

PROVIDER PAYMENT INCREASE FOR SPECIFIC ADULT & CHILDRENS PRIMARY, PREVENTIVE & POSTPARTUM CODES
NJ FAMILYCARE/MEDICAID: EFFECTIVE FOR SERVICE DATES ON OR AFTER DECEMBER 1, 2021

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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	\$41.29	\$35.10
11730			SIMPLE SEPARATION OF FINGERNAI	\$12.56	\$10.67
11732			SIMPLE SEPARATION OF FINGERNAI	\$3.91	\$3.32
13100			COMPLICATED REPAIR OF WOUND OF	\$37.48	\$31.86
15050			SKIN GRAFT TO TIP OF FINGER OR	\$64.12	\$54.50
15781			REPAIR OF DETACHED RETINA, 1 O	\$58.85	\$50.02
15782			DERMABRASION OF SKIN OTHER THA	\$55.17	\$46.89
15783			DERMABRASION OF SUPERFICIAL SC	\$48.83	\$41.50
15786			SCRAPING OF SKIN GROWTH, FIRST	\$25.75	\$21.89
15792			CHEMICAL PEEL OF OUTER LAYER O	\$39.63	\$33.68
15793			CHEMICAL PEEL OF DEEP LAYER OF	\$51.37	\$43.67
16035			INITIAL INCISION OF DEAD BURN	\$19.78	\$16.81

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19030			INJEC FOR MAMM DUCTOG OR GALAC	\$18.23	\$15.50
19287	26		PLACEMENT OF BREAST LOCALIZATI	\$12.91	\$10.98
19288	26		PLACEMENT OF BREAST LOCALIZATI	\$6.49	\$5.52
19340			PLACEMENT OF IMPLANT ON SAME D	\$79.30	\$67.40
19396			PREP MOULAGE FOR CUSTOM IMPLAN	\$31.20	\$26.52
20101			EXPLORATION OF WOUND OF CHEST	\$66.46	\$56.49
20225			DEEP BONE BIOPSY: TROCAR/ NEED	\$45.02	\$38.26
20660			PLACEMENT OF DEVICE TO SKULL	\$24.83	\$21.10
20670			REMOVAL OF SURFACE IMPLANT FRO	\$41.62	\$35.38
20690			PLACEMENT OF SINGLE DIRECTION	\$62.43	\$53.07
20816			REATTACHMENT OF CUTOFF FINGER	\$214.00	\$181.90
20822			REATTACHMENT OF PART OF CUTOFF	\$184.93	\$157.19
20824			REATTACHMENT OF CUTOFF THUMB	\$214.38	\$182.22
20827			REATTACHMENT OF PART OF CUTOFF	\$189.90	\$161.42
21100			PLACEMENT OF STABILIZING DEVIC	\$70.09	\$59.58
21125			ENLARGEMENT OF LOWER JAW WITH	\$311.08	\$264.42
21127			AUGMENTATION,MANDI BODY/ANGLE:	\$462.78	\$393.36
21150			RECONSTRUCTION OF MIDFACE BONE	\$171.27	\$145.58
21210			BONE GRAFT: NASAL, MAXILLARY,	\$208.48	\$177.21
21215			BONE GRAFT: MANDIBLE	\$471.08	\$400.42
21337			CLOSED TREATMENT OF BROKEN BON	\$45.29	\$38.49
21343			TREATMENT OF DEPRESSED BROKEN	\$114.23	\$97.10
21344			TREATMENT OF COMPLICATED BROKE	\$144.63	\$122.94

