHORT - DESCRIPTION</b>	<b>SPECIALIST</b>	<b>NON-SPECIALIST</b>
59400			OBSTETRICAL CARE	\$1,112.28	\$945.43
59400	SB		OBSTETRICAL CARE	NA	\$778.59
59410			VAGINAL DELIVERY & POST PARTUM	\$531.53	\$451.80
59410	SB		VAGINAL DELIVERY PLUS POST PAR	NA	\$379.51
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	\$109.40	\$92.99
59430	SA		CARE AFTER DELIVERY	NA	\$88.34
59430	SB		CARE AFTER DELIVERY	NA	\$76.58
59510			CESAREAN DELIVERY WITH PRE- AN	\$1,231.35	\$1,046.65
59515			CESAREAN SECTION ONLY INCL PP	\$660.01	\$561.00
59610			ROUTINE OB CARE/VAG DEL AFTER/	\$1,167.72	\$992.56
59610	SB		ROUTINE OB CARE/VAG DEL POST/P	\$817.40	\$328.00
59614			VAGINAL DEL POST PREV C/S W/PP	\$589.75	\$501.29
59614	SB		VAG DEL POST PREV C/S W/PP CAR	\$412.83	\$224.00
59618			ROUTINE OB CARE W/C/S P/VBAC A	\$1,246.67	\$1,059.67
59622			C/S ONLY W/PP CARE P/VBAC ATT/	\$682.23	\$579.89
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			TRANSFER OF NERVE TO INJURED N	\$162.61	\$138.22
65450			DESTROY CORNEAL LESION	\$35.78	\$30.41

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

**PROVIDER PAYMENT INCREASE FOR SPECIFIC ADULT & CHILDRENS PRIMARY, PREVENTIVE & POSTPARTUM CODES**  
**NJ FAMILYCARE/MEDICAID: EFFECTIVE FOR SERVICE DATES ON OR AFTER JULY 1, 2020**

*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

<b>CODE</b>	<b>MOD 1</b>	<b>MOD 2</b>	<b>SHORT - DESCRIPTION</b>	<b>SPECIALIST</b>	<b>NON-SPECIALIST</b>
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
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

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

**PROVIDER PAYMENT INCREASE FOR SPECIFIC ADULT & CHILDRENS PRIMARY, PREVENTIVE & POSTPARTUM CODES**  
**NJ FAMILYCARE/MEDICAID: EFFECTIVE FOR SERVICE DATES ON OR AFTER JULY 1, 2020**

*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

<b>CODE</b>	<b>MOD 1</b>	<b>MOD 2</b>	<b>SHORT - DESCRIPTION</b>	<b>SPECIALIST</b>	<b>NON-SPECIALIST</b>
77078			COMPUTED TOMOGRAPHY, BONE MINE	NA	\$68.85
77078	TC		COMPUTED TOMOGRAPHY, BONE MINE	NA	\$60.00
77078	26		COMPUTED TOMOGRAPHY, BONE MINE	NA	\$8.85
77080			DUAL-ENERGY X-RAY ABSORPTIOMET	NA	\$29.58
77080	TC		DUAL-ENERGY X-RAY ABSORPTIOMET	NA	\$22.50
77080	26		DUAL-ENERGY X-RAY ABSORPTIOMET	NA	\$7.08
77081			DUAL-ENERGY X-RAY ABSORPTIOMET	NA	\$24.14
77081	TC		DUAL-ENERGY X-RAY ABSORPTIOMET	NA	\$16.79
77081	26		DUAL-ENERGY X-RAY ABSORPTIOMET	NA	\$7.35
82705			FATS/LIPIDS,FECES,SCREENING	NA	\$0.69
84578			UROBILINOGEN (METABOLISM SUBST	NA	\$0.44
86000			AGGLUTININS: FEBRILE EACH ANTI	NA	\$0.95
87190			ANTIMICROBIAL STUDY, MYCOBACTE	NA	\$0.77
88106	TC		CYTOPATHOLOGY	NA	\$7.61
88108	TC		CYTOPATHOLOGY, FLUIDS, WASHING	NA	\$6.89
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	\$6.75

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

**PROVIDER PAYMENT INCREASE FOR SPECIFIC ADULT & CHILDRENS PRIMARY, PREVENTIVE & POSTPARTUM CODES**  
**NJ FAMILYCARE/MEDICAID: EFFECTIVE FOR SERVICE DATES ON OR AFTER JULY 1, 2020**

