

CHAPTER 59

MEDICAL SUPPLIER MANUAL

Authority

N.J.S.A. 30:4D-6b(6), (12); 30:4D-7, 7a, b and c; 30:4D-12.

Source and Effective Date

R.1996 d.67, effective February 5, 1996.
See: 27 N.J.R. 4238(a), 28 N.J.R. 1027(a).

Executive Order No. 66(1978) Expiration Date

Chapter 59, Medical Supplier Manual, expires on February 5, 2001.

Chapter Historical Note

Chapter 59, Medical Supplier Manual, was filed and became effective April 21, 1971, as R.1971 d.55. See: 3 N.J.R. 43(b), 3 N.J.R. 82(e). Subchapter 3 was repealed and a new Subchapter 3, HCFA Common Procedure Coding System (HCPCS), was adopted effective March 3, 1986 as R.1986 d.52. See: 17 N.J.R. 1519(b), 18 N.J.R. 478(a). Pursuant to Executive Order No. 66(1978), Chapter 59 was readopted as R.1991 d.137, effective February 15, 1991. See: 22 N.J.R. 3712(a), 23 N.J.R. 858(d)

Chapter 59, Medical Supplier Manual, was repealed and Chapter 59, Medical Supplier Manual, was adopted as new rules by R.1996 d.67, effective February 5, 1996. See: Source and Effective Date.

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SUBCHAPTER 1. MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT

10:59-1.1 Introduction

This chapter outlines the policies and procedures of the New Jersey Medicaid program relevant to medical supplies and durable medical equipment, including enteral, total parenteral nutrition and other intravenous therapies. This chapter provides specific requirements that must be met by a Medical Supplier to qualify for reimbursement under the New Jersey Medicaid program.

10:59-1.2 Definitions

The following words and terms, when used in this chapter, have the following meanings unless the context clearly indicates otherwise:

“Apnea monitor” means an electronic device used to measure respiration and cardiac functions in patients experiencing episodic apnea related to a medical diagnosis or a predisposition of apneic episodes based on genetic or familial history.

“Augmentative/Alternative Communication System (ACS)” means communication systems, commercially available or custom designed, which are appropriate for children or adults whose ability to communicate orally or in writing is severely impaired and who have mental potential to benefit from ACS. ACS includes, but is not restricted to, non-electronic devices and electronic/computerized devices.

“Customized” DME means an item of DME which has been fabricated by the provider to meet the specialized needs, physical characteristics and/or deformities of a recipient.

“DMERC” means the Durable Medical Equipment Regional Carrier approved by the Health Care Financing Administration.

“Durable medical equipment” (DME) as defined for this subchapter, means an item or apparatus, other than hearing aids and certain prosthetic and orthotic devices, including customized DME, modified DME and standard DME, which has all of the following characteristics:

1. Is primarily and customarily prescribed to serve a medical purpose and is medically necessary for the recipient for whom requested;

2. Is generally not useful to a recipient in the absence of a disease, illness, injury, or disability; and

3. Is capable of withstanding repeated use (durable) and is nonexpendable; for example, hospital bed, oxygen equipment, wheelchair, walker, suction equipment, and the like.

“Invoice” means an unaltered document reflecting a supplier’s actual acquisition cost, which shows the supplier as the addressee, item description, quantity, and cost.

“Maximum fee allowance” means the Medicaid maximum payment assigned to medical supplies and DME.

“Medical supplier” means a provider of medical supplies and/or durable medical equipment.

“Medical supplies” means item(s) which are:

1. Consumable, expendable, disposable or non-durable;
2. Prescribed by a practitioner; and
3. Medically necessary for use by an eligible recipient.

“Modified DME” means a standard item of DME which is modified to meet the specialized needs of a recipient by adding non-standard parts.

“Nursing facility (NF)” means an institution (or distinct part of an institution) certified by the New Jersey State Department of Health for participation in Title XIX Medicaid and primarily engaged in providing health-related care and services on a 24-hour basis to Medicaid recipients (children and adults) who, due to medical disorders, developmental disabilities and/or related cognitive and behavioral impairments, exhibit the need for medical, nursing, rehabilitative, and psychosocial management above the level of room and board, but not primarily for care and treatment of mental diseases which require continuous 24-hour supervision by qualified mental health professionals or the provision of parenting needs related to growth and development. (See N.J.A.C. 10:63.)

“Pressure reduction system” means a system which incorporates simple or complex equipment designed to reduce support surface pressures by powered or non-powered means for the purpose of encouraging healing of decubiti.

“Price list” means any unaltered document published by a manufacturer which is used in place of an invoice by the fiscal agent to price a “by report” procedure code which includes a manufacturer’s name, item description, and suggested retail price per unit or package and a notation by a supplier indicating the number of units per package, if not described by a manufacturer.

“Recycled” when referring to a DME item, means an item purchased by the New Jersey Medicaid Program that is no longer medically needed by the Medicaid recipient, that at a minimum will be sanitized and refurbished and /or repaired, if needed, by the DME provider and supplied to another recipient.

“Standard” DME means DME which is available without modification.

“Usual and customary” means a medical supplier’s charge to the general public for services rendered which equals the supplier’s submitted price to the Medicaid program.

Case Notes

Medical necessity authorized purchase of thermal scan thermometer with Medicaid funds for severely retarded child. C.F. v. Division of Medical Assistance, 95 N.J.A.R.2d (DMA) 45.

Adapted tricycle was medically required for treating chronic encephalopathy. K.H. v. Division of Medical Assistance and Health Services, 93 N.J.A.R.2d (DMA) 3.

10:59-1.3 Requirements for program participation as a medical supplier

(a) In order to participate in the New Jersey Medicaid, a medical supplier shall:

1. Be an established place of business as a medical supplier in New Jersey; or
2. Be a pharmacy operating under a valid permit issued by the New Jersey State Board of Pharmacy; or
3. Be an out-of-State pharmacy or medical supplier who is an approved Medicaid provider in their state of residence.

(b) In order to participate in the New Jersey Medicaid Program, a medical supplier shall:

1. Maintain a previously approved or fixed, established place of business located in a commercial zone which shall be open and accessible to the general public during normal business hours;
2. Display a sign of identification, external to the interior business site, visually recognized by the general public;
3. Receive approval from the New Jersey Medicaid program for each site from which equipment and supplies are distributed and/or delivered;
4. Comply with the requirements described at N.J.A.C. 10:49-3.2 if the medical supplier is to fill a prescription written by a physician or other practitioner who has an ownership interest in the supplier’s business.
5. Notify the State’s fiscal agent and file a new application within 60 days of a change in ownership and/or location; and

6. Agree to permit properly identified representatives of the New Jersey Medicaid program to:

- i. Inspect the original prescription or the Certificate of Medical Necessity (CMN) on file;
- ii. Audit records pertaining to costs of medical supplies and equipment provided to Medicaid recipients; and
- iii. Inspect private sector records, where deemed necessary, to comply with Federal regulations to determine a provider's usual and customary charge to the public.

10:59-1.4 Non-covered items or services

(a) The New Jersey Medicaid program does not cover medical supplies and durable medical equipment under the following conditions:

1. A particular item of DME is not covered when, in the opinion of the Division, the item is not considered cost-effective or safe and effective for the treatment of a recipient's medical condition;

2. Items available without charge through programs of other public or voluntary agencies (for example, New Jersey State Department of Health, Heart Association, American Cancer Society) are not covered.

3. Supplies which are administered or directly furnished by practitioners or by home health agencies as part of per visit reimbursement are not covered separately;

4. Medical supplies, routinely used DME and other therapeutic equipment/supplies essential to furnish the services offered by a facility for the care and treatment of its residents are considered part of the NF's per diem and therefore, not covered. Examples of this type of equipment and supplies include, but are not limited to, the following:

- i. Administration pumps;
- ii. Aspirators;
- iii. Canes;
- iv. Communication equipment (life-safety devices including alarms and apnea monitors);
- v. Crutches;
- vi. Enteral nutritional supplements and related supplies (including IV poles and enteral pumps);
- vii. Geri-chairs;
- viii. Hospital beds (including mattress and side rails);
- ix. IPPB machines;
- x. IV supplies and related equipment;
- xi. Lifts;

xii. Low end pressure relief systems, for example, mattress overlays, mattress replacements, powered mattress systems and air powered flotation beds.

xiii. Nebulizers;

xiv. Oxygen and related equipment;

xv. Traction apparatus;

xvi. Walkers;

xvii. Standard wheelchairs and accessories including adjustable leg rests and detachable armrests; and

xviii. Medical supplies, for example, incontinency pads, bandages, dressings, compresses, sponges, plasters, tapes, cellu-cotton or other types of pads used to save labor or linen, colostomy bags, hot water bags, thermometers, catheters, rubber gloves, and disposable syringes.

5. Exceptions to (a)4 above include certain durable medical equipment not routinely used in a nursing facility and which is required due to the medical need of the individual resident.

6. Items not meeting the definitions of medical supplies and DME outlined at N.J.A.C. 10:59-1.2, Definitions;

7. Delivery and shipping costs;

8. Services being provided to a recipient who loses eligibility, except as described at N.J.A.C. 10:49-5.4(a)(9); and

9. Travel time, except for services provided by a pedorthist.

(b) Non-covered items include, but are not limited to, the following:

1. Bags (douche, enema, ice);

2. Beds (waterbeds);

3. Environmental control equipment, including electronic devices intended to control or alter the environment, such as lighting, telephones and appliances; air conditioners; humidifiers; dehumidifiers and air filtering systems with the exception of vaporizers and cool mist humidifiers;

4. Exercise equipment;

5. Eye patches;

6. First aid supplies or medicine chest items (gauze, adhesive tape, bandages, and cotton);

7. Footwear, orthopedic, and foot orthotics, except when attached to a brace or bar or when part of a normal post-operative or post-fracture treatment program, or when used to correct or adapt to gross foot deformities (see N.J.A.C. 10:57);

8. Hot water bottles;
9. Infant formula (standard);
10. Inflatable rubber invalid rings;
11. Lifts (chair or seat);
12. Mattresses (orthopedic or mattresses without FDA approval);
13. Nasal aspirators;
14. Pads (heating, hydrocollators, sanitary, thermophore);
15. Personal incidentals, including items for personal cleanliness, body hygiene, and grooming, for example, standard toothbrushes, mouthwashes, dentifrices, deodorant soaps, cosmetics, shaving items, and so forth;
16. Plastic gloves;
17. Protein nutritional supplements in which the quantity dispensed exceeds a 34-day supply;
18. Scales (bathroom);
19. Specialized infant formulas in which the quantity dispensed exceeds a 34-day supply;
20. Stainless steel bedpans or urinals;
21. Syringes (bulb, enema);
22. Thermometers (axillary, ear, oral, rectal); and
23. Tongue blades (sterile, non-sterile).

Amended by R.1997 d.251, effective June 16, 1997.

See: 28 N.J.R. 2481(a), 28 N.J.R. 3221(a), 29 N.J.R. 2690(a).

Inserted new (b)17 and 19, and recodified former (b)17 as (b)18, and (b)18 through 21 as (b)20 through 23.

Case Notes

Nonambulatory, wheelchair-dependent 14-year-old boy with cerebral palsy, spastic quadriplegia and seizure disorder denied electric stair glide. *D.J. v. Essex County Division of Welfare*, 94 N.J.A.R.2d (DMA) 47.

Judge's allowance of reimbursement for purchase of HEPA Air Cleaner reversed as electrostatic air filter reimbursement is specifically prohibited by regulation. In the Matter of M.D., 7 N.J.A.R. 254 (1980), reversed 179 N.J.Super. 541, 432 A.2d 943, (App.Div.1981), modified in part and remanded 91 N.J. 1, 449 A.2d 1235 (1982).

10:59-1.5 Policy for providing medical supplies and DME

(a) Medical supplies and equipment require a legible, dated prescription or a Certificate of Medical Necessity (CMN) personally signed by the prescribing practitioner. Either document shall contain the following information:

1. The recipient's name, address and Medicaid number; and
2. A description of the specific supplies and/or equipment prescribed;

- i. For example, the phrase "wheelchair" or "patient needs wheelchair" is insufficient. The order shall describe the type and style of the wheelchair.
3. The length of time the medical equipment items or supplies are required;
4. A diagnosis and summary of the patient's physical condition to support the need for the item(s) prescribed; and
5. The prescriber's name, address and signature.

(b) Other information in addition to (a) above may be required for specific items and services, and is described in other sections of this chapter which are related to coverage of the specific item or service.

(c) The documentation required in (a) and (b) above shall be maintained on file for a minimum of five years from the date the service was rendered.

10:59-1.6 Prior authorization (PA)

(a) Prior authorizations issued by the Medicaid program are intended to reflect decisions regarding medical necessity and purchase/rental options. The issuance of prior authorization is not a guarantee of Medicaid payment. Payment is determined based on the satisfaction of all applicable claims processing edits established by the Division of Medical assistance and Health Services. Payment is made, based on the satisfaction of the conditions of this chapter.

(b) When a procedure code requires PA, the provider shall first obtain authorization from the appropriate Medicaid District Office (MDO). (See a list of MDOs at N.J.A.C. 10:49, Appendix Form #17. The Division will provide written notification of the disposition of the PA request.

1. An exception is provided for orthopedic footwear not attached to a bar or brace. In these situations, the PA shall be submitted to the Podiatric Consultant in the Medicaid Central Office (See N.J.A.C. 10:57).

2. Urgent requests may be made by telephone, but the provider shall submit the written PA request within five calendar days (see N.J.A.C. 10:49-6.1).

(c) When the purchase price of a DME item is \$300.00 or more, prior authorization shall be required for purchase or rental, as described in Appendix A, incorporated herein by reference, except as described in (e) below.

(d) When the purchase price for medical supplies is \$100.00 or more, prior authorization is required as described in Appendix A, incorporated herein by reference.

(e) Certain DME items and medical supplies require prior authorization regardless of purchase price, indicated in Appendix A, incorporated herein by reference.

(f) All medical supplies and DME items purchased or rented for use by nursing facility residents require prior authorization. Items included in the NF's per diem are not covered (see N.J.A.C. 10:59-1.4).

(g) Medicare/Medicaid claims do not require prior authorization (See N.J.A.C. 10:59-1.9).

Case Notes

Digital scale for applicant with morbid obesity was not an item for which Medicaid funds were available. R.S. v. Division of Medical Assistance, 95 N.J.A.R.2d (DMA) 65.

Medical necessity authorized purchase of thermal scan thermometer with Medicaid funds for severely retarded child. C.F. v. Division of Medical Assistance, 95 N.J.A.R.2d (DMA) 45.

10:59-1.7 Policy considerations for purchase, rental and repair of DME

(a) Medical suppliers may request payment for medical supply services only after the supply/equipment has been delivered to the recipient (see N.J.A.C. 10:49-9.5). All requests for payment shall be submitted timely, in accordance with N.J.A.C. 10:49-7.2.

(b) For durable medical equipment requiring prior authorization (PA), decisions regarding rental or purchase rest with the Division of Medical Assistance and Health Services.

i. Durable medical equipment may be rented when, in the judgment of the Medicaid program, the medical need for the equipment is of such a duration that rental of the equipment is more economically practical than authorizing its purchase.

(c) When durable medical equipment is authorized and purchased on behalf of a Medicaid recipient, ownership of such equipment will vest with the Division of Medical Assistance and Health Services. The recipient will be granted a possessory interest for as long as the recipient requires use of the equipment.

(d) Durable medical equipment items may be repaired and suppliers reimbursed for replacement parts and/or labor charges when, in the judgement of the Medicaid Program, the medical need for the item will continue to exist for a period of time and repair is more economical than purchase.

(e) Repair costs related to rented DME shall be the responsibility of the provider and shall be considered a component of the Medicaid rental payment.

(f) Reimbursement for repairs, including parts and labor charges, will not be authorized for durable medical equipment under warranty. For purchased DME, reimbursement for the cost of repairs shall be limited to repairs not covered by a manufacturer's warranty.

(g) Reimbursement by the Medicaid program shall be limited to services billed by HCPCS codes followed by the appropriate following modifier(s).

1. NU refers to the purchase of medical supplies, new DME and/or services;
2. UE refers to the purchase of used DME; and
3. RR refers to the daily or monthly rental of DME.