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21355			TREATMENT OF BROKEN CHEEK BONE	\$47.26	\$40.17
21440			CLOSED TREATMENT OF BROKEN UPP	\$74.07	\$62.96
21445			TREATMENT OF BROKEN UPPER OR L	\$86.87	\$73.84
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	\$85.12	\$72.36
21453			CLOSED TREATMENT OF BROKEN LOW	\$119.43	\$101.52
21461			TREATMENT OF BROKEN LOWER JAW	\$216.72	\$184.21
21462			TREATMENT OF BROKEN LOWER JAW	\$236.48	\$201.00
21485			COMPLICATED REPAIR OF DISLOCAT	\$107.50	\$91.38
21550			EXCISIONAL BIOPSY SOFT TISSUES	\$29.41	\$24.99
21555			REMOVAL OF GROWTH UNDER SKIN O	\$47.04	\$39.98
21920			BIOPSY OF SURFACE SOFT TISSUE	\$28.57	\$24.28
23031			I&D INFECTED SHOULDER BURSA	\$47.23	\$40.15
23065			BIOPSY OF SURFACE TISSUE OF SH	\$24.39	\$20.73
23066			BIOPSY OF DEEP TISSUE OF SHOUL	\$63.28	\$53.79
23330			REMOVAL OF FOREIGN BODY OF SHO	\$33.12	\$28.15
23650			CLOSED TREATMENT OF DISLOCATED	\$34.67	\$29.47
23931			DRAINAGE OF FLUID FILLED SAC I	\$33.81	\$28.74
24065			BIOPSY OF SURFACE TISSUE OF UP	\$28.47	\$24.20
24066			BIOPSY OF DEEP TISSUE OF UPPER	\$68.47	\$58.20
24160			REMOVAL OF ELBOW JOINT PROSTHE	\$131.62	\$111.88
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	\$37.04	\$31.48
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	\$67.14	\$57.07
26587			RECONSTRUCT SUPERNUMERARY DIGI	\$109.71	\$93.26
26600			CLOSED TREATMENT OF BROKEN HAN	\$32.51	\$27.64
26641			CLOSED TREATMENT OF DISLOCATED	\$45.14	\$38.37
26670			CLOSED TREATMENT OF DISLOCATED	\$37.38	\$31.77
26700			CLOSED TREATMENT OF DISLOCATED	\$35.87	\$30.49
26770			TRMT OF CLOS INTERPHAL JOINT D	\$30.47	\$25.90
26951			AMPUTATION OF FINGER OR THUMB	\$75.45	\$64.13
26952			AMPUTATION OF FINGER OR THUMB	\$73.73	\$62.67
26991			DRAINAGE OF INFECTED FLUID-FIL	\$77.47	\$65.85
27040			BIOPSY OF SURFACE TISSUE OF PE	\$37.84	\$32.16
27041			BIOPSY OF DEEP TISSUE OF PELVI	\$73.85	\$62.77
27086			REMOVAL OF FOREIGN BODY IN TIS	\$34.66	\$29.46
27087			REMOVE FOREIGN BODY,PELVIS/HIP	\$64.43	\$54.77
27093			INJECTION OF CONTRAST FOR IMAG	\$26.10	\$22.18

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27095			INJECTION OF CONTRAST FOR IMAG	\$35.40	\$30.09
27220			CLOSED TREATMENT OF BROKEN HIP	\$44.26	\$37.62
27323			BIOPSY OF SURFACE TISSUE OF TH	\$30.01	\$25.51
27324			BIOPSY OF DEEP TISSUE OF THIGH	\$43.15	\$36.68
27327			REMOVAL OF GROWTH UNDER SKIN O	\$54.69	\$46.48
27328			REMOVAL OF GROWTH OF MUSCLE OF	\$65.37	\$55.56
27372			REMOVAL OF FOREIGN BODY DEEP I	\$65.17	\$55.39
27594			SECONDARY CLOSURE OR REVISION	\$53.13	\$45.16
27604			DRAIN LOWER LEG BURSA	\$50.81	\$43.19
27605			INCISION OF ACHILLES TENDON US	\$37.14	\$31.57
27613			BIOPSY OF SURFACE TISSUE OF LE	\$27.58	\$23.45
27614			BIOPSY OF DEEP TISSUE OF LEG O	\$63.32	\$53.82
27618			REMOVAL OF GROWTH UNDER SKIN O	\$52.96	\$45.01
27884			SECONDARY CLOSURE OR REVISION	\$59.68	\$50.73
28001			DRAINAGE OF FLUID FILLED SAC I	\$29.60	\$25.16
28002			DRAINAGE OF FLUID FILLED SAC B	\$46.59	\$39.60
28010			REPAIR OF TOE TENDON	\$24.54	\$20.86
28024			INCISION OF TOE JOINT FOR EXPL	\$49.55	\$42.11
28043			EXCISION OF FOOT LESION	\$42.13	\$35.81
28190			REMOVAL OF FOREIGN BODY OF FOO	\$27.33	\$23.23
28192			REMOVAL OF FOREIGN BODY OF FOO	\$50.28	\$42.73
28193			COMPLICATED REMOVAL OF FOREIGN	\$56.66	\$48.16
28230			INCISION TO LENGTHEN FOOT TEND	\$47.10	\$40.04

