

PROVIDER PAYMENT INCREASE FOR SPECIFIC ADULT & CHILDRENS PRIMARY, PREVENTIVE & POSTPARTUM CODES
NJ FAMILYCARE/MEDICAID: EFFECTIVE FOR SERVICE DATES ON OR AFTER OCTOBER 1, 2022

This website file is for informational purposes only

MOD 1 = MODIFIER 1 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS
 MOD 2 = MODIFIER 2 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS
 NA = NOT APPLICABLE

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

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 OCTOBER 1, 2022

This website file is for informational purposes only

MOD 1 = MODIFIER 1 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS
 MOD 2 = MODIFIER 2 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS
 NA = NOT APPLICABLE

CODE	MOD 1	MOD 2	SHORT - DESCRIPTION	SPECIALIST	NON-SPECIALIST
19030			INJEC FOR MAMM DUCTOG OR GALAC	\$17.94	\$15.25
19287	26		PLACEMENT OF BREAST LOCALIZATI	\$12.81	\$10.89
19288	26		PLACEMENT OF BREAST LOCALIZATI	\$6.44	\$5.47
19340			PLACEMENT OF IMPLANT ON SAME D	\$79.30	\$67.40
19396			PREP MOULAGE FOR CUSTOM IMPLAN	\$30.12	\$25.60
20101			EXPLORATION OF WOUND OF CHEST	\$66.46	\$56.49
20225			DEEP BONE BIOPSY: TROCAR/ NEED	\$43.48	\$36.95
20660			PLACEMENT OF DEVICE TO SKULL	\$24.61	\$20.92
20670			REMOVAL OF SURFACE IMPLANT FRO	\$39.78	\$33.81
20690			PLACEMENT OF SINGLE DIRECTION	\$62.43	\$53.07
20816			REATTACHMENT OF CUTOFF FINGER	\$212.87	\$180.94
20822			REATTACHMENT OF PART OF CUTOFF	\$184.93	\$157.19
20824			REATTACHMENT OF CUTOFF THUMB	\$213.28	\$181.29
20827			REATTACHMENT OF PART OF CUTOFF	\$189.90	\$161.42
21100			PLACEMENT OF STABILIZING DEVIC	\$67.87	\$57.69
21125			ENLARGEMENT OF LOWER JAW WITH	\$298.34	\$253.59
21127			AUGMENTATION,MANDI BODY/ANGLE:	\$458.89	\$390.05
21150			RECONSTRUCTION OF MIDFACE BONE	\$171.27	\$145.58
21210			BONE GRAFT: NASAL, MAXILLARY,	\$195.99	\$166.59
21215			BONE GRAFT: MANDIBLE	\$468.15	\$397.93
21337			CLOSED TREATMENT OF BROKEN BON	\$45.57	\$38.73
21343			TREATMENT OF DEPRESSED BROKEN	\$115.24	\$115.24
21344			TREATMENT OF COMPLICATED BROKE	\$146.21	\$124.28

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 OCTOBER 1, 2022

This website file is for informational purposes only

MOD 1 = MODIFIER 1 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS
 MOD 2 = MODIFIER 2 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS
 NA = NOT APPLICABLE

CODE	MOD 1	MOD 2	SHORT - DESCRIPTION	SPECIALIST	NON-SPECIALIST
21355			TREATMENT OF BROKEN CHEEK BONE	\$47.92	\$40.73
21440			CLOSED TREATMENT OF BROKEN UPP	\$76.50	\$65.03
21445			TREATMENT OF BROKEN UPPER OR L	\$88.09	\$74.88
21450			CLOSED TREATMENT OF BROKEN LOW	\$65.74	\$55.88
21451			CLOSED TREATMENT OF BROKEN LOW	\$84.98	\$72.23
21452			TREATMENT OF BROKEN LOWER JAW	\$84.53	\$71.85
21453			CLOSED TREATMENT OF BROKEN LOW	\$121.19	\$103.01
21461			TREATMENT OF BROKEN LOWER JAW	\$204.32	\$173.67
21462			TREATMENT OF BROKEN LOWER JAW	\$223.17	\$189.70
21485			COMPLICATED REPAIR OF DISLOCAT	\$108.65	\$108.65
21550			EXCISIONAL BIOPSY SOFT TISSUES	\$29.19	\$24.81
21555			REMOVAL OF GROWTH UNDER SKIN O	\$47.04	\$39.98
21920			BIOPSY OF SURFACE SOFT TISSUE	\$28.21	\$23.98
23031			I&D INFECTED SHOULDER BURSA	\$46.72	\$39.71
23065			BIOPSY OF SURFACE TISSUE OF SH	\$24.39	\$20.73
23066			BIOPSY OF DEEP TISSUE OF SHOUL	\$61.54	\$52.31
23330			REMOVAL OF FOREIGN BODY OF SHO	\$33.12	\$28.15
23650			CLOSED TREATMENT OF DISLOCATED	\$35.27	\$29.98
23931			DRAINAGE OF FLUID FILLED SAC I	\$33.53	\$28.50
24065			BIOPSY OF SURFACE TISSUE OF UP	\$28.47	\$24.20
24066			BIOPSY OF DEEP TISSUE OF UPPER	\$67.40	\$57.29
24160			REMOVAL OF ELBOW JOINT PROSTHE	\$130.54	\$110.96
24925			SECONDARY CLOSURE OR REVISION	\$60.33	\$51.28