*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

<b>CODE</b>	<b>MOD 1</b>	<b>MOD 2</b>	<b>SHORT - DESCRIPTION</b>	<b>SPECIALIST</b>	<b>NON-SPECIALIST</b>
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	NA	\$21.67
92250	TC		OPHTHALMOSCOPY W/FUNDUS PHOTO	NA	\$6.20
92507			TREATMENT OF SPEECH, LANGUAGE,	\$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	NA	\$14.66
95060			OPHTHALMIC MUCOUS MEMBRANE TES	\$4.03	\$3.43
95065			NASAL MUCOUS MEMBRANE TEST	\$2.86	\$2.43
95805	TC		SLEEP LATENCY TESTING	NA	\$41.97
95812	TC		EEF EXTENDED MONITORING UP TO	NA	\$40.96
95813	TC		EEG EXTENDED MONITORING >1 HOU	NA	\$46.31
95816			MEASUREMENT AND RECORDING OF B	\$40.77	\$34.65
95816	TC		EEG,INCL RECOR AWAKE&D,SAME FA	NA	\$34.56
95819			MEASUREMENT AND RECORDING OF B	\$46.94	\$39.89

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

**PROVIDER PAYMENT INCREASE FOR SPECIFIC ADULT & CHILDRENS PRIMARY, PREVENTIVE & POSTPARTUM CODES**  
**NJ FAMILYCARE/MEDICAID: EFFECTIVE FOR SERVICE DATES ON OR AFTER JULY 1, 2020**

*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

<b>CODE</b>	<b>MOD 1</b>	<b>MOD 2</b>	<b>SHORT - DESCRIPTION</b>	<b>SPECIALIST</b>	<b>NON-SPECIALIST</b>
95819	TC		EEG-STD/PORT: SAME FACILITY	NA	\$40.69
95822			MEASUREMENT AND RECORDING OF B	\$42.34	\$35.99
95822	TC		EEG: SLEEP ONLY	NA	\$36.09
95827			MEASUREMENT AND RECORDING OF B	\$88.69	\$75.38
95827	TC		EEG: ALL NIGHT SLEEP RECORDING	NA	\$82.55
95829			ELECTROCORTICOGRAM AT SURGERY(	\$215.93	\$183.54
95860	TC		ELECTROMYOGRAPH:1 EXTREMITY&PA	NA	\$8.02
95867	TC		MYOGRAPHY: CRANIAL NERVE: UNIL	NA	\$6.45
95875	26		ISCHEMIC LIMB EXERCISE,EMG,...	\$9.65	\$8.20
95923			TESTING AUTO NERV SYST FUNCTIO	\$21.46	\$18.24
95923	TC		TESTING AUTO NERV SYST FUNCTIO	NA	\$16.55
95930	TC		VISUAL EVOKED POTENTIAL TESTIN	\$12.62	\$13.00
95951			MONITORING FOR LOCALIZATION OF	\$214.63	\$182.44
95951	TC		MONITORING FOR LOCALIZATION OF	NA	\$180.10
95954	TC		PHARM/PHYSICAL ACTIVATION DUR	\$37.93	\$30.00
95956			EACH 24 HOUR EEG MONITORING	\$188.24	\$160.01
95956	TC		EACH 24 HOUR EEG MONITORING	NA	\$167.69
96372			INJECTION BENEATH THE SKIN OR	\$7.44	\$6.32
96425			PROLONGED CHEMOTHERAPY INFUSIO	\$20.90	\$17.77
97802			MEDICAL NUTRITION THERAPY, ASS	\$27.41	\$23.30
97803			MEDICAL NUTRITION THERAPY RE-A	\$23.81	\$20.24
99201			NEW PATIENT OFFICE OR OTHER OU	\$25.00	\$21.25
99201	SA		E/M OFFICE/OP NEW PATIENT	NA	\$20.18

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

**PROVIDER PAYMENT INCREASE FOR SPECIFIC ADULT & CHILDRENS PRIMARY, PREVENTIVE & POSTPARTUM CODES**  
**NJ FAMILYCARE/MEDICAID: EFFECTIVE FOR SERVICE DATES ON OR AFTER JULY 1, 2020**