10:59-1.8 Basis of reimbursement for medical supplies and DME

(a) Payment for purchase of medical supplies or DME shall be based on the following methods:

1. If there is no Medicaid Fee schedule, reimbursement shall be based on the lesser of the provider's usual and customary charge to the general public or a calculated maximum fee allowance equal to 130 percent of a supplier's invoice cost or 80 percent of the manufacturer's price list for supplies and equipment priced by report.

i. The invoice shall include the supplier as the addressee, item description, quantity, and cost.

ii. The manufacturer's price list shall include a manufacturer's name, item description, and suggested retail price per unit or package, and a notation by a supplier indicating the number of units per package, if not described by a manufacturer.

2. If there is a Medicaid Fee schedule, reimbursement shall be based on the lesser of the provider's usual and customary charge to the general public; or the Medicaid maximum fee allowance assigned by the Division.

(b) Payment for rental of DME will be calculated as follows:

1. If a medical equipment item has a maximum fee allowance of \$100.00 or less, the monthly rental payment will be the amount billed or 20 percent of the approved purchase price, whichever is less. Six such payments shall be deemed to be the full purchase price. No further payments shall be made and the equipment will be considered the property of the State.

2. If a medical equipment item has an approved maximum fee allowance of more than \$100.00, the monthly rental payment will be the amount billed or 12 percent of the fee, whichever is less. Ten such payments shall be deemed to be the full purchase price and no further payments shall be made and the equipment will be considered the property of the State.

3. If the purchase of a rental item is authorized prior to the close of the maximum rental period (see N.J.A.C. 10:59-1.8(b)1 and 2), a final payment will be made which equals the difference between the sum of the prior rental payments and the maximum fee allowance.

4. If death, ineligibility, or other circumstances over which the New Jersey Medicaid Program has no control, should occur, rental fees for any medical equipment item shall terminate at the end of the month such circumstance(s) occur and no further payment will be made.

(c) Payment for replacement parts and repairs will be made as follows:

1. Reimbursement for replacement parts shall be based on the purchase policy described under N.J.A.C. 10:59-1.8(a); and

2. Reimbursement for labor charges will be the maximum fee allowance established by the Division per hour of labor provided.

10:59-1.9 Dual Medicare/Medicaid or NJ KidCare coverage

(a) When a Medicaid or NJ KidCare beneficiary also has Medicare coverage, the Medicaid and the NJ KidCare programs require that Medicare benefits be used first and to the fullest extent. Responsibility for payment by the New Jersey Medicaid or NJ KidCare program shall be limited to the unsatisfied deductible and/or coinsurance to the extent that the combined Medicare/Medicaid or Medicare/NJ KidCare payment does not exceed the Medicaid or NJ KidCare maximum allowable.

(b) In those instances where Medicare policy disallows reimbursement for an item/service under certain circumstances, for example, a special wheelchair for a NF resident, the provider shall obtain prior authorization from the Medicaid or NJ KidCare—Plan A program and submit a hard copy claim to Medicaid or NJ KidCare—Plan A with an Explanation of Benefits from Medicare attached.

(c) Medicare/Medicaid claims shall be filed timely, in accordance with N.J.A.C. 10:49-7.2.

(d) When a beneficiary is eligible for Medicare and Medicaid or Medicare and NJ KidCare coverage, a Medicare/Medicaid or Medicare/NJ KidCare claim will cross over from the Medicare DMERC Region A to the Medicaid or NJ KidCare fiscal agent. There are instances, however, where claims will not cross over from Medicare to Medicaid or NJ KidCare, for example, claims denied by Medicare or claims where the Medicaid or NJ KidCare fiscal agent is unable to match pertinent identifying data (see N.J.A.C. 10:49-7.2(d)3 for further instructions).

(e) There are situations in which Medicare coverage differs significantly from coverage considered medically necessary by the Medicaid or NJ KidCare program. In these situations, the provider may request PA from the Medicaid or NJ KidCare program prior to requesting Medicare payment.

1. The provider must request PA for the higher level of service under the procedure code assigned by the Division for "reconciliation of downgraded Medicare/Medicaid or Medicare/NJ KidCare claims."

(f) For dually eligible beneficiaries, Medicaid or NJ KidCare coverage shall be based on Medicare policy as it relates to rental and/or purchase of supplies and DME except as described in (e) above.

Amended by R.1998 d.382, effective July 20, 1998.

See: 30 N.J.R. 1255(b), 30 N.J.R. 2646(b).

In (a), inserted "to the extent that the combined Medicare/Medicaid or Medicare/NJ KidCare payment does not exceed the Medicaid or NJ KidCare maximum allowable" at the end, and inserted references to NJ KidCare and substituted beneficiary for recipient throughout the section.

10:59-1.10 Third party liability (TPL), excluding Medicare

(a) When a Medicaid recipient has other health insurance, the Medicaid program requires that such benefits be used first and to the fullest extent. Supplementation may be made for Medicaid covered services, but the combined total payment shall not exceed the amount payable under the Medicaid program in the absence of other coverage (see N.J.A.C. 49-7.3).

(b) Regardless of the status of a provider's claim with other third parties, all claims for Medicaid reimbursement shall be received by the Medicaid fiscal agent within the time frames specified in N.J.A.C.10:49-7.2, Timeliness of claim submission.

(c) The Medicaid program has not established any cross-over arrangements with any third party insurer.

10:59-1.11 Recycling durable medical equipment

(a) The New Jersey Medicaid and NJ KidCare programs shall utilize the services of a durable medical equipment (DME) recycling contractor, acting as an agent of the State, to recycle certain DME for reuse by Medicaid and NJ KidCare fee-for-service beneficiaries when such equipment is considered medically necessary.

(b) The New Jersey Medicaid and NJ KidCare fee-for-service programs shall recycle certain DME when the aggregate cost of recycling an item of DME, including costs for pickup and delivery, repairs, maintenance, tracking of DME and other directly related costs, are less than the Medicaid maximum fee allowance for the purchase of new DME.

1. Coverage and reimbursement for DME which is determined recyclable by the New Jersey Medicaid and NJ KidCare fee-for-service programs shall be limited to such equipment when this equipment is available from the DME recycling contractor.

2. Recyclable DME shall include, but not be limited to, the following:

i. Canes, all types;

- ii. Commodes;
- iii. Communication devices;
- iv. Crutches, all types;
- v. Durable bathroom equipment;
- vi. Hospital beds, all types;
- vii. Walkers, all types;
- viii. Wheelchairs and wheelchair components.

(c) Prior to dispensing equipment determined recyclable by the State, medical suppliers shall contact the DME recycling contractor to determine the availability of recycled equipment for reuse. Reimbursement for recycling used equipment shall be limited to services provided by the recycling contractor.

(d) Claims for new DME, when such DME is readily available from the DME recycling contractor, shall be denied reimbursement by the Medicaid and NJ KidCare fee-for-service programs.

(e) Medical suppliers in receipt of used DME which is considered recyclable by the Medicaid and NJ KidCare programs shall arrange for the return of such equipment to the DME recycling contractor by contacting the contractor directly.

Repeal and New Rule, R.1999 d.176, effective June 7, 1999 (operative July 1, 1999).

See: 30 N.J.R. 4033(a), 31 N.J.R. 1506(a).
Section was "Recycling policy".

10:59-1.12 Parenteral therapy

(a) Parenteral therapy refers to the administration of a drug by the intravenous or subcutaneous route of administration.

(b) Total parenteral nutrition (TPN) means the administration of a patient's total daily nutritional needs via the parenteral route of administration.

(c) All parenteral therapy services, including total parenteral nutrition (TPN), require prior authorization (see N.J.A.C. 10:59-1.6).

(d) For parenteral therapy other than TPN, coverage through the medical supplier shall be limited to supplies and equipment. Medicaid and NJ KidCare fee-for-service maximum fee allowances for drug costs related to TPN solutions shall only be reimbursed to medical suppliers who are also licensed as providers of pharmaceutical services.

1. Coverage for all medical supplies and DME related to TPN therapy shall be based on monthly fee allowances as established by the Division (see N.J.A.C. 10:59-2.3 for monthly fee allowances and unit descriptions).

(e) All drugs related to parenteral therapy shall be covered as pharmaceutical services (see N.J.A.C. 10:51-1.11) and shall only be billed to the Division by providers of pharmaceutical services (see N.J.A.C. 10:51-1.2(d)).

1. Reimbursement of all DME base solutions and supplies related to parenteral therapy shall be based on the mode of parenteral administration.

2. Medicaid and NJ KidCare fee-for-service maximum fee allowances for parenteral therapy-related DME shall be based on all-inclusive per diem rates established by the Division (see N.J.A.C. 10:59-2.3 for daily allowances and unit descriptions). The per diem rate includes the cost of the base solution.

(f) When the beneficiary is a nursing facility resident, all parenteral therapy drugs and TPN solutions shall be billed by the Medicaid or NJ KidCare pharmacy provider that is under contract with the nursing facility to provide pharmaceutical services.

1. The contracted provider of pharmaceutical services must be licensed to provide parenteral therapy (see N.J.A.C. 10:51-1.2(d)) and approved as a medical supplier by the Division (see N.J.A.C. 10:59-1.3).

2. All costs for supplies and DME which are used for the administration of parenteral therapy and TPN solutions, shall be components of the nursing facility per diem rate and shall not be eligible for fee-for-service reimbursement from the New Jersey Medicaid or NJ KidCare programs.

Amended by R.2000 d.391, effective October 2, 2000.

See: 32 N.J.R. 2198(a), 32 N.J.R. 3568(a).

Rewrote the section.

10:59-1.13 Augmentative/alternative communication system (ACS)

(a) ACS requires prior authorization. Requests for prior authorization shall include the following:

1. A list of specialists involved in the multi-disciplinary team evaluation of the recipient, including, at a minimum, a speech-language pathologist, physical therapist, occupational therapist, and social worker;

2. An evaluation report by the speech-language pathologist, which shall include the following:

- i. The communication status of the recipient, including relevant mental and physical disabilities;

- ii. A list of augmentative/alternative communication devices/systems tried during the evaluation period;

- iii. The rationale for the selection of the prescribed device/system and a description of how it will enhance functional communicative abilities;

- iv. A certification that the recipient can mentally and physically benefit from the device/system and is willing to use it;

- v. Recommendations for follow-up instruction so that maximum benefit may be obtained;
- vi. A description of the recipient's gross and fine motor abilities, perceptual skills, reading skills, and cognitive abilities;
- vii. Results of an audiometric screening and/or audiologic evaluation, as appropriate;
- viii. A summary of past speech-language treatment;
- ix. Results of the trial period with the device; and
- x. A list of recommended augmentative communication devices, including all necessary accessories, prices and provider information.

(b) Follow up visits will be made by the appropriate MDO staff, at their discretion, to monitor appropriate ACS use.

(c) Reimbursement can be made for ACS rental during the trial period in accordance with the policy contained at N.J.A.C. 10:59-1.7 regarding rental of DME.

10:59-1.14 Pressure reduction systems

(a) Pressure reduction systems include:

- 1. Air fluidized bed systems which employ the circulation of filtered air through silicone-coated ceramic beads creating the characteristics of fluid;
- 2. Powered low air loss bed systems which incorporate the use of an air-bladder system consisting of a series of interconnected adjustable air sacs designed to allow air escape to reduce support surface pressure. Air to the sacs is supplied by a separate power supply unit; and
- 3. Low end products which include any powered or non-powered overlay or mattress.

(b) Policies for providing and authorizing DME as described in N.J.A.C. 10:59-1.5 and 1.6 apply.

(c) Reimbursement for low end products is included in the NF's per diem, and therefore shall not be covered.

(d) Periods of Prior Authorization (PA) for air-fluidized and powered low air loss bed systems shall be limited to 30 days.

(e) Requests for PA for air fluidized and low air loss bed systems shall include the following:

- 1. A medical history relating to the wound which includes previous therapy and pressure relief systems utilized and found unsuccessful;
- 2. Physician progress notes indicating medical necessity, plan of treatment, and evaluation of response to treatment specific to the care of the wound;

3. A wound care flow sheet documenting weekly the site, size, depth and stage of the wound, noting also the presence and description of drainage or odor;

4. Laboratory values including a complete blood count and blood chemistries initially and on request thereafter.

5. A nutritional assessment by a registered dietitian initially and on request thereafter; and

6. Photographs of the site, upon permission of the recipient/family, after full due consideration is afforded to the recipient's right to privacy, dignity and confidentiality.

(f) Coverage for air fluidized and low air loss bed systems shall be limited to the following conditions:

1. The recipient has two stage III (full-thickness tissue loss) pressure sores or a stage IV (deep tissue destruction) pressure sore which involves two of the following sites: hips, buttocks, or sacrum; and

2. The recipient is bedridden or chairbound as a result of severely limited mobility; and

3. The recipient is receiving maximal medical/nursing care, previously instituted conservative treatment has been unsuccessful and all other alternative equipment has been considered and ruled out.

4. If the recipient has coexisting risk factors (such as vascular irregularities, nutritional depletion, diabetes or immune suppression) they must present post-operatively with a posterior or lateral flap or graft site requiring short-term therapy until the operative site is viable.

(g) Coverage for conditions other than those described in (e) above may be considered on an individual basis by the MDO.

10:59-1.15 Apnea monitor

(a) Apnea monitors shall require prior authorization (PA) for initial certification and subsequent recertification.

1. To obtain authorization, providers shall complete the "Home Apnea Monitor Certification" form FD-287 which requires the prescriber's signature. The FD-287 may be used in lieu of a prescription by suppliers.

(b) Coverage of apnea monitors shall be limited to use by infants not otherwise monitored for the same purpose by another device.

(c) Reimbursement for apnea monitors is included in the NF's per diem, and shall not be covered separately.

(d) Suppliers shall provide a properly functioning monitor in an environment that assures its safe and effective use.

(e) Apnea monitors shall be reimbursed on a monthly rental basis. The rental payment shall include, but not be limited to, belt lead wires, electrodes, patient connecting cable, and battery, if appropriate.

SUBCHAPTER 2. HCFA COMMON PROCEDURE CODING SYSTEM (HCPCS)

10:59-2.1 Introduction

(a) The New Jersey Medicaid Program utilizes the Health Care Financing Administration's (HCFA) Common Procedure Coding System (HCPCS). HCPCS follows the American Medical Association's Physicians' Current Procedural Terminology—4th Edition (CPT-4) architecture, employing a five-position code and as many as two 2-position modifiers. Unlike the CPT-4 numeric design, the HCFA assigned codes and modifiers contain alphabetic characters. HCPCS was developed as a three-level coding system. Level I codes are not applicable to medical supplies and durable medical equipment. The level II and Level III codes are as follows:

1. LEVEL II CODES (Narratives found at N.J.A.C. 10:59-2.3) are assigned by Health Care Financing Administration (HCFA) for physician and non-physician services which are not in CPT-4.

2. LEVEL III CODES (Narratives found in N.J.A.C. 10:59-2.3) are assigned by the Division to be used for those services not identified by CPT-4 codes or HCFA-assigned codes. Level III codes identify services unique to New Jersey.

(b) The responsibilities of the provider durable medical equipment (DME) and medical supply services for rendering services and requesting reimbursement are listed at N.J.A.C. 10:59-1.

10:59-2.2 Elements of HCPCS Coding System which require the attention of the provider

(a) The list of HCPCS procedure codes in N.J.A.C. 10:55-2.4 is arranged in tabular form with specific information for each code given under columns with the titles "HCPCS Code", "Description", and "Maximum Fee Allowance".

(b) The column titled "Maximum Fee Allowance" indicates the maximum amount of reimbursement or the following symbol:

1. "B.R." (By Report) is listed instead of a dollar amount. It means that additional information will be required in order to properly evaluate the service. Attach a copy of the provider's invoice or manufacturer's price list to the claim form.

