

CHAPTER 66**INDEPENDENT CLINIC SERVICES****Authority**

N.J.S.A. 30:4D-6, 7 and 12; 42 CFR 405.2401(b), 440.40(b), 440.90, 441 Subpart B, 441.20, 491 and 493.

Source and Effective Date

R.1998 d.577, effective November 12, 1998.
See: 30 N.J.R. 3434(a), 30 N.J.R. 4225(b).

Executive Order No. 66(1978) Expiration Date

Chapter 66, Independent Clinic Services, expires on November 12, 2003.

Chapter Historical Note

Chapter 66, Manual for Independent Clinic Services, was adopted as R.1973 d.228, effective October 1, 1973. See: 5 N.J.R. 226(c), 5 N.J.R. 339(b).

Chapter 66, Manual for Independent Clinic Services, was repealed and a new Chapter 66, Independent Clinic Services Manual, was adopted as R.1980 d.249, effective June 30, 1980. See: 12 N.J.R. 275(b), 12 N.J.R. 418(f).

Pursuant to Executive Order No. 66(1978), Chapter 66, Independent Clinic Services Manual, was readopted as R.1983 d.615, effective December 15, 1983. See: 15 N.J.R. 1732(a), 16 N.J.R. 145(a).

Pursuant to Executive Order No. 66(1978), Chapter 66, Independent Clinic Services Manual, was readopted as R.1989 d.33, effective December 15, 1988. See: 20 N.J.R. 2562(a), 21 N.J.R. 162(a).

Chapter 66, Independent Clinic Services Manual, was repealed and a new Chapter 66, Independent Clinic Services, was adopted as R.1993 d.641, effective December 6, 1993. See: 25 N.J.R. 4379(a), 25 N.J.R. 5528(c).

Pursuant to Executive Order No. 66(1978), Chapter 66, Independent Clinic Services, was readopted as R.1998 d.577, effective November 12, 1998. See: Source and Effective Date. See, also, section annotations.

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APPENDIX. FISCAL AGENT BILLING SUPPLEMENT**SUBCHAPTER 1. GENERAL PROVISIONS****10:66-1.1 Scope of service**

(a) This chapter (N.J.A.C. 10:66) describes the policies and procedures of the New Jersey Medicaid and NJ Kid-

Care fee-for-service programs pertaining to the provision of, and reimbursement for, medically necessary Medicaid-covered and NJ KidCare-covered services in an independent clinic setting. An independent clinic setting includes, but is not limited to, clinic types such as an ambulatory care facility, ambulatory surgical center, ambulatory care/family planning facility, and a Federally qualified health center.

(b) Medically necessary services provided in an independent clinic setting shall meet all applicable State and Federal Medicaid and NJ KidCare fee-for-service laws, and all applicable policies, rules and regulations as specified in the appropriate provider services manual of the New Jersey Medicaid and NJ KidCare fee-for-service programs.

(c) Independent clinic services are preventive, diagnostic, therapeutic, rehabilitative, or palliative services that are provided by a facility (freestanding) that is not part of a hospital but is organized and operated to provide medical care to outpatients, including such services provided outside the clinic by clinic personnel to any Medicaid or NJ KidCare fee-for-service beneficiary who does not reside in a permanent dwelling or does not have a fixed home or mailing address. Clinic services do not include services provided by hospitals to outpatients.

(d) The chapter is divided into six subchapters, as follows:

1. N.J.A.C. 10:66-1 contains scope of service, definitions, provisions for provider participation, prior authorization, basis for reimbursement, and recordkeeping requirements.

2. N.J.A.C. 10:66-2 contains policies and procedures pertaining to specific Medicaid-covered and NJ KidCare-covered services provided in an independent clinic setting. Where unique characteristics or requirements exist concerning a particular Medicaid-covered or NJ KidCare-covered service, the service is separately identified and discussed.

3. N.J.A.C. 10:66-3 contains information about HealthStart, a program for pregnant women and children.

4. N.J.A.C. 10:66-4 and its Appendix contain information about Federally qualified health centers, including rules governing the provision of services; the Medicaid cost report containing the forms used by Federally qualified health centers to determine Medicaid and NJ KidCare-Plan A fee-for-service reimbursement amounts; and instructions for the proper completion of the forms contained in the cost report.

5. N.J.A.C. 10:66-5 contains information about ambulatory surgical centers, including covered services, anesthesia, medical justification, facility services, and medical records.

6. N.J.A.C. 10:66-6 pertains to the Health Care Financing Administration's Common Procedure Coding System (HCPCS). The HCPCS procedure code system contains procedure codes and maximum fee allowances corresponding to Medicaid-reimbursable services.

(e) The Appendix following N.J.A.C. 10:66-6 pertains to the Fiscal Agent Billing Supplement. The Fiscal Agent Billing Supplement contains billing instructions and samples of forms (claim forms, prior authorization forms, and consent forms) used in the billing process.