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 OCTOBER 1, 2022

This website file is for informational purposes only

MOD 1 = MODIFIER 1 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS
 MOD 2 = MODIFIER 2 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS
 NA = NOT APPLICABLE

CODE	MOD 1	MOD 2	SHORT - DESCRIPTION	SPECIALIST	NON-SPECIALIST
25031			DRAINAGE OF FLUID FILLED SAC I	\$39.21	\$33.33
25065			BIOPSY OF SURFACE TISSUE OF FO	\$28.23	\$23.99
25263			SECONDARY REPAIR OF TENDON OR	\$67.21	\$57.13
25265			REPAIR OF FOREARM AND/OR WRIST	\$79.51	\$67.58
26010			SIMPLE DRAINAGE OF ABSCESS OF	\$38.87	\$33.04
26020			DRAIN HAND TENDON SHEATH	\$59.03	\$50.18
26060			INCISION OF FINGER TENDON	\$27.52	\$23.39
26115			EXCISION BENIGN TUMOR,HAND,SUB	\$60.39	\$51.33
26160			REMOVE TENDON SHEATH LESION	\$68.42	\$58.16
26587			RECONSTRUCT SUPERNUMERARY DIGI	\$109.71	\$93.26
26600			CLOSED TREATMENT OF BROKEN HAN	\$32.80	\$27.88
26641			CLOSED TREATMENT OF DISLOCATED	\$45.45	\$38.63
26670			CLOSED TREATMENT OF DISLOCATED	\$37.73	\$32.07
26700			CLOSED TREATMENT OF DISLOCATED	\$36.46	\$30.99
26770			TRMT OF CLOS INTERPHAL JOINT D	\$30.82	\$26.20
26951			AMPUTATION OF FINGER OR THUMB	\$76.65	\$65.15
26952			AMPUTATION OF FINGER OR THUMB	\$74.78	\$63.57
26991			DRAINAGE OF INFECTED FLUID-FIL	\$76.27	\$64.83
27040			BIOPSY OF SURFACE TISSUE OF PE	\$36.97	\$31.43
27041			BIOPSY OF DEEP TISSUE OF PELVI	\$74.37	\$63.22
27086			REMOVAL OF FOREIGN BODY IN TIS	\$34.29	\$29.15
27087			REMOVE FOREIGN BODY,PELVIS/HIP	\$64.43	\$54.77
27093			INJECTION OF CONTRAST FOR IMAG	\$26.61	\$22.61

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 OCTOBER 1, 2022

This website file is for informational purposes only

MOD 1 = MODIFIER 1 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS
 MOD 2 = MODIFIER 2 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS
 NA = NOT APPLICABLE

CODE	MOD 1	MOD 2	SHORT - DESCRIPTION	SPECIALIST	NON-SPECIALIST
27095			INJECTION OF CONTRAST FOR IMAG	\$35.92	\$30.53
27220			CLOSED TREATMENT OF BROKEN HIP	\$44.26	\$37.62
27323			BIOPSY OF SURFACE TISSUE OF TH	\$29.72	\$25.26
27324			BIOPSY OF DEEP TISSUE OF THIGH	\$43.15	\$36.68
27327			REMOVAL OF GROWTH UNDER SKIN O	\$55.26	\$46.97
27328			REMOVAL OF GROWTH OF MUSCLE OF	\$65.37	\$55.56
27372			REMOVAL OF FOREIGN BODY DEEP I	\$64.54	\$54.86
27594			SECONDARY CLOSURE OR REVISION	\$53.13	\$45.16
27604			DRAIN LOWER LEG BURSA	\$48.27	\$41.03
27605			INCISION OF ACHILLES TENDON US	\$35.94	\$30.55
27613			BIOPSY OF SURFACE TISSUE OF LE	\$27.39	\$23.28
27614			BIOPSY OF DEEP TISSUE OF LEG O	\$62.72	\$53.31
27618			REMOVAL OF GROWTH UNDER SKIN O	\$53.55	\$45.52
27884			SECONDARY CLOSURE OR REVISION	\$60.20	\$51.17
28001			DRAINAGE OF FLUID FILLED SAC I	\$18.60	\$15.81
28002			DRAINAGE OF FLUID FILLED SAC B	\$26.76	\$22.74
28010			REPAIR OF TOE TENDON	\$24.54	\$20.86
28024			INCISION OF TOE JOINT FOR EXPL	\$48.73	\$41.42
28043			EXCISION OF FOOT LESION	\$40.95	\$34.81
28190			REMOVAL OF FOREIGN BODY OF FOO	\$26.31	\$22.37
28192			REMOVAL OF FOREIGN BODY OF FOO	\$49.16	\$41.78
28193			COMPLICATED REMOVAL OF FOREIGN	\$55.51	\$47.19
28230			INCISION TO LENGTHEN FOOT TEND	\$46.20	\$39.27

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 OCTOBER 1, 2022

This website file is for informational purposes only

MOD 1 = MODIFIER 1 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS
 MOD 2 = MODIFIER 2 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS
 NA = NOT APPLICABLE