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28272			CAPSULOTOMY...INTERPHAL.,EACH	\$41.88	\$35.60
28312			INCISION OR PARTIAL REMOVAL OF	\$55.39	\$47.08
28344			REMOVAL OF EXTRA TOES WITH REC	\$45.56	\$38.72
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	\$32.98	\$28.03
28825			AMPUTATION OF TOE AT TOE JOINT	\$32.31	\$27.46
29740			INSERTION OF WEDGE IN CAST	\$10.37	\$8.82
29750			INSERTION OF WEDGE IN CLUBFOOT	\$11.25	\$9.57
30000			DRAINAGE OF ABSCESS OR BLOOD A	\$29.21	\$24.82
30100			INTRANASAL BIOPSY	\$15.75	\$13.38
30140			REMOVAL OF NASAL AIR PASSAGE U	\$31.65	\$26.90
30220			INSERTION,NASAL SEPTAL PROSTHE	\$34.34	\$29.19
30300			REMOVE NASAL FOREIGN BODY	\$22.45	\$19.09
30320			REMOVAL OF FOREIGN BODY IN NOS	\$52.21	\$44.38
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	\$78.72	\$66.91
30560			RELEASE OF NASAL ADHESIONS	\$35.06	\$29.80
30801			CAUTERIZATION/ABLATION,MUCOSA	\$24.71	\$21.00
30802			DESTRUCTION OF SURFACE SOFT TI	\$30.81	\$26.19
30906			SUBSEQUENT CONTROL OF NOSEBLEE	\$40.32	\$34.27
31000			IRRIGATION OF NASAL SINUS	\$20.07	\$17.06

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31231			DIAGNOSTIC EXAM OF NASAL PASSA	\$21.43	\$18.21
31611			CREATION OF OPENING OF WINDPIP	\$57.31	\$48.71
31717			INSERTION OF TUBE INTO AIRWAY	\$31.74	\$26.98
31730			INSERTION OF NEEDLE WIRE DILAT	\$133.86	\$113.78
32405			NEEDLE BIOPSY OF LUNG OR CHEST	\$50.88	\$43.25
36470			INJECTION OF CHEMICAL AGENT IN	\$12.40	\$10.54
36471			INJECTION OF CHEMICAL AGENT IN	\$21.71	\$18.45
36514			MECHANICAL SEPARATION OF PLASM	\$71.03	\$60.38
37236	26		INSERTION OF INTRAVASCULAR STE	\$44.61	\$37.92
37237	26		INSERTION OF INTRAVASCULAR STE	\$21.18	\$18.00
37238	26		INSERTION OF INTRAVASCULAR STE	\$30.99	\$26.34
37241	26		OCCLUSION OF VENOUS MALFORMATI	\$43.67	\$37.12
37242	26		OCCLUSION OF ARTERY (OTHER THA	\$47.93	\$40.74
37243	26		OCCLUSION OF TUMORS OR OBSTRUC	\$56.37	\$47.91
37244	26		OCCLUSION OF ARTERIAL OR VENOU	\$66.93	\$56.89
37785			TYING, INCISION, AND/OR REMOVA	\$38.34	\$32.59
38500			BIOPSY OR REMOVAL OF LYMPH NOD	\$36.19	\$30.76
39503			REPAIR OF CONGENITAL DEFECT OF	\$591.19	\$502.51
40490			BIOPSY OF LIP	\$13.46	\$11.44
40800			SIMPLE DRAINAGE OF ABSCESS, CY	\$23.06	\$19.60
40804			SIMPLE REMOVAL OF EMBEDDED FOR	\$21.36	\$18.16
40805			COMPLICATED REMOVAL OF EMBEDDE	\$31.34	\$26.64
40808			BIOPSY OF MOUTH LESION	\$18.43	\$15.67