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

Inserted references to NJ KidCare fee-for-service and NJ KidCare-covered services throughout; in (c), substituted a reference to beneficiaries for a reference to recipients; and in (d)4, inserted a reference to NJ KidCare-Plan A fee-for-service.

10:66-1.2 Definitions

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

“Ambulatory care facility” means a health care facility or a distinct part of a health care facility, licensed by the New Jersey State Department of Health and Senior Services, which provides preventive, diagnostic, and treatment services to persons who come to the facility to receive services and depart from the facility on the same day.

“Ambulatory care/family planning facility” means a health care facility or a distinct part of a health care facility, licensed by the New Jersey State Department of Health and Senior Services to provide specified surgical procedures.

“Ambulatory surgical center” means any distinct entity that operates exclusively for the purpose of providing surgical services to patients not requiring hospitalization; has an agreement with the Health Care Financing Administration (HCFA) under Medicare to participate as an ambulatory surgical center; is licensed as an ambulatory surgical center, if required, by the New Jersey State Department of Health and Senior Services; and meets the enrollment requirements as indicated in the Administration chapter at N.J.A.C. 10:49-3.2, Enrollment process, and at N.J.A.C. 10:66-1.3, Provisions for provider participation.

“Audited financial statements” are defined in requirements set forth in N.J.A.C. 10:66-4.2. This section provides a set of guidelines so that FQHC providers will know the criteria for a satisfactory audit.

“Compensated hours” means all hours for which an employee receives compensation, payment or any form of remuneration, including regular time, overtime, vacation time, sick time, personal time, educational time, and all other compensated time.

(2) All references to time parameters shall mean the practitioner's personal time in reference to the service rendered unless it is otherwise indicated.

vi. Written records in substantiation of the use of a given procedure code must be available for review and/or inspection if requested by the New Jersey Medicaid or NJ KidCare fee-for-service program.

vii. All references to performance of any or all parts of a history or physical examination shall mean that for reimbursement purposes these services were personally performed by a physician, dentist, podiatrist, optometrist, certified nurse midwife, psychologist, and other program recognized mental health professionals in a mental health clinic, whichever is applicable. (Exception: Procedure Code W9820, EPSDT, permits the services of a pediatric nurse practitioner under the direct supervision of a physician.)

2. Specific requirements concerning medicine are as follows:

i. To qualify as documentation that the service was rendered by the practitioner during an inpatient stay, the medical record must contain the practitioner's notes indicating that he or she personally:

(1) Reviewed the patient's medical history with the patient and/or his or her family, depending upon the medical situation;

(2) Performed an examination as appropriate;

(3) Confirmed or revised the diagnosis; and

(4) Visited and examined the patient on the days for which a claim for reimbursement is made.

ii. The practitioner's involvement must be clearly demonstrated in notes reflecting his or her personal involvement with the service rendered. This refers to those occasions when these notes are written into the medical record by interns, residents, other house staff members, or nurses. A counter-signature alone is not sufficient.

3. Specific requirements concerning surgery are as follows:

i. Certain of the listed procedures are commonly carried out as an integral part of a total service and, as such, do not warrant a separate charge. When such a procedure is carried out as a separate entity not immediately related to other services, the indicated value for "separate procedure" is applicable.

4. Specific requirements concerning radiology are as follows:

i. Values include usual contrast media, equipment and materials.

ii. Values include consultation and written report to the referring physician.

iii. S&I (Supervision and Interpretation) only for the procedure given. This code is used only when a procedure is performed by more than one physician. Values include consultation and written report.

iv. All films taken of an area which is to be subject to a contrast study will, for reimbursement purposes, be considered part of the contrast study unless stated otherwise.

v. The fee listed represents the combined technical and professional component of the reimbursement for the procedure code notwithstanding any statement to the contrary in the narrative. It will be paid only to one provider and will not be broken down into its component parts.

Administrative Correction.

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

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

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

Inserted references to NJ KidCare fee-for-service and substituted references to CPT for references to CPT-4 throughout.

10:66-6.2 HCPCS procedure code numbers and maximum fee allowance schedule

(a) Evaluation and management and other procedures

* An asterisk preceding any procedure code may also be performed in a drug treatment center.