(c) Services and procedures may be modified under certain circumstances. When applicable, the modifying circumstances should be identified by the addition of alphabetic and/or numeric characters at the end of the HCPCS procedure code. The New Jersey Medicaid program's recognized modifier codes for medical supply services are as follows:

1. "NU" Purchase of new Durable Medical Equipment (DME)
2. "UE" Purchase of used DME
3. "RR" DME rental service

10:59-2.3 HCPCS procedure codes and maximum fee allowance schedule for medical supplies and durable medical equipment

HCPCS Code	Description	Maximum Fee Allowance
A4206	Syringe with needle, sterile 1cc	B.R.
A4207	Syringe with needle, sterile 2cc	B.R.
A4208	Syringe with needle, sterile 3cc	B.R.
A4209	Syringe with needle, sterile 5cc or greater	B.R.
A4210	Needle-free injection device	B.R.
A4211	Supplies for self-administered injections	B.R.
A4212	Huber-type needle, each	B.R.
A4213	Syringe, sterile, 20cc or greater	B.R.
A4214	Sterile saline or water, 30 cc vial 0.81/vial	B.R.
A4215	Needles only, sterile, any size	B.R.
A4230	Infusion set for external insulin pump, non-needle, cannula type	B.R.
A4231	Infusion set for external insulin pump, needle type	B.R.
A4232	Syringe with needle for external insulin pump, sterile 3 cc	B.R.
A4244	Alcohol or peroxide, per pint	B.R.
A4245	Alcohol wipes, per box	B.R.
A4246	Betadine or PhisoHex solution, per pint	B.R.
A4247	Betadine or iodine swabs/wipes, per box	B.R.
A4250	Urine test or reagent strips or tablets (100 tablets or strips)	B.R.
A4253	Blood glucose test or reagent strips for home blood glucomitor, per 50 strips	B.R.
A4256	Normal, low and high calibrator solution/chips	B.R.
A4258	Spring powered device for lancet, each	B.R.
A4259	Lancets, per box	B.R.
A4265	Paraffin	B.R.
A4300	Implantable vascular access portal/catheter (venous, arterial, epidural or peritoneal)	B.R.
A4305	Disposable drug delivery system, flow rate of 50 ml or greater per hour	B.R.
A4306	Disposable drug delivery system, flow rate of 5 ml or less per hour	B.R.
A4310	Insertion tray without drainage bag and without catheter (accessories only)	6.61
A4311	Insertion tray without drainage bag with indwelling catheter, foley type, two-way latex with coating (teflon, silicone, silicone elastomer or hydrophilic, etc.)	8.34
A4312	Insertion tray without drainage bag with indwelling catheter, foley type, two-way, all silicone	8.34
A4313	Insertion tray without drainage bag with indwelling catheter, foley type, three-way, for continuous irrigation	8.34
A4314	Insertion tray with drainage bag with indwelling catheter, foley type, two-way latex with coating (teflon, silicone, silicone elastomer or hydrophilic, etc.)	15.46
A4315	Insertion tray with drainage bag with indwelling catheter, foley type, two-way, all silicone	15.46
A4316	Insertion tray with drainage bag with indwelling catheter, foley type, three-way, for continuous irrigation	15.46
A4320	Irrigation tray for bladder irrigation	5.00

HCPCS Code	Description	Maximum Fee Allowance	HCPCS Code	Description	Maximum Fee Allowance
	with bulb or piston syringe		A4581	Supplies, Risser jacket	B.R.
A4322	Irrigation syringe, bulb or piston	2.50	A4595	TENS supplies, 2 lead, per month	B.R.
A4323	Sterile saline irrigation solution, 1000 ml.	8.00	A4611	Battery, heavy duty; replacement for patient-owned ventilator	180.00
A4326	Male external catheter; specialty type (for example, inflatable or faceplate, each)	B.R.	A4612	Battery cables; replacement for patient-owned ventilator	44.00
A4327	Female external urinary collection device; metal cup, each	B.R.	A4613	Battery charger; replacement for patient-owned ventilator	B.R.
A4328	Female external urinary collection device; pouch	10.00	A4614	Peak expiratory flow rate meter, hand held	B.R.
A4329	External catheter starter set, male/female, includes catheters/urinary collection device, bag/pouch and accessories (tubing, clamps, etc.), 7 day supply	39.95	A4615	Cannula, nasal	7.50
A4330	Perianal fecal collection pouch with adhesive	B.R.	A4616	Tubing (oxygen), per foot	B.R.
A4335	Incontinence supply; miscellaneous	B.R.	A4617	Mouthpiece	5.00
A4338	Indwelling catheter; foley type, two-way latex with coating (such as teflon, silicone, silicone elastomer, or hydrophilic)	8.14	A4618	Breathing circuits	9.15
A4340	Indwelling catheter; specialty type, (such as coude, mushroom or wing)	10.00	A4619	Face tent	10.00
A4344	Indwelling catheter, foley type, two-way, all silicone	15.52	A4620	Variable concentration mask	10.00
A4346	Indwelling catheter, foley type, three-way for continuous irrigation	15.00	A4621	Tracheostomy mask or collar	10.17
A4347	Male external catheter with or without adhesive, with or without anti-reflux device; per dozen	17.29	A4622	Tracheostomy or laryngectomy tube	75.00
A4351	Intermittent urinary catheter; straight tip	5.00	A4623	Tracheostomy, inner cannula (replacement only)	6.00
A4352	Intermittent urinary catheter; coude (curved) tip	5.00	A4624	Tracheal suction catheter, any type, each	2.00
A4354	Insertion tray with drainage bag, without catheter	9.00	A4625	Tracheostomy care or cleaning starter kit	8.00
A4355	Irrigation tubing set for continuous bladder irrigation through a three-way indwelling foley catheter	6.86	A4626	Tracheostomy cleaning brush, each	3.00
A4356	External urethral clamp or compression device (not to be used for catheter clamp)	37.03	A4627	Spacer, bag or reservoir, with or without mask, for use with metered dose inhaler	B.R.
A4357	Bedside drainage bag, day or night, with or without anti-reflux device, with or without tube	7.94	A4628	Oropharyngeal suction catheter, each	B.R.
A4358	Urinary leg bag; vinyl, with or without tube	7.12	A4629	Tracheostomy care kit for established tracheostomy	B.R.
A4359	Urinary suspensory without leg bag	27.00	A4630	Replacement batteries for medically necessary TENS, owned by patient	B.R.
A4361	Ostomy face plate	6.20	A4631	Replacement batteries for medically necessary electronic wheelchair, owned by patient	B.R.
A4362	Skin barrier; solid, 4" x 4" or equivalent; each	5.03	A4635	Underarm pad, crutch, replacement, each	B.R.
A4363	Skin barrier; liquid (spray, brush, etc.) powder or paste; per oz.	4.07	A4636	Replacement handgrip, cane, crutch, walker, each	B.R.
A4364	Adhesive for ostomy or catheter; liquid (for example, spray or brush) cement, powder or paste; any composition (for example, silicone, latex); per oz.	4.58	A4637	Replacement tip, cane crutch, walker, each	B.R.
A4367	Ostomy belt	6.86	A4640	Replacement pad for use with medically necessary alternating pressure pad, owned by patient	B.R.
A4397	Irrigation supplies; sleeve	4.50	A4649	Surgical supplies; miscellaneous	B.R.
A4398	Irrigation supplies; bag	2.25	A4655	Needles and syringes for dialysis	B.R.
A4399	Irrigation supplies; cone/catheter	11.25	A4660	Sphygmomanometer/blood pressure apparatus with cuff and stethoscope	B.R.
A4400	Ostomy irrigation set	24.61	A4663	Blood pressure cuff, only	B.R.
A4402	Lubricant	1.08	A4670	Automatic blood pressure monitor	B.R.
A4404	Ostomy rings	1.22	A4700	Standard dialysate solution, each	B.R.
A4421	Not otherwise classified ostomy supplies; ureterostomy supplies	B.R.	A4705	Bicarbonate dialysate solution, each	B.R.
A4454	Tape, all types, all sizes	B.R.	A4712	Water, sterile	B.R.
A4455	Adhesive remover or solvent (for tape, cement or other adhesive)	B.R.	A4714	Treated water (deionized, distilled, reverse osmosis) for use in dialysis system	B.R.
A4460	Elastic bandage, per roll (for example, compression bandage)	B.R.	A4730	Fistula cannulation set for dialysis only	B.R.
A4465	Nonelastic binder for extremity	B.R.	A4735	Local/topical anesthetics for dialysis only	B.R.
A4470	Gravlee jet washer	B.R.	A4740	Shunt accessories for dialysis only	B.R.
A4480	Vabra aspirator	B.R.	A4750	Blood tubing, arterial or venous, each	B.R.
A4550	Surgical trays	B.R.	A4755	Blood tubing, arterial and venous combined	B.R.
A4554	Disposable underpads, all sizes (for example, Chux's), each	0.31	A4760	Dialysate standard testing solution, supplies	B.R.
A4556	Electrodes (for example, apnea monitor)	B.R.	A4765	Dialysate concentrate additives, each	B.R.
A4557	Lead wires (for example, apnea monitor)	B.R.	A4770	Blood testing supplies (for example, vacutainers and tubes)	B.R.
A4558	Conductive paste or gel	B.R.	A4771	Serum clotting time tube, per box	B.R.
A4560	Pessary	20.94	A4772	Dextrostick or glucose test strips, per box	B.R.
A4565	Slings	B.R.	A4773	Hemostix, per bottle	B.R.
A4570	Splint	B.R.	A4774	Ammonia test paper, per box	B.R.
A4572	Rib belt	B.R.	A4780	Sterilizing agent for dialysis equipment, per gallon	B.R.
A4575	Topical hyperbaric oxygen chamber, disposable	B.R.	A4820	Hemodialysis kit supplies	B.R.
			A4850	Hemostats with rubber tips for dialysis	B.R.
			A4860	Disposable catheter caps	B.R.
			A4900	C.A.P.D. (continuous ambulatory peritoneal dialysis), inclusive of all necessary supplies—per month	1,600.00
			A4901	C.C.P.D. (continuous cycling peritoneal dialysis), inclusive of all necessary	2,000.00

HCPCS Code	Description	Maximum Fee Allowance	HCPCS Code	Description	Maximum Fee Allowance
	supplies, including the auto-peritoneal dialysis cyclor—per month		A6203	Composite dressing, pad size 16 sq. in. or less with any size adhesive border, each dressing	B.R.
A4905	Intermittent peritoneal dialysis (IPD) supply kit	B.R.	A6204	Composite dressing, pad size more than 16 but less than or equal to 48 sq. in., with any size adhesive border, each dressing	B.R.
A4912	Gomco drain bottle	B.R.	A6205	Composite dressing, pad size more than 48 sq. in., with any size adhesive border, each dressing	B.R.
A4913	Miscellaneous dialysis supplies, not identified elsewhere	B.R.	A6206	Contact layer, 16 sq. in. or less, each dressing	B.R.
A4914	Preparation kits	B.R.	A6207	Contact layer, more than 16 but less than or equal to 48 sq. in., each dressing	B.R.
A4918	Venous pressure clamps, each	B.R.	A6208	Contact layer, more than 48 sq. in., each dressing	B.R.
A4919	Dialyzer holder, each	B.R.	A6209	Foam dressing, wound cover, pad size 16 sq. in., or less, without adhesive border, each dressing	B.R.
A4920	Harvard pressure clamp, each	B.R.	A6210	Foam dressing, wound cover, pad size more than 16 but less than or equal to 48 sq. in., without adhesive border, each dressing	B.R.
A4921	Measuring cylinder, any size, each	B.R.	A6211	Foam dressing, wound cover, pad size more than 48 sq. in., without adhesive border, each dressing	B.R.
A5051	Pouch, closed; with barrier attached (1 piece)	3.05	A6212	Foam dressing, wound cover, pad size 16 sq. in. less, with any size adhesive border, each dressing	B.R.
A5052	Pouch, closed; without barrier attached (1 piece)	3.05	A6213	Foam dressing, wound cover, pad size more than 16 but less than or equal to 48 sq. in. with any size adhesive border, each	B.R.
A5053	Pouch, closed; for use on faceplate	3.05	A6214	Foam dressing, wound cover, pad size more than 48 sq. in., with any size adhesive border, each dressing	B.R.
A5054	Pouch, closed; for use on barrier with flange (2 piece)	3.05	A6215	Foam dressing, wound filler, per gram	B.R.
A5055	Stoma cap	2.00	A6216	Gauze, non-impregnated, non-sterile, pad size 16 sq. in. or less, without adhesive border, each dressing	B.R.
A5061	Pouch, drainable; with barrier attached (1 piece)	4.07	A6217	Gauze, non-impregnated, non-sterile, pad size more than 16 but less than or equal to 48 sq. in., without adhesive border, each dressing	B.R.
A5062	Pouch, drainable; without barrier attached (1 piece)	4.07	A6218	Gauze, non-impregnated, non-sterile, pad size more than 48 sq. in., without adhesive border, each dressing	B.R.
A5063	Pouch, drainable; for use on barrier with flange (2 piece system)	4.07	A6219	Gauze, non-impregnated, pad size 16 sq. in. or less, with any size adhesive border, each dressing	B.R.
A5064	Pouch, drainable; with faceplate attached; plastic or rubber	4.07	A6220	Gauze, non-impregnated, pad size more than 16 but less than or equal to 48 sq. in., with any size adhesive border, each dressing	B.R.
A5065	Pouch, drainable; for use on faceplate; plastic or rubber	4.07	A6221	Gauze, non-impregnated, pad size more than 48 sq. in., with any size adhesive border, each dressing	B.R.
A5071	Pouch, urinary; with barrier attached (1 piece)	4.07	A6222	Gauze, impregnated, other than water or normal saline, pad size 16 sq. in. or less, without adhesive border, each dressing	B.R.
A5072	Pouch, urinary; without barrier attached (1 piece)	4.07	A6223	Gauze, impregnated, other than water or normal saline, pad size more than 16 but less than or equal to 48 sq. in., without adhesive border, each dressing	B.R.
A5073	Pouch, urinary; for use on barrier with flange (2 piece system)	4.07	A6224	Gauze, impregnated, other than water or normal saline, pad size more than 48 sq. in., without adhesive border, each dressing	B.R.
A5074	Pouch, urinary; with faceplate attached; plastic or rubber	4.07	A6228	Gauze, impregnated, water or normal saline, pad size 16 sq. in. or less, without adhesive border, each dressing	B.R.
A5075	Pouch urinary; for use with faceplate; plastic or rubber	4.07	A6229	Gauze, impregnated, water or normal saline, pad size more than 16 but less than or equal to 48 sq. in., without adhesive border, each dressing	B.R.
A5081	Continent device; plug for continent stoma	3.50	A6230	Gauze, impregnated, water or normal saline, pad size more than 48 sq. in., without adhesive border, each dressing	B.R.
A5082	Continent device; catheter for continent stoma	11.00	A6234	Hydrocolloid dressing, wound cover, pad size 16 sq. in. or less, without adhesive border, each dressing	B.R.
A5093	Ostomy accessory; convex insert	1.65	A6235	Hydrocolloid dressing, wound cover, pad size more than 16 but less than or equal to 48 sq. in., without adhesive border, each dressing	B.R.
A5102	Bedside drainage bottle, rigid or expandable	28.00	A6236	Hydrocolloid dressing, wound cover, pad size more than 48 sq. in., without adhesive border, each dressing	B.R.
A5105	Urinary suspensory; with leg bag, with or without tube	31.90	A6237	Hydrocolloid dressing, wound cover, pad size 16 sq. in. or less, with any size adhesive border, each dressing	B.R.
A5112	Urinary leg bag; latex	7.12	A6238	Hydrocolloid dressing, wound cover, pad size more than 16 but less than or equal to 48 sq. in., with any size adhesive border, each dressing	B.R.
A5113	Leg strap; latex, per set	4.00	A6239	Hydrocolloid dressing, wound cover, pad size more than 48 sq. in., with any size adhesive border, each dressing	B.R.
A5114	Leg strap; foam or fabric, per set	8.95	A6240	Hydrocolloid dressing, wound filler, paste, per fluid ounce	B.R.
A5119	Skin barrier; wipes, box per 50	9.50			
A5121	Skin barrier; solid, 6' x 6' or equivalent, each	5.03			
A5122	Skin barrier; solid, 8' x 8' or equivalent, each	5.03			
A5123	Skin barrier; with flange (solid, flexible or accordion), any size, each	6.00			
A5126	Adhesive; disc or foam pad	1.25			
A5131	Appliance cleaner, incontinence and ostomy appliances, 16 oz.	16.25			
A5200	Percutaneous catheter/tube anchoring device, adhesive skin attachment	B.R.			
A6020	Collagen-based wound dressing, wound cover, each dressing	B.R.			
A6154	Wound pouch, each	B.R.			
A6196	Alginate dressing, wound cover, pad size 16 sq. in. or less, each	B.R.			
A6197	Alginate dressing, wound cover, pad size more than 16 but less than or equal to 48 sq. in., each dressing	B.R.			
A6198	Alginate dressing, wound cover, pad size more than 48 sq. in., each dressing	B.R.			
A6199	Alginate dressing, wound filler, per 6 inches	B.R.			
A6200	Composite dressing, pad size 16 sq. in. or less, without adhesive border, each dressing	B.R.			
A6201	Composite dressing, pad size more than 16 sq. in., but less than or equal to 48 sq. in., without adhesive border, each dressing	B.R.			
A6202	Composite dressing, pad size more than 48 sq. in., without adhesive border, each dressing	B.R.			