CODE	MOD 1	MOD 2	SHORT - DESCRIPTION	SPECIALIST	NON-SPECIALIST
28272			CAPSULOTOMY...INTERPHAL.,EACH	\$40.97	\$34.82
28312			INCISION OR PARTIAL REMOVAL OF	\$55.39	\$47.08
28344			REMOVAL OF EXTRA TOES WITH REC	\$44.62	\$37.93
28470			CLOSED TREATMENT OF BROKEN BON	\$23.53	\$20.00
28675			TREATMENT OF DISLOCATED TOE JO	\$61.79	\$52.52
28820			AMPUTATION OF TOE AT JOINT BET	\$32.01	\$27.21
28825			AMPUTATION OF TOE AT TOE JOINT	\$31.42	\$26.70
29740			INSERTION OF WEDGE IN CAST	\$10.37	\$8.82
29750			INSERTION OF WEDGE IN CLUBFOOT	\$11.16	\$11.16
30000			DRAINAGE OF ABSCESS OR BLOOD A	\$29.87	\$25.39
30100			INTRANASAL BIOPSY	\$15.62	\$13.28
30140			REMOVAL OF NASAL AIR PASSAGE U	\$32.03	\$27.23
30220			INSERTION,NASAL SEPTAL PROSTHE	\$34.09	\$28.98
30300			REMOVE NASAL FOREIGN BODY	\$23.33	\$19.83
30320			REMOVAL OF FOREIGN BODY IN NOS	\$53.28	\$45.29
30430			REVISION TO RESHAPE NOSE OR SM	\$118.26	\$100.52
30435			REVISION WORK WITH OSTEOTOMIES	\$146.11	\$124.19
30540			REPAIR OF NASAL PASSAGE THROUG	\$80.24	\$68.20
30560			RELEASE OF NASAL ADHESIONS	\$36.49	\$31.02
30801			CAUTERIZATION/ABLATION,MUCOSA	\$24.38	\$20.72
30802			DESTRUCTION OF SURFACE SOFT TI	\$30.59	\$26.00
30906			SUBSEQUENT CONTROL OF NOSEBLEE	\$40.90	\$34.77
31000			IRRIGATION OF NASAL SINUS	\$20.19	\$17.16

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 OCTOBER 1, 2022

This website file is for informational purposes only

MOD 1 = MODIFIER 1 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS
 MOD 2 = MODIFIER 2 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS
 NA = NOT APPLICABLE

CODE	MOD 1	MOD 2	SHORT - DESCRIPTION	SPECIALIST	NON-SPECIALIST
31231			DIAGNOSTIC EXAM OF NASAL PASSA	\$20.77	\$17.66
31611			CREATION OF OPENING OF WINDPIP	\$57.62	\$48.98
31717			INSERTION OF TUBE INTO AIRWAY	\$32.37	\$27.52
31730			INSERTION OF NEEDLE WIRE DILAT	\$125.42	\$106.60
32405			NEEDLE BIOPSY OF LUNG OR CHEST	\$50.88	\$43.25
36470			INJECTION OF CHEMICAL AGENT IN	\$12.56	\$10.68
36471			INJECTION OF CHEMICAL AGENT IN	\$21.71	\$18.45
36514			MECHANICAL SEPARATION OF PLASM	\$63.67	\$54.12
37236	26		INSERTION OF INTRAVASCULAR STE	\$44.28	\$37.64
37237	26		INSERTION OF INTRAVASCULAR STE	\$21.12	\$17.95
37238	26		INSERTION OF INTRAVASCULAR STE	\$30.73	\$26.12
37241	26		OCCLUSION OF VENOUS MALFORMATI	\$43.16	\$36.69
37242	26		OCCLUSION OF ARTERY (OTHER THA	\$47.52	\$40.39
37243	26		OCCLUSION OF TUMORS OR OBSTRUC	\$55.95	\$47.56
37244	26		OCCLUSION OF ARTERIAL OR VENOU	\$66.26	\$56.32
37785			TYING, INCISION, AND/OR REMOVA	\$38.04	\$32.33
38500			BIOPSY OR REMOVAL OF LYMPH NOD	\$36.19	\$30.76
39503			REPAIR OF CONGENITAL DEFECT OF	\$587.78	\$499.62
40490			BIOPSY OF LIP	\$13.21	\$11.23
40800			SIMPLE DRAINAGE OF ABSCESS, CY	\$22.43	\$19.06
40804			SIMPLE REMOVAL OF EMBEDDED FOR	\$20.52	\$17.44
40805			COMPLICATED REMOVAL OF EMBEDDE	\$30.71	\$26.10
40808			BIOPSY OF MOUTH LESION	\$18.43	\$15.67

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 OCTOBER 1, 2022

This website file is for informational purposes only

MOD 1 = MODIFIER 1 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS
 MOD 2 = MODIFIER 2 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS
 NA = NOT APPLICABLE