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40819			EXCISE LIP OR CHEEK FOLD	\$29.76	\$25.29
40830			REPAIR OF LACERATED MOUTH, 2.5	\$30.96	\$26.31
41009			DRAINAGE OF ABSCESS, CYST, OR	\$45.78	\$38.91
41100			BIOPSY OF FRONT 2/3 OF TONGUE	\$20.29	\$17.24
41110			REMOVAL OF GROWTH OF TONGUE WI	\$25.17	\$21.39
41800			DRAINAGE OF ABSCESS, CYST, OR	\$33.67	\$28.62
41823			EXCISION OF GUM LESION	\$57.27	\$48.68
42140			REMOVAL OF SOFT TISSUE OF ROOF	\$33.39	\$28.38
42405			BIOPSY OF SALIVA GLAND	\$32.28	\$27.44
42845			EXTENSIVE REMOVAL OF TONSILS,	\$233.67	\$198.62
42870			EXCISION OF LINGUAL TONSIL	\$64.17	\$54.55
42970			SIMPLE CONTROL OF BLEEDING OF	\$42.98	\$36.53
43220			BALLOON DILATION OF ESOPHAGUS	\$113.45	\$96.44
43453			DILATION OF ESOPHAGUS WITH A G	\$100.29	\$85.25
43761			REPOSITIONING OF ORAL OR NASAL	\$12.86	\$10.93
44312			SIMPLE REVISION OF SUPERFICIAL	\$62.03	\$52.72
44340			SIMPLE REVISION OF SUPERFICIAL	\$65.15	\$55.38
45303			DILATION OF RECTUM AND/OR LOWE	\$113.12	\$96.15
45317			CONTROL OF BLEEDING OF LOWER L	\$23.96	\$20.37
45900			MANUAL REPLACEMENT OF PROLAPSE	\$22.35	\$19.00
46083			INCISION OF EXTERNAL HEMORRHOI	\$22.87	\$19.44
46220			REMOVAL OF SINGLE EXTERNAL NON	\$27.19	\$23.11
46500			INJECTION OF HEMORRHOID	\$35.25	\$29.96

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46604			ANOSCOPY WITH DIRECT DILATION	\$79.54	\$67.61
46606			ANOSCOPY WITH BIOPSY	\$31.84	\$27.06
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	\$34.55	\$29.37
47382			DESTRUCTION OF GROWTH OF LIVER	\$465.34	\$395.54
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	\$60.70	\$51.60
50972			INSERTION OF TUBE INTO URETER	\$36.30	\$30.86
52214			DESTRUCTION OF TISSUE OF BLADD	\$85.46	\$72.64
52224			DESTRUCTION OF GROWTH OF BLADD	\$88.80	\$75.48
54001			INCISION OF FORESKIN	\$21.05	\$17.89
54015			DRAIN PENIS LESION	\$31.47	\$26.75
54100			BIOPSY OF PENIS	\$21.92	\$18.64
54150			REMOVAL OF FORESKIN USING CLAM	\$16.18	\$13.75
55120			REMOVAL OF FOREIGN BODY IN SCR	\$36.78	\$31.26
55873			DESTRUCTION OF PROSTATE USING	\$700.47	\$595.40
57170			FITTING OF DIAPHRAGM	\$40.34	\$34.29
58353			ENDOMET ABLATION THERM WO MUST	\$112.97	\$96.03
58555			DIAGNOSTIC EXAM OF UTERUS USIN	\$39.11	\$33.24
58558			BIOPSY OF LINING OF UTERUS AND	\$160.31	\$136.27
58562			SURG HYSTEROSCOPY W/REMOV FORI	\$46.31	\$39.36

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59400			VAGINAL DELIVERY WITH CARE BEF	\$1,237.66	\$1,052.01
59400	SB		OBSTETRICAL CARE	NA	\$898.16
59410			VAGINAL DELIVERY WITH POST DEL	\$544.01	\$462.40
59410	SB		VAGINAL DELIVERY PLUS POST PAR	NA	\$429.21
59425			PREDELIVERY CARE, 4 TO 6 VISIT	\$290.60	\$247.01
59426			PREDELIVERY CARE, 7 OR MORE VI	\$531.79	\$452.02
59430			POST DELIVERY CARE	\$136.11	\$115.69
59430	SA		CARE AFTER DELIVERY	\$109.91	\$93.42
59430	SB		CARE AFTER DELIVERY	NA	\$88.34
59510			CESAREAN DELIVERY WITH CARE BE	\$1,364.35	\$1,159.69
59515			CESAREAN DELIVERY WITH CARE AF	\$669.87	\$569.39
59610			VAGINAL DELIVERY AND CARE BEFO	\$1,290.96	\$1,097.32
59610	SB		ROUTINE OB CARE/VAG DEL POST/P	NA	\$942.93
59614			VAGINAL DELIVERY AND CARE AFTE	\$586.85	\$498.82
59614	SB		VAG DEL POST PREV C/S W/PP CAR	NA	\$476.23
59618			CESAREAN DELIVERY AND CARE BEF	\$1,378.77	\$1,171.95
59622			CESAREAN DELIVERY WITH CARE AF	\$694.20	\$590.07
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	\$42.69	\$36.28
64907			TRANSFER OF NERVE TO INJURED N	\$135.65	\$115.30
65450			DESTRUCTION OF GROWTH OF CORNE	\$34.62	\$29.42