HCPCS Code	Description	Maximum Fee Allowance	HCPCS Code	Description	Maximum Fee Allowance
A6241	Hydrocolloid dressing, wound filler, dry form, per gram	B.R.		Meritene, Meritene Powder, Osmolite, Osmolite HN, Portagen Powder, Sustacal, Renu, Sustagen Powder, Travasorb)	
A6242	Hydrogel dressing, wound cover, pad size 16 sq. in. or less, without adhesive border, each dressing	B.R.		1 package = 1 unit	
A6243	Hydrogel dressing, wound cover, pad size more than 16 but less than or equal to 48 sq. in., without adhesive border, each dressing	B.R.	B4151	Enteral formulae; category I: Natural intact protein/protein isolates (for example, Compleat B, Vitaneed, Compleat B Modified)	B.R.
A6244	Hydrogel dressing, wound cover, pad size more than 48 sq. in., without adhesive border, each dressing	B.R.	B4152	Enteral formulae; category II: Intact protein/protein isolates (calorically dense) (for example, Magnacal, Isocal HCN, Sustacal HC, Ensure Plus, Ensure Plus HN)	B.R.
A6245	Hydrogel dressing, wound cover, pad size 16 sq. in. or less, with any size adhesive border, each dressing	B.R.		1 package = 1 unit	
A6246	Hydrogel dressing, wound cover, pad size more than 16 but less than or equal to 48 sq. in., with any size adhesive border, each dressing	B.R.	B4153	Enteral formulae; category III: hydrolyzed protein/amino acids (e.g., Criticare HN, Vivonex T.E.N. (Total Enteral Nutrition), Vivonex HN, Precision HN, Precision Isotonic)	B.R.
A6247	Hydrogel dressing, wound cover, pad size more than 48 sq. in., with any size adhesive border, each dressing	B.R.		1 package = 1 unit	
A6248	Hydrogel dressing, wound filler, gel, per fluid ounce	B.R.	B4156	Enteral formulae; category VI: standardized nutrients (Vivonex STD, Precision LR and Tolerex) 1 package = 1 unit	B.R.
A6249	Hydrogel dressing, wound filler, dry form, per gram	B.R.		Parenteral nutrition solution:	
A6250	Skin sealants, protectants, moisturizers any type, any size	B.R.	B4164	carbohydrates (dextrose), 50% or less (500 ml = 1 unit)—home mix	13.26
A6251	Specialty absorptive dressing, wound cover, pad size 16 sq. in. or less, without adhesive border, each dressing	B.R.	B4168	Parenteral nutrition solution; amino acid, 3.5%, (500 ml = 1 unit)—home mix	18.59
A6252	Specialty absorptive dressing, wound cover, pad size more than 16 but less than or equal to 48 sq. in., without adhesive border, each dressing	B.R.	B4172	Parenteral nutrition solution; amino acid 5.5% through 7% (500 ml = 1 unit)—home mix	30.50
A6253	Specialty absorptive dressing, wound cover, pad size more than 48 sq. in., without adhesive border, each dressing	B.R.	B4176	Parenteral nutrition solution; amino acid, 7% through 8.5% (500 ml = 1 unit)—home mix	43.22
A6254	Specialty absorptive dressing, wound cover, pad size 16 sq. in. or less, any size adhesive border, each dressing	B.R.	B4178	Parenteral nutrition solution; amino acid, greater than 8.5% (500 ml = 1 unit)	43.22
A6255	Specialty absorptive dressing, wound cover, pad size more than 16 but less than or equal to 48 sq. in., with any size adhesive border, each dressing	B.R.	B4180	Parenteral nutrition solution; carbohydrates, (dextrose), greater than 50% (500 ml = 1 unit)—home mix	18.30
A6256	Specialty absorptive dressing, wound cover, pad size more than 48 sq. in., with any size adhesive border, each dressing	B.R.	B4184	Parenteral nutrition solution; lipids, 10% with administration set (500 ml = 1 unit)	60.00
A6257	Transparent film, 16 sq. in. or less, each dressing	B.R.	B4186	Parenteral nutrition solution, lipids, 20% with administration set (500 ml = 1 unit)	80.00
A6258	Transparent film, more than 16 but less than or equal to 48 sq. in., each dressing	B.R.	B4189	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements and vitamins, including preparation, any strength, 10 to 51 grams of protein—premix	133.50
A6259	Transparent film, more than 48 sq. in., each dressing	B.R.			
A6260	Wound cleansers, any type, any size	B.R.			
A6261	Wound filler, not elsewhere classified, gel/paste, per fluid ounce	B.R.	B4193	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, 52 to 73 grams of protein—premix	172.50
A6262	Wound filler, not elsewhere classified, dry form, per gram	B.R.			
A6263	Gauze, elastic, non-sterile, all types, per linear yard	B.R.			
A6264	Gauze, non-elastic, non-sterile, per linear yard	B.R.			
A6265	Tape, all types, per 18 square inches	B.R.	B4197	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements and vitamins, including preparation, any strength, 74 to 100 grams of protein—premix	210.00
A6266	Gauze, impregnated, other than water or normal saline, any width, per linear yard	B.R.			
A6402	Gauze, non-impregnated, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing	B.R.			
A6403	Gauze, non-impregnated, sterile, pad size more than 16 but less than or equal to 48 sq. in., without adhesive border, each dressing	B.R.	B4199	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements and vitamins, including preparation, any strength, over 100 grams of protein—premix	252.69
A6404	Gauze, non-impregnated, sterile, pad size more than 48 sq. in., without adhesive border, each dressing	B.R.			
A6405	Gauze, elastic, sterile, all types, per linear yard	B.R.	B4216	Parenteral nutrition; additives (vitamins, trace elements, heparin, electrolytes)—home mix	11.65
A6406	Gauze, non-elastic, sterile, per linear yard	B.R.			(per day)
B4034	Enteral feeding supply kit; syringe (monthly)	150.00	B4220	Parenteral nutrition supply kit for 1 month—premix	182.98
B4035	Enteral feeding supply kit; pump fed (monthly)	275.00	B4222	Parenteral nutrition supply kit for one month—home mix	283.25
B4036	Enteral feeding supply kit; gravity fed (monthly)	195.00	B4224	Parenteral nutrition administration kit for 1 month	600.00
B4081	Nasogastric tubing with stylet	16.75	B5000	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength,	9.28
B4082	Nasogastric tubing without stylet	12.98		renal—Amirosyn RF, NephroAmine, RenAmin—premix	
B4083	Stomach tube—Levine type	1.90	B5100	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, hepatic—	3.63
B4084	Gastrostomy/jejunostomy tubing	15.00			
B4085	Gastrostomy tube, silicone with sliding ring, each	B.R.			
B4150	Enteral formulae; category I: Semi-synthetic intact protein/protein isolates (for example, Enrich, Ensure, Ensure HN, Ensure Powder, Isocal, Lonalac Powder,	B.R.			

HCPCS Code	Description	Maximum Fee Allowance	HCPCS Code	Description	Maximum Fee Allowance
B5200	FreAmine HBC, HepatAmine—premix Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, stress—branch chain amino acids—premix	4.94	E0181	Pressure pad, alternating with pump, heavy duty	263.73
B9000	Enteral nutrition infusion pump—without alarm	950.00	E0182	Pump for alternating pressure pad	291.08
B9002	Enteral nutrition infusion pump—with alarm	950.00	E0184	Dry pressure mattress	68.56
B9004	Parenteral nutrition infusion pump, portable	\$227.40 per month	E0185	Gel pressure pad for mattress	62.22
B9006	Parenteral nutrition infusion pump, stationary	\$227.40 per month	E0186	Air pressure mattress	B.R.
B9998	Not otherwise classified (NOC) for enteral supplies	B.R.	E0187	Water pressure mattress	B.R.
E0100	Cane, includes canes of all materials, adjustable or fixed with tips	14.97	E0188	Synthetic sheepskin pad	21.09
E0105	Cane, quad or three prong, includes canes of all materials, adjustable or fixed with tips	39.48	E0189	Lambswool sheepskin pad, any size	21.09
E0110	Crutches forearm, includes crutches of various materials, adjustable or fixed, complete with tips and handgrips, pair	57.92	E0191	Heel or elbow protector, each	10.34
E0111	Crutch forearm, includes crutches of various materials, adjustable or fixed, with tip and handgrip, each	65.43	E0192	Low pressure and positioning equalization pad	326.66
E0112	Crutches underarm, wood, adjustable or fixed, with pads, tips and handgrips, pair	47.46	E0193	Powered air flotation bed (low air loss therapy)	36.00 (per day)
E0113	Crutch underarm, wood, adjustable or fixed, with pad, tip and handgrip, each	19.51	E0194	Air fluidized bed	65.20 (per day)
E0114	Crutches underarm, aluminum, adjustable or fixed, with pads, tips and handgrips, pair	68.56	E0200	Heat lamp, without stand (table model), includes bulb, or infrared element	36.92
E0116	Crutch underarm, aluminum, adjustable or fixed, with pad, tip and handgrip, each	18.99	E0202	Phototherapy (bilirubin) light with photometer	B.R.
E0130	Walker, rigid (pickup), adjustable or fixed height	55.94	E0235	Paraffin bath unit, portable (see medical supply code A4265 for paraffin)	194.38
E0135	Walker, folding (pickup), adjustable or fixed height	59.43	E0236	Pump for water circulating pad	B.R.
E0141	Walker, wheeled, without seat	95.86	E0237	Water circulating heat pad with pump	B.R.
E0142	Rigid walker, wheeled, with seat	343.81	E0241	Bathtub wall rail, each	B.R.
E0143	Folding walker, wheeled, without seat	109.05	E0242	Bathtub rail, floor base	B.R.
E0145	Walker, wheeled, with seat and crutch attachments	176.60	E0243	Toilet rail, each	B.R.
E0146	Walker, wheeled, with seat	318.23	E0244	Raised toilet seat	B.R.
E0147	Heavy duty, multiple breaking system, variable wheel resistance walker	206.71	E0245	Tub stool or bench	B.R.
E0153	Platform attachment, forearm crutch, each	55.37	E0246	Transfer tub rail attachment	B.R.
E0154	Platform attachment, walker, each	68.56	E0249	Pad for water circulating heat unit	124.44
E0155	Wheel attachment, rigid pick-up walker	25.62	E0250	Hospital bed, fixed height, with any type side rails, with mattress	881.42
E0156	Seat attachment, walker	21.09	E0251	Hospital bed, fixed height, with any type side rails, without mattress	672.33
E0157	Crutch attachment, walker, each	55.37	E0255	Hospital bed, variable height, hi-lo, with any type side rails, with mattress	964.20
E0158	Leg extensions, walker	33.74	E0256	Hospital bed, variable height, hi-lo, with any type side rails, without mattress	B.R.
E0160	Sitz type bath, portable, fits over commode seat	9.50	E0260	Hospital bed, semi-electric (head and foot adjustments), with any type side rails, with mattress	1,542.26
E0161	Sitz type bath, portable, fits over commode seat, with faucet attachments	52.73	E0261	Hospital bed, semi-electric (head and foot adjustments), with any type side rails, without mattress	B.R.
E0162	Sitz bath, chair	B.R.	E0265	Hospital bed, total electric (head, foot, and height adjustments), with any type side rails, with mattress	1,940.52
E0163	Commode chair, stationary, with fixed arms	89.16	E0266	Hospital bed, total electric (head, foot, and height adjustments), with any type side rails, without mattress	1,909.20
E0164	Commode chair, mobile, with fixed arms	210.93	E0270	Hospital bed, institutional type includes: oscillating, circulating and stryker frame, with mattress	B.R.
E0165	Commode chair, stationary, with detachable arms	181.01	E0271	Mattress, inner spring	168.73
E0166	Commode chair, mobile, with detachable arms	265.35	E0272	Mattress, foam rubber	155.55
E0167	Pail or pan for use with commode chair	10.19	E0273	Bed board	B.R.
E0175	Foot rest, for use with commode chair, each	44.07	E0274	Over-bed table	B.R.
E0176	Air pressure pad or cushion, non-positioning	B.R.	E0275	Bed pan, standard, metal or plastic	15.82
E0177	Water pressure pad or cushion, non-positioning	B.R.	E0276	Bed pan, fracture, metal or plastic	12.60
E0178	Gel pressure pad or cushion, non-positioning	B.R.	E0277	Alternating pressure mattress	B.R.
E0179	Dry pressure pad or cushion, non-positioning	B.R.	E0280	Bed cradle, any type	29.53
E0180	Pressure pad, alternating with pump	240.44	E0290	Hospital bed, fixed height, without side rails, with mattress	B.R.
			E0291	Hospital bed, fixed height, without side rails, without mattress	B.R.
			E0292	Hospital bed, variable height, hi-lo, without side rails, with mattress	B.R.
			E0293	Hospital bed, variable height, hi-lo, without side rails, without mattress	B.R.
			E0294	Hospital bed, semi-electric (head and foot adjustments), without side rails, with mattress	B.R.
			E0295	Hospital bed, semi-electric (head and foot adjustments), without side rails, without mattress	B.R.
			E0296	Hospital bed, total electric (head, foot and height adjustments), without side rails, with mattress	B.R.
			E0297	Hospital bed, total electric (head, foot and height adjustments), without	B.R.

