

Ind	HCPCS		Description	Follow Up Days	Maximum Fee Allowance		
	Code	Mod			S	\$	NS
	Z3349		Family conference rendered in a narcotic/alcohol clinic, per visit		35.00		35.00
	Z3353		Prescription visit rendered in a narcotic/alcohol clinic, per visit		4.50		4.50
	Z3354		Psychotherapy rendered in a narcotic/alcohol clinic, per hour		45.00		45.00
	Z3355		Group therapy rendered in a narcotic/alcohol clinic, per hour		20.00		20.00
	Z3356		Psychological testing rendered in a narcotic/alcohol clinic, per hour		15.00		15.00
	Z3357		Methadone treatment rendered in a narcotic/alcohol clinic, per visit		4.00		4.00
	Z3358		Psychotherapy half session rendered in a narcotic/alcohol clinic, per half hour		23.00		23.00
	Z3359		Urinalysis rendered in a narcotic/alcohol clinic		5.20		5.20

(g) Federally qualified health center services:

Ind	HCPCS		Description	Follow Up Days	Maximum Fee Allowance		
	Code	Mod			S	\$	NS
	W9840		Medical encounter		contract		contract
	W9843		EPSDT encounter		contract		contract
	D0120	22	Dental encounter		contract		contract
	T1015	HD	OB/GYN Encounter		contract		contract
	T1015	HE	Mental health encounter		contract		contract

(h) Personal care assistant services:

(Applicable to clinics under contract to the Division of Mental Health and Hospitals of the Department of Human Services.)

Ind	HCPCS		Description	Follow Up Days	Maximum Fee Allowance		
	Code	Mod			S	\$	NS
	Z1600	ZI	Personal Care Assistant Services Individual, per hour		13.02		13.02
	Z1605	ZI	Personal Care Assistant Services Group, per hour		10.23		10.23
	Z1610	ZI	Personal Care Assistant Services Initial Nursing Assessment, per visit		35.00		35.00
	Z1611	ZI	Personal Care Assistant Services Individual, per hour		6.51		6.51
	Z1612	ZI	Personal Care Assistant Services Group, per hour		5.12		5.12
	Z1613	ZI	Nursing Reassessment Visit, per visit		35.00		35.00

Amended by R.1998 d.577, effective December 7, 1998.
See: 30 N.J.R. 3434(a), 30 N.J.R. 4225(b).

In (a), substituted references to beneficiaries for references to recipients throughout; and in (f), inserted a reference to NJ KidCare fee-for-service.

Amended by R.2003 d.15, effective January 6, 2003.
See: 34 N.J.R. 2676(a), 35 N.J.R. 230(c).

In (c), added HCPCS code G0001 WF (Routine Venipuncture).

Amended by R.2004 d.208, effective June 7, 2004.
See: 36 N.J.R. 324(a), 36 N.J.R. 2834(a).

In (n), amended the table.

Amended by R.2006 d.26, effective February 6, 2006.
See: 37 N.J.R. 3538(a), 38 N.J.R. 966(a).

In (a), added HCPCS procedure codes 67221 and 67225.

Amended by R.2009 d.376, effective December 21, 2009.
See: 41 N.J.R. 2561(a), 41 N.J.R. 4791(a).

Rewrote the section.

Amended by R.2012 d.050, effective March 5, 2012.

See: 43 N.J.R. 2112(a), 44 N.J.R. 594(a).

In the table in (c), deleted the entries for HCPCS Codes "Z0170" and "Z0180".

Case Notes

Initial Decision (2005 N.J. AGEN LEXIS 1319) adopted, which concluded that a mental health service provider improperly billed full-day rates for children who did not receive the required full five hours of care and that the facility's executive officer was personally liable, within the meaning of N.J.S.A. 30:4D-7(h), for any incorrect or illegal Medicaid payments. Hentz v. DMAHS, OAL Dkt. No. HMA 5140-04, 2005 N.J. AGEN LEXIS 1320, Final Decision (November 18, 2005).