CODE	MOD 1	MOD 2	SHORT - DESCRIPTION	SPECIALIST	NON-SPECIALIST
40819			EXCISE LIP OR CHEEK FOLD	\$29.13	\$24.76
40830			REPAIR OF LACERATED MOUTH, 2.5	\$25.71	\$21.85
41009			DRAINAGE OF ABSCESS, CYST, OR	\$45.78	\$38.91
41100			BIOPSY OF FRONT 2/3 OF TONGUE	\$20.52	\$17.44
41110			REMOVAL OF GROWTH OF TONGUE WI	\$25.17	\$21.39
41800			DRAINAGE OF ABSCESS, CYST, OR	\$32.34	\$27.49
41823			EXCISION OF GUM LESION	\$57.27	\$48.68
42140			REMOVAL OF SOFT TISSUE OF ROOF	\$34.50	\$29.32
42405			BIOPSY OF SALIVA GLAND	\$32.51	\$27.63
42845			EXTENSIVE REMOVAL OF TONSILS,	\$231.80	\$197.03
42870			EXCISION OF LINGUAL TONSIL	\$64.17	\$54.55
42970			SIMPLE CONTROL OF BLEEDING OF	\$43.31	\$36.81
43220			BALLOON DILATION OF ESOPHAGUS	\$105.25	\$105.25
43453			DILATION OF ESOPHAGUS WITH A G	\$94.01	\$94.01
43761			REPOSITIONING OF ORAL OR NASAL	\$12.96	\$11.02
44312			SIMPLE REVISION OF SUPERFICIAL	\$62.03	\$52.72
44340			SIMPLE REVISION OF SUPERFICIAL	\$65.57	\$55.74
45303			DILATION OF RECTUM AND/OR LOWE	\$110.84	\$110.84
45317			CONTROL OF BLEEDING OF LOWER L	\$24.32	\$20.67
45900			MANUAL REPLACEMENT OF PROLAPSE	\$22.35	\$19.00
46083			INCISION OF EXTERNAL HEMORRHOI	\$23.20	\$19.72
46220			REMOVAL OF SINGLE EXTERNAL NON	\$27.86	\$23.68
46500			INJECTION OF HEMORRHOID	\$35.25	\$29.96

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 OCTOBER 1, 2022

This website file is for informational purposes only

MOD 1 = MODIFIER 1 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS
 MOD 2 = MODIFIER 2 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS
 NA = NOT APPLICABLE

CODE	MOD 1	MOD 2	SHORT - DESCRIPTION	SPECIALIST	NON-SPECIALIST
46604			ANOSCOPY WITH DIRECT DILATION	\$78.08	\$66.37
46606			ANOSCOPY WITH BIOPSY	\$32.02	\$27.22
46917			LASER DESTRUCTION OF GROWTH OF	\$48.63	\$41.34
46945			TYING OF SINGLE INTERNAL HEMOR	\$36.45	\$30.98
47000			NEEDLE BIOPSY OF LIVER THROUGH	\$33.83	\$28.75
47382			DESTRUCTION OF GROWTH OF LIVER	\$422.66	\$359.26
48510			INSERTION OF DRAIN FROM CYST O	\$114.99	\$97.74
49605			REPAIR OF LARGE DEFECT OF ABDO	\$507.06	\$431.00
50200			NEEDLE BIOPSY OF KIDNEY	\$58.81	\$49.99
50972			INSERTION OF TUBE INTO URETER	\$36.30	\$30.86
52214			DESTRUCTION OF TISSUE OF BLADD	\$84.87	\$72.14
52224			DESTRUCTION OF GROWTH OF BLADD	\$88.80	\$75.48
54001			INCISION OF FORESKIN	\$21.05	\$17.89
54015			DRAIN PENIS LESION	\$31.25	\$26.56
54100			BIOPSY OF PENIS	\$21.92	\$18.64
54150			REMOVAL OF FORESKIN USING CLAM	\$15.78	\$13.41
55120			REMOVAL OF FOREIGN BODY IN SCR	\$36.78	\$31.26
55873			DESTRUCTION OF PROSTATE USING	\$662.05	\$562.74
57170			FITTING OF DIAPHRAGM	\$88.24	\$75.00
58353			ENDOMET ABLATION THERM WO MUST	\$107.34	\$107.34
58555			DIAGNOSTIC EXAM OF UTERUS USIN	\$40.48	\$34.41
58558			BIOPSY OF LINING OF UTERUS AND	\$154.11	\$130.99
58562			SURG HYSTEROSCOPY W/REMOV FORI	\$47.72	\$40.56

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 OCTOBER 1, 2022

This website file is for informational purposes only

MOD 1 = MODIFIER 1 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS
 MOD 2 = MODIFIER 2 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS
 NA = NOT APPLICABLE

CODE	MOD 1	MOD 2	SHORT - DESCRIPTION	SPECIALIST	NON-SPECIALIST
59400			VAGINAL DELIVERY WITH CARE BEF	\$2,615.36	\$2,223.06
59400	SB		OBSTETRICAL CARE	NA	\$999.41
59410			VAGINAL DELIVERY WITH POST DEL	\$1,143.14	\$971.67
59410	SB		VAGINAL DELIVERY PLUS POST PAR	NA	\$439.28
59425			PREDELIVERY CARE, 4 TO 6 VISIT	\$292.37	\$248.51
59426			PREDELIVERY CARE, 7 OR MORE VI	\$531.79	\$452.02
59430			POST DELIVERY CARE	\$295.39	\$251.08
59430	SA		CARE AFTER DELIVERY	\$113.30	\$93.42
59430	SB		CARE AFTER DELIVERY	NA	\$109.91
59510			CESAREAN DELIVERY WITH CARE BE	\$2,881.89	\$2,449.61
59515			CESAREAN DELIVERY WITH CARE AF	\$1,407.06	\$1,196.00
59610			VAGINAL DELIVERY AND CARE BEFO	\$2,728.28	\$2,319.04
59610	SB		ROUTINE OB CARE/VAG DEL POST/P	NA	\$1,042.45
59614			VAGINAL DELIVERY AND CARE AFTE	\$1,229.51	\$1,045.08
59614	SB		VAG DEL POST PREV C/S W/PP CAR	NA	\$473.88
59618			CESAREAN DELIVERY AND CARE BEF	\$2,911.16	\$2,474.49
59622			CESAREAN DELIVERY WITH CARE AF	\$1,460.88	\$1,241.75
61151			BURR HOLE WITH SUBSEQUENT ASPI	\$103.35	\$87.85
64600			DESTRUCTION OF FIRST DIVISION	\$50.68	\$43.08
64605			DESTRUCTION OF SECOND AND THIR	\$69.79	\$59.32
64774			REMOVE SKIN NERVE LESION	\$43.87	\$37.29
64907			TRANSFER OF NERVE TO INJURED N	\$135.65	\$115.30
65450			DESTRUCTION OF GROWTH OF CORNE	\$34.41	\$29.25