*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

<b>CODE</b>	<b>MOD 1</b>	<b>MOD 2</b>	<b>SHORT - DESCRIPTION</b>	<b>SPECIALIST</b>	<b>NON-SPECIALIST</b>
99201	SB		E/M OFFICE/OP NEW PATIENT BY C	NA	\$17.50
99201	UC		E/M OFFICE/OP NEW PATIENT	\$24.04	\$24.04
99202			NEW PATIENT OFFICE OR OTHER OU	\$41.20	\$35.02
99202	FP	SB	E/M INITIAL VS BY CNM IN FP CL	NA	\$35.70
99202	SA		E/M OFFICE/OP NEW PATIENT	NA	\$33.27
99202	SB		E/M OFFICE/OP NEW PATIENT BY C	NA	\$28.84
99202	SB	52	E/M INITIAL VS BY CNM IN FP CL	NA	\$35.70
99202	UC		E/M OFFICE/OP NEW PATIENT	\$79.24	\$79.24
99203			NEW PATIENT OFFICE OR OTHER OU	\$58.15	\$49.92
99203	FP	SB	E/M INITIAL FP VISIT BY CNM IN	NA	\$58.59
99203	SA		E/M OFFICE/OP NEW PATIENT..MIN	NA	\$46.95
99203	SA	UD	E/M OFFICE/OP NEW PATIENT.CNP/	NA	\$46.95
99203	SB		E/M OFFICE/OP NEW PATIENT BY C	NA	\$40.70
99203	SB	52	E/M INITIAL FP VISIT BY CNM IN	NA	\$44.11
99203	UC		E/M OFFICE/OP NEW PATIENT..MIN	\$111.82	\$111.82
99203	UD		E/M OFFICE/OP NEW PATIENT..MIN	\$58.15	\$49.43
99204			NEW PATIENT OFFICE OR OTHER OU	\$88.30	\$75.06
99204	FP		E/M OFFICE/OP NEW VISIT FP CL	\$88.30	\$75.06
99204	FP	SB	E/M OFFICE/OP NEW VISIT IN FL	NA	\$61.81
99204	SA		E/M OFFICE/OP NEW PATIENT	NA	\$71.30
99204	SB		E/M OFFICE/OP NEW PATIENT BY C	NA	\$61.81
99204	UC		E/M OFFICE/OP NEW PATIENT	\$169.81	\$169.81
99205			NEW PATIENT OFFICE OR OTHER OU	\$111.38	\$94.68

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

**PROVIDER PAYMENT INCREASE FOR SPECIFIC ADULT & CHILDRENS PRIMARY, PREVENTIVE & POSTPARTUM CODES**  
**NJ FAMILYCARE/MEDICAID: EFFECTIVE FOR SERVICE DATES ON OR AFTER JULY 1, 2020**

*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

<b>CODE</b>	<b>MOD 1</b>	<b>MOD 2</b>	<b>SHORT - DESCRIPTION</b>	<b>SPECIALIST</b>	<b>NON-SPECIALIST</b>
99205	FP		E/M OFFICE/OP NEW IN FL CL	NA	\$111.38
99205	FP	SB	E/M OFFICE/OP NEW IN FL CL CNM	NA	\$77.97
99205	FP	52	E/M INITIAL FP VISIT IN FP CLI	\$111.38	\$94.68
99205	SB	52	E/M INITIAL FP VS IN FP CL CNM	NA	\$77.97
99205	UC		E/M OFFICE OP NEW PATIENT..MIN	\$214.20	\$214.20
99212			ESTABLISHED PATIENT OFFICE OR	\$24.80	\$21.08
99212	FP	SB	E/M FOLLOW UP VS BY CNM IN FP	NA	\$24.80
99212	SA		E/M OFFICE/OP - ESTABLISHED PA	NA	\$20.03
99212	SB		E/M ESTABLISHED PT. VS BY CNM	NA	\$17.36
99212	SB	52	E/M FOLLOW UP VS BY CNM IN FP	NA	\$17.36
99212	UC		E/M OFFICE/OP - ESTABLISHED PA	\$47.69	\$47.69
99213			ESTABLISHED PATIENT OFFICE OR	\$40.56	\$34.48
99213	FP	SB	E/M F/U VISIT-FP CLINIC BY CNM	NA	\$28.39
99213	SA		E/M OFFICE/OP ESTAB PATIENT	NA	\$32.75
99213	SA	UD	E/M OFFICE/OP ESTAB PATIENT CN	NA	\$32.76
99213	SB		E/M ESTABLISHES PT VISIT BY CN	NA	\$28.39
99213	SB	52	E/M F/U VISIT-FP CLINIC BY CNM	NA	\$28.39
99213	UC		E/M OFFICE/OP ESTAB PATIENT	\$78.00	\$78.00
99213	UD		E/M OFFICE/OP ESTAB PATIENT	\$40.56	\$34.48
99214			ESTABLISHED PATIENT OFFICE OR	\$58.67	\$49.87
99214	FP		E/M FOLLOW UP VISIT - FAMILY P	\$58.67	\$49.87
99214	FP	SB	E/M FP VISIT BY CNM - FP CLINI	NA	\$41.07
99214	FP	52	E/M FOLLOW UP VISIT - FAMILY P	\$58.67	\$49.87

