

| Ind | HCPCS | | Follow Up Days | Maximum Fee Allowance | | | Anes. Basic Units | Ind | HCPCS | | Follow Up Days | Maximum Fee Allowance | | | Anes. Basic Units |
|-----|-------|-------|----------------|-----------------------|----|--------|-------------------|-------|-------|-----|----------------|-----------------------|--------|----|-------------------|
| | Code | Mod | | S | \$ | NS | | | Code | Mod | | S | \$ | NS | |
| | 88166 | FP | | 6.00 | | 6.00 | * | 10121 | | 10 | 34.00 | | 29.00 | 3 | |
| | 88167 | FP | | 6.00 | | 6.00 | * | 10140 | | | 18.00 | | 16.00 | 3 | |
| | 88305 | FP | | 40.00 | | 40.00 | * | 10160 | | | 13.00 | | 11.00 | 3 | |
| | 90471 | FP | | 16.18 | | 16.18 | * | 11000 | | | 13.00 | | 11.00 | 3 | |
| | 90649 | FP | | 153.25 | | 153.25 | * | 11001 | | | 6.00 | | 5.00 | 3 | |
| | 90671 | FP | | 16.18 | | 16.18 | * | 11040 | | | 13.00 | | 11.00 | 3 | |
| | 96372 | FP | | 4.80 | | 4.80 | * | 11041 | | | 13.00 | | 11.00 | 3 | |
| N | 99201 | FP | | 83.70 | | 83.70 | * | 11042 | | | 16.00 | | 14.00 | 3 | |
| N | 99201 | FP SB | | NA | | 31.50 | * | 11043 | | | 16.00 | | 14.00 | 3 | |
| N | 99201 | FP 52 | | 79.70 | | 79.70 | * | 11100 | | | 13.00 | | 11.00 | 3 | |
| N | 99202 | FP | | 83.70 | | 83.70 | * | 11400 | | 10 | 18.00 | | 16.00 | 3 | |
| N | 99202 | FP SB | | NA | | 31.50 | * | 11401 | | 10 | 22.00 | | 20.00 | 3 | |
| N | 99202 | FP 52 | | 79.70 | | 79.70 | * | 11402 | | 10 | 27.00 | | 24.00 | 3 | |
| N | 99203 | FP | | 83.70 | | 83.70 | * | 11403 | | 10 | 32.00 | | 27.00 | 3 | |
| N | 99203 | FP SB | | NA | | 31.50 | * | 11404 | | 10 | 32.00 | | 27.00 | 3 | |
| N | 99203 | FP 52 | | 79.70 | | 79.70 | * | 11406 | | 10 | 32.00 | | 27.00 | 3 | |
| N | 99204 | FP | | 83.70 | | 83.70 | * | 11420 | | 10 | 18.00 | | 16.00 | 3 | |
| N | 99204 | FP SB | | NA | | 31.50 | * | 11421 | | 10 | 22.00 | | 20.00 | 3 | |
| N | 99204 | FP 52 | | 79.70 | | 79.70 | * | 11422 | | 10 | 27.00 | | 24.00 | 3 | |
| N | 99205 | FP | | 83.70 | | 83.70 | * | 11423 | | 10 | 32.00 | | 27.00 | 3 | |
| N | 99205 | FP SB | | NA | | 31.50 | * | 11424 | | 10 | 32.00 | | 27.00 | 3 | |
| N | 99205 | FP 52 | | 79.70 | | 79.70 | * | 11426 | | 10 | 32.00 | | 27.00 | 3 | |
| N | 99211 | FP | | 41.90 | | 41.90 | * | 11440 | | 10 | 18.00 | | 16.00 | 5 | |
| N | 99211 | FP SB | | NA | | 16.40 | * | 11441 | | 10 | 22.00 | | 20.00 | 5 | |
| N | 99211 | FP 52 | | 37.90 | | 37.90 | * | 11442 | | 10 | 27.00 | | 24.00 | 5 | |
| N | 99212 | FP | | 41.90 | | 41.90 | * | 11443 | | 10 | 32.00 | | 27.00 | 5 | |
| N | 99212 | FP SB | | NA | | 16.40 | * | 11444 | | 10 | 32.00 | | 27.00 | 5 | |
| N | 99212 | FP 52 | | 37.90 | | 37.90 | * | 11446 | | 10 | 32.00 | | 27.00 | 5 | |
| N | 99213 | FP | | 41.90 | | 41.90 | * | 11600 | | 10 | 37.00 | | 32.00 | 3 | |
| N | 99213 | FP SB | | NA | | 16.40 | * | 11601 | | 10 | 47.00 | | 42.00 | 3 | |