HCPCS Code	Description	Maximum Fee Allowance	HCPCS Code	Description	Maximum Fee Allowance
E0305	side rails, without mattress			NOTE: Medicaid and NJ KidCare fee-for-service reimbursement, all supplies necessary for the use and maintenance of the device	
E0310	Bedside rails, half length	143.77			
E0325	Bedside rails, full length	164.74			
E0326	Urinal; male, jug-type, any material	6.53	E0605	Vaporizer, room type	30.58
E0424	Urinal; female, jug-type, any material	9.28	E0606	Postural drainage board	158.19
	Stationary compressed gaseous oxygen system, rental; includes contents (per unit), regulatory, flowmeter, humidifier, nebulizer, cannula or mask and tubing; 1 unit = 50 cubic ft.	164.75	E0607	Home blood glucose monitor	90.00
		(per month)	E0608	Apnea monitor	200.00
E0431	Portable gaseous oxygen system, rental; includes regulator, flowmeter, humidifier, cannula or mask, and tubing	47.33	E0609	Blood glucose monitor with special features (for example, voice synthesizers, automatic timers, etc.)	B.R.
		(per month)	E0610	Pacemaker monitor, self-contained (checks battery depletion, includes audible and visible check systems)	336.42
E0434	Portable liquid oxygen system, rental; includes portable container, supply reservoir, humidifier, flowmeter, refill adaptor, contents gauge, cannula or mask, and tubing	178.00	E0615	Pacemaker monitor, self-contained, (checks battery depletion and other pacemaker components, includes digital/visible check systems)	336.42
		(per month)	E0621	Sling or seat, patient lift, canvas or nylon	63.36
E0439	Stationary liquid oxygen system, rental; includes use of reservoir, contents (per unit), regulatory, flowmeter, humidifier, nebulizer, cannula or mask, and tubing; 1 unit = 10 lbs.	91.50	E0625	Patient lift, Kartop, bathroom or toilet	B.R.
		(per month)	E0630	Patient lift, hydraulic, with seat or sling	932.66
E0441	Oxygen contents, gaseous, per unit (for use with owned gaseous stationary systems or when both a stationary and portable gaseous system are owned; 1 unit = 50 cubic ft.)	6.50	E0635	Patient lift, electric with seat or sling	770.15
			E0650	Pneumatic compressor, nonsegmental home model, (lymphedema pump)	522.05
E0442	Oxygen contents, liquid, per unit (for use with owned liquid stationary systems or when both a stationary and portable liquid system are owned; 1 unit = 10 lbs.)	14.00	E0651	Pneumatic compressor, segmental home model, (lymphedema pump) without calibrated gradient pressure	732.97
			E0652	Pneumatic compressor, segmental home model, (lymphedema pump) with calibrated gradient pressure	3,374.81
E0443	Portable oxygen contents, gaseous, per unit (for use only with portable gaseous systems when no stationary gas or liquid system is used; 1 unit = 5 cubic ft.)	.65	E0655	Nonsegmental pneumatic appliance for use with pneumatic compressor, half arm	83.42
			E0660	Nonsegmental pneumatic appliance for use with pneumatic compressor, full leg	137.10
E0444	Portable oxygen contents, liquid, per unit (for use only with portable liquid systems when no stationary gas or liquid system is used; 1 unit = 1 lb.)	1.40	E0665	Nonsegmental pneumatic appliance for use with pneumatic compressor, full arm	89.75
			E0666	Nonsegmental pneumatic appliance for use with pneumatic compressor, half leg	131.83
E0450	Volume ventilator; stationary or portable	10,546.29	E0667	Segmental pneumatic appliance for use with pneumatic compressor, full leg	258.39
E0452	Intermittent assist device with continuous positive airway pressure device (CPAP)	B.R.	E0668	Segmental pneumatic appliance for use with pneumatic compressor, full arm	226.75
	NOTE: Medicaid and NJ KidCare fee-for-service reimbursement, all supplies necessary for the use and maintenance of the device		E0669	Segmental pneumatic appliance for use with pneumatic compressor, half leg	B.R.
E0453	Therapeutic ventilator; suitable for use 12 hours or less per day	B.R.	E0670	Segmental pneumatic appliance for use with pneumatic compressor, half arm	B.R.
E0455	Oxygen tent, excluding croup or pediatric tents	B.R.	E0671	Segmental gradient pressure pneumatic appliance, full leg	B.R.
E0457	Chest shell (cuirass)	414.80	E0672	Segmental gradient pressure pneumatic appliance, full arm	B.R.
E0459	Chest wrap	539.24	E0673	Segmental gradient pressure pneumatic appliance, half leg	B.R.
E0460	Negative pressure ventilator; portable or stationary	B.R.	E0690	Ultraviolet cabinet, appropriate for home use safety equipment	B.R.
E0462	Rocking bed with or without rails	B.R.	E0700	Safety equipment (for example, belt, harness or vest)	B.R.
E0480	Percussor, electric or pneumatic, home model	279.47	E0710	Restraints, any type (body, chest, wrist or ankle)	B.R.
E0500	IPPB machine, all types, with built-in nebulization; manual or automatic valves; internal or external power source	469.32	E0720	TENS, two lead, localized stimulation	452.02
			E0730	TENS, four lead, larger area/multiple nerve stimulation	448.08
E0550	Humidifier, durable for extensive supplemental humidification during IPPB treatments or oxygen delivery	315.33	E0731	Form-fitting conductive garment for delivery of TENS or NMES (with conductive fibers separated from the patient's skin by layers of fabric)	B.R.
E0555	Humidifier, durable, glass or autoclavable plastic bottle type, for use with regulator or flowmeter	15.00	E0740	Incontinence treatment system, pelvic floor stimulator, monitor, sensor and/or trainer	B.R.
E0560	Humidifier, durable for supplemental humidification during IPPB treatment or oxygen delivery	64.64	E0744	Neuromuscular stimulator for scoliosis	1,031.82
E0565	Compressor, air power source for equipment which is not self-contained or cylinder driven	506.07	E0745	Neuromuscular stimulator, electronic shock unit	1,049.36
E0570	Nebulizer, with compressor	166.19	E0746	Electromyography (EMG), biofeedback device	694.79
E0575	Nebulizer, ultrasonic	732.97	E0747	Osteogenesis stimulator (noninvasive)	2,742.04
E0580	Nebulizer, durable, glass or autoclavable plastic, bottle type, for use with regulator or flowmeter	121.29	E0748	Osteogenic stimulator, noninvasive, spinal applications	B.R.
E0585	Nebulizer, with compressor and heater	121.29	E0755	Electronic salivary reflex stimulator (intraoral/noninvasive)	B.R.
E0600	Suction pump, home model, portable	409.72	E0776	IV pole	69.74
E0601	Continuous airway pressure (CPAP) device	126.56	E0781	Ambulatory infusion pump, single or multiple channels with administrative equipment,	292.50
		(per month)			(per month)

HCPCS Code	Description	Maximum Fee Allowance	HCPCS Code	Description	Maximum Fee Allowance
	worn by patient		E0994	Armrest, each	13.42
E0784	External ambulatory infusion pump, insulin	B.R.	E0995	Calf rest, each	21.09
E0791	Parenteral infusion pump, stationary, single or multichannel	B.R.	E0996	Tire, solid, each	23.07
E0840	Traction frame, attached to headboard, simple cervical traction	36.92	E0997	Caster with a fork	56.95
E0850	Traction stand, freestanding, simple cervical traction	36.92	E0998	Caster without fork	31.64
E0860	Traction equipment, overdoor, cervical	27.17	E0999	Pneumatic tire with wheel	91.75
E0870	Traction frame, attached to footboard, simple extremity traction (for example, Buck's)	83.84	E1000	Tire, pneumatic caster	49.57
E0880	Traction stand, freestanding simple extremity traction (for example, Buck's)	68.56	E1001	Wheel, single	92.81
E0890	Traction frame, attached to footboard, simple pelvic traction	80.47	E1031	Rollabout chair, any and all types with castors 5' or greater	B.R.
E0900	Traction stand, freestanding simple pelvic traction (for example, Buck's)	80.47	E1050	Fully-reclining wheelchair, fixed full-length arms, swing away detachable elevating leg rests	1,222.53
E0910	Trapeze bars, a/k/a patient helper, attached to bed, with grab bar	163.74	E1060	Fully-reclining wheelchair, detachable arms, desk or full-length, swing away detachable elevating leg rests	1,222.53
E0920	Fracture frame, attached to bed, includes weights	394.43	E1065	Power attachment (to convert any wheelchair to motorized wheelchair (for example, solo)	2,404.55
E0930	Fracture frame, freestanding, includes weights	394.43	E1066	Battery charger	242.56
E0935	Passive motion exercise device	17.00 (per day)	E1069	Deep cycle battery	92.99
E0940	Trapeze bar, freestanding, complete with grab bar	314.78	E1070	Fully-reclining wheelchair, detachable arms, desk or full-length, swing away detachable foot rest	909.61
E0941	Gravity assisted traction device, any type	384.94	E1083	Hemi-wheelchair, fixed full-length arms, swing away detachable elevating leg rests	717.15
E0942	Cervical head harness/halter	15.82	E1084	Hemi-wheelchairs, detachable arms, desk or full-length arms, swing away detachable elevating leg rests	1,049.29
E0943	Cervical pillow	41.48	E1085	Hemi-wheelchair, fixed full-length arms, swing away detachable foot rests	829.21
E0944	Pelvic belt/harness/boot	32.74	E1086	Hemi-wheelchair, detachable arms, desk or full-length, swing away detachable foot rests	1,105.41
E0945	Extremity belt/harness	36.92	E1087	High strength lightweight wheelchair, fixed-full length arms, swing away detachable leg rests	1,152.71
E0946	Fracture, frame, dual with cross bars, attached to bed, (for example, balkan, 4 poster)	894.33	E1088	High strength lightweight wheelchair, detachable arms, desk or full-length, swing away detachable elevating leg rests	1,536.80
E0947	Fracture frame, attachments for complex pelvic traction	B.R.	E1089	High strength lightweight wheelchair, fixed length arms, swing away detachable foot rest	1,133.99
E0948	Fracture frame, attachments for complex cervical traction	B.R.	E1090	High strength lightweight wheelchair, detachable arms, desk or full-length, swing away detachable foot rests	1,499.05
E0950	Tray	82.96	E1091	Youth wheelchair, any type	1,335.05
E0951	Loop heel, each	15.04	E1092	Wide heavy duty wheelchair, detachable arms, desk or full-length, swing away detachable elevating leg rests	1,367.22
E0952	Loop toe, each	15.04	E1093	Wide heavy duty wheelchair, detachable arms, desk or full-length arms, swing away detachable foot rests	1,255.01
E0953	Pneumatic tire, each	92.59	E1100	Semi-reclining wheelchair, fixed full-length arms, swing away detachable elevating leg rests	1,054.63
E0954	Semi-pneumatic caster, each	47.46	E1110	Semi-reclining wheelchair, detachable arms, desk or full-length, elevating leg rests	1,139.73
E0958	Wheelchair attachment to convert any wheelchair to one arm drive	421.32	E1130	Standard wheelchair, fixed full-length arms, fixed or swing away detachable foot rests	424.49
E0959	Amputee adapter (device used to compensate for transfer of weight due to lost limbs to maintain proper balance)	73.82	E1140	Wheelchair, detachable arms, desk or full-length, swing away detachable foot rests	697.26
E0961	Brake extension, for wheelchair	11.61	E1150	Wheelchair, detachable arms, desk or full-length, swing away detachable elevating leg rests	776.52
E0962	1' cushion, for wheelchair	47.46	E1160	Wheelchair, fixed full-length arms, swing away detachable elevating leg rests	601.55
E0963	2' cushion, for wheelchair	61.17	E1170	Amputee wheelchair, fixed full length arms, swing away detachable elevating leg rests	1,179.70
E0964	3' cushion, for wheelchair	70.66	E1171	Amputee wheelchair, fixed full length arms, without foot rests or leg rests	682.35
E0965	4' cushion, for wheelchair	79.10	E1172	Amputee wheelchair, detachable arms (desk or full-length) without foot rests or leg rests	877.45
E0966	Hook-on headrest extension	51.67	E1180	Amputee wheelchair, detachable arms (desk or full-length) swing away detachable foot rests	937.91
E0967	Wheelchair hand rims with 8 vertical rubber-tipped projections, pair	105.46	E1190	Amputee wheelchair, detachable arms	1,083.63
E0968	Commode seat, wheelchair	181.39			
E0969	Narrowing device, wheelchair	B.R.			
E0970	No. 2 footplates, except for elevating leg rest	94.92			
E0971	Anti-tipping device wheelchairs	50.28			
E0972	Transfer board, wheelchair	B.R.			
E0973	Adjustable height detachable arms, desk or full length, wheelchair	91.75			
E0974	"Grade-aid" (device to prevent rolling back on an incline) for wheelchair	68.56			
E0975	Reinforced seat upholstery, wheelchair	55.89			
E0976	Reinforced back, wheelchair, upholstery or other material	55.89			
E0977	Wedge cushion, wheelchair	49.57			
E0978	Belt, safety with airplane buckle, wheelchair	36.92			
E0979	Belt, safety with velcro closure, wheelchair	25.93			
E0980	Safety vest, wheelchair	26.37			
E0990	Elevating leg rest, each	77.14			
E0991	Upholstery seat	36.92			
E0992	Solid seat insert	43.49			
E0993	Back, upholstery	27.97			

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	(desk or full-length) swing away detachable elevating leg rests		E1379	Oxygen concentrator, high humidity system equiv. to 732 cu. ft.	250.00 (per month)
E1195	Heavy duty wheelchair, fixed full-length arms, swing away detachable elevating leg rests	1,029.11	E1380	Oxygen concentrator, high humidity system equiv. to 976 cu.ft.	250.00 (per month)
E1200	Amputee wheelchair, fixed full-length arms, swing away detachable foot rest	807.14	E1381	Oxygen concentrator, high humidity system equiv. to 1220 cu. ft.	250.00 (per month)
E1210	Motorized wheelchair, fixed full-length arms, swing away detachable elevating leg rests	3,646.69	E1382	Oxygen concentrator, high humidity system equiv. to 1464 cu. ft.	250.00 (per month)
E1211	Motorized wheelchair, detachable arms (desk or full-length) swing away, detachable elevating leg rests	3,269.35	E1383	Oxygen concentrator, high humidity system equiv. to 1708 cu. ft.	250.00 (per month)
E1212	Motorized wheelchair, fixed full-length arms, swing away detachable foot rests	2,913.94	E1384	Oxygen concentrator, high humidity system equiv. to 1952 cu. ft.	250.00 (per month)
E1213	Motorized wheelchair, detachable arms (desk or full-length) swing away detachable foot rests	3,269.35	E1385	Oxygen concentrator, high humidity system equiv. to over 1952 cu. ft.	250.00 (per month)
E1220	Wheelchair; specially sized or constructed (indicate brand name, model number, and justification)	B.R.	E1399	Durable medical equipment, miscellaneous	B.R.
E1221	Wheelchair with fixed arm, foot rests	758.38	E1400	Oxygen concentrator, manufacturer specified maximum flow rate does not exceed 2 liters per minute, at 85 percent or greater concentration	B.R.
E1222	Wheelchair with fixed arm, elevating leg rest	955.49	E1401	Oxygen concentrator, manufacturer specified maximum flow rate greater than 2 liters per minute, does not exceed 3 liters per minute, at 85 percent or greater concentration	B.R.
E1223	Wheelchair with detachable arms, foot rests	831.05	E1402	Oxygen concentrator, manufacturer specified maximum flow rate greater than 3 liters per minute, does not exceed 4 liters per minute, at 85 percent or greater concentration	B.R.
E1224	Wheelchair with detachable arms, elevating leg rests	1,174.02	E1403	Oxygen concentrator, manufacturer specified maximum flow rate greater than 4 liters per minute, does not exceed 5 liters per minute, at 85 percent or greater concentration	B.R.
E1225	Semi-reclining back for customized wheelchair	449.27	E1404	Oxygen concentrator, manufacturer specified maximum flow rate greater than 5 liters per minute, at 85 percent or greater concentration	B.R.
E1226	Full-reclining back for customized wheelchair	514.66	E1405	Oxygen and water vapor enriching system with heated delivery	B.R.
E1227	Special height arms for wheelchair	221.47	E1406	Oxygen and water vapor enriching system without heated delivery	B.R.
E1228	Special back height for wheelchair	189.83	E1592	Automatic intermittent peritoneal dialysis system	B.R.
E1230	Power operated vehicle (three or four wheel nonhighway), specify brand name and model number	1,624.13	E1594	Cycler dialysis machine for peritoneal dialysis	B.R.
E1240	Lightweight wheelchair, detachable arms, (desk or full-length) swing away detachable, elevating leg rest	1,057.14	E1610	Reverse osmosis water purification system	B.R.
E1250	Lightweight wheelchair, fixed full-length arms, swing away detachable foot rest	630.67	E1615	Deionizer water purification system	B.R.
E1260	Lightweight wheelchair, detachable arms, (desk or full-length)swing away detachable foot rest	870.81	E1630	Reciprocating peritoneal dialysis system	B.R.
E1270	Lightweight wheelchair, fixed full-length arms, swing away detachable elevating leg rests	727.69	E1632	Wearable artificial kidney	B.R.
E1280	Heavy duty wheelchair, detachable arms (desk or full-length) elevating leg rests	1,272.04	E1640	Replacement components for hemodialysis and/or peritoneal dialysis machines that are owned or being purchased by the patient	B.R.
E1285	Heavy duty wheelchair, fixed full-length arms, swing away detachable foot rest	999.66	E1699	Dialysis equipment, unspecified, by report	B.R.
E1290	Heavy duty wheelchair, detachable arms (desk or full-length) swing away detachable foot rest	1,386.25	E1700	Jaw motion rehabilitation system	B.R.
E1295	Heavy duty wheelchair, fixed full-length arms, elevating leg rest	943.05	E1701	Replacement cushions for jaw motion rehabilitation system, pkg. of 6	B.R.
E1296	Special wheelchair seat height from the floor	282.64	E1702	Replacement measuring scales for jaw motion rehabilitation system, pkg. of 200	B.R.
E1297	Special wheelchair seat depth, by upholstery	61.17	E1800	Dynamic adjustable elbow extension/flexion device	B.R.
E1298	Special wheelchair seat depth and/or width, by construction	304.78	E1805	Dynamic adjustable wrist extension/flexion device	B.R.
E1300	Whirlpool, portable (overtub type)	B.R.	E1810	Dynamic adjustable knee extension/flexion device	B.R.
E1310	Whirlpool, nonportable (built-in type)	3,269.35	E1815	Dynamic adjustable ankle extension/flexion device	B.R.
E1350	Repair or nonroutine service (for example, breaking down sealed components) requiring the skill of a technician	40.00 (per hour)	E1820	Soft interface material, dynamic adjustable extension/flexion device	B.R.
E1353	Regulator	B.R.	E1825	Dynamic adjustable finger extension/flexion device	B.R.
E1355	Stand/rack	46.67	E1830	Dynamic adjustable toe extension/flexion device	B.R.
E1372	Immersion external heater for nebulizer	179.29	K0001	Standard wheelchair	539.00
E1375	Nebulizer, portable with small compressor, with limited flow	174.02	K0002	Standard hemi (low seat) wheelchair	870.00
E1377	Oxygen concentrator, high humidity system equiv. to 244 cu. ft.	250.00 (per month)	K0003	Lightweight wheelchair	802.00
E1378	Oxygen concentrator, high humidity system equiv. to 488 cu. ft.	250.00 (per month)	K0004	High strength, lightweight wheelchair	1,385.00
			K0005	Ultra lightweight wheelchair	B.R.
			K0006	Heavy duty wheelchair	1,274.00
			K0007	Extra heavy duty wheelchair	B.R.
			K0008	Custom manual wheelchair/base	B.R.
			K0009	Other manual wheelchair/base	B.R.
			K0010	Standard-weight frame motorized/power wheelchair	3,345.00
			K0011	Standard-weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking	B.R.
			K0012	Lightweight portable motorized/power	B.R.