Ind	HCPCS Code	Mod	Follow Up Days	Maximum Fee Allowance		Anes. Basic Units
				\$	NS	
*N	36415			1.80		1.80
	90701			16.34		16.34
	90701	52		2.50		2.50
	90702			3.29		3.29
	90702	52		2.50		2.50
	90703			3.40		3.40
	90703	52		2.50		2.50
	90704			23.60		23.60
	90704	52		2.50		2.50
	90705			18.39		18.39
	90705	52		2.50		2.50
	90706			22.04		22.04
	90706	52		2.50		2.50
	90707			39.87		39.87
	90707	52		2.50		2.50
	90712			14.44		14.44
	90712	52		2.50		2.50
	90713			22.80		22.80
	90713	52		2.50		2.50
	90714			3.03		3.03
	90714	52		2.50		2.50
	90717			3.03		3.03
	90717	52		2.50		2.50
	90718			3.35		3.35
	90718	52		2.50		2.50
	90724			6.97		6.97
	90724	52		2.50		2.50
	90732			14.35		14.35
	90732	52		2.50		2.50
	90733			17.48		17.48
	90733	52		2.50		2.50
	90737			25.79		25.79
	90737	52		2.50		2.50
	90741			Prior authorization required		
	90742			Prior authorization required		
	90746			63.57		63.57
L	90746	52		2.50		2.50
N	90799			2.50		2.50
N	90801			37.00		26.00

Ind	HCPCS Code	Mod	Follow Up Days	Maximum Fee Allowance		Anes. Basic Units	Ind	HCPCS Code	Mod	Follow Up Days	Maximum Fee Allowance		Anes. Basic Units
				\$	NS						\$	NS	
	93000			16.00	16.00		L	W9334	52		2.50	2.50	
N	99150			45.00	40.00		L	W9335			62.09	62.09	
				Per Hour	Per Hour		L	W9335	52		2.50	2.50	
N	99151			45.00	40.00		L	W9338			30.27	30.27	
				Per Hour	Per Hour		L	W9338	52		2.50	2.50	
	99173			5.00	5.00		L	W9820			23.00	18.00	
N	*99201			16.00	14.00								
N	*99202			16.00	14.00								
N	*99203			22.00	17.00								
N	*99204			22.00	17.00								
N	*99205			22.00	17.00								
N	*99211			16.00	14.00								
N	99211	WM		NA	11.20								
N	*99212			16.00	14.00								
N	99212	WM		NA	11.20								
N	*99213			16.00	14.00								
N	99213	WM		NA	11.20								
N	*99214			16.00	14.00								
N	99214	WM		NA	11.20								
N	*99215			16.00	14.00								
N	99215	WM		NA	11.20								
N	99241			44.00	NA								
N	99242			44.00	NA								
N	99243			44.00	NA		N	55250		30	100.00	85.00	3
N	99244			62.00	NA		N	55450		30	100.00	85.00	3
N	99245			62.00	NA		N	57451		45	182.00	158.00	6
N	99251			44.00	NA			58301			16.40	16.40	
N	99252			44.00	NA			58301	WM		16.40	16.40	
N	99253			44.00	NA		N	58600		45	211.00	184.00	6
N	99254			62.00	NA		N	58605		45	151.00	131.00	6
N	99255			62.00	NA		N	58982		45	182.00	158.00	6
N	99261			16.00	14.00		N	58983		45	182.00	158.00	6
N	99262			16.00	14.00			88150			6.00	6.00	
N	99263			16.00	14.00			88151			6.00	6.00	
N	99271			44.00	NA			88155			6.00	6.00	
N	99272			44.00	NA		N	99201	WF		45.00	45.00	
N	99273			44.00	NA		N	99201	WFWM		NA	31.50	
N	99274			62.00	NA		N	99202	WF		45.00	45.00	
N	99274	YY		50.00	NA		N	99202	WFWM		NA	31.50	
N	99274	ZZ		50.00	NA		N	99203	WF		45.00	45.00	
N	99275			62.00	NA		N	99203	WFWM		NA	31.50	
N	99291			45.00	40.00		N	99204	WF		45.00	45.00	
N	99292			22.50	20.00		N	99204	WFWM		NA	31.50	
N	99382			22.00	17.00		N	99205	WF		45.00	45.00	
N	99383			22.00	17.00		N	99205	WFWM		NA	31.50	
N	*99384			22.00	17.00		N	99211	WF		7.60	7.60	
N	*99385			22.00	17.00		N	99211	WFWM		NA	5.35	
N	*99386			22.00	17.00		N	99212	WF		7.60	7.60	
N	*99387			22.00	17.00		N	99212	WFWM		NA	5.35	
N	99391			16.00	14.00		N	99213	WF		7.60	7.60	
N	99392			22.00	17.00		N	99213	WFWM		NA	5.35	
N	99393			22.00	17.00		N	99214	WF		23.00	23.00	
N	*99394			22.00	17.00		N	99214	WFWM		NA	16.40	
N	*99395			22.00	17.00		N	99215	WF		23.00	23.00	
N	99396			22.00	17.00		N	99215	WFWM		NA	16.40	
N	99397			22.00	17.00		N	99395	WF		45.00	45.00	
N	J2790			20.40	20.40		N	99395	WFWM		NA	31.50	
N	J2790	22		72.07	72.07		L	W0001	WF		188.00	188.00	
L	W9050			27.00	NA		L	W0001	WFWM		NA	177.00	
L	W9055			27.00	23.00		L	W0002	WF		123.00	123.00	
L	W9060	WT		23.00	18.00		L	W0002	WFWM		NA	112.00	
L	W9061	WT		23.00	18.00		L	W0004	WF		204.00	204.00	
L	W9062	WT		23.00	18.00		L	W0004	WFWM		NA	188.00	
L	W9063	WT		23.00	18.00		L	W0008	WF		139.00	139.00	
L	W9064	WT		23.00	18.00		L	W0008	WFWM		NA	123.00	
L	W9065	WT		23.00	18.00								
L	W9066	WT		23.00	18.00								
L	W9067	WT		23.00	18.00								
L	W9068	WT		23.00	18.00								
L	W9096			17.46	17.46								
L	W9096	52		2.50	2.50								
L	W9096	22		32.79	32.79								
L	W9096	2252		2.50	2.50								
L	W9097			17.46	17.46								
L	W9097	52		2.50	2.50								
L	W9098			32.79	32.79								
L	W9098	52		2.50	2.50								
L	W9333			27.88	27.88								
L	W9333	52		2.50	2.50		Ind	HCPCS Code	Mod	Follow Up Days	Maximum Fee Allowance \$	NS	Anes. Basic Units
L	W9334			27.88	27.88		N	10040			18.00	16.00	
							*	10060			13.00	11.00	