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67700			INCISION AND DRAINAGE OF ABSCE	\$32.21	\$27.37
67715			INCISION OF CORNER OF EYE AT E	\$29.69	\$25.24
67810			INCISIONAL BIOPSY OF EYELID SK	\$20.44	\$17.38
67840			REMOVAL OF GROWTH OF EYELID	\$31.22	\$26.54
67914			SUTURE REPAIR OF TURNING-OUTWA	\$53.60	\$45.56
67915			REPAIR OF TURNING-OUTWARD DEFE	\$34.91	\$29.68
67921			REPAIR ENTROPIAN: SUTURE	\$52.70	\$44.79
67922			REPAIR OF TURNING-INWARD EYELI	\$33.74	\$28.68
67930			SUTURE OF RECENT WOUND OF EYEL	\$40.29	\$34.25
67935			SUTURE RECENT WOUND EYELID..FU	\$64.28	\$54.63
67975			RECONSTRUCTION OF EYELID BY TR	\$70.65	\$60.05
68115			REMOVAL OF GROWTH OF EYELID LI	\$36.69	\$31.18
68130			REMOVAL OF GROWTH OF EYELID LI	\$59.85	\$50.87
68135			DESTRUCTION OF GROWTH OF EYELI	\$16.59	\$14.10
68510			BIOPSY OF TEAR PRODUCING GLAND	\$49.78	\$42.31
68705			REVISE TEAR DUCT OPENING	\$28.34	\$24.09
68801			DILATION OF TEAR DRAINAGE OPEN	\$10.20	\$8.67
68810			INSERTION OF PROBE INTO NASAL	\$17.32	\$14.72
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	\$45.21	\$38.43
69200			REMOVAL OF FOREIGN BODY IN EAR	\$8.71	\$7.40
69610			REPAIR OF EAR DRUM	\$40.48	\$34.41

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77078			CT SCAN FOR MEASURING CALCIUM	NA	\$50.01
77078	TC		CT SCAN FOR MEASURING CALCIUM	NA	\$43.85
77078	26		CT SCAN FOR MEASURING CALCIUM	NA	\$6.16
77080			DXA BONE DENSITY MEASUREMENT O	NA	\$20.59
77080	TC		DXA BONE DENSITY MEASUREMENT O	NA	\$15.67
77080	26		DXA BONE DENSITY MEASUREMENT O	NA	\$4.92
77081			DXA BONE DENSITY MEASUREMENT O	NA	\$17.00
77081	TC		DXA BONE DENSITY MEASUREMENT O	NA	\$11.89
77081	26		DXA BONE DENSITY MEASUREMENT O	NA	\$5.11
82705			STOOL FAT OR LIPIDS ANALYSIS,	\$0.51	\$0.43
84578			UROBILINOGEN (METABOLISM SUBST	NA	\$0.44
86000			AGGLUTININS: FEBRILE EACH ANTI	\$0.70	\$0.59
87190			ANTIMICROBIAL STUDY, MYCOBACTE	\$0.73	\$0.62
88106	TC		CYTOPATHOLOGY	\$5.14	\$4.37
88108	TC		CYTOPATHOLOGY, FLUIDS, WASHING	\$4.46	\$3.79
88160			SCREENING EXAMINATION OF SPECI	\$7.61	\$6.47
88160	TC		CYTOPATHOLOGY	\$4.99	\$4.24
88173	TC		FINE NEEDLE ASPIRATE...INTERP/	\$9.25	\$7.87
88307	TC		SURGICAL PATHOLOGY, COMPLETE	\$22.41	\$19.04
88309	TC		SURGICAL PATHOLOGY, COMPLETE	\$31.94	\$27.15
88312	TC		SPECIAL STAINS	\$9.34	\$7.94
88313	TC		SPECIAL STAINS	\$7.52	\$6.39
88314	TC		GROSS & MICROSCOPIC EXAM 3 SPE	\$8.66	\$7.36