10:66-6.4 HCPCS procedure codes—qualifiers**(a) Evaluation and management and other procedures:**

1. Drawing of blood: 36415.
 - i. Once per visit, per patient. (Not applicable if laboratory study, in any part, is performed by the clinic.)
2. Photodynamic therapy: 67221 (one eye) and 67225 (second eye at single session).
 - i. Procedure code 67221 may be billed with 67225. This procedure must be rendered by ophthalmologists who are retinal specialists, and shall be limited to patients meeting the following criteria:
 - (1) Best corrected visual acuity equal to or better than 20/200, if the decreased visual acuity is caused by the macular degeneration;
 - (2) Classic subfoveal choroidal neovascularization (CNV), occupying 50 percent or greater of the entire ocular lesion; and
 - (3) A reported ICD-9 CM diagnosis of 115.02, 115.92, 362.21 or 362.52 (exudative senile macular degeneration).
 - ii. Procedure code 67225 must be billed with 67221. This procedure must be rendered by ophthalmologists who are retinal specialists, and shall be limited to patients meeting the following criteria: best corrected visual acuity equal to or better than 20/200, if the decreased visual acuity is caused by macular degeneration; classic subfoveal choroidal neovascularization (CNV), occupying 50 percent or greater of the entire ocular lesion; and a reported ICD-9 CM diagnosis of 115.02, 115.92, 362.21 or 362.52 (exudative senile macular degeneration). Report HCPCS procedure code 67225 on the CMS 1500 claim form for procedures performed on a second eye when both eyes are treated on the same date of service. Evaluation and management (E&M) services, fluorescent angiography (FA) and other ocular diagnostic services may also be billed separately when determined medically necessary and provided on the same date of service. Modifiers LT or RT should be used on all claims for codes 67221 and 67225 whether initial or subsequent treatment.
3. Injection (intradermal, subcutaneous, or intra-arterial): 96372 and 96373.

i. Reimbursement for the above injections are on a flat-fee basis and are all inclusive for the cost of the service as well as the materials. Be advised of the following:

- (1) A visit for the sole purpose of an injection is reimbursable only as an injection and not as a clinic visit and injection. However, if the criteria of a clinic visit is met, an injection may, if medically indicated, be considered as an add-on to the visit. The drug administered shall be consistent with the diagnosis and shall conform to accepted medical and pharmacological principles with respect to dosage, frequency and route of administration.
 - (2) Intravenous and intraarterial injections are reimbursable only when performed by the physician.
 - (3) No reimbursement will be made for vitamins, liver or iron injections or combinations thereof except in laboratory proven deficiency states requiring parenteral therapy.
 - (4) No reimbursement will be made for placebos or any injections containing amphetamines or derivatives thereof.
 - (5) No reimbursement will be made for injections given for the treatment of obesity.
 - (6) No reimbursement will be made for an injection given as a pre-operative medication or as a pre-operative local anesthetic which is part of an operative or surgical procedure since this injection would normally be included in the listed fee for such a procedure.
 - (7) Insert procedure code 96372 and 96373 as a separate item on the claim, followed by the name, dose of drug, and route of administration. The complete diagnosis, for which the injection was given, shall be indicated on the claim.
4. General clinical psychiatric diagnostic or evaluative interview procedures: 90801.
 - i. This code requires for reimbursement purposes a minimum of 50 minutes of direct personal clinical involvement with the patient or family member. The CPT narrative otherwise remains applicable.
 5. Prolonged detention: 99354 and 99355.