(b) Dental services (See N.J.A.C. 10:56-3).

(c) Family planning services:

Ind	HCPCS Code	Mod	Follow Up Days	Maximum Fee Allowance		Anes. Basic Units
				\$	NS	
N	11975	22	30	Direct	package plus	price
N	11976		90	100.00		85.00
N	11977	22	90	Direct	package plus	price
				200.00		170.00
N	55250		30	90.00		79.00
N	55450		30	42.00		37.00
N	57451		45	182.00		158.00
	58301			16.40		16.40
	58301	WM		NA		16.40
N	58600		45	211.00		184.00
N	58605		45	151.00		131.00
N	58982		45	182.00		158.00
N	58983		45	182.00		158.00
	88150			6.00		6.00
	88151			6.00		6.00
	88155			6.00		6.00
N	99201	WF		45.00		45.00
N	99201	WFWM		NA		31.50
N	99202	WF		45.00		45.00
N	99202	WFWM		NA		31.50
N	99203	WF		45.00		45.00
N	99203	WFWM		NA		31.50
N	99204	WF		45.00		45.00
N	99204	WFWM		NA		31.50
N	99205	WF		45.00		45.00
N	99205	WFWM		NA		31.50
N	99211	WF		7.60		7.60
N	99211	WFWM		NA		5.35
N	99212	WF		7.60		7.60
N	99212	WFWM		NA		5.35
N	99213	WF		7.60		7.60
N	99213	WFWM		NA		5.35
N	99214	WF		23.00		23.00
N	99214	WFWM		NA		16.40
N	99215	WF		23.00		23.00
N	99215	WFWM		NA		16.40
N	99395	WF		45.00		45.00
N	99395	WFWM		NA		31.50
L	W0001	WF		188.00		188.00
L	W0001	WFWM		NA		177.00
L	W0002	WF		123.00		123.00
L	W0002	WFWM		NA		112.00
L	W0004	WF		204.00		204.00
L	W0004	WFWM		NA		188.00
L	W0008	WF		139.00		139.00
L	W0008	WFWM		NA		123.00

(d) Laboratory services (See N.J.A.C. 10:61-3).

(e) Minor surgery:

* An asterisk preceding any procedure code may also be performed by a podiatrist.