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.



**PROVIDER PAYMENT INCREASE FOR SPECIFIC ADULT & CHILDRENS PRIMARY, PREVENTIVE & POSTPARTUM CODES**  
**NJ FAMILYCARE/MEDICAID: EFFECTIVE FOR SERVICE DATES ON OR AFTER JULY 1, 2020**

*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

<b>CODE</b>	<b>MOD 1</b>	<b>MOD 2</b>	<b>SHORT - DESCRIPTION</b>	<b>SPECIALIST</b>	<b>NON-SPECIALIST</b>
99214	SA		E/M OFFICE/OP ESTABLISHED PATI	NA	\$47.37
99214	SB		E/M FOLLOW UP VISIT EST PT BY	NA	\$41.07
99214	SB	52	E/M FP VISIT BY CNM - FP CLINI	NA	\$41.07
99214	UC		E/M OFFICE/OP ESTABLISHED PATI	\$112.82	\$112.82
99215			ESTABLISHED PATIENT OFFICE OR	\$78.62	\$66.83
99215	FP		E/M FP VISIT-ESTAB PT IN FP CL	\$78.62	\$66.83
99215	FP	SB	E/M FP VISIT BY CNM IN FP CLIN	NA	\$55.03
99215	FP	52	E/M FU VISIT IN FP CLINIC	\$78.62	\$66.83
99215	SA		E/M OFFICE/OP ESTAB PT VISIT B	NA	\$63.48
99215	SB		E/M VISIT-ESTABLISHED PT-BY CN	NA	\$55.03
99215	SB	52	E/M FP VISIT BY CNM IN FP CLIN	NA	\$55.03
99215	UC		E/M OFFICE/OP ESTAB PT VISIT	\$151.19	\$151.19
99217			HOSPITAL OBSERVATION CARE ON D	\$38.75	\$32.94
99221			INITIAL HOSPITAL INPATIENT CAR	\$54.01	\$45.91
99221	SA		E/M INITIAL HOSPITAL CARE	NA	\$43.62
99221	SB		E/M INITIAL HOSPITAL CARE BY C	NA	\$37.81
99222			INITIAL HOSPITAL INPATIENT CAR	\$73.04	\$62.09
99223			INITIAL HOSPITAL INPATIENT CAR	\$107.30	\$91.21
99232			SUBSEQUENT HOSPITAL INPATIENT	\$38.35	\$32.60
99232	SA		E/M SUBSEQUENT HOSPITAL CARE	NA	\$30.97
99232	SB		E/M SUBSEQUENT HOSPITAL CARE C	NA	\$26.85
99233			SUBSEQUENT HOSPITAL INPATIENT	\$55.28	\$46.98
99234			HOSPITAL OBSERVATION OR INPATI	\$70.75	\$60.13

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

**PROVIDER PAYMENT INCREASE FOR SPECIFIC ADULT & CHILDRENS PRIMARY, PREVENTIVE & POSTPARTUM CODES**  
**NJ FAMILYCARE/MEDICAID: EFFECTIVE FOR SERVICE DATES ON OR AFTER JULY 1, 2020**