- iii. The clinic may bill only for the patient and not for other family members.
- 3. Family conference rendered by a drug treatment center for an ACCAP-eligible individual at home, per visit: Z1835.
 - i. Meeting with the family or other significant persons to interpret or explain medical, psychiatric or psychological examinations and procedures, other accumulated data and/or advice to the family or other significant persons on how to assist the patient.
 - ii. A minimum of 50 minutes of personal involvement with the family is required. The clinic may bill only for the patient and not for other family members.
- 4. Family therapy rendered in a drug treatment center: Z2000.
 - i. Therapy with the patient and with one or more family members present. Verbal or other therapy methods are provided by a physician, or a professional counsellor under the direction of a physician, in personal involvement with the patient and the family to the exclusion of other patients and/or duties.
 - ii. A minimum session of one and one half hours is required with a minimum of 80 minutes personal involvement with the patient and the family and up to 10 minutes for the recording of data.
 - iii. The clinic may bill only for the patient and not for other family members.
- 5. Family conference rendered in a drug treatment center: Z2001.
 - i. Meeting with the family or other significant persons to interpret or explain medical, psychiatric or psychological examinations and procedures, other accumulated data and/or advice to the family or other significant persons on how to assist the patient.
 - ii. A minimum of 50 minutes of personal involvement with the family is required. The clinic may bill only for the patient and not for other family members.
- 6. Prescription visit rendered in a drug treatment center: Z2002.
 - i. A visit with a physician for review and evaluation of the medication history of the patient and the writing, or renewal of prescription, as necessary.
- 7. Psychotherapy rendered in a drug treatment center—full session: Z2003.
 - i. Verbal, drug augmented, or other therapy methods provided by a physician, or a professional counsellor under the direction of a physician, in a personal involvement with one patient to the exclusion of other patients and/or duties.
- ii. A minimum of 50 minutes personal involvement with the patient is required. This includes a prescription visit when necessary.
- 8. Group therapy rendered in a drug treatment center, per person: Z2004.
 - i. Verbal or other therapy methods provided by one or more physicians, or professional counsellors under the direction of physician, in a personal involvement with two or more patients, with a maximum of eight patients.
 - ii. A minimum session of one and one half hours is required. This includes preparation time in addition to the one and one half hours session time.
- 9. Psychological testing rendered in a drug treatment center, per hour; maximum of five hours: Z2005.
 - i. Psychometric and/or projective tests with a written report.
- 10. Methadone treatment rendered in a drug treatment center: Z2006.
 - i. A per diem payment based on the number of days a beneficiary is supplied methadone during the billing period. This rate includes the cost of the drug, packaging, nursing time, and administrative costs.
- 11. Psychotherapy rendered in a drug treatment center—half session: Z2007.
 - i. Verbal, drug augmented, or other therapy methods provided by a physician, or a professional counsellor under the direction of a physician in a personal involvement with one patient to the exclusion of other patients and/or duties.
 - ii. A minimum of 25 minutes personal involvement with the patient is required. This includes a prescription visit when necessary.
- 12. Urinalysis for drug addiction: Z2010.
 - i. To determine what level, if any, a drug is present in the urine.
 - ii. To be used only by a drug treatment center specifically approved by the Program to provide this service.
- 13. Drawing of blood; see CPT-4 for narrative: 36415.
 - i. Once per visit per patient. Not applicable if lab study, in any part, is to be performed by the clinic.
- 14. Family therapy rendered in a drug treatment center for a WFNJ/SAI-eligible beneficiary: Z3348. Prior authorization is required.
 - i. Therapy with the patient and with one or more family members present. Verbal or other therapy methods are provided by a physician, or a professional counsellor under the direction of a physician, in personal

involvement with the patient and the family to the exclusion of other patients and/or duties.

ii. A minimum session of one and one half hours is required with a minimum of 80 minutes personal involvement with the patient and the family and up to 10 minutes for the recording of data.

iii. The clinic shall bill only for the patient and not for other family members.

15. Family conference rendered in a drug treatment center for a WFNJ/SAI-eligible beneficiary: Z3349. Prior authorization is required.

i. Meeting with the family or other significant persons to interpret or explain medical, psychiatric or psychological examinations and procedures, other accumulated data and/or advice to the family or other significant persons on how to assist the patient.

ii. A minimum of 50 minutes of personal involvement with the family is required. The clinic shall bill only for the patient and not for other family members.