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 OCTOBER 1, 2022

This website file is for informational purposes only

MOD 1 = MODIFIER 1 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS
 MOD 2 = MODIFIER 2 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS
 NA = NOT APPLICABLE

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

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 OCTOBER 1, 2022

This website file is for informational purposes only

MOD 1 = MODIFIER 1 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS
 MOD 2 = MODIFIER 2 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS
 NA = NOT APPLICABLE

CODE	MOD 1	MOD 2	SHORT - DESCRIPTION	SPECIALIST	NON-SPECIALIST
77078			CT SCAN FOR MEASURING CALCIUM	NA	\$50.91
77078	TC		CT SCAN FOR MEASURING CALCIUM	NA	\$44.80
77078	26		CT SCAN FOR MEASURING CALCIUM	NA	\$6.11
77080			DXA BONE DENSITY MEASUREMENT O	NA	\$20.23
77080	TC		DXA BONE DENSITY MEASUREMENT O	NA	\$15.35
77080	26		DXA BONE DENSITY MEASUREMENT O	NA	\$4.88
77081			DXA BONE DENSITY MEASUREMENT O	NA	\$16.86
77081	TC		DXA BONE DENSITY MEASUREMENT O	NA	\$11.79
77081	26		DXA BONE DENSITY MEASUREMENT O	NA	\$5.07
82705			STOOL FAT OR LIPIDS ANALYSIS,	\$0.51	\$0.43
84578			UROBILINOGEN (METABOLISM SUBST	NA	\$0.45
86000			AGGLUTININS: FEBRILE EACH ANTI	\$0.70	\$0.59
87190			ANTIMICROBIAL STUDY, MYCOBACTE	\$0.73	\$0.62
88106	TC		CYTOPATHOLOGY	\$4.52	\$4.37
88108	TC		CYTOPATHOLOGY, FLUIDS, WASHING	\$3.95	\$3.79
88160			SCREENING EXAMINATION OF SPECI	\$7.69	\$6.47
88160	TC		CYTOPATHOLOGY	\$4.33	\$4.24
88173	TC		FINE NEEDLE ASPIRATE...INTERP/	\$8.21	\$7.87
88307	TC		SURGICAL PATHOLOGY, COMPLETE	\$19.17	\$19.04
88309	TC		SURGICAL PATHOLOGY, COMPLETE	\$27.34	\$27.15
88312	TC		SPECIAL STAINS	\$8.13	\$7.94
88313	TC		SPECIAL STAINS	\$6.47	\$6.39
88314	TC		GROSS & MICROSCOPIC EXAM 3 SPE	\$7.30	\$7.36

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 OCTOBER 1, 2022

This website file is for informational purposes only

MOD 1 = MODIFIER 1 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS
 MOD 2 = MODIFIER 2 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS
 NA = NOT APPLICABLE

CODE	MOD 1	MOD 2	SHORT - DESCRIPTION	SPECIALIST	NON-SPECIALIST
88319			DETERMINATIVE HISTOCHEMISTRY T	\$12.94	\$11.82
88319	TC		DETERMINATIVE HISTOCHEMISTRY T	\$12.48	\$9.47
88342			SPECIAL STAINED SPECIMEN SLIDE	\$10.85	\$9.56
88342	TC		IMMUNOCYTOCHEMISTRY (INCLUDING	\$6.24	\$6.52
90473			ADMINISTRATION OF NASAL OR ORA	\$9.22	\$9.22
91030	TC		ACID PERFUSION FOR ESOPHAGITIS	\$11.30	\$9.60
91132			RECORDING AND INTERPRETATION O	\$52.47	\$44.60
91133			RECORDING AND INTERPRETATION O	\$54.82	\$46.60
92240	TC		INDOCYANINE-GREEN ANGIOGRAPHY	\$16.27	\$14.75
92250	TC		OPHTHALMOSCOPY W/FUNDUS PHOTO	\$1.80	\$1.70
92507			TREATMENT OF SPEECH, LANGUAGE,	\$7.99	\$6.79
92562			TEST TO DETECT LOUDNESS DIFFER	\$5.10	\$4.34
92563			TEST TO ASSESS DEFECTS IN ADAP	\$3.52	\$2.99
92583			TEST TO ASSESS HEARING USING P	\$5.58	\$4.75
93623	26		PROGRAM STIM&PACING W IV INFUS	\$10.84	\$9.21
93926	TC		DUPLEX SCAN...7/U OR LIMITED S	\$10.26	\$10.05
95060			TEST FOR ALLERGY USING ALLERGE	\$4.05	\$3.44
95065			TEST FOR ALLERGY USING ALLERGE	\$3.00	\$2.55
95805	TC		SLEEP LATENCY TESTING	\$40.11	\$34.10
95812	TC		EEF EXTENDED MONITORING UP TO	\$27.46	\$27.21
95813	TC		EEG EXTENDED MONITORING >1 HOU	\$32.47	\$31.90
95816			MEASUREMENT OF BRAIN WAVE ACTI	\$42.11	\$35.80
95816	TC		EEG,INCL RECOR AWAKE&D,SAME FA	\$30.84	\$30.26