Ind	HCPCS Code	Mod	Follow Up Days	Maximum Fee Allowance		Anes. Basic Units
				\$	NS	
*	10061		30	48.00	42.00	
*	10080			30.00	26.00	
*	10120			18.00	16.00	
*	10121		30	34.00	29.00	
*	10140			18.00	16.00	
*	10160			13.00	11.00	
*	11000			13.00	11.00	
*	11001			6.00	5.00	
*	11040			13.00	11.00	
*	11041			13.00	11.00	
*	11042			16.00	14.00	
*	11043			16.00	14.00	
*	11100		7	13.00	11.00	
*	11400		15	18.00	16.00	
*	11401		15	22.00	20.00	
*	11402		15	27.00	24.00	
*	11403		15	32.00	27.00	
*	11404		15	32.00	27.00	
*	11406		15	32.00	27.00	
*	11420		15	18.00	16.00	
*	11421		15	22.00	20.00	
*	11422		15	27.00	24.00	
*	11423		15	32.00	27.00	
*	11424		15	32.00	27.00	
*	11426		15	32.00	27.00	
*	11440		15	18.00	16.00	
*	11441		15	22.00	20.00	
*	11442		15	27.00	24.00	
*	11443		15	32.00	27.00	
*	11444		15	32.00	27.00	
*	11446		15	32.00	27.00	
*	11600		90	37.00	32.00	
*	11601		90	47.00	42.00	
*	11602		90	61.00	53.00	
*	11620		90	61.00	53.00	
*	11621		90	90.00	79.00	
*	11622		90	121.00	105.00	
*	11640		90	90.00	79.00	
*	11641		90	121.00	105.00	
*	11642		90	150.00	131.00	
*	11700			13.00	11.00	
*	11701			6.00	6.00	
*	11710			13.00	11.00	
*	11711			6.00	6.00	
*	11730			10.00	10.00	
*	11750		30	42.00	37.00	
*	12001			18.00	16.00	
*	12002			24.00	21.00	
*	12004			30.00	26.00	
*	12005		7	46.00	39.00	
*	12006		7	57.00	48.00	
*	12007		7	82.50	70.00	
*	12011			18.00	16.00	
*	12013			24.00	21.00	
*	12014		7	30.00	26.00	
*	12031		30	30.00	26.00	
*	12032		30	48.00	42.00	
*	12041		30	30.00	26.00	
*	12042		30	67.00	59.00	
*	12051		30	38.00	33.00	
*	12052		30	67.00	59.00	
*	13100		30	34.00	29.00	
*	13101		30	68.00	63.00	
*	13120		30	48.00	42.00	
*	13121		30	106.00	92.00	
*	13131		30	67.00	59.00	
*	13132		30	145.00	126.00	
*	13150		30	38.00	33.00	
*	13151		30	82.00	71.00	
*	13152		30	193.00	168.00	
*	17000			16.00	14.00	
*	17010			42.00	36.00	
*	17100			18.00	15.00	
*	17105			100.00	85.00	
*	17110			16.00	14.00	
*	17200			16.00	14.00	
*	17304			100.00	85.00	
L*	W1650			24.00	21.00	
L*	W1650	22		37.00	32.00	

(f) Mental health services:

Ind	HCPCS Code	Mod	Follow Up Days	Maximum Fee Allowance		Anes. Basic Units
				\$	NS	
N	90801	ZI		45.00	45.00	
N	90843	ZI		13.00	13.00	
N	90844	ZI		26.00	26.00	
N	90847	ZI		26.00	26.00	
N	90847	ZI22		32.00	32.00	
	90862	ZI		4.50	4.50	
	90870			32.00	26.00	
N	90887	ZI		13.00	13.00	
LN	H5025	ZI		8.00	8.00	
L	Z0100			22.50	22.50	
L	Z0130			25.00	25.00	
L	Z0150			8.00	8.00	
L	Z0160			15.50	15.50	
L	Z0170			46.00	46.00	
L	Z0180			77.00	77.00	

(g) Obstetrical services (maternity):

Ind	HCPCS Code	Mod	Follow Up Days	Maximum Fee Allowance		Anes. Basic Units
				\$	NS	
N	59400		60	468.00	403.00	4
N	59400	WM	60	NA	328.00	4
N	59410		60	320.00	272.00	4
N	59410	WM	60	NA	224.00	4
N	59420			16.00	14.00	
N	59420	WM		NA	11.20	
N	59420	22		22.00	17.00	
N	59420	WM22		NA	15.40	
N	59430		0	20.00	18.00	0
N	59430	WM	0	NA	14.00	0
	59510		45	598.00	516.00	7
	59515		45	450.00	385.00	7
	59525		45	362.00	308.00	8
	59812		45	105.00	91.00	3
L	Z0250	WM		NA	40.00	

(h) Podiatry services:

Ind	HCPCS Code	Mod	Follow Up Days	Maximum Fee Allowance		Anes. Basic Units
				\$	NS	
N	29580			18.00	16.00	3
N	99211	YR		16.00	14.00	
N	99212	YR		16.00	14.00	
N	99213	YR		16.00	14.00	
N	99214	YR		16.00	14.00	
N	99215	YR		16.00	14.00	
L	W2650			21.00	21.00	
L	W2655			5.00	5.00	

NOTE: See N.J.A.C. 10:66-6.2(f), Surgery, for additional procedures.

(i) Radiology services:

Ind	HCPCS Code	Mod	Follow Up Days	Maximum Fee Allowance		Anes. Basic Units
				\$	NS	
	70030			15.00		
	70100			15.00		
	70110			20.00		
	70120			15.00		
	70130			20.00		
	70140			15.00		
	70150			20.00		
	70160			15.00		
	70170			20.00		
	70190			15.00		
	70200			25.00		
	70210			20.00		
	70220			25.00		
	70240			15.00		
	70250			15.00		

