

ii. Restorative nursing services, though prescribed by the chiropractor, are not reimbursed directly to the chiropractor.

10:68-2.7 Services prescribed by a chiropractor; diagnostic radiological services

The New Jersey Medicaid program shall reimburse for diagnostic radiological services prescribed by a chiropractor within their scope of practice as determined by the New Jersey State Board of Chiropractic Examiners, or the applicable agency in the state in which the chiropractor practices. Diagnostic radiological services of any type are reimbursable only when provided by a specialist in radiology as recognized by the New Jersey Medicaid program or by the State Medicaid agency in the state in which the Radiologist practices.

SUBCHAPTER 3. HCFA COMMON PROCEDURE CODING SYSTEM (HCPCS)

10:68-3.1 Introduction

(a) The New Jersey Medicaid program adopted the Health Care Financing Administration's (HCFA) Common Procedure Coding System (HCPCS). The HCPCS codes as listed in N.J.A.C. 10:68-3.2 are relevant to Medicaid chiropractic services and must be used when filing a claim.

1. The responsibility of the chiropractor when rendering services is listed in N.J.A.C. 10:68-1 and 2.

10:68-3.2 HCPCS codes for chiropractic services and maximum fee schedule

HCPCS Code	Description	Maximum Fee Allowance
A2000	Manipulation of spine	\$6.00
Y3433	Initial diagnostic and/or evaluation visit by chiropractor	6.00

QUALIFIER: The HCPCS codes for an initial diagnostic and/or evaluation visit in the absence of manipulation of the spine during that visit may be billed.

APPENDIX A

FISCAL AGENT BILLING SUPPLEMENT

AGENCY NOTE: The Fiscal Agent Billing Supplement is appended as a part of this chapter but is not reproduced in the New Jersey Administrative Code. When revisions are made to the Fiscal Agent Billing Supplement, replacement pages will be distributed to providers and copies will be filed with the Office of Administrative Law. For a copy of the Fiscal Agent Billing Supplement, write to:

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