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 OCTOBER 1, 2022

This website file is for informational purposes only

MOD 1 = MODIFIER 1 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS
 MOD 2 = MODIFIER 2 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS
 NA = NOT APPLICABLE

CODE	MOD 1	MOD 2	SHORT - DESCRIPTION	SPECIALIST	NON-SPECIALIST
95819			MEASUREMENT OF BRAIN WAVE ACTI	\$49.50	\$42.07
95819	TC		EEG-STD/PORT: SAME FACILITY	\$37.09	\$37.34
95822			MEASUREMENT OF BRAIN WAVE ACTI	\$45.94	\$39.05
95822	TC		EEG: SLEEP ONLY	\$34.06	\$33.58
95827			MEASUREMENT AND RECORDING OF B	\$88.69	\$75.38
95827	TC		EEG: ALL NIGHT SLEEP RECORDING	NA	\$82.55
95829			MEASUREMENT OF BRAIN WAVE ACTI	\$200.85	\$170.72
95860	TC		ELECTROMYOGRAPH:1 EXTREMITY&PA	\$6.05	\$6.42
95867	TC		MYOGRAPHY: CRANIAL NERVE: UNIL	\$6.40	\$6.65
95875	26		ISCHEMIC LIMB EXERCISE,EMG,...	\$6.01	\$5.11
95923			TESTING AUTO NERV SYST FUNCTIO	\$13.73	\$11.67
95923	TC		TESTING AUTO NERV SYST FUNCTIO	\$7.77	\$8.10
95930	TC		VISUAL EVOKED POTENTIAL TESTIN	\$4.46	\$4.59
95951			MONITORING FOR LOCALIZATION OF	\$214.63	\$182.44
95951	TC		MONITORING FOR LOCALIZATION OF	NA	\$180.10
95954	TC		PHARM/PHYSICAL ACTIVATION DUR	\$28.21	\$26.82
95956			EACH 24 HOUR EEG MONITORING	\$188.24	\$160.01
95956	TC		EACH 24 HOUR EEG MONITORING	NA	\$167.69
96372			INJECTION OF DRUG OR SUBSTANCE	\$7.86	\$6.68
96425			ADMINISTRATION OF PROLONGED CH	\$19.53	\$16.60
97802			THERAPY PROCEDURE FOR NUTRITIO	\$27.01	\$22.96
97803			THERAPY PROCEDURE REASSESSMENT	\$23.46	\$19.94
99202			NEW PATIENT OUTPATIENT VISIT,	\$39.75	\$33.79

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 OCTOBER 1, 2022

This website file is for informational purposes only

MOD 1 = MODIFIER 1 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS
 MOD 2 = MODIFIER 2 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS
 NA = NOT APPLICABLE

CODE	MOD 1	MOD 2	SHORT - DESCRIPTION	SPECIALIST	NON-SPECIALIST
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	\$32.10
99202	SB	52	E/M INITIAL VS BY CNM IN FP CL	\$27.82	\$23.65
99202	UC		E/M OFFICE/OP NEW PATIENT	\$87.16	\$87.16
99203			NEW PATIENT OFFICE OR OTHER OU	\$60.78	\$51.66
99203	FP	SB	E/M INITIAL FP VISIT BY CNM IN	NA	\$79.52
99203	SA		E/M OFFICE/OP NEW PATIENT..MIN	\$47.19	\$40.11
99203	SA	UD	E/M OFFICE/OP NEW PATIENT.CNP/	\$94.38	\$80.22
99203	SB		E/M OFFICE/OP NEW PATIENT BY C	NA	\$59.08
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	\$73.00
99204	UC		E/M OFFICE/OP NEW PATIENT	\$173.84	\$147.76
99205			NEW PATIENT OFFICE OR OTHER OU	\$119.22	\$101.33
99205	FP		E/M OFFICE/OP NEW IN FL CL	\$119.22	\$101.33
99205	FP	SB	E/M OFFICE/OP NEW IN FL CL CNM	NA	\$105.81
99205	FP	52	E/M INITIAL FP VISIT IN FP CLI	\$119.22	\$101.33

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 OCTOBER 1, 2022

This website file is for informational purposes only

MOD 1 = MODIFIER 1 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS
 MOD 2 = MODIFIER 2 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS
 NA = NOT APPLICABLE