Ind	HCPCS Code	Mod	Follow Up Days	Maximum Fee Allowance \$	NS	Anes. Basic Units	Ind	HCPCS Code	Mod	Follow Up Days	Maximum Fee Allowance \$	NS	Anes. Basic Units
	70260			25.00				74290			35.00		
	70300			5.00				74305			25.00		
	70310			10.00				74400			35.00		
	70320			15.00				74405			50.00		
	70328			13.00				74420			35.00		
	70330			20.00				74430			15.00		
	70350			8.00				74450			20.00		
	70360			10.00				74455			20.00		
	70370			20.00				74470			20.00		
	70380			15.00			N	74710			25.00		
	70390			15.00				74740			20.00		
	70551			300.00				76000			45.00		
MN	71010			10.00				76020			15.00		
MN	71020			15.00				76040			20.00		
MN	71030			20.00				76061			35.00		
MN	71034			20.00				76062			90.00		
	71100			15.00				76080			15.00		
	71110			20.00				76090			26.00		
	71120			15.00				76091			36.00		
	71130			20.00				76100	50		35.00		
	72010			40.00				76100			50.00		
	72040			15.00				76805			55.00		
	72050			20.00				76815			25.00		
	72052			25.00				76816			25.00		
	72070			15.00									
	72080			15.00									
	72100			20.00									
	72110			25.00									
	72114			20.00									
N	72170			15.00									
	72190			20.00									
	72200			20.00									
	72220			15.00									
	73000			10.00									
	73010			15.00									
	73020			15.00									
	73030			15.00									
	73040			15.00									
	73050			18.00			N						
	73060			15.00			N						
	73070			15.00			N						
	73080			15.00			N						
	73085			15.00			N						
	73090			10.00									
	73092			20.00			N						
	73100			10.00									
	73110			15.00									
	73115			15.00			N						
	73120			10.00			L						
	73130			15.00			L						
	73140			5.00			L						
N	73500			18.00			L						
N	73510			20.00			L						
	73520			25.00									
	73525			15.00									
	73530			30.00									
	73540			15.00									
	73550			15.00									
	73560			15.00									
	73562			15.00									
	73580			15.00									
	73590			15.00									
	73592			20.00									
	73600			10.00									
	73610			13.00									
	73615			15.00									
	73620			10.00									
	73630			13.00									
	73650			10.00									
	73660			5.00									
	74000			10.00									
	74010			15.00									
	74020			15.00									
N	74220			20.00									
N	74240			40.00									
N	74241			45.00									
N	74245			50.00									
N	74250			30.00									
	74270			30.00									
	74280			40.00									

(j) Rehabilitation services:

Ind	HCPCS Code	Mod	Follow Up Days	Maximum Fee Allowance \$	NS	Anes. Basic Units
	92507			7.00		7.00
	92552			11.00		11.00
	92553			14.00		14.00
	92557			19.00		19.00
	92562			3.00		NA
	92563			3.00		NA
	92564			4.00		NA
N	92567			5.00		NA
N	92568			5.00		NA
N	92572			20.00		NA
N	92576			30.00		NA
N	92582			14.00		14.00
	92585			45.00		NA
N	92589			10.00		NA
	92590			40.00		NA
	92591			40.00		NA
N	97799			7.00		7.00
L	H5300			7.00		7.00
L	Z0270			7.00		7.00
L	Z0280			7.00		7.00
L	Z0300			7.00		7.00
L	Z0310			45.00		45.00

(k) Vision care services (See N.J.A.C. 10:62-4).

(l) Transportation services:

Ind	HCPCS Code	Mod	Follow Up Days	Maximum Fee Allowance \$	NS	Anes. Basic Units
LN	Z0330			4.50		4.50
LN	Z0335			9.00		9.00

(m) Drug treatment center services:

* An asterisk preceding any procedure code indicates that the procedure may only be provided to ACCAP-eligible individuals in the home.

Ind	HCPCS Code	Mod	Follow Up Days	Maximum Fee Allowance \$	NS	Anes. Basic Units
*LN	Z1830			3.50		3.50
*LN	Z1831			4.50		4.50
*LN	Z1832			24.00		24.00

Ind	HCPCS Code	Mod	Follow Up Days	Maximum Fee Allowance			Anes. Basic Units
				S	\$	NS	
*LN	Z1833			12.00		12.00	
*LN	Z1834			30.00		30.00	
*LN	Z1835			22.50		22.50	
LN	Z2000			22.50		22.50	
LN	Z2001			15.00		15.00	
LN	Z2002			4.50		4.50	
LN	Z2003			16.00		16.00	
LN	Z2004			8.00		8.00	
LN	Z2005			15.00		15.00	
LN	Z2006			2.50		2.50	
LN	Z2007			8.00		8.00	
LN	Z2010			4.50		4.50	

NOTE: See N.J.A.C. 10:66-6.2(a), Evaluation and management and other procedures, for additional procedures preceded by an asterisk.