*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

<b>CODE</b>	<b>MOD 1</b>	<b>MOD 2</b>	<b>SHORT - DESCRIPTION</b>	<b>SPECIALIST</b>	<b>NON-SPECIALIST</b>
99235			HOSPITAL OBSERVATION OR INPATI	\$89.62	\$76.18
99236			HOSPITAL OBSERVATION OR INPATI	\$115.30	\$98.00
99238			HOSPITAL DISCHARGE DAY MANAGEM	\$38.95	\$33.11
99238	SA		HOSP DISCH DAY MNGMNT BY CNP/C	NA	\$31.45
99238	SB		HOSPITAL DISCHARGE DAY MNGMNT	NA	\$27.27
99239			HOSPITAL DISCHARGE DAY MANAGEM	\$57.10	\$48.54
99283			EMERGENCY DEPARTMENT VISIT, MO	\$34.13	\$29.01
99283	SA		E.M EMERG DEPT. VISIT NEW/EST	NA	\$27.56
99284			EMERGENCY DEPARTMENT VISIT, PR	\$62.60	\$53.21
99284	SA		E.M EMERG.DEPT. VISIT NEW/EST	NA	\$50.55
99285			EMERGENCY DEPARTMENT VISIT, PR	\$90.88	\$77.24
99291			CRITICAL CARE DELIVERY CRITICA	\$149.74	\$127.28
99292			CRITICAL CARE..EACH ADDITIONAL	\$65.66	\$55.81
99304			INITIAL NURSING FACILITY VISIT	\$48.12	\$40.90
99304	SA		INITIAL NURSING FACILITY CARE,	NA	\$38.86
99305			INITIAL NURSING FACILITY VISIT	\$68.97	\$58.62
99305	SA		INITIAL NURSING FACILITY CARE	NA	\$55.69
99306			INITIAL NURSING FACILITY VISIT	\$88.87	\$75.54
99306	SA		INITIAL NURSING FACILITY CARE,	NA	\$71.77
99307			SUBSEQUENT NURSING FACILITY VI	\$23.48	\$19.96
99307	SA		SUBSEQUENT NURSING FAC CARE PE	NA	\$18.96
99308			SUBSEQUENT NURSING FACILITY VI	\$36.99	\$31.44
99308	SA		SUBSEQUENT NURSING FAC CARE,PE	NA	\$29.87

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

**PROVIDER PAYMENT INCREASE FOR SPECIFIC ADULT & CHILDRENS PRIMARY, PREVENTIVE & POSTPARTUM CODES**  
**NJ FAMILYCARE/MEDICAID: EFFECTIVE FOR SERVICE DATES ON OR AFTER JULY 1, 2020**

*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

<b>CODE</b>	<b>MOD 1</b>	<b>MOD 2</b>	<b>SHORT - DESCRIPTION</b>	<b>SPECIALIST</b>	<b>NON-SPECIALIST</b>
99309			SUBSEQUENT NURSING FACILITY VI	\$48.76	\$39.63
99309	SA		SUBSEQUENT NURSING FAC CARE,PE	NA	\$39.37
99310			SUBSEQUENT NURSING FACILITY VI	\$71.79	\$61.02
99310	SA		SUBSEQUENT NURSING FAC CARE,PE	NA	\$57.97
99315			NURSING FACILITY DISCHARGE DAY	\$39.16	\$33.28
99315	SA		NF DISCHARGE DAY MNGMT 30 MIN	NA	\$31.62
99316			NURSING FACILITY DISCHARGE MAN	\$56.12	\$47.71
99316	SA		NF DISCHARGE DAY MNGMT > 30 MI	NA	\$45.32
99318			NURSING FACILITY ANNUAL ASSESS	\$51.23	\$43.54
99318	SA		EVALUATION & MANAGEMENT NURS F	NA	\$41.36
99324	SA		DOMICILIARY/REST HOME VISIT N	NA	\$23.49
99325			NEW PATIENT ASSISTED LIVING VI	\$42.18	\$35.86
99325	SA		DOMICILIARY/REST HOME VS NEW P	NA	\$34.06
99326			NEW PATIENT ASSISTED LIVING VI	\$73.50	\$62.48
99326	SA		DOMICILIARY/REST HOME VS NEW P	NA	\$59.35
99327			NEW PATIENT ASSISTED LIVING VI	\$98.84	\$84.02
99327	SA		DOMICILIARY/REST HOME VISIT NE	NA	\$79.81
99328			NEW PATIENT ASSISTED LIVING VI	\$116.87	\$99.34
99328	SA		DOMICILIARY/REST HOME VS NEW P	NA	\$94.37
99334			ESTABLISHED PATIENT ASSISTED L	\$32.17	\$27.34
99334	SA		DOMICILIARY/REST HOME VS ESTAB	NA	\$25.89
99335			ESTABLISHED PATIENT ASSISTED L	\$50.87	\$43.24
99335	SA		DOMICILIARY/REST HOME VS ESTAB	NA	\$41.07

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

**PROVIDER PAYMENT INCREASE FOR SPECIFIC ADULT & CHILDRENS PRIMARY, PREVENTIVE & POSTPARTUM CODES**  
**NJ FAMILYCARE/MEDICAID: EFFECTIVE FOR SERVICE DATES ON OR AFTER JULY 1, 2020**

*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

<b>CODE</b>	<b>MOD 1</b>	<b>MOD 2</b>	<b>SHORT - DESCRIPTION</b>	<b>SPECIALIST</b>	<b>NON-SPECIALIST</b>
99336			ESTABLISHED PATIENT ASSISTED L	\$71.79	\$61.02
99336	SA		DOMICILIARY/REST HOME VS ESTAB	NA	\$57.97
99337			ESTABLISHED PATIENT ASSISTED L	\$103.37	\$87.87
99337	SA		DOMICILIARY/REST HOME VS ESTAB	NA	\$83.47
99341			NEW PATIENT HOME VISIT, TYPICA	\$29.08	\$24.72
99341	SA		E/M HOME VISIT NEW PATIENT	NA	\$23.49
99341	SB		E/M HOME VISIT NEW PATIENT	NA	\$20.36
99342			NEW PATIENT HOME VISIT, TYPICA	\$41.57	\$35.34
99342	SA		E/M HOME VISIT - NEW PATIENT	NA	\$33.57
99342	SB		E/M HOME VISIT - NEW PATIENT	NA	\$29.10
99343			NEW PATIENT HOME VISIT, TYPICA	\$68.23	\$58.00
99344			NEW PATIENT HOME VISIT, TYPICA	\$97.07	\$82.51
99344	SA		E/M HOME VISIT NEW PATIENT 60	NA	\$78.39
99345			NEW PATIENT HOME VISIT, TYPICA	\$118.19	\$100.46
99345	SA		E/M HOME VISIT NEW PATIENT 75	NA	\$95.44
99349			ESTABLISHED PATIENT HOME VISIT	\$68.60	\$58.31
99349	SA		E/M HOME VISIT ESTABLISHED PT	NA	\$55.39
99350			ESTABLISHED PATIENT HOME VISIT	\$95.44	\$81.12
99350	SA		E/M HOME VISIT ESTABLISHED PT	NA	\$77.06
99357			PROLONGED PHYS SERVICE INPT AD	\$49.61	\$42.17
99406			SMOKING AND TOBACCO USE INTERM	\$8.17	\$6.95
99406	HF		SMOKING AND TOBACCO USE CESSAT	\$8.12	\$6.90
99406	UC		SMOKING AND TOBACCO USE CESSAT	\$8.12	\$6.90

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.

**PROVIDER PAYMENT INCREASE FOR SPECIFIC ADULT & CHILDRENS PRIMARY, PREVENTIVE & POSTPARTUM CODES**  
**NJ FAMILYCARE/MEDICAID: EFFECTIVE FOR SERVICE DATES ON OR AFTER JULY 1, 2020**

*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

<b>CODE</b>	<b>MOD 1</b>	<b>MOD 2</b>	<b>SHORT - DESCRIPTION</b>	<b>SPECIALIST</b>	<b>NON-SPECIALIST</b>
99406	26		SMOKING & TOBACCO USE CESSATIO	\$6.56	\$5.58
99407			SMOKING AND TOBACCO USE INTENS	\$15.48	\$13.15
99407	HF		SMOKING AND TOBACCO USE CESSAT	\$15.56	\$13.23
99407	UC		SMOKING AND TOBACCO USE CESSAT	\$15.56	\$13.23
99407	26		SMOKING & TOBACCO USE CESSATIO	\$13.86	\$11.78
99495			TRANSITIONAL CARE MANAGEMENT S	\$100.23	\$85.20
99495	26		TRANSITIONAL CARE MANAGEMENT S	\$65.51	\$55.69

Disclaimer: The date in the header indicates the date this file was updated. It does not necessarily reflect the effective date of the procedure code or rate update.