16. Prescription visit rendered in a drug treatment center for a WFNJ/SAI-eligible beneficiary: Z3353. Prior authorization is required.

i. A visit with a physician for review and evaluation of the medication history of the patient and the writing or renewal of prescription, as necessary.

17. Psychotherapy rendered in a drug treatment center--full session for a WFNJ/SAI-eligible beneficiary: Z3354. Prior authorization is required.

i. Verbal, drug augmented, or other therapy methods provided by a physician, or a professional counselor under the direction of a physician, in a personal involvement with one patient to the exclusion of other patients and/or duties.

ii. A minimum of 50 minutes personal involvement with the patient is required. This includes a prescription visit when necessary.

18. Group therapy rendered in a drug treatment center, per person for a WFNJ/SAI-eligible beneficiary: Z3355. Prior authorization is required.

i. Verbal or other therapy methods provided by one or more physicians, or professional counselors under the direction of physician, in a personal involvement with two or more patients, with a maximum of eight patients.

ii. A minimum session of one and one-half hours is required. This includes preparation time in addition to the one and one half hours session time.

19. Psychological testing rendered in a drug treatment center, per hour; for a WFNJ/SAI-eligible beneficiary: Z3356. Prior authorization is required.

i. Psychometric and/or projective tests with a written report are included in the reimbursement.

20. Methadone treatment rendered in a drug treatment center for a WFNJ/SAI-eligible beneficiary: Z3357. Prior authorization is required.

i. A per diem payment based on the number of days a beneficiary is supplied methadone during the billing period. This rate includes the cost of the drug, packaging, nursing time, and administrative costs.

21. Psychotherapy rendered in a drug treatment center--half session for a WFNJ/SAI-eligible beneficiary: Z3358. Prior authorization is required.

i. Verbal, drug augmented, or other therapy methods provided by a physician, or a professional counselor under the direction of a physician in a personal involvement with one patient to the exclusion of other patients and/or duties.

ii. A minimum of 25 minutes personal involvement with the patient is required. This includes a prescription visit when necessary.

22. Urinalysis for drug addiction rendered in a drug treatment center for a WFNJ/SAI-eligible beneficiary: Z3359. Prior authorization is required.

i. To determine what level, if any, of a drug is present in the urine.

ii. To be used only by a drug treatment center specifically approved by the WFNJ/SAI Program to provide this service.

(n) Miscellaneous services:

1. Abortion: 59840 and 59841.

i. See N.J.A.C. 10:66-2.8; FD-179 form shall be attached to the claim form.

ii. For claims submitted by ambulatory surgical centers only, the trimester of pregnancy shall be identified on the claim form by using modifier UA for first trimester or UB for second trimester.

Administrative Correction.

See: 26 N.J.R. 797(a).

Amended by R.1998 d.577, effective December 7, 1998.

See: 30 N.J.R. 3434(a), 30 N.J.R. 4225(b).

Substituted references to beneficiaries for references to recipients throughout; and in (a)6i, inserted a reference to NJ KidCare fee-for-service.

Amended by R.2003 d.15, effective January 6, 2003.

See: 34 N.J.R. 2676(a), 35 N.J.R. 230(c).

Added (c)11.

Amended by R.2007 d.188, effective June 18, 2007.

See: 39 N.J.R. 337(a), 39 N.J.R. 2360(a).

Deleted (a)3ii; in (f), substituted "UC" for "ZI" throughout; and in (f)iii, deleted the last sentence.

Amended by R.2009 d.376, effective December 21, 2009.

See: 41 N.J.R. 2561(a), 41 N.J.R. 4791(a).

Rewrote (a), (c), (f), (g), (h), (j), (l), (m), and (n)1ii.