(n) Federally qualified health care services:

Ind	HCPCS Code	Mod	Follow Up Days	Maximum Fee Allowance			Anes. Basic Units
				S	\$	NS	
	90844	22		150.00		150.00	
L	W9840			150.00		150.00	
L	Y3333			150.00		150.00	

(o) Personal care assistant services:

Ind	HCPCS Code	Mod	Follow Up Days	Maximum Fee Allowance			Anes. Basic Units
				S	\$	NS	
L	Z1600	ZI		13.02		13.02	

Ind	HCPCS Code	Mod	Follow Up Days	Maximum Fee Allowance			Anes. Basic Units
				S	\$	NS	
L	Z1605	ZI		10.23		10.23	
L	Z1610	ZI		35.00		35.00	
L	Z1611	ZI		6.51		6.51	
L	Z1612	ZI		5.12		5.12	
L	Z1613	ZI		35.00		35.00	

(p) Miscellaneous services:

Ind	HCPCS Code	Mod	Follow Up Days	Maximum Fee Allowance			Anes. Basic Units
				S	\$	NS	
	57820		15	72.00		63.00	
	58120		15	72.00		63.00	
N	59840		45	79.00		68.00	
N	59841		45	79.00		68.00	

Amended by R.1998 d.127, effective March 2, 1998.
See: 29 N.J.R. 5046(a), 30 N.J.R. 827(b).

Inserted asterisks before codes 99384, 99385, 99386, 99387, 99394 and 99395.

Amended by R.2000 d.435, effective November 6, 2000.

See: 32 N.J.R. 2690(a), 32 N.J.R. 3992(a).

In (a), inserted references to HCPCS Code 90746, and deleted references to HCPCS Code W9099.

Amended by R.2003 d.69, effective February 3, 2003.

See: 34 N.J.R. 3183(a), 35 N.J.R. 888(a).

In (f), inserted reference to HCPCS Code 90870.

10:66-6.3 HCPCS procedure codes and maximum fee allowance schedule for Level II and Level III codes and narratives (not located in CPT)

(a) Evaluation and Management and other procedures

Ind	HCPCS Code	Mod	Description	Follow Up Days	Maximum Fee Allowance		
					S	\$	NS
	J2790		RhoGAM, Rho (D) Immune Globulin (Human); single dose—Micro-Dose		20.40		20.40
	J2790	22	RhoGAM, Rho (D) Immune Globulin (Human); single dose—Full dose		72.07		72.07
	W9060	WT	Under six weeks				
	W9061	WT	Six weeks to three months				
	W9062	WT	Three months to five months				
	W9063	WT	Five months to eight months				
	W9064	WT	Eight months to 11 months				
	W9065	WT	11 months to 14 months				
	W9066	WT	14 months to 17 months				
	W9067	WT	17 months to 20 months				
	W9068	WT	20 months to 24 months				
			1. History including behavior and environmental factors;				
			2. Developmental assessment; and				
			3. Complete, unclothed physical examination by a physician or a nurse practitioner under the personal supervision of a physician, to include:				
			(a) Measurements: height, weight and head circumference;				

(b) Vision and hearing screening;
and

(c) Nutritional assessment.

4. Assessment and administration of immunizations (see appropriate HCPCS procedure codes for reimbursement amounts);

5. Anticipatory guidance;

6. Arrangement for diagnosis and treatment of medical problems uncovered during the visit. This includes self-referrals and/or referrals to other providers as medically indicated;

7. Appropriate laboratory procedures performed, or referred, in accordance with HealthStart Pediatric Care Guidelines.

(a) Sickle cell, PKU screening, as appropriate;

(b) Hemoglobin or hematocrit twice: at six to nine months and 20 to 24 months of age. (When done in conjunction with lead screening, this test is not reimbursable as a separate procedure.);

(c) Urinalysis, twice: at six to nine months and 20 to 24 months of age;

(d) Tuberculin test, twice: at 12 to 14 months and 20 to 24 months; and

(e) Lead screening (EP) at 12 to 14 months and 20 to 24 months.

8. Case coordination: referral for nutritional, psychological, social and other community services, as appropriate; and provision or arrangement for 24-hour telephone physician access and sick care; and outreach and follow-up activities in accordance with the HealthStart Pediatric Care Guidelines.

NOTE: Laboratory procedures performed by a physician in his or her office are not reimbursable to the physician; if such procedures are performed by an outside laboratory, the laboratory shall submit a separate claim.

W9096

Hepatitis B immunoprophylaxis with Recombivax HB, 0.25 ml dose. This code applies only to newborns of HBsAg negative mothers.