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88319			DETERMINATIVE HISTOCHEMISTRY T	\$13.91	\$11.82
88319	TC		DETERMINATIVE HISTOCHEMISTRY T	\$11.15	\$9.47
88342			SPECIAL STAINED SPECIMEN SLIDE	\$11.24	\$9.56
88342	TC		IMMUNOCYTOCHEMISTRY (INCLUDING	\$7.67	\$6.52
90473			ADMINISTRATION OF NASAL OR ORA	\$14.55	\$14.55
91030	TC		ACID PERFUSION FOR ESOPHAGITIS	\$11.30	\$9.60
91132			RECORDING AND INTERPRETATION O	\$46.21	\$39.28
91133			RECORDING AND INTERPRETATION O	\$48.70	\$41.39
92240	TC		INDOCYANINE-GREEN ANGIOGRAPHY	\$17.36	\$14.75
92250	TC		OPHTHALMOSCOPY W/FUNDUS PHOTO	\$2.00	\$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	\$3.44	\$2.92
92583			TEST TO ASSESS HEARING USING P	\$5.55	\$4.72
93623	26		PROGRAM STIM&PACING W IV INFUS	\$13.62	\$11.57
93926	TC		DUPLEX SCAN...7/U OR LIMITED S	\$11.83	\$10.05
95060			TEST FOR ALLERGY USING ALLERGE	\$4.00	\$3.40
95065			TEST FOR ALLERGY USING ALLERGE	\$2.94	\$2.50
95805	TC		SLEEP LATENCY TESTING	\$40.11	\$34.10
95812	TC		EEF EXTENDED MONITORING UP TO	\$32.01	\$27.21
95813	TC		EEG EXTENDED MONITORING >1 HOU	\$37.53	\$31.90
95816			MEASUREMENT OF BRAIN WAVE ACTI	\$41.48	\$35.26
95816	TC		EEG,INCL RECOR AWAKE&D,SAME FA	\$35.60	\$30.26

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95819			MEASUREMENT OF BRAIN WAVE ACTI	\$49.84	\$42.36
95819	TC		EEG-STD/PORT: SAME FACILITY	\$43.93	\$37.34
95822			MEASUREMENT OF BRAIN WAVE ACTI	\$45.41	\$38.60
95822	TC		EEG: SLEEP ONLY	\$39.50	\$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	\$210.73	\$179.12
95860	TC		ELECTROMYOGRAPH:1 EXTREMITY&PA	\$7.56	\$6.42
95867	TC		MYOGRAPHY: CRANIAL NERVE: UNIL	\$7.82	\$6.65
95875	26		ISCHEMIC LIMB EXERCISE,EMG,...	\$6.02	\$5.12
95923			TESTING AUTO NERV SYST FUNCTIO	\$14.15	\$12.02
95923	TC		TESTING AUTO NERV SYST FUNCTIO	\$9.53	\$8.10
95930	TC		VISUAL EVOKED POTENTIAL TESTIN	\$5.40	\$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 DUR	\$31.55	\$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	\$7.43	\$6.32
96425			ADMINISTRATION OF PROLONGED CH	\$20.78	\$17.66
97802			THERAPY PROCEDURE FOR NUTRITIO	\$27.23	\$23.15
97803			THERAPY PROCEDURE REASSESSMENT	\$23.46	\$19.94
99201			NEW PATIENT OFFICE OR OTHER OU	\$25.00	\$21.25

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99201	SA		E/M OFFICE/OP NEW PATIENT	NA	\$20.18
99201	SB		E/M OFFICE/OP NEW PATIENT BY C	NA	\$20.19
99201	UC		E/M OFFICE/OP NEW PATIENT	\$24.04	\$24.04
99202			NEW PATIENT OUTPATIENT VISIT,	\$39.75	\$33.79
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	\$33.27
99202	SB	52	E/M INITIAL VS BY CNM IN FP CL	\$27.82	\$23.65
99202	UC		E/M OFFICE/OP NEW PATIENT	\$76.44	\$64.97
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	\$47.42
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	\$71.31
99204	UC		E/M OFFICE/OP NEW PATIENT	\$173.84	\$147.76