CODE	MOD 1	MOD 2	SHORT - DESCRIPTION	SPECIALIST	NON-SPECIALIST
99205	SB	52	E/M INITIAL FP VS IN FP CL CNM	\$83.45	\$70.93
99205	UC		E/M OFFICE OP NEW PATIENT..MIN	\$119.22	\$101.33
99212			ESTABLISHED PATIENT OFFICE OR	\$30.92	\$26.28
99212	FP	SB	E/M FOLLOW UP VS BY CNM IN FP	NA	\$39.81
99212	SA		E/M OFFICE/OP - ESTABLISHED PA	\$24.97	\$21.04
99212	SB		E/M ESTABLISHED PT. VS BY CNM	NA	\$24.75
99212	SB	52	E/M FOLLOW UP VS BY CNM IN FP	\$21.45	\$18.24
99212	UC		E/M OFFICE/OP - ESTABLISHED PA	\$59.46	\$50.54
99213			ESTABLISHED PATIENT OFFICE OR	\$49.47	\$42.05
99213	FP	SB	E/M F/U VISIT-FP CLINIC BY CNM	NA	\$39.81
99213	SA		E/M OFFICE/OP ESTAB PATIENT	\$39.95	\$33.96
99213	SA	UD	E/M OFFICE/OP ESTAB PATIENT CN	\$76.83	\$65.30
99213	SB		E/M ESTABLISHES PT VISIT BY CN	NA	\$39.95
99213	SB	52	E/M F/U VISIT-FP CLINIC BY CNM	\$34.63	\$29.44
99213	UC		E/M OFFICE/OP ESTAB PATIENT	\$95.14	\$80.87
99213	UD		E/M OFFICE/OP ESTAB PATIENT	\$95.14	\$80.87
99214			ESTABLISHED PATIENT OFFICE OR	\$69.36	\$58.96
99214	FP		E/M FOLLOW UP VISIT - FAMILY P	\$69.36	\$58.96
99214	FP	SB	E/M FP VISIT BY CNM - FP CLINI	NA	\$47.38
99214	FP	52	E/M FOLLOW UP VISIT - FAMILY P	\$69.36	\$58.96
99214	SA		E/M OFFICE/OP ESTABLISHED PATI	\$56.01	\$48.09
99214	SB		E/M FOLLOW UP VISIT EST PT BY	NA	\$56.58
99214	SB	52	E/M FP VISIT BY CNM - FP CLINI	\$49.05	\$41.69

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.

PROVIDER PAYMENT INCREASE FOR SPECIFIC ADULT & CHILDRENS PRIMARY, PREVENTIVE & POSTPARTUM CODES
NJ FAMILYCARE/MEDICAID: EFFECTIVE FOR SERVICE DATES ON OR AFTER OCTOBER 1, 2022

This website file is for informational purposes only

MOD 1 = MODIFIER 1 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS
 MOD 2 = MODIFIER 2 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS
 NA = NOT APPLICABLE

CODE	MOD 1	MOD 2	SHORT - DESCRIPTION	SPECIALIST	NON-SPECIALIST
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	\$78.79
99215	SB	52	E/M FP VISIT BY CNM IN FP CLIN	\$68.30	\$58.06
99215	UC		E/M OFFICE/OP ESTAB PT VISIT	\$187.64	\$159.49
99217			HOSPITAL OBSERVATION CARE ON D	\$37.82	\$32.15
99221			INITIAL HOSPITAL INPATIENT CAR	\$52.70	\$44.79
99221	SA		E/M INITIAL HOSPITAL CARE	\$42.55	\$36.36
99221	SB		E/M INITIAL HOSPITAL CARE BY C	NA	\$42.77
99222			INITIAL HOSPITAL INPATIENT CAR	\$70.94	\$60.30
99223			INITIAL HOSPITAL INPATIENT CAR	\$104.00	\$104.00
99232			FOLLOW-UP HOSPITAL INPATIENT C	\$37.40	\$31.79
99232	SA		E/M SUBSEQUENT HOSPITAL CARE	\$30.20	\$25.88
99232	SB		E/M SUBSEQUENT HOSPITAL CARE C	NA	\$30.45
99233			FOLLOW-UP HOSPITAL INPATIENT C	\$53.75	\$45.69
99234			HOSPITAL OBSERVATION OR INPATI	\$68.30	\$58.06
99235			HOSPITAL OBSERVATION OR INPATI	\$86.73	\$73.72
99236			HOSPITAL OBSERVATION OR INPATI	\$110.94	\$110.94
99238			HOSPITAL DISCHARGE DAY MANAGEM	\$38.14	\$32.42

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 OCTOBER 1, 2022

This website file is for informational purposes only

MOD 1 = MODIFIER 1 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS
 MOD 2 = MODIFIER 2 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS
 NA = NOT APPLICABLE

CODE	MOD 1	MOD 2	SHORT - DESCRIPTION	SPECIALIST	NON-SPECIALIST
99238	SA		HOSP DISCH DAY MNGMNT BY CNP/C	\$30.80	\$26.18
99238	SB		HOSPITAL DISCHARGE DAY MNGMNT	NA	\$30.80
99239			HOSPITAL DISCHARGE DAY MANAGEM	\$55.55	\$47.21
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	\$63.69	\$54.14
99284	SA		E.M EMERG.DEPT. VISIT NEW/EST	\$51.43	\$43.97
99285			EMERGENCY DEPARTMENT VISIT FOR	\$92.43	\$78.57
99291			CRITICAL CARE, FIRST 30-74 MIN	\$150.15	\$127.63
99292			CRITICAL CARE, EACH ADDITIONAL	\$64.79	\$55.07
99304			INITIAL NURSING FACILITY VISIT	\$46.87	\$39.84
99304	SA		INITIAL NURSING FACILITY CARE,	\$37.85	\$32.44
99305			INITIAL NURSING FACILITY VISIT	\$67.75	\$57.59
99305	SA		INITIAL NURSING FACILITY CARE	\$54.71	\$46.87
99306			INITIAL NURSING FACILITY VISIT	\$86.79	\$73.77
99306	SA		INITIAL NURSING FACILITY CARE,	\$70.08	\$60.19
99307			FOLLOW-UP NURSING FACILITY VIS	\$23.07	\$19.61
99307	SA		SUBSEQUENT NURSING FAC CARE PE	\$18.63	\$15.97
99308			FOLLOW-UP NURSING FACILITY VIS	\$36.58	\$31.09
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	\$70.68	\$60.08