HCPCS Code	Description	Maximum Fee Allowance	HCPCS Code	Description	Maximum Fee Allowance
	wheelchair		K0064	Zero pressure tube (flat free inserts), any size, each	B.R.
K0013	Custom motorized/power wheelchair base	B.R.			
K0014	Other motorized/power wheelchair base	B.R.	K0065	Spoke protectors	B.R.
K0015	Detachable, nonadjustable height armrest, each	157.00	K0066	Solid tire, any size, each	25.00
			K0067	Pneumatic tire, any size, each	35.00
K0016	Detachable, adjustable height armrest, complete assembly, each	100.00	K0068	Pneumatic tire tube, each	B.R.
K0017	Detachable, adjustable height armrest, base, each	B.R.	K0069	Rear wheel assembly, complete with solid tire, spokes or molded, each	87.00
K0018	Detachable, adjustable height armrest, upper portion, each	B.R.	K0070	Rear wheel assembly, complete, with pneumatic tire, spokes or molded, each	158.00
K0019	Arm pad, each	B.R.	K0071	Front caster assembly, complete, with pneumatic tire, each	B.R.
K0020	Fixed, adjustable height armrest, pair	B.R.	K0072	Front caster assembly, complete, with semi-pneumatic tire, each	57.00
K0021	Anti-tipping device, each	54.00			
K0022	Reinforced back upholstery	43.00	K0073	Caster pinlock, each	B.R.
K0023	Solid back insert, planar back, single density foam, attached with straps	B.R.	K0074	Pneumatic caster tire, any size, each	31.00
K0024	Solid back insert, planar back, single density foam, with adjustable hook-on hardware	B.R.	K0075	Semi-pneumatic caster tire, any size, each	47.46
			K0076	Solid caster tire, any size, each	B.R.
K0025	Hook-on headrest extension	56.00	K0077	Front caster assembly, complete, with solid tire, each	B.R.
K0026	Back upholstery for ultra lightweight or high-strength lightweight wheelchair	27.97	K0078	Pneumatic caster tire tube, each	B.R.
			K0079	Wheel lock extension, pair	43.00
K0027	Back upholstery for wheelchair type other than ultra lightweight or high-strength lightweight wheelchair	34.00	K0080	Anti-rollback device, pair	136.00
			K0081	Wheel lock assembly, complete, each	B.R.
K0028	Fully reclining back	472.00	K0082	22 NF deep cycle lead acid battery, each	92.99
K0029	Reinforced seat upholstery	43.00	K0083	22 NF gel cell battery, each	B.R.
K0030	Solid seat insert, planar seat, single density foam	70.00	K0084	Group 24 deep cycle lead acid battery, each	B.R.
K0031	Safety belt/pelvic strap	37.00	K0085	Group 24 gel cell battery, each	B.R.
K0032	Seat upholstery for ultra lightweight or high-strength lightweight wheelchair	36.92	K0086	U-1 lead acid battery, each	92.99
			K0087	U-1 gel cell battery, each	B.R.
K0033	Seat upholstery for wheelchair type other than ultra lightweight or high-strength lightweight wheelchair	36.92	K0088	Battery charger, lead acid or gel cell	242.56
			K0089	Battery charger, dual mode	B.R.
K0034	Heel loop, each	17.00	K0090	Rear wheel tire for power wheelchair, any size, each	B.R.
K0035	Heel loop with ankle strap, each	B.R.	K0091	Rear wheel tire tube other than zero pressure for power wheelchair, any size, each	B.R.
K0036	Toe loop, each	17.00			
K0037	High mount flip-up footrest, each	47.46	K0092	Rear wheel assembly for power wheelchair, complete, each	B.R.
K0038	Leg strap, each	B.R.	K0093	Rear wheel zero pressure tire tube (flat free insert) for power wheelchair, any size, each	B.R.
K0039	Leg strap, H style, each	B.R.			
K0040	Adjustable angle footplate, each	B.R.	K0094	Wheel tire for power base, any size, each	B.R.
K0041	Large size footplate, each	B.R.	K0095	Wheel tire tube other than zero pressure for each base, any size, each	B.R.
K0042	Standard size footplate, each	32.00	K0096	Wheel assembly for power base, complete, each	B.R.
K0043	Footrest, lower extension tube, each	B.R.	K0097	Wheel zero pressure tire tube (flat free insert) for power base, any size, each	B.R.
K0044	Footrest, upper hanger bracket, each	B.R.	K0098	Drive belt for power wheelchair	B.R.
K0045	Footrest, complete assembly	B.R.	K0099	Front caster for power wheelchair	77.00
K0046	Elevating legrest, lower extension tube, each	B.R.	K0100	Amputee adapter, pair	449.00
			K0101	One-arm drive attachment	B.R.
K0047	Elevating legrest, upper hanger bracket, each	B.R.	K0102	Crutch and cane holder	B.R.
K0048	Elevating legrest, complete assembly	87.00	K0103	Transfer board, less than 25 inches	B.R.
K0049	Calf pad, each	23.00	K0104	Cylinder tank carrier	B.R.
K0050	Ratchet assembly	B.R.	K0105	IV hanger	B.R.
K0051	Cam release assembly, footrest or legrest, each	B.R.	K0106	Arm trough, each	B.R.
K0052	Swingaway, detachable footrests, each	B.R.	K0107	Wheelchair tray	89.00
K0053	Elevating footrests, articulating (telescoping), each	B.R.	K0108	Other accessories	B.R.
			K0109	Customization of wheelchair base frame (options or accessories)	B.R.
K0054	Seat width of 10', 11', 12', 15', 17', or 20' for a high strength, lightweight or ultra lightweight wheelchair	B.R.	K0112	Trunk support device, vest type, with inner frame, prefabricated	B.R.
			K0113	Trunk support device, vest type, without inner frame, prefabricated	B.R.
K0055	Seat depth of 15', 17', or 18' for a high strength lightweight or ultra lightweight wheelchair	B.R.	K0114	Back support system for use with a wheelchair, with inner frame, prefabricated	B.R.
K0056	Seat height less than 17' or less than or equal to 21' for a high strength, lightweight or ultra lightweight wheelchair	83.00			
			K0115	Orthotic seating system, back module, posterior—lateral control, with or without lateral supports, custom fabricated, for attachment to wheelchair base	B.R.
K0057	Seat width 19' or 20' for heavy duty or extra heavy duty chair	107.00	K0116	Orthotic seating system, combined back and seat module, custom fabricated, for attachment to wheelchair base	B.R.
K0058	Seat depth 17' or 18' for motorized/power wheelchair	52.00			
K0059	Plastic coated handrim, each	B.R.	K0126	Replace soft interface material,	B.R.
K0060	Steel handrim, each	B.R.			
K0061	Aluminum handrim, each	B.R.			
K0062	Handrim with 8-10 vertical or oblique projections, each	53.00			
K0063	Handrim with 12-16 vertical or oblique projections, each	B.R.			

HCPCS Code	Description	Maximum Fee Allowance	HCPCS Code	Description	Maximum Fee Allowance
	multi-podus type splint		K0278	Skin barrier; with flange (solid, flexible or accordion), with built-in convexity, any size, each	B.R.
K0127	Replace soft interface material, ankle contracture splint	B.R.	K0280	Extension drainage tubing, any type, any length, with connector/adaptor, for use with urinary leg bag or urostomy pouch, each	B.R.
K0128	Replace soft interface material, foot drop splint	B.R.	K0281	Lubricant, individual sterile packet, for insertion of urinary catheter, each	B.R.
K0129	Ankle contracture splint	B.R.	K0283	Saline solution, per 10 ML, metered dose dispenser, for use with inhalation drugs	B.R.
K0130	Foot drop splint, recumbent positioning device	B.R.	K0284	External infusion pump, mechanical, reusable, for extended drug infusion	B.R.
K0137	Skin barrier; liquid (spray brush, etc.) per oz.	B.R.	K0400	Adhesive skin support attachment for use with external breast prosthesis, each	B.R.
K0138	Skin barrier; paste, per oz.	B.R.	K0401	For diabetics only, deluxe feature of off-the-shelf depth inlay shoe or custom molded shoe, per shoe	B.R.
K0139	Skin barrier, powder, per oz.	B.R.	K0407	Urinary catheter anchoring device, adhesive skin attachment	B.R.
K0152	Pastes, powders, granules, beads, contact layers	B.R.	K0408	Urinary catheter anchoring device, leg strap	B.R.
K0163	Vacuum erection system	B.R.	K0409	Sterile water irrigation solution, 1000 ML	B.R.
K0168	Administration set, small volume pneumatic nebulizer, disposable	B.R.	K0410	Male external catheter, with adhesive coating, each	B.R.
K0169	Small volume nonfiltered pneumatic nebulizer, disposable	B.R.	K0411	Male external catheter, with adhesive strip, each	B.R.
K0170	Administration set, small volume non-filtered pneumatic nebulizer, non-disposable	B.R.	K0413	Non-powdered adjustable zone pressure reducing overlay	B.R.
K0171	Administration set, small volume nonfiltered pneumatic nebulizer	B.R.	K0414	Powered overlay for mattress	B.R.
K0172	Large volume nebulizer, disposable, unfilled, used with aerosol compressor	B.R.	K0417	External infusion pump, mechanical reusable, for short term during infusion	B.R.
K0173	Large volume nebulizer, disposable, prefilled, used with aerosol compressor	B.R.	K0456	Hospital bed, heavy duty, extra wide, with any type side rails, with mattress	B.R.
K0174	Reservoir bottle, non-disposable, used with large volume ultrasonic nebulizer	B.R.	K0457	Extra wide/heavy duty commode chair, each	B.R.
K0175	Corrugated tubing, disposable, used with large volume nebulizer, 100 feet	B.R.	K0458	Heavy duty walker, without wheels, each	B.R.
K0176	Corrugated tubing, non-disposable, used with large volume nebulizer, 100 feet	B.R.	K0459	Heavy duty wheeled walker, each	B.R.
K0177	Water collection device, used with large volume nebulizer	B.R.	K0460	Power add-on, to convert manual wheelchair to motorized wheel chair, joystick control	B.R.
K0178	Filter, disposable, used with aerosol compressor	B.R.	K0461	Power add-on, to convert manual wheelchair to motorized wheel chair, tiller control	B.R.
K0179	Filter, non-disposable, used with aerosol compressor or ultrasonic generator	B.R.	L0210	Thoracic rib belt, custom fitted	13.20
K0180	Aerosol mask, used with DME nebulizer	B.R.	L0300	Thoracic-lumbar-sacral-orthoses (TLSO), flexible (dorso-lumbar surgical support), custom fitted	101.68
K0181	Dome and mouthpiece, used with small volume ultrasonic nebulizer	B.R.	L0315	TLSO, flexible dorso-lumbar surgical support	120.00
K0182	Water, distilled, used with large volume nebulizer, 1000 ml	B.R.	L0500	Lumbar-sacral-orthoses (LSO), flexible, (lumbo-sacral surgical supports), custom fitted	77.28
K0183	Nasal application device, used with CPAP device	B.R.	L0515	LSO, flexible (lumbo-sacral surgical support), elastic type, with rigid posterior panel	69.16
K0184	Nasal pillows/seals, replacement for nasal application device, pair	B.R.	L0600	Sacroiliac, flexible (sacroiliac surgical support), custom fitted	40.72
K0185	Headgear, used with CPAP device	B.R.	L0900	Torso support, ptosis support, custom fitted	102.11
K0186	Chin strap, used with CPAP device	B.R.	L0920	Torso support, pendulous abdomen support, custom fitted	118.36
K0187	Tubing, used with CPAP device	B.R.	L0940	Torso support, postsurgical support, custom fitted	110.18
K0188	Filter, disposable, used with CPAP device	B.R.	L0960	Torso support, postsurgical support pads, for postsurgical support	48.71
K0189	Filter, non-disposable, used with CPAP device	B.R.	L0974	TLSO, full corset	88.20
K0190	Canister, disposable, used with suction pump	B.R.	L0976	LSO, full corset	103.88
K0191	Canister, non-disposable, used with suction pump	B.R.	L0980	Peroneal straps, pair	11.33
K0192	Tubing, used with suction pump	B.R.	L0982	Stocking supporter grips, set of four (4)	9.60
K0193	Continuous positive airway pressure (CPAP) device, with humidifier	B.R.	L1600	Hip orthoses (HO), abduction control of hip joints, flexible, Frejka type with cover	40.32
K0194	Intermittent assist device with continuous positive airway pressure (CPAP), with humidifier	B.R.	L1610	HO, abduction control of hip joints, flexible, flexible, (Frejka cover only)	25.00
K0195	Elevating leg rest, pair (for use with capped rental wheelchair base)	B.R.	L1620	HO, abduction control of hip joints, flexible, (Pavlik harness)	75.00
K0224	Gauze, impregnated, other than water or normal saline, pad size more than 48 sq. in., without adhesive border, each dressing	B.R.	L1800	Knee orthosis (KO), elastic with stays	32.56
K0228	Gauze, impregnated, water or normal saline, pad size 16 sq. in. or less, without adhesive border, each dressing	B.R.	L1810	KO, elastic with joints	61.04
K0249	Hydrogel dressing, wound filler, dry form, per gram	B.R.	L1815	KO, elastic with condylar pads	63.19
K0268	Humidifier, used with CPAP device	B.R.	L1820	KO, elastic with condyle pads and joints	72.40
K0277	Skin barrier; solid 4x4 or equivalent, with built-in convexity, each	B.R.	L1825	KO, elastic knee cap	28.00
			L1830	KO, immobilizer; canvas longitudinal	52.88
			L1902	AFO, ankle gauntlet, custom fitted	48.81
			L1906	AFO, multiligamentous ankle support	75.00
			L3201	Orthopedic shoe, oxford with supinator or pronator, infant	48.00