17.46

17.46

Ind	HCPCS		Description	Follow Up Days	Maximum Fee Allowance		
	Code	Mod			S	\$	NS
	W9096	22	Hepatitis B immunoprophylaxis with Recombivax HB, 0.5 ml does. This code applies only to newborns of HBsAg negative mothers.		32.79		32.79
	W9097		Hepatitis B immunoprophylaxis with Recombivax HB, 0.25 ml dose. This code applies only to high risk beneficiaries under 11 years of age (exclusive of newborns).		17.46		17.46
	W9098		Hepatitis B immunoprophylaxis with Recombivax HB, 0.5 ml dose. This code applies only to high risk beneficiaries 11 to 19 years of age.		32.79		32.79
	W9099		Hepatitis B immunoprophylaxis with Recombivax HB, 1.0 ml dose. This code applies only to high risk beneficiaries over 19 years of age.		63.57		63.57
	W9333		Hepatitis B immunoprophylaxis with Engerix-B, 0.5 ml does. This code applies only when immunizing newborns.		27.88		27.88
	W9334		Hepatitis B immunoprophylaxis with Engerix-B, 0.5 ml dose. This code applies only to high risk beneficiaries under 11 years of age (exclusive of newborns).		27.88		27.88
	W9335		Hepatitis B immunoprophylaxis with Engerix-B, 1.0 ml dose. This code applies only to high risk beneficiaries over 11 years of age.		62.09		62.09
	W9338		Tetramune. this code is used when administering the primary immunization series to infants and toddlers. It eliminates the need for two separate injections of DTP and Haemonphilus b Conjugate Vaccine.		30.27		30.27
N	W9820		Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) through age 20. NOTE: If performed by outside independent laboratories, the laboratory must submit the claim. Blood sample for lead screening test should be sent to the New Jersey State Department of Health and Senior Services. NOTE: Procedure code W9820 shall be used only once for the same patient during any 12-month period by the same physician, group, shared health care facility, or practitioner(s) sharing a common record. Reimbursement for code W9820 is contingent upon the submission of both a completed Report and Claim For EPSDT/HealthStart Screening and Related Procedures (MC-19) and the appropriate claim form within 30 days of the date of service. In the absence of a completed MC-19 form, reimbursement will be reduced to the level of an annual health maintenance examination, that is, \$22.00-\$17.00.		23.00		18.0

(b) Dental services (See N.J.A.C. 10:56-3).

(c) Family planning services:

IND	HCPCS		Description	Follow Up Days	Maximum Fee Allowance		
	Code	Mod			S	\$	NS
	G0001	WF	Routine Venipuncture		1.80		1.80
	W0001	WF	Supplying and inserting the intrauterine device 'Paragard' by a physician including the post-insertion visit.		188.00		188.00
	W0001	WMWF	Supplying and inserting the intrauterine device 'Paragard' by a certified nurse-midwife including the post-insertion visit.		NA		177.00
	W0002	WF	Supplying and inserting the intrauterine device 'Progestasert' by a physician including the post-insertion visit.		123.00		123.00
	W0002	WMWF	Supplying and inserting the intrauterine device 'Progestasert' by a certified nurse-midwife including the post-insertion visit.		NA		112.00

<u>IND</u>	<u>HCPCS Code</u>	<u>Mod</u>	<u>Description</u>	<u>Follow Up Days</u>	<u>Maximum Fee \$</u>	<u>Allowance \$</u>	<u>NS</u>
	W0004	WF	Removal of an IUD by a physician followed at the same visit by the insertion of the IUD 'Paragard' and including the post-insertion visit.		204.00		204.00
	W0004	WMWF	Removal of an IUD by a certified nurse-midwife followed at the same visit by the insertion of the IUD 'Paragard' and including the post-insertion visit.		NA		188.00
	W0008	WF	Removal of an IUD by a physician followed at the same visit by the insertion of the IUD 'Progestasert' and including the post-insertion visit.		139.00		139.00
	W0008	WMWF	Removal of an IUD by a certified nurse-midwife followed at the same visit by the insertion of the IUD 'Progestasert' and including the post-insertion visit.		NA		123.00

(d) Laboratory services (See N.J.A.C. 10:61-3).

(e) Minor surgery:

<u>Ind</u>	<u>HCPCS Code</u>	<u>Mod</u>	<u>Description</u>	<u>Follow Up Days</u>	<u>Maximum Fee \$</u>	<u>Allowance \$</u>	<u>NS</u>
	W1650		Excision of plantar verruca, single site unilateral		24.00		21.00
	W1650	22	Excision of plantar verruca, multiple sites, unilateral		37.00		32.00

(f) Mental health services:

<u>Ind</u>	<u>HCPCS Code</u>	<u>Mod</u>	<u>Description</u>	<u>Follow Up Days</u>	<u>Maximum Fee \$</u>	<u>Allowance \$</u>	<u>NS</u>
	H5025	ZI	Group therapy: Verbal or other therapy methods provided by one or more psychiatrists, or professional counselors under the direction of a psychiatrist, in a personal involvement with two or more patients, with a maximum of eight patients. A minimum session of 1½ hours is required. This includes preparation time in addition to the 1½ hours session time.		8.00		8.00
	Z0100		Off-Site Crisis Intervention—An emergency procedure by personnel of a mental health clinic to an outpatient				