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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
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	\$30.65	\$26.05
99212	FP	SB	E/M FOLLOW UP VS BY CNM IN FP	NA	\$39.81
99212	SA		E/M OFFICE/OP - ESTABLISHED PA	\$24.75	\$21.04
99212	SB		E/M ESTABLISHED PT. VS BY CNM	NA	\$20.03
99212	SB	52	E/M FOLLOW UP VS BY CNM IN FP	\$21.45	\$18.24
99212	UC		E/M OFFICE/OP - ESTABLISHED PA	\$58.94	\$50.10
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	\$32.76
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	\$70.07	\$59.56
99214	FP		E/M FOLLOW UP VISIT - FAMILY P	\$70.07	\$59.56
99214	FP	SB	E/M FP VISIT BY CNM - FP CLINI	NA	\$47.38

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99214	FP	52	E/M FOLLOW UP VISIT - FAMILY P	\$70.07	\$59.56
99214	SA		E/M OFFICE/OP ESTABLISHED PATI	\$56.58	\$48.09
99214	SB		E/M FOLLOW UP VISIT EST PT BY	NA	\$47.38
99214	SB	52	E/M FP VISIT BY CNM - FP CLINI	\$49.05	\$41.69
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	\$63.49
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	\$38.14	\$32.42
99221			INITIAL HOSPITAL INPATIENT CAR	\$52.97	\$45.02
99221	SA		E/M INITIAL HOSPITAL CARE	\$42.77	\$36.36
99221	SB		E/M INITIAL HOSPITAL CARE BY C	NA	\$43.61
99222			INITIAL HOSPITAL INPATIENT CAR	\$71.37	\$60.66
99223			INITIAL HOSPITAL INPATIENT CAR	\$105.09	\$89.33
99232			FOLLOW-UP HOSPITAL INPATIENT C	\$37.71	\$32.05
99232	SA		E/M SUBSEQUENT HOSPITAL CARE	\$30.45	\$25.88
99232	SB		E/M SUBSEQUENT HOSPITAL CARE C	NA	\$30.97
99233			FOLLOW-UP HOSPITAL INPATIENT C	\$54.19	\$46.07

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99234			HOSPITAL OBSERVATION OR INPATI	\$68.90	\$58.57
99235			HOSPITAL OBSERVATION OR INPATI	\$87.68	\$74.53
99236			HOSPITAL OBSERVATION OR INPATI	\$112.49	\$95.61
99238			HOSPITAL DISCHARGE DAY MANAGEM	\$38.14	\$32.42
99238	SA		HOSP DISCH DAY MNGMNT BY CNP/C	\$30.80	\$26.18
99238	SB		HOSPITAL DISCHARGE DAY MNGMNT	NA	\$31.45
99239			HOSPITAL DISCHARGE DAY MANAGEM	\$56.17	\$47.74
99283			EMERGENCY DEPARTMENT VISIT FOR	\$37.74	\$32.08
99283	SA		E.M EMERG DEPT. VISIT NEW/EST	\$30.47	\$25.90
99284			EMERGENCY DEPARTMENT VISIT FOR	\$64.06	\$54.45
99284	SA		E.M EMERG.DEPT. VISIT NEW/EST	\$51.73	\$43.97
99285			EMERGENCY DEPARTMENT VISIT FOR	\$93.36	\$79.36
99291			CRITICAL CARE, FIRST 30-74 MIN	\$150.15	\$127.63
99292			CRITICAL CARE, EACH ADDITIONAL	\$65.13	\$55.36
99304			INITIAL NURSING FACILITY VISIT	\$47.26	\$40.17
99304	SA		INITIAL NURSING FACILITY CARE,	\$38.16	\$32.44
99305			INITIAL NURSING FACILITY VISIT	\$68.29	\$58.04
99305	SA		INITIAL NURSING FACILITY CARE	\$55.14	\$46.87
99306			INITIAL NURSING FACILITY VISIT	\$87.70	\$74.54
99306	SA		INITIAL NURSING FACILITY CARE,	\$70.82	\$60.19
99307			FOLLOW-UP NURSING FACILITY VIS	\$23.26	\$19.78
99307	SA		SUBSEQUENT NURSING FAC CARE PE	\$18.79	\$15.97
99308			FOLLOW-UP NURSING FACILITY VIS	\$36.58	\$31.09