HCPCS Code	Description	Maximum Fee Allowance	HCPCS Code	Description	Maximum Fee Allowance
L3202	Orthopedic shoe, oxford with supinator or pronator, child	48.00		tap, horseshoe	
L3203	Orthopedic shoe, oxford with supinator or pronator, junior	48.00	L3570	Miscellaneous shoe addition, special extension to instep (leather with eyelets)	152.00
L3204	Orthopedic shoe, hightop with supinator or pronator, infant	48.00	L3580	Miscellaneous shoe addition, convert instep to velcro closure	13.60
L3206	Orthopedic shoe, hightop with supinator or pronator, child	48.00	L3590	Miscellaneous shoe addition, convert firm shoe counter to soft counter	28.00
L3207	Orthopedic shoe, hightop with supinator or pronator, junior	48.00	L3595	Miscellaneous shoe addition, March bar	12.00
L3208	Surgical boot, each, infant	24.00	L3600	Transfer of an orthosis from one shoe to another, caliper plate, existing	48.00
L3209	Surgical boot, each, child	24.00			
L3211	Surgical boot, each, junior	24.00			
L3212	Benesch boot, pair, infant	48.00	L3610	Transfer of an orthosis from one shoe to another, caliper plate, new	76.00
L3213	Benesch boot, pair, child	48.00			
L3214	Benesch boot, pair, junior	48.00			
L3215	Orthopedic footwear, woman's shoes, oxford	76.00	L3620	Transfer of an orthosis from one shoe to another, solid stirrup, existing	39.04
L3216	Orthopedic footwear, woman's shoes, depth inlay	100.00	L3630	Transfer of an orthosis from one shoe to another, solid stirrup, new	76.00
L3217	Orthopedic footwear, woman's shoes, hightop, depth inlay	116.00			
L3218	Orthopedic footwear, woman's surgical boot, each	64.00	L3640	Transfer of an orthosis from one shoe to another, Dennis Browne splint (Riveton), both shoes	28.00
L3219	Orthopedic footwear, man's shoes, oxford	76.00			
L3221	Orthopedic footwear, man's shoes, depth inlay	100.00	L3649	Unlisted procedures for foot orthopedic shoes, shoe modifications and transfers	B.R.
L3222	Orthopedic footwear, man's shoes, hightop, depth inlay	116.00	L3800	Wrist-hand-finger-orthoses (WHFO), short opponens, no attachments	124.28
L3223	Orthopedic footwear, man's surgical boot, each	64.00	L3908	WHFO, wrist extension control cock-up, nonmolded	50.13
L3253	Foot, molded shoe Plastazote (or similar), custom fitted, each	112.00	L3914	WHFO, wrist extension cock-up	60.00
L3254	Nonstandard size or width	20.00	L3916	WHFO, wrist extension cock-up, with outrigger	72.00
L3255	Nonstandard size or length	20.00	L8000	Breast prosthesis, mastectomy bra	B.R.
L3257	Orthopedic footwear, additional charge for split size	50.00	L8010	Breast prosthesis, mastectomy sleeve	40.56
			L8020	Breast prosthesis, mastectomy form	132.00
L3260	Ambulatory surgical boot, each	88.00	L8030	Breast prosthesis, silicone or equal	B.R.
L3265	Plastazote sandal, each	56.00	L8100	Elastic support, elastic stocking, below knee, medium weight, each	24.00
L3300	Lift, elevation, heel, tapered to metatarsals, per inch	64.00			
L3310	Lift, elevation, heel and sole, neoprene, per inch	64.00	L8110	Elastic support, elastic stocking, below knee, heavy weight, each	30.40
L3320	Lift, elevation, heel and sole, cork, per inch	100.00	L8120	Elastic support, elastic stocking, below knee, surgical weight, (Linton type or equal), each	32.00
L3332	Lift, elevation, inside shoe, tapered, up to one-half inch	44.00	L8130	Elastic support, elastic stocking, above knee, medium weight, each	33.60
L3334	Lift, elevation, heel, per inch	36.00	L8140	Elastic support, elastic stocking, above knee, heavy weight, each	36.00
L3340	Heel wedge, sach	10.40			
L3350	Heel wedge	12.00	L8150	Elastic support, elastic stocking, above knee, surgical weight, (Linton type or equal), each	44.00
L3360	Sole wedge, outside sole	12.00			
L3370	Sole wedge, between sole	14.40	L8160	Elastic support, elastic stocking, full-length, medium weight, each	40.00
L3380	Clubfoot wedge	12.00	L8170	Elastic support, elastic stocking, full-length, heavy weight, each	48.00
L3390	Outflare wedge	16.00	L8180	Elastic support, elastic stocking, full-length, heavy surgical weight (Linton type or equal), each	52.00
L3400	Metatarsal bar wedge, rocker	16.00			
L3410	Metatarsal bar wedge, between sole	16.00	L8190	Elastic support, elastic stocking, leotards, medium weight, each	108.00
L3420	Full sole and heel wedge, between sole	24.00	L8200	Elastic supports, elastic stocking, leotards surgical weight (Linton type), each	120.00
L3430	Heel, counter, plastic reinforced	24.00			
L3440	Heel, counter, leather reinforced	24.00	L8210	Elastic support, elastic stocking, custom-made	B.R.
L3450	Heel, Sach cushion type	64.00	L8220	Elastic support, elastic stocking, lymphedema	B.R.
L3455	Heel, new leather, standard	8.00			
L3460	Heel, new rubber, standard	8.00	L8230	Elastic support, elastic stocking, garter belt	B.R.
L3465	Heel, Thomas with wedge	20.00			
L3470	Heel, Thomas extended to ball	24.00	L8300	Truss, single with standard pad	51.28
L3480	Heel, pad and depression for spur	16.00	L8310	Truss, double with standard pads	101.68
L3485	Heel, pad, removable for spur	32.00	L8320	Truss, addition to standard pad, water pad	24.00
L3500	Miscellaneous shoe addition, insole, leather	4.00	L8330	Truss, addition to standard pad, scrotal pad	33.65
L3510	Miscellaneous shoe addition, insole, rubber	8.00			
L3520	Miscellaneous shoe additions, insole, felt covered with leather	8.00	L8400	Prosthetic sheath, below knee, each	12.00
L3530	Miscellaneous shoe addition, sole, half	12.00	L8410	Prosthetic sheath, above knee, each	12.00
L3540	Miscellaneous shoe addition, sole, full	36.00	L8415	Prosthetic sheath, upper limb, each	11.20
L3550	Miscellaneous shoe addition, toe tap, standard	4.00			
L3560	Miscellaneous shoe addition, toe	6.40			

HCPCS Code	Description	Maximum Fee Allowance
L8420	Prosthetic sock, wool, below knee, each	14.94
L8430	Prosthetic sock, wool, above knee, each	18.40
L8435	Prosthetic sock, wool, upper limb, each	8.14
L8440	Prosthetic shrinker, below knee, each	33.60
L8460	Prosthetic shrinker, above knee, each	41.60
L8465	Prosthetic shrinker, upper limb, each	33.60
L8470	Stump sock, single ply, fitting, below knee, each	2.52
L8480	Stump sock, single ply, fitting, above knee, each	2.52
X4810	Velcro straps, attached to a pair of shoes, per pair	14.00
X4850	Space shoe rubber raise for shoe: 1/2" raise	8.00
X4851	Space shoe rubber raise for shoe: 1/2" raise	9.00
X4852	Space shoe rubber raise for shoe: 3/4" raise	13.00
X4853	Space shoe rubber raise for shoe: 1" raise	20.00
X4854	Space shoe rubber raise for shoe: Each addition 1/2" raise	8.00
X4890	Foot	50.00
X4891	Foot, ankle	65.00
X4892	Foot, ankle, shin	70.00
X6005	Two piece flange, stoma size: 4" and two piece flange, stoma size: 3 1/2", "picture frame" design	4.70/unit
X6460	Ostomy deodorant	B.R.
X7200	Hypodermic syringes over 5cc	B.R.
X7300	Rectal syringes	B.R.
X7520	Disposable briefs/diapers, any size	\$0.70/unit
X8200	Augmentative communication device	B.R.
X8334	Parenteral infusion by gravity (includes parenteral therapy supplies and base solution cost)	\$39.00/day
X8335	Parenteral infusion by disposable pump (includes supplies and base solution cost)	\$39.00/day
X8336	Parenteral infusion with external ambulatory infusion pump and administration equipment (includes pump, supplies and base solution cost)	\$60.00/day
X8337	Parenteral line maintenance (includes all supplies necessary)	\$8.00/day
X8338	Elastomeric infusion system (disposable pumps)	19.85 (per pump)
X8339	Gloves, sterile, each	.30
X8433	Gloves, non-sterile, each	.09
X8434	Parenteral infusion with external stationary pump and administration equipment (includes pump, supplies and base solution cost)	\$39.00/day

Amended by R.2000 d.368, effective September 18, 2000.
 See: 32 N.J.R. 2201(a), 32 N.J.R. 3425(a).
 Inserted references to A4614, A5200, A6154, A6200, A6201, A6202, A6209, K0456 through K0461, and deleted a reference to K0154.
 Amended by R.2000 d.391, effective October 2, 2000.
 See: 32 N.J.R. 2198(a), 32 N.J.R. 3568(a).
 In HCPCS Codes B9004 and B9006, changed Maximum Fee Allowances; inserted HCPCS Codes X8334 through X8337 and X8434; and deleted HCPCS Code B9999.

APPENDIX A

SERVICE STATUS AND PA REQUIREMENTS FOR HCPCS CODES

AGENCY NOTE: Appendix A includes certain values for service status and Prior Authorization (PA) as defined below.

Rental Indicator Values

- N = cannot be rented;
- D = can only be rented daily (1 unit = 1 day); and
- M = can be rented monthly (1 unit = 1 month)

Purchase Indicator Values

- N = cannot be purchased;
- D = DME item which can be purchased;
- M = medical supply or service which cannot be rented; and
- P = Prosthetic or orthotic which cannot be rented

Prior Authorization Values

- A = prior authorization required; and
- N = prior authorization not required

Notations

For example, common medical supply items will have a Rental Indicator Value of "N," and a Purchase Indicator Value of "M." By definition, these items cannot be rented.
 For example, common DME will have a Rental Indicator Value of "M," and a Purchase Indicator Value of "D." By definition, these items can be both rented or purchased.
 Claims for rental services shall include the procedure code modifier "PR." In addition, claims for purchases of medical supplies and DME include the procedure code modifier "NU."

Amended by R.1999 d.41, effective February 1, 1999.
 See: 30 N.J.R. 1019(a), 31 N.J.R. 440(a).
 Rewrote the section.
 Amended by R.1999 d.265, effective August 16, 1999.
 See: 31 N.J.R. 1308(a), 31 N.J.R. 2401(a).

In HCPCS Code E0452 and E0601, inserted notes in the Description, in HCPCS Code E0601, L8000, L8030 and X7520, changed Maximum Fee Allowance, and deleted HCPCS Code X6000.

PROC CODE	DME RENT IND	DME PURCH IND	PA IND	PROC CODE	DME RENT IND	DME PURCH IND	PA IND	PROC CODE	DME RENT IND	DME PURCH IND	PA IND	PROC CODE	DME RENT IND	DME PURCH IND	PA IND
A4206	N	M	N	A4247	N	M	N	A4320	N	M	N	A4355	N	M	A
A4207	N	M	N	A4250	N	M	N	A4322	N	M	N	A4356	N	M	A
A4208	N	M	N	A4253	N	M	A	A4323	N	M	N	A4357	N	M	A
A4209	N	M	N	A4256	N	M	N	A4326	N	M	A	A4358	N	M	A
A4210	N	D	N	A4258	N	M	N	A4327	N	M	A	A4359	N	M	A
A4211	N	M	N	A4259	N	M	N	A4328	N	M	A	A4361	N	M	N
A4212	N	M	N	A4265	N	M	N	A4329	N	M	A	A4362	N	M	N
A4213	N	M	N	A4300	N	M	N	A4330	N	M	N	A4363	N	M	N
A4214	N	M	N	A4305	N	M	A	A4335	N	M	N	A4364	N	M	N
A4215	N	M	N	A4306	N	M	N	A4338	N	M	A	A4367	N	M	N
A4230	N	M	A	A4310	N	M	N	A4340	N	M	A	A4397	N	M	N
A4231	N	M	A	A4311	N	M	N	A4344	N	M	A	A4398	N	M	N
A4232	N	M	A	A4312	N	M	N	A4346	N	M	A	A4399	N	M	N
A4244	N	M	N	A4313	N	M	N	A4347	N	M	A	A4400	N	M	N
A4245	N	M	N	A4314	N	M	N	A4351	N	M	A	A4402	N	M	N
A4246	N	M	N	A4315	N	M	N	A4352	N	M	A	A4404	N	M	N
				A4316	N	M	N	A4354	N	M	A	A4421	N	M	N

PROC CODE	DME RENT IND	DME PURCH IND	PA IND	PROC CODE	DME RENT IND	DME PURCH IND	PA IND	PROC CODE	DME RENT IND	DME PURCH IND	PA IND	PROC CODE	DME RENT IND	DME PURCH IND	PA IND
A4454	N	M	N	A5054	N	M	N	E0023	N	M	N	E0315	N	M	N
A4455	N	M	N	A5055	N	M	N	E0036	N	M	A	E0325	M	D	N
A4460	N	M	N	A5061	N	M	N	E0044	M	D	N	E0329	N	M	A
A4465	N	M	N	A5062	N	M	N	E0054	N	M	N	E0340	N	M	A
A4470	N	D	N	A5063	N	M	N	E0063	N	M	N	E0351	N	M	A
A4480	N	D	N	A5064	N	M	N	E0072	N	M	N	E0356	N	M	A
A4550	N	M	N	A5065	N	M	N	E0084	N	M	A	E0361	N	M	N
A4554	N	M	A	A5071	N	M	N	E0105	M	D	N	E0367	N	M	N
A4556	N	M	A	A5072	N	M	N	E0105	N	M	N	E0400	N	M	N
A4557	N	M	A	A5073	N	M	N	E0110	M	D	N	E0424	M	N	A
A4558	N	M	N	A5074	N	M	N	E0111	M	D	N	E0431	M	N	A
A4560	N	M	N	A5075	N	M	N	E0113	M	D	N	E0434	M	N	A
A4565	N	M	N	A5081	N	M	N	E0114	M	D	N	E0441	N	M	A
A4570	N	M	N	A5082	N	M	N	E0116	M	D	N	E0442	N	M	A
A4572	N	M	N	A5093	N	M	N	E0119	N	M	N	E0443	N	M	A
A4575	N	M	A	A5102	N	M	N	E0126	N	M	N	E0450	M	D	A
A4581	N	D	N	A5105	N	M	N	E0135	M	D	N	E0452	M	N	A
A4595	N	M	N	A5112	N	M	N	E0141	M	D	N	E0453	M	D	A
A4611	N	M	A	A5113	N	M	N	E0142	M	D	A	E0454	N	M	N
A4612	N	M	N	A5114	N	M	N	E0145	M	D	N	E0457	M	D	A
A4613	M	D	A	A5119	N	M	N	E0146	M	D	A	E0459	M	D	A
A4615	N	M	N	A5121	N	M	N	E0147	M	D	N	E0460	M	D	A
A4616	N	M	N	A5122	N	M	N	E0153	N	M	A	E0470	N	D	N
A4617	N	M	A	A5123	N	M	N	E0154	M	D	N	E0480	M	D	A
A4618	N	M	A	A5126	N	M	N	E0155	M	D	N	E0500	M	D	N
A4619	N	M	A	A5131	N	M	A	E0156	N	D	N	E0550	M	D	A
A4620	N	M	A	A6020	N	M	N	E0160	M	D	N	E0556	N	M	A
A4621	N	M	A	A6196	N	M	N	E0161	M	D	N	E0560	M	D	A
A4622	N	M	A	A6197	N	M	N	E0163	M	D	N	E0565	M	D	A
A4623	N	M	A	A6198	N	M	N	E0164	M	D	N	E0565	N	M	N
A4624	N	M	A	A6199	N	M	N	E0165	M	D	N	E0570	M	D	A
A4625	N	M	A	A6203	N	M	N	E0167	N	D	N	E0580	M	D	A
A4626	N	M	A	A6204	N	M	N	E0172	N	M	A	E0585	M	D	A
A4627	N	M	A	A6205	N	M	N	E0175	M	D	N	E0600	M	D	A
A4628	N	M	N	A6206	N	M	N	E0176	N	D	N	E0601	M	N	A
A4629	N	M	N	A6207	N	M	N	E0178	N	D	N	E0605	M	D	A
A4630	N	M	N	A6208	N	M	N	E0179	N	D	N	E0606	M	D	N
A4631	N	M	A	A6210	N	M	N	E0180	M	D	A	E0607	N	D	A
A4635	N	M	N	A6211	N	M	N	E0182	M	D	A	E0609	N	D	A
A4636	N	M	N	A6212	N	M	N	E0184	M	D	A	E0610	M	D	A
A4637	N	M	N	A6213	N	M	N	E0185	M	D	A	E0611	N	M	A
A4640	N	D	A	A6214	N	M	N	E0187	M	D	A	E0615	M	D	A
A4649	N	M	A	B4034	N	M	A	E0188	N	D	N	E0616	N	M	N
A4655	N	M	N	B4035	N	M	A	E0189	N	D	N	E0620	N	M	A
A4660	N	D	N	B4036	N	M	A	E0192	M	D	A	E0624	N	M	A
A4663	N	M	N	B4081	N	M	A	E0193	D	N	A	E0625	M	D	N
A4670	N	D	N	B4082	N	M	A	E0194	D	N	A	E0630	M	D	A
A4700	N	M	N	B4083	N	M	A	E0202	M	D	A	E0630	M	M	N
A4705	N	M	N	B4084	N	M	A	E0235	M	D	N	E0635	M	D	A
A4712	N	M	N	B4085	N	M	A	E0236	M	D	N	E0637	N	M	N
A4714	N	M	N	B4150	N	M	A	E0241	N	D	N	E0651	M	D	A
A4730	N	M	N	B4151	N	M	A	E0242	M	D	N	E0652	M	D	A
A4735	N	M	N	B4152	N	M	A	E0243	M	D	N	E0655	M	D	A
A4740	N	M	N	B4153	N	M	A	E0245	M	D	N	E0660	N	D	N
A4750	N	M	N	B4156	N	M	A	E0246	M	D	N	E0665	M	D	A
A4755	N	M	N	B4164	N	M	A	E0249	M	D	N	E0666	M	D	A
A4760	N	M	N	B4168	N	M	A	E0251	M	D	A	E0667	M	D	A
A4765	N	M	N	B4172	N	M	A	E0253	N	M	A	E0671	M	D	A
A4770	N	M	N	B4176	N	M	A	E0255	M	D	A	E0672	M	D	A
A4771	N	M	N	B4178	N	M	A	E0256	M	D	A	E0673	M	D	A
A4772	N	M	N	B4180	N	M	A	E0258	M	D	N	E0690	M	D	A
A4773	N	M	N	B4186	N	M	A	E0261	M	D	A	E0700	N	D	N
A4774	N	M	N	B4189	N	M	A	E0265	M	D	A	E0705	N	M	N
A4780	N	M	N	B4193	N	M	A	E0266	M	D	A	E0710	N	D	N
A4820	N	M	N	B4199	N	M	A	E0271	M	D	N	E0730	M	D	A
A4850	N	M	N	B4202	N	M	N	E0272	M	D	N	E0731	N	D	N
A4860	N	M	N	B4206	N	M	N	E0273	M	D	N	E0735	N	M	N
A4900	N	M	A	B4210	N	D	N	E0275	M	D	N	E0740	M	D	A
A4901	N	M	A	B4214	N	M	N	E0276	M	D	N	E0744	M	D	A
A4905	N	M	A	B4216	N	M	A	E0277	M	D	A	E0746	M	D	A
A4912	N	D	N	B4220	N	M	A	E0290	M	D	A	E0747	M	D	A
A4913	N	M	A	B4224	N	M	A	E0291	M	D	A	E0748	N	M	A
A4914	N	M	A	B4245	N	M	N	E0292	M	D	A	E0755	N	D	A
A4918	N	M	N	B5000	N	M	A	E0294	M	D	A	E0760	N	M	N
A4919	N	D	N	B5100	N	M	A	E0295	M	D	A	E0772	N	M	N
A4920	N	D	N	B9000	M	D	A	E0296	M	D	A	E0781	M	N	A
A4921	N	D	N	B9002	M	D	A	E0300	N	M	N	E0784	N	D	A
A5051	N	M	N	B9004	M	N	A	E0305	M	D	N	E0791	M	N	A
A5052	N	M	N	B9006	M	N	A	E0310	M	D	N	E0801	N	M	N
A5053	N	M	N	B9998	N	M	A	E0311	N	M	N	E0820	N	M	N