| N | 99213 | FP 52 | | 37.90 | | 37.90 | * | 11602 | | 10 | 61.00 | | 53.00 | 3 | |
| N | 99214 | FP | | 41.90 | | 41.90 | * | 11620 | | 10 | 61.00 | | 53.00 | 3 | |
| N | 99214 | FP SB | | NA | | 16.40 | * | 11621 | | 10 | 90.00 | | 79.00 | 3 | |
| N | 99214 | FP 52 | | 37.90 | | 37.90 | * | 11622 | | 10 | 121.00 | | 105.00 | 3 | |
| N | 99215 | FP | | 41.90 | | 41.90 | * | 11640 | | 10 | 90.00 | | 79.00 | 5 | |
| N | 99215 | FP SB | | NA | | 16.40 | * | 11641 | | 10 | 121.00 | | 105.00 | 5 | |
| N | 99215 | FP 52 | | 37.90 | | 37.90 | * | 11642 | | 10 | 150.00 | | 131.00 | 5 | |
| N | 99395 | FP | | 79.70 | | 79.70 | * | 11730 | | | 10.00 | | 10.00 | 3 | |
| N | 99395 | FP SB | | NA | | 31.50 | * | 11750 | | 10 | 42.00 | | 37.00 | 3 | |
| N | 99395 | FP 22 | | 83.70 | | 83.70 | * | 12001 | | 10 | 18.00 | | 16.00 | 3 | |
| | J0696 | FP | | 12.97 | | 12.97 | * | 12002 | | 10 | 24.00 | | 21.00 | 3 | |
| | J1055 | FP | | 53.97 | | 53.97 | * | 12004 | | 10 | 30.00 | | 26.00 | 3 | |
| | J1056 | FP | | 22.60 | | 22.60 | * | 12005 | | 10 | 46.00 | | 39.00 | 3 | |
| | J7300 | FP | | 396.64 | | 396.64 | * | 12006 | | 10 | 57.00 | | 48.00 | 3 | |
| | J7302 | FP | | 450.88 | | 450.88 | * | 12007 | | 10 | 82.50 | | 70.00 | 3 | |
| | J7303 | FP | | 40.02 | | 40.02 | * | 12011 | | 10 | 18.00 | | 16.00 | 5 | |
| | J7304 | FP | | 15.72 | | 15.72 | * | 12013 | | 10 | 24.00 | | 21.00 | 5 | |
| | J7307 | FP | | 620.08 | | 620.08 | * | 12014 | | 10 | 30.00 | | 26.00 | 5 | |
| | Q0111 | FP | | 2.40 | | 2.40 | * | 12031 | | 10 | 30.00 | | 26.00 | 3 | |
| | Y7633 | FP | | 95.00 | | 95.00 | * | 12032 | | 10 | 48.00 | | 42.00 | 3 | |
| | Y7634 | FP | | 47.50 | | 47.50 | * | 12041 | | 10 | 30.00 | | 26.00 | 3 | |
| | Z4333 | FP | | 19.94 | | 19.94 | * | 12042 | | 10 | 67.00 | | 59.00 | 4 | |
| | Z4334 | FP | | 15.09 | | 15.09 | * | 12051 | | 10 | 38.00 | | 33.00 | 4 | |
| | | | | | | | * | 12052 | | 10 | 67.00 | | 59.00 | 4 | |
| | | | | | | | * | 13100 | | 10 | 34.00 | | 29.00 | 4 | |
| | | | | | | | * | 13101 | | 10 | 68.00 | | 63.00 | 4 | |
| | | | | | | | * | 13120 | | 10 | 48.00 | | 42.00 | 4 | |
| | | | | | | | * | 13121 | | 10 | 106.00 | | 92.00 | 4 | |
| | | | | | | | * | 13131 | | 10 | 67.00 | | 59.00 | 4 | |
| | | | | | | | * | 13132 | | 10 | 145.00 | | 126.00 | 4 | |
| | | | | | | | * | 13150 | | 10 | 38.00 | | 33.00 | 4 | |
| | | | | | | | * | 13151 | | 10 | 82.00 | | 71.00 | 4 | |
| | | | | | | | * | 13152 | | 10 | 193.00 | | 168.00 | 4 | |
| | | | | | | | * | 17000 | | 10 | 16.00 | | 14.00 | 3 | |
| | | | | | | | * | 17110 | | 10 | 16.00 | | 14.00 | 3 | |
| | | | | | | | * | 20526 | | | 13.00 | | 11.00 | 3 | |
| | | | | | | | * | 20550 | | | 13.00 | | 11.00 | 5 | |
| | | | | | | | * | 20551 | | | 13.00 | | 11.00 | 3 | |
| | | | | | | | * | 20552 | | | 13.00 | | 11.00 | 3 | |
| | | | | | | | * | 20553 | | | 13.00 | | 11.00 | 3 | |

(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 | | Follow Up Days | Maximum Fee Allowance | | | Anes. Basic Units |
|-----|-------|-----|----------------|-----------------------|----|-------|-------------------|
| | Code | Mod | | S | \$ | NS | |
| N | 10040 | | 10 | 18.00 | | 16.00 | 3 |
| * | 10060 | | 10 | 13.00 | | 11.00 | 3 |
| * | 10061 | | 10 | 48.00 | | 42.00 | 3 |
| | 10080 | | 10 | 30.00 | | 26.00 | 3 |
| * | 10120 | | 10 | 18.00 | | 16.00 | 3 |

(f) Mental health services:

| Ind | HCPCS Code | Mod | Follow Up Days | Maximum Fee Allowance | | | Anes. Basic Units |
|-----|------------|-------|----------------|-----------------------|----|-------|-------------------|
| | | | | \$ | \$ | NS | |
| N | 90801 | UC | | 45.00 | | 45.00 | |
| | 90804 | UC | | 13.00 | | 13.00 | |
| | 90805 | UC | | 13.00 | | 13.00 | |
| | 90806 | UC | | 26.00 | | 26.00 | |
| | 90807 | UC | | 26.00 | | 26.00 | |
| N | 90847 | UC 22 | | 32.00 | | 32.00 | |
| N | 90853 | UC | | 8.00 | | 8.00 | |
| | 90862 | UC | | 9.00 | | 9.00 | |
| N | 90887 | UC | | 13.00 | | 13.00 | |
| | 96101 | UC | | 30.00 | | 30.00 | |
| | 96102 | UC | | 18.88 | | 18.88 | |
| | 96103 | UC | | 17.26 | | 17.26 | |
| | 96105 | UC | | 25.00 | | 25.00 | |
| N | 96150 | UC | | 14.00 | | 14.00 | |
| N | 96151 | UC | | 14.00 | | 14.00 | |
| N | 96152 | UC | | 13.00 | | 13.00 | |
| N | 96153 | UC | | 5.00 | | 5.00 | |
| N | 96154 | UC | | 13.00 | | 13.00 | |
| N | 96155 | UC | | 12.00 | | 12.00 | |
| L | 20100 | | | 22.50 | | 22.50 | |
| L | 20170 | | | 15.40 | | 15.40 | |

(i) Radiology services:

| Ind | HCPCS Code | Mod | Follow Up Days | Maximum Fee Allowance | | | Anes. Basic Units |
|-----|------------|-----|----------------|-----------------------|----|-------|-------------------|
| | | | | \$ | \$ | NS | |
| | 70030 | | | | | 15.00 | |
| | 70030 | TC | | | | 7.80 | |
| | 70030 | 26 | | | | 7.20 | |
| | 70100 | | | | | 15.00 | 3 |
| | 70100 | TC | | | | 9.60 | |
| | 70100 | 26 | | | | 5.40 | |
| | 70110 | | | | | 20.00 | 3 |
| | 70110 | TC | | | | 11.00 | |
| | 70110 | 26 | | | | 9.00 | |
| | 70120 | | | | | 15.00 | 3 |
| | 70120 | TC | | | | 7.80 | |
| | 70120 | 26 | | | | 7.20 | |
| | 70130 | | | | | 20.00 | 3 |
| | 70130 | TC | | | | 9.20 | |
| | 70130 | 26 | | | | 10.80 | |
| | 70140 | | | | | 15.00 | 3 |
| | 70140 | TC | | | | 9.60 | |
| | 70140 | 26 | | | | 5.40 | |
| | 70150 | | | | | 20.00 | 3 |
| | 70150 | TC | | | | 11.00 | |
| | 70150 | 26 | | | | 9.00 | |
| | 70160 | | | | | 15.00 | 3 |
| | 70160 | TC | | | | 9.60 | |
| | 70160 | 26 | | | | 5.40 | |
| | 70170 | | | | | 20.00 | 3 |
| | 70170 | TC | | | | 12.80 | |
| | 70170 | 26 | | | | 7.20 | |
| | 70190 | | | | | 15.00 | 3 |
| | 70190 | TC | | | | 9.60 | |
| | 70190 | 26 | | | | 5.40 | |
| | 70200 | | | | | 25.00 | 3 |
| | 70200 | TC | | | | 16.00 | |
| | 70200 | 26 | | | | 9.00 | |
| | 70210 | | | | | 20.00 | 3 |
| | 70210 | TC | | | | 14.60 | |
| | 70210 | 26 | | | | 5.40 | |
| | 70220 | | | | | 25.00 | 3 |
| | 70220 | TC | | | | 16.00 | |
| | 70220 | 26 | | | | 9.00 | |
| | 70240 | | | | | 15.00 | 3 |
| | 70240 | TC | | | | 7.80 | |
| | 70240 | 26 | | | | 7.20 | |
| | 70250 | | | | | 15.00 | 3 |
| | 70250 | TC | | | | 9.60 | |
| | 70250 | 26 | | | | 5.40 | |
| | 70260 | | | | | 25.00 | 3 |
| | 70260 | TC | | | | 16.00 | |
| | 70260 | 26 | | | | 9.00 | |
| | 70300 | | | | | 5.00 | 3 |
| | 70300 | TC | | | | 3.20 | |
| | 70300 | 26 | | | | 1.80 | |
| | 70310 | | | | | 10.00 | 3 |
| | 70310 | TC | | | | 6.40 | |
| | 70310 | 26 | | | | 3.60 | |
| | 70320 | | | | | 15.00 | 3 |
| | 70320 | TC | | | | 7.80 | |
| | 70320 | 26 | | | | 7.20 | |
| | 70328 | | | | | 13.00 | 3 |
| | 70328 | TC | | | | 7.60 | |
| | 70328 | 26 | | | | 5.40 | |
| | 70330 | | | | | 20.00 | 3 |
| | 70330 | TC | | | | 11.00 | |
| | 70330 | 26 | | | | 9.00 | |
| | 70350 | | | | | 8.00 | 3 |
| | 70350 | TC | | | | 4.40 | |
| | 70350 | 26 | | | | 3.60 | |
| | 70360 | | | | | 10.00 | 3 |
| | 70360 | TC | | | | 6.40 | |

(g) Obstetrical services (maternity):

| Ind | HCPCS Code | Mod | Follow Up Days | Maximum Fee Allowance | | | Anes. Basic Units |
|-----|------------|-----|----------------|-----------------------|----|--------|-------------------|
| | | | | \$ | \$ | NS | |
| | 51798 | | | 16.00 | | 13.00 | |
| | 59000 | | | 37.00 | | 32.00 | 4 |
| | 59001 | | | 47.00 | | 40.00 | 4 |
| N | 59400 | | 60 | 468.00 | | 403.00 | 4 |
| N | 59400 | SB | 60 | NA | | 328.00 | 4 |
| | 59409 | | 60 | 300.00 | | 254.00 | 5 |
| | 59409 | SB | 60 | NA | | 210.00 | 5 |
| N | 59410 | | 60 | 320.00 | | 272.00 | 4 |
| N | 59410 | SB | 60 | NA | | 224.00 | 4 |
| | 59425 | | | 16.00 | | 14.00 | |
| | 59425 | SA | | NA | | 13.30 | |
| | 59425 | SB | | NA | | 11.20 | |
| | 59426 | | | 16.00 | | 14.00 | |
| | 59426 | SA | | NA | | 13.30 | |
| | 59426 | SB | | NA | | 11.20 | |
| N | 59430 | | 0 | 20.00 | | 18.00 | 0 |
| N | 59430 | SB | 0 | NA | | 14.00 | 0 |
| | 59610 | | 45 | 468.00 | | 403.00 | 5 |
| | 59610 | SB | 45 | NA | | 328.00 | 5 |
| | 59612 | | 45 | 300.00 | | 254.00 | 5 |
| | 59612 | SB | 45 | NA | | 210.00 | 5 |
| | 59614 | | 45 | 320.00 | | 272.00 | 5 |
| | 59614 | SB | 45 | NA | | 224.00 | 5 |
| | 59812 | | 45 | 105.00 | | 91.00 | 3 |

(h) Podiatry services:

| Ind | HCPCS Code | Mod | Follow Up Days | Maximum Fee Allowance | | | Anes. Basic Units |
|-----|------------|-----|----------------|-----------------------|----|-------|-------------------|
| | | | | \$ | \$ | NS | |
| | 29580 | | | 18.00 | | 16.00 | 3 |
| N | 99211 | | | 16.00 | | 14.00 | |
| N | 99212 | | | 23.50 | | 20.60 | |
| N | 99213 | | | 23.50 | | 20.60 | |
| N | 99214 | | | 23.50 | | 20.60 | |
| N | 99215 | | | 23.50 | | 20.60 | |

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

| Ind | HCPCS Code | Mod | Follow Up Days | Maximum Fee Allowance | | | Anes. Basic Units |
|-----|------------|-----|----------------|-----------------------|----|----|-------------------|
| | | | | S | \$ | NS | |
| | 76815 | TC | | 14.20 | | | |
| | 76815 | 26 | | 10.80 | | | |
| | 76816 | | | 25.00 | | | 3 |
| | 76816 | TC | | 14.20 | | | |
| | 76816 | 26 | | 10.80 | | | |
| | 76817 | | | 81.00 | | | |
| | 76817 | TC | | 48.00 | | | |
| | 76817 | 26 | | 33.00 | | | |
| | 77055 | | | 45.34 | | | 7 |
| | 77055 | TC | | 27.30 | | | |
| | 77055 | 26 | | 18.04 | | | |
| | 77056 | | | 57.24 | | | 7 |
| | 77056 | TC | | 34.99 | | | |
| | 77056 | 26 | | 22.88 | | | |
| | 77057 | | | 45.53 | | | 7 |
| | 77057 | TC | | 27.49 | | | |
| | 77057 | 26 | | 18.04 | | | |

| Ind | HCPCS Code | Mod | Follow Up Days | Maximum Fee Allowance | | | Anes. Basic Units |
|-----|------------|-----|----------------|-----------------------|----|----|-------------------|
| | | | | S | \$ | NS | |
| *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 |
| LN | Z3348 | | | 45.00 | | | 45.00 |
| LN | Z3349 | | | 35.00 | | | 35.00 |
| LN | Z3353 | | | 4.50 | | | 4.50 |
| LN | Z3354 | | | 45.00 | | | 45.00 |
| LN | Z3355 | | | 20.00 | | | 20.00 |
| LN | Z3356 | | | 15.00 | | | 15.00 |
| LN | Z3357 | | | 4.00 | | | 4.00 |
| LN | Z3358 | | | 23.00 | | | 23.00 |
| LN | Z3359 | | | 5.20 | | | 5.20 |

(j) Rehabilitation services:

| Ind | HCPCS Code | Mod | Follow Up Days | Maximum Fee Allowance | | | Anes. Basic Units |
|-----|------------|-----|----------------|-----------------------|----|-------|-------------------|
| | | | | S | \$ | NS | |
| N | 92507 | | | 7.00 | | 7.00 | |
| N | 92552 | | | 11.00 | | 11.00 | |
| N | 92553 | | | 14.00 | | 14.00 | |
| N | 92557 | | | 19.00 | | 19.00 | |
| | 92562 | | | 3.00 | | 3.00 | |
| | 92563 | | | 3.00 | | 3.00 | |
| | 92564 | | | 4.00 | | 4.00 | |
| N | 92567 | | | 5.00 | | 5.00 | |
| N | 92568 | | | 5.00 | | 5.00 | |
| N | 92572 | | | 3.50 | | 3.50 | |
| N | 92576 | | | 19.50 | | 16.50 | |
| N | 92582 | | | 14.00 | | 14.00 | |
| | 92585 | | | 45.00 | | 42.00 | |
| | 92590 | | | 40.00 | | 34.00 | |
| | 92591 | | | 40.00 | | 34.00 | |
| | 92620 | | | 34.15 | | 29.03 | |
| | 92621 | | | 8.47 | | 7.20 | |
| | 92625 | | | 33.94 | | 28.84 | |
| | 97001 | | | 7.00 | | 7.00 | |
| | 97002 | | | 7.00 | | 7.00 | |
| | 97003 | | | 7.00 | | 7.00 | |
| | 97004 | | | 7.00 | | 7.00 | |
| N | 97535 | | | 7.00 | | 7.00 | |
| N | 97799 | | | 7.00 | | 7.00 | |
| | 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 | | | Anes. Basic Units |
|-----|------------|-----|----------------|-----------------------|----|------|-------------------|
| | | | | S | \$ | NS | |
| LN | Z0330 | | | 4.50 | | 4.50 | |

(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 | | | Anes. Basic Units |
|-----|------------|-----|----------------|-----------------------|----|-------|-------------------|
| | | | | S | \$ | NS | |
| *LN | Z1830 | | | 3.50 | | 3.50 | |
| *LN | Z1834 | | | 30.00 | | 30.00 | |

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 | |
| L | W9840 | | | contract | | contract | |
| | W9843 | | | contract | | contract | |
| L | D0120 | 22 | | contract | | contract | |
| | T1015 | | | contract | | contract | |
| | T1015 | EP | | contract | | contract | |
| | T1015 | HD | | contract | | contract | |
| L | T1015 | HE | | contract | | contract | |

(o) Personal care assistant services:

| Ind | HCPCS Code | Mod | Follow Up Days | Maximum Fee Allowance | | | Anes. Basic Units |
|-----|------------|-----|----------------|-----------------------|----|-------|-------------------|
| | | | | S | \$ | NS | |
| L | Z1600 | UC | | 13.02 | | 13.02 | |
| L | Z1605 | UC | | 10.23 | | 10.23 | |
| L | Z1610 | UC | | 35.00 | | 35.00 | |
| L | Z1611 | UC | | 6.51 | | 6.51 | |
| L | Z1612 | UC | | 5.12 | | 5.12 | |
| L | Z1613 | UC | | 35.00 | | 35.00 | |

(p) Vaccine for Children Program Administration Codes:

| Ind | HCPCS Code | Maximum Fee Allowance | | |
|-----|------------|-----------------------|----|-------|
| | | S | \$ | NS |
| N | 90465 | | | 16.18 |
| N | 90466 | | | 11.50 |
| N | 90467 | | | 11.44 |
| N | 90468 | | | 8.77 |
| N | 90471 | | | 16.18 |
| N | 90472 | | | 11.50 |
| N | 90473 | | | 12.12 |
| N | 90474 | | | 8.43 |

(q) Immunizations:

| Ind | HCPCS Code | Maximum Fee Allowance | |
|-----|------------|-----------------------|-------|
| | | S | \$ |
| N | † | 90632 | 80.95 |
| | † | 90633 | 38.24 |

| Ind | HCPCS Code | Maximum Fee Allowance |
|-----|------------|-----------------------|
| N | 90636 | 103.04 |
| † | 90647 | 31.52 |
| † | 90648 | 29.54 |
| N | 90649 | 153.25 |
| † | 90655 | 19.33 |
| † | 90656 | 20.64 |
| † | 90657 | 9.41 |
| † | 90658 | 17.56 |
| † | 90660 | 25.69 |
| † | 90665 | B.R. |
| † | 90669 | 94.62 |
| † | 90675 | B.R. |
| † | 90680 | 88.64 |
| † | 90681 | 130.44 |
| † | 90691 | 79.90 |
| † | 90696 | 61.75 |
| † | 90698 | 92.70 |
| † | 90700 | 28.68 |
| † | 90702 | 31.56 |
| † | 90703 | 17.72 |
| † | 90704 | 29.08 |
| † | 90705 | 24.21 |
| † | 90706 | 25.37 |
| † | 90707 | 56.96 |
| † | 90713 | 33.03 |
| † | 90714 | 26.05 |
| † | 90715 | 47.25 |
| † | 90716 | 98.27 |
| † | 90717 | 81.35 |
| † | 90718 | 17.50 |
| † | 90721 | 55.35 |
| † | 90723 | 90.90 |
| N | 90732 | 35.76 |
| † | 90733 | 115.18 |
| N | 90734 | 114.10 |
| † | 90736 | 188.66 |
| † | 90740 | 209.86 |
| † | 90743 | 74.28 |
| † | 90744 | 29.62 |
| N | 90746 | 65.25 |
| N | 90748 | 56.20 |
| † | 90749 | B.R. |

“†” Indicates that this vaccine is covered under the VFC Program. Providers must report both the appropriate VFC administration code and the associated HCPCS procedure code when requesting payment for the administration fee(s) for VFC vaccines to ensure appropriate reimbursement is provided. (See N.J.A.C. 10:66-2.20.)

(r) Miscellaneous services:

| Ind | HCPCS Code | Mod | Follow Up Days | Maximum Fee Allowance | | | Anes. Basic Units |
|-----|------------|-----|----------------|-----------------------|----|-------|-------------------|
| | | | | S | \$ | NS | |
| N | 58120 | | 15 | 72.00 | | 63.00 | 3 |
| N | 59840 | | 45 | 79.00 | | 68.00 | 3 |
| N | 59841 | | 45 | 79.00 | | 68.00 | 3 |

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.
 Amended by R.2004 d.24, effective January 20, 2004.
 See: 35 N.J.R. 4037(a), 36 N.J.R. 572(a).
 In (c), added HCPCS Codes 36416, 56820, 56821, 57420, and 57421.
 Amended by R.2004 d.75, effective February 17, 2004.
 See: 35 N.J.R. 2154(a), 36 N.J.R. 952(b).
 In (f), amended HCPCS code Z0170 and deleted HCPCS code Z0180.
 Amended by R.2004 d.208, effective June 7, 2004.
 See: 36 N.J.R. 324(a), 36 N.J.R. 2834(a).
 In (n), amended the table.
 Amended by R.2006 d.26, effective February 6, 2006.
 See: 37 N.J.R. 3538(a), 38 N.J.R. 966(a).
 In (a), added HCPCS procedure codes J3395, 67221 and 67225.
 Amended by R.2007 d.188, effective June 18, 2007.
 See: 39 N.J.R. 337(a), 39 N.J.R. 2360(a).
 In (f) and (o), substituted “UC” for “ZI” throughout.
 Amended by R.2009 d.376, effective December 21, 2009.
 See: 41 N.J.R. 2561(a), 41 N.J.R. 4791(a).
 Rewrote the HCPCS code tables throughout; added new (p) and (q); and recodified former (p) as (r).

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) Dental services (See N.J.A.C. 10:56-3).
- (b) Laboratory services (See N.J.A.C. 10:61-3).
- (c) Mental health services:

| Ind | HCPCS Code | Mod | Description | Maximum Fee Allowance | | |
|-----|------------|-----|--|-----------------------|-------|-------|
| | | | | Follow Up Days | S | \$ NS |
| | Z0100 | | Off-Site Crisis Intervention—An emergency procedure by personnel of a mental health clinic to an outpatient individual at locations other than the grounds or buildings of the clinic. Request for this service shall be initiated by the patient or other interested individual to meet the immediate needs of the patient, who is unable to present himself at the clinic. | | 22.50 | 22.50 |

| Ind | HCPCS Code | Mod | Description | Follow Up Days | Maximum Fee Allowance \$ \$ NS | | |
|-----|---------------|-----|---|-------------------|-----------------------------------|--|--|
| | | | <p>The procedure includes rapid intervention, written evaluation and a treatment plan. Use of procedure is limited to twice in six months for any one patient. This procedure is not applicable to institutionalized patients.</p> | | | | |
| | | | <p>Partial Care: A mental health service whose primary purpose is to maximize the client's independence and community living skills in order to reduce unnecessary hospitalization. It is directed toward the acute and chronically disabled individual. Partial Care programs shall provide, as listed below, a full system of services necessary to meet the comprehensive needs of the individual client. Services shall be provided or arranged for, to meet the individual needs of participating clients. These services shall include:</p> | | | | |
| | | | <ul style="list-style-type: none"> Assessment and evaluation; Service procurement; Therapy; Information and referral; Counseling; Daily living education; Community organization; Pre-vocational therapy; Recreational therapy; and Health related services. | | | | |
| | | | <p>Partial Care programs shall be available daily for five days a week, with additional planned activities each week during evening and/or weekend hours as needed. Individual clients need not attend every day but as needed.</p> | | | | |
| | | | <p>Partial Care programs specifically developed for children may be available four days a week, with one evening and/or weekend activity(ies).</p> | | | | |
| | | | <p>The staff of the Partial Care program should include a Director who shall be a qualified professional from the specialties of psychiatry, psychology, social work, psychiatric nursing, vocational rehabilitation, or a related field with training and/or experience in direct service provision and administration.</p> | | | | |

| Ind | HCPCS | | Description | Follow Up Days | Maximum Fee Allowance | | |
|-------|-------|-----|--|----------------|-----------------------|----|-------|
| | Code | Mod | | | S | \$ | NS |
| Z0170 | | | A qualified psychiatrist shall be available to the Partial Care program on a regularly scheduled basis, for consultation. Other staff deemed necessary to implement a Partial Care program which meets the requirement of this section should include qualified mental health professionals, paraprofessionals and volunteers. In order to qualify as an approved Partial Care program the Program must be certified by the Department. Partial Care, half day* *At least three hours but less than five hours of participation in active programming exclusive of meals. | | 46.00 | | 46.00 |
| Z0180 | | | Partial Care, full day* *Five or more hours of participation in active programming exclusive of meals. NOTE: Except for transportation these rates reflect full payments with a prohibition against multiple billing for more than one service to a Medicaid patient in a given day. | | 77.00 | | 77.00 |

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

(e) Transportation services:

| Ind | HCPCS | | Description | Follow Up Days | Maximum Fee Allowance | | |
|-----|-------|-----|--------------------------|----------------|-----------------------|----|------|
| | Code | Mod | | | S | \$ | NS |
| | Z0330 | | Transportation, one way. | | 4.50 | | 4.50 |

(f) 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 | | Description | Follow Up Days | Maximum Fee Allowance | | |
|-----|--------|-----|---|----------------|-----------------------|----|-------|
| | Code | Mod | | | S | \$ | NS |
| | *Z1834 | | Family therapy rendered by a drug treatment center at home, per visit. | | 30.00 | | 30.00 |
| | *Z1835 | | Family conference rendered by a drug treatment center at home, per visit. | | 22.50 | | 22.50 |
| | Z2000 | | Family therapy rendered in a drug treatment center. | | 22.50 | | 22.50 |
| | Z2001 | | Family conference rendered in a drug treatment center. | | 15.00 | | 15.00 |
| | Z2002 | | Prescription visit rendered in a drug treatment center | | 4.50 | | 4.50 |
| | Z2003 | | Psychotherapy rendered in a drug treatment center—full session. | | 16.00 | | 16.00 |
| | Z2004 | | Group therapy rendered in a drug treatment center, per person. | | 8.00 | | 8.00 |

| Ind | HCPCS | | Description | Follow Up Days | Maximum Fee Allowance | | |
|-----|-------|-----|---|----------------|-----------------------|----|-------|
| | Code | Mod | | | S | \$ | NS |
| | Z2005 | | Psychological testing rendered in a drug treatment center, per hour; maximum of five hours. | | 15.00 | | 15.00 |
| | Z2006 | | Methadone treatment rendered in a drug treatment center. | | 2.50 