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 OCTOBER 1, 2022

This website file is for informational purposes only

MOD 1 = MODIFIER 1 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS
 MOD 2 = MODIFIER 2 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS
 NA = NOT APPLICABLE

CODE	MOD 1	MOD 2	SHORT - DESCRIPTION	SPECIALIST	NON-SPECIALIST
99310	SA		SUBSEQUENT NURSING FAC CARE,PE	\$57.08	\$49.03
99315			NURSING FACILITY DISCHARGE DAY	\$38.21	\$32.48
99315	SA		NF DISCHARGE DAY MNGMT 30 MIN	\$30.85	\$26.44
99316			NURSING FACILITY DISCHARGE MAN	\$54.60	\$46.41
99316	SA		NF DISCHARGE DAY MNGMT > 30 MI	\$44.09	\$38.02
99318			NURSING FACILITY ANNUAL ASSESS	\$50.48	\$42.90
99318	SA		EVALUATION & MANAGEMENT NURS F	\$40.76	\$34.65
99324	SA		DOMICILIARY/REST HOME VISIT N	\$23.03	\$19.57
99325			NEW PATIENT CUSTODIAL CARE FAC	\$41.64	\$35.40
99325	SA		DOMICILIARY/REST HOME VS NEW P	\$33.63	\$28.58
99326			NEW PATIENT CUSTODIAL CARE FAC	\$72.00	\$61.20
99326	SA		DOMICILIARY/REST HOME VS NEW P	\$58.14	\$50.05
99327			NEW PATIENT CUSTODIAL CARE FAC	\$97.00	\$82.45
99327	SA		DOMICILIARY/REST HOME VISIT NE	\$78.32	\$67.13
99328			NEW PATIENT CUSTODIAL CARE FAC	\$114.06	\$114.06
99328	SA		DOMICILIARY/REST HOME VS NEW P	\$92.11	\$78.94
99334			ESTABLISHED PATIENT CUSTODIAL	\$32.02	\$27.21
99334	SA		DOMICILIARY/REST HOME VS ESTAB	\$25.85	\$21.80
99335			ESTABLISHED PATIENT CUSTODIAL	\$50.49	\$42.92
99335	SA		DOMICILIARY/REST HOME VS ESTAB	\$40.77	\$34.66
99336			ESTABLISHED PATIENT CUSTODIAL	\$71.07	\$60.41
99336	SA		DOMICILIARY/REST HOME VS ESTAB	\$57.39	\$49.03
99337			ESTABLISHED PATIENT CUSTODIAL	\$102.08	\$86.77

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 OCTOBER 1, 2022

This website file is for informational purposes only

MOD 1 = MODIFIER 1 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS
 MOD 2 = MODIFIER 2 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS
 NA = NOT APPLICABLE

CODE	MOD 1	MOD 2	SHORT - DESCRIPTION	SPECIALIST	NON-SPECIALIST
99337	SA		DOMICILIARY/REST HOME VS ESTAB	\$82.43	\$70.07
99341			NEW PATIENT HOME VISIT, TYPICA	\$28.48	\$24.21
99341	SA		E/M HOME VISIT NEW PATIENT	\$23.00	\$19.71
99341	SB		E/M HOME VISIT NEW PATIENT	NA	\$23.19
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	\$32.59
99343			NEW PATIENT HOME VISIT, TYPICA	\$65.55	\$55.71
99344			NEW PATIENT HOME VISIT, TYPICA	\$94.74	\$80.53
99344	SA		E/M HOME VISIT NEW PATIENT 60	\$76.50	\$65.45
99345			NEW PATIENT HOME VISIT, TYPICA	\$114.75	\$114.75
99345	SA		E/M HOME VISIT NEW PATIENT 75	\$92.66	\$79.62
99349			ESTABLISHED PATIENT HOME VISIT	\$67.59	\$57.46
99349	SA		E/M HOME VISIT ESTABLISHED PT	\$54.58	\$46.76
99350			ESTABLISHED PATIENT HOME VISIT	\$93.52	\$79.49
99350	SA		E/M HOME VISIT ESTABLISHED PT	\$75.51	\$64.61
99357			EXTENDED INPATIENT OR OBSERVAT	\$47.73	\$40.57
99406			SMOKING AND TOBACCO USE INTENS	\$8.29	\$7.05
99406	HF		SMOKING AND TOBACCO USE CESSAT	\$15.94	\$13.55
99406	UC		SMOKING AND TOBACCO USE CESSAT	\$15.94	\$13.55
99406	26		SMOKING & TOBACCO USE CESSATIO	\$6.34	\$5.39
99407			SMOKING AND TOBACCO USE INTENS	\$15.17	\$12.90
99407	HF		SMOKING AND TOBACCO USE CESSAT	\$29.18	\$24.80

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 OCTOBER 1, 2022

This website file is for informational purposes only

MOD 1 = MODIFIER 1 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS
 MOD 2 = MODIFIER 2 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS
 NA = NOT APPLICABLE

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

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.