PROC CODE	DME RENT IND	DME PURCH IND	PA IND	PROC CODE	DME RENT IND	DME PURCH IND	PA IND	PROC CODE	DME RENT IND	DME PURCH IND	PA IND	PROC CODE	DME RENT IND	DME PURCH IND	PA IND
E0840	M	D	A	E1160	M	D	A	K0006	M	D	A	K0086	M	D	N
E0860	M	D	A	E1170	M	D	A	K0007	M	D	A	K0087	M	D	N
E0870	M	D	A	E1171	M	D	A	K0008	M	D	A	K0088	M	D	N
E0880	M	D	A	E1172	M	D	A	K0009	M	D	A	K0089	M	D	N
E0900	M	D	A	E1180	M	D	A	K0010	M	D	A	K0090	M	D	N
E0901	N	M	A	E1190	M	D	A	K0011	M	D	A	K0091	M	D	N
E0910	M	D	A	E1195	M	D	A	K0012	M	D	A	K0092	M	D	N
E0914	N	M	A	E1200	M	D	A	K0013	M	D	A	K0093	M	D	N
E0920	M	D	A	E1210	M	D	A	K0014	M	D	A	K0094	M	D	N
E0921	N	D	N	E1211	M	D	A	K0015	M	D	N	K0095	M	D	N
E0935	D	N	A	E1212	M	D	A	K0016	M	D	N	K0096	M	D	N
E0940	M	D	A	E1213	M	D	A	K0017	M	D	N	K0097	M	D	N
E0941	M	D	A	E1220	M	D	A	K0018	M	D	N	K0098	M	D	N
E0943	M	D	N	E1221	M	D	A	K0019	M	D	N	K0099	M	D	N
E0945	M	D	N	E1111	M	D	A	K0020	M	D	N	K0100	M	D	N
E0946	M	D	A	E1223	M	D	A	K0021	M	D	N	K0101	M	D	A
E0947	M	D	A	E1225	M	D	N	K0022	M	D	N	K0102	M	D	N
E0948	M	D	A	E1226	M	D	A	K0023	M	D	N	K0103	M	D	N
E0950	M	D	N	E1227	M	D	N	K0024	M	D	N	K0104	M	D	N
E0951	M	D	N	E1228	M	D	N	K0025	M	D	N	K0105	M	D	N
E0952	M	D	N	E1230	M	D	A	K0026	M	D	N	K0106	M	D	N
E0953	M	D	N	E1240	M	D	A	K0027	M	D	N	K0107	M	D	N
E0954	M	D	N	E1250	M	D	A	K0028	M	D	A	K0108	M	D	A
E0958	M	D	A	E1260	M	D	A	K0029	M	D	N	K0109	M	D	A
E0959	M	D	N	E1270	M	D	A	K0030	M	D	N	K0112	N	P	N
E0961	M	D	N	E1280	M	D	A	K0031	N	D	N	K0113	N	P	N
E0962	M	D	N	E1285	M	D	A	K0032	M	D	N	K0114	N	P	N
E0963	M	D	N	E1290	M	D	A	K0033	M	D	N	K0115	N	P	N
E0964	M	D	N	E1295	M	D	A	K0034	M	D	N	K0116	N	P	N
E0965	M	D	N	E1296	M	D	N	K0035	M	D	N	K0126	N	P	N
E0966	M	D	N	E1297	M	D	N	K0036	M	D	N	K0127	N	P	N
E0967	M	D	N	E1298	M	D	A	K0037	M	D	N	K0128	N	P	N
E0968	M	D	N	E1300	M	D	A	K0038	M	D	N	K0129	N	P	N
E0969	M	D	N	E1310	M	D	A	K0039	M	D	N	K0130	N	P	N
E0970	M	D	N	E1350	M	D	A	K0040	M	D	N	K0137	N	M	N
E0971	M	D	N	E1353	M	D	A	K0041	M	D	N	K0138	N	M	N
E0972	M	D	N	E1355	M	D	A	K0042	M	D	N	K0139	N	M	N
E0973	M	D	N	E1372	M	D	A	K0043	M	D	N	K0152	N	P	N
E0974	M	D	N	E1375	M	D	A	K0044	M	D	N	K0154	N	M	N
E0975	M	D	N	E1377	M	N	A	K0045	M	D	N	K0163	M	D	A
E0976	M	D	N	E1378	M	N	A	K0046	M	D	N	K0168	N	M	A
E0977	M	D	N	E1379	M	N	A	K0047	M	D	N	K0169	N	M	A
E0978	M	D	N	E1380	M	N	A	K0048	M	D	N	K0170	N	M	A
E0979	M	D	N	E1381	M	N	A	K0049	M	D	N	K0171	N	M	A
E0980	M	D	N	E1382	M	N	A	K0050	M	D	N	K0172	N	M	A
E0990	M	D	N	E1383	M	N	A	K0051	N	D	N	K0173	N	M	A
E0991	M	D	N	E3846	M	N	A	K0052	M	D	N	K0174	N	M	N
E0992	M	D	N	E1385	M	N	A	K0053	N	D	N	K0175	N	M	A
E0993	M	D	N	E1399	M	D	A	K0054	M	D	N	K0176	N	M	A
E0994	M	D	N	E1400	M	D	A	K0055	M	D	N	K0177	N	M	A
E0995	M	D	N	E1401	M	D	A	K0056	M	D	N	K0178	N	M	A
E0996	M	D	N	E1402	M	D	A	K0057	M	D	N	K0179	N	M	A
E0997	M	D	N	E1403	M	D	A	K0058	M	D	N	K0180	N	M	A
E0998	M	D	N	E1404	M	D	A	K0059	M	D	N	K0181	N	M	A
E0999	M	D	N	E1405	M	D	A	K0060	M	D	N	K0182	N	M	A
E1000	M	D	N	E1406	M	D	A	K0061	M	D	N	K0183	N	M	N
E1001	M	D	N	E1592	M	D	A	K0062	M	D	N	K0184	N	M	N
E1031	M	D	A	E1594	M	D	A	K0063	M	D	N	K0185	N	M	N
E1050	M	D	A	E1610	M	D	A	K0064	M	D	N	K0186	N	M	N
E1060	M	D	A	E1615	M	D	A	K0065	M	D	N	K0187	N	M	N
E1065	M	D	A	E1630	M	D	A	K0066	M	D	N	K0188	N	M	N
E1066	M	D	N	E1632	M	D	A	K0067	M	D	N	K0189	N	M	N
E1069	M	D	N	E1640	M	D	A	K0068	M	D	N	K0190	N	M	N
E1070	M	D	A	E1699	M	D	A	K0069	M	D	N	K0191	N	M	N
E1083	M	D	A	E1700	M	D	A	K0070	M	D	N	K0192	N	M	N
E1084	M	D	A	E1701	N	D	A	K0071	M	D	N	K0193	M	D	A
E1085	M	D	A	E1702	M	D	N	K0072	M	D	N	K0194	M	D	A
E1086	M	D	A	E1800	M	D	A	K0073	M	D	N	K0195	N	D	N
E1087	M	D	A	E1805	M	D	A	K0074	M	D	N	L0110	N	P	N
E1088	M	D	A	E1810	M	D	A	K0075	M	D	N	L0120	N	P	N
E1089	M	D	A	E1815	M	D	A	K0076	M	D	N	L0140	N	P	N
E1090	M	D	A	E1820	M	D	A	K0077	M	D	N	L0172	N	P	N
E1091	M	D	A	E1825	M	D	A	K0078	M	D	N	L0210	N	P	N
E1092	M	D	A	E1830	M	D	A	K0079	M	D	N	L0300	N	P	N
E1093	M	D	A	E1924	M	D	A	K0080	M	D	N	L0315	N	P	N
E1100	M	D	A	K0001	M	D	A	K0081	M	D	N	L0500	N	P	N
E1110	M	D	A	K0002	M	D	N	K0082	M	D	N	L0515	N	P	N
E1130	M	D	A	K0003	M	D	A	K0083	N	D	N	L0600	N	P	N
E1140	M	D	A	K0004	M	D	A	K0084	M	D	N	L0900	N	P	N
E1150	M	D	A	K0005	M	D	A	K0085	M	D	N	L0920	N	P	N

PROC CODE	DME RENT IND	DME PURCH IND	PA IND	PROC CODE	DME RENT IND	DME PURCH IND	PA IND	PROC CODE	DME RENT IND	DME PURCH IND	PA IND	PROC CODE	DME RENT IND	DME PURCH IND	PA IND
L0940	N	P	N	L3213	N	P	A	L3540	N	P	N	L8300	N	P	N
L0960	N	P	N	L3214	N	P	A	L3550	N	P	N	L8310	N	P	N
L0974	N	P	N	L3215	N	P	A	L3560	N	P	N	L8320	N	P	N
L0976	N	P	N	L3216	N	P	A	L3570	N	P	N	L8330	N	P	N
L0980	N	P	N	L3217	N	P	A	L3580	N	P	N	L8400	N	P	N
L0982	N	P	N	L3218	N	P	A	L3590	N	P	N	L8410	N	P	N
L1600	N	P	N	L3219	N	P	A	L3595	N	P	N	L8415	N	P	N
L1610	N	P	N	L3221	N	P	A	L3600	N	P	N	L8420	N	P	N
L1620	N	P	N	L3222	N	P	A	L3610	N	P	N	L8430	N	P	N
L1800	N	P	N	L3223	N	P	A	L3620	N	P	N	L8435	N	P	N
L1810	N	P	N	L3230	N	P	A	L3630	N	P	N	L8440	N	P	N
L1815	N	P	N	L3250	N	P	A	L3640	N	P	N	L8460	N	P	N
L1820	N	P	N	L3250	N	P	A	L3649	N	P	N	L8465	N	P	N
L1825	N	P	N	L3252	N	P	A	L3650	N	P	N	L8470	N	P	N
L1830	N	P	N	L3253	N	P	A	L3660	N	P	N	L8480	N	P	N
L1902	N	P	N	L3254	N	P	A	L3670	N	P	N	X0003	N	P	N
L1906	N	P	N	L3255	N	P	A	L3700	N	P	N	X3610	N	P	N
L2210	N	P	N	L3257	N	P	A	L3800	N	P	N	X3680	N	P	N
L2270	N	P	N	L3260	N	P	A	L3908	N	P	N	X4280	N	P	N
L2360	N	P	N	L3265	N	P	A	L3914	N	P	N	X4290	N	P	N
L2999	N	P	N	L3300	N	P	A	L3916	N	P	N	X4800	N	P	A
L3000	N	P	A	L3310	N	P	A	L4200	N	P	N	X4801	N	P	A
L3001	N	P	A	L3320	N	P	A	L4350	N	P	N	X4802	N	P	A
L3002	N	P	A	L3330	N	P	A	L4360	N	P	N	X4803	N	P	A
L3003	N	P	A	L3332	N	P	A	L4370	N	P	N	X4804	N	P	A
L3010	N	P	A	L3334	N	P	A	L4380	N	P	N	X4805	N	P	A
L3020	N	P	A	L3340	N	P	N	L5000	N	P	N	X4810	N	P	A
L3030	N	P	A	L3350	N	P	N	L5270	N	P	N	X4850	N	P	A
L3040	N	P	A	L3360	N	P	N	L5300	N	P	N	X4851	N	P	A
L3050	N	P	A	L3370	N	P	N	L6500	N	P	N	X4852	N	P	A
L3060	N	P	A	L3380	N	P	N	L8000	N	P	N	X4853	N	P	A
L3070	N	P	A	L3390	N	P	N	L8010	N	P	N	X4854	N	P	A
L3080	N	P	A	L3400	N	P	N	L8020	N	P	N	X4890	N	P	A
L3090	N	P	A	L3410	N	P	N	L8030	N	P	N	X4891	N	P	A
L3100	N	P	A	L3420	N	P	N	L8100	N	P	N	X4892	N	P	A
L3140	N	P	A	L3430	N	P	N	L8110	N	P	N	X6006	N	M	A
L3150	N	P	A	L3440	N	P	N	L8120	N	P	N	X6460	N	M	A
L3170	N	P	A	L3450	N	P	N	L8130	N	P	N	X7200	N	M	N
L3201	N	P	A	L3455	N	P	N	L8140	N	P	N	X7300	N	M	N
L3202	N	P	A	L3460	N	P	N	L8150	N	P	N	X7520	N	M	A
L3203	N	P	A	L3465	N	P	N	L8160	N	P	N	X8200	M	D	N
L3204	N	P	A	L3470	N	P	N	L8170	N	P	N	X8334	N	M	A
L3206	N	P	A	L3480	N	P	N	L8180	N	P	N	X8335	N	M	A
L3207	N	P	A	L3485	N	P	N	L8190	N	P	N	X8336	N	M	A
L3208	N	P	A	L3500	N	P	N	L8200	N	P	N	X8337	N	M	A
L3209	N	P	A	L3510	N	P	N	L8210	N	P	N	X8338	N	M	A
L3211	N	P	A	L3520	N	P	N	L8220	N	P	N	X8339	N	M	A
L3212	N	P	A	L3530	N	P	N	L8230	N	P	N	X8433	N	M	A
												X8434	N	M	A

Amended by R.1999 d.41, effective February 1, 1999.
See: 30 N.J.R. 1019(a), 31 N.J.R. 440(a).

Rewrote the appendix.
Amended by R.1999 d.265, effective August 16, 1999.
See: 31 N.J.R. 1308(a), 31 N.J.R. 2401(a).

PROC CODE E0452, changed DME PURCH IND, inserted PROC CODE E0601, and deleted PROC CODE X6000.

Amended by R.2000 d.391, effective October 2, 2000.
See: 32 N.J.R. 2198(a), 32 N.J.R. 3568(a).

Inserted references to B9004, and X8434, changed purchase indicator values in references to B9006, E0781, E0791, and deleted a reference to B9999.

APPENDIX B

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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Amended by R.1999 d.41, effective February 1, 1999.
See: 30 N.J.R. 1019(a), 31 N.J.R. 440(a).