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99308	SA		SUBSEQUENT NURSING FAC CARE,PE	\$29.54	\$25.11
99309			FOLLOW-UP NURSING FACILITY VIS	\$48.24	\$41.00
99309	SA		SUBSEQUENT NURSING FAC CARE,PE	\$38.95	\$33.11
99310			FOLLOW-UP NURSING FACILITY VIS	\$71.43	\$60.72
99310	SA		SUBSEQUENT NURSING FAC CARE,PE	\$57.68	\$49.03
99315			NURSING FACILITY DISCHARGE DAY	\$38.53	\$32.75
99315	SA		NF DISCHARGE DAY MNGMT 30 MIN	\$31.11	\$26.44
99316			NURSING FACILITY DISCHARGE MAN	\$55.39	\$47.08
99316	SA		NF DISCHARGE DAY MNGMT > 30 MI	\$44.72	\$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	\$72.92	\$61.99
99326	SA		DOMICILIARY/REST HOME VS NEW P	\$58.89	\$50.05
99327			NEW PATIENT CUSTODIAL CARE FAC	\$97.80	\$83.13
99327	SA		DOMICILIARY/REST HOME VISIT NE	\$78.97	\$67.13
99328			NEW PATIENT CUSTODIAL CARE FAC	\$115.00	\$97.75
99328	SA		DOMICILIARY/REST HOME VS NEW P	\$92.87	\$78.94
99334			ESTABLISHED PATIENT CUSTODIAL	\$31.76	\$26.99
99334	SA		DOMICILIARY/REST HOME VS ESTAB	\$25.64	\$21.80
99335			ESTABLISHED PATIENT CUSTODIAL	\$50.49	\$42.92

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99335	SA		DOMICILIARY/REST HOME VS ESTAB	\$40.77	\$34.66
99336			ESTABLISHED PATIENT CUSTODIAL	\$71.43	\$60.71
99336	SA		DOMICILIARY/REST HOME VS ESTAB	\$57.68	\$49.03
99337			ESTABLISHED PATIENT CUSTODIAL	\$102.08	\$86.77
99337	SA		DOMICILIARY/REST HOME VS ESTAB	\$82.43	\$70.07
99341			NEW PATIENT HOME VISIT, TYPICA	\$28.71	\$24.41
99341	SA		E/M HOME VISIT NEW PATIENT	\$23.19	\$19.71
99341	SB		E/M HOME VISIT NEW PATIENT	NA	\$23.48
99342			NEW PATIENT HOME VISIT, TYPICA	\$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	\$33.57
99343			NEW PATIENT HOME VISIT, TYPICA	\$66.64	\$56.65
99344			NEW PATIENT HOME VISIT, TYPICA	\$95.36	\$81.05
99344	SA		E/M HOME VISIT NEW PATIENT 60	\$77.00	\$65.45
99345			NEW PATIENT HOME VISIT, TYPICA	\$116.00	\$98.60
99345	SA		E/M HOME VISIT NEW PATIENT 75	\$93.67	\$79.62
99349			ESTABLISHED PATIENT HOME VISIT	\$68.13	\$57.91
99349	SA		E/M HOME VISIT ESTABLISHED PT	\$55.01	\$46.76
99350			ESTABLISHED PATIENT HOME VISIT	\$94.13	\$80.01
99350	SA		E/M HOME VISIT ESTABLISHED PT	\$76.01	\$64.61
99357			EXTENDED INPATIENT OR OBSERVAT	\$48.31	\$41.07
99406			SMOKING AND TOBACCO USE INTENS	\$8.36	\$7.10
99406	HF		SMOKING AND TOBACCO USE CESSAT	\$16.07	\$13.66

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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, 2021

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
99406	UC		SMOKING AND TOBACCO USE CESSAT	\$16.07	\$13.66
99406	26		SMOKING & TOBACCO USE CESSATIO	\$6.56	\$5.58
99407			SMOKING AND TOBACCO USE INTENS	\$15.30	\$13.01
99407	HF		SMOKING AND TOBACCO USE CESSAT	\$29.43	\$25.02
99407	UC		SMOKING AND TOBACCO USE CESSAT	\$29.43	\$25.02
99407	26		SMOKING & TOBACCO USE CESSATIO	\$13.53	\$11.50
99495			TRANSITIONAL CARE MANAGEMENT S	\$111.70	\$94.95
99495	26		TRANSITIONAL CARE MANAGEMENT S	\$76.30	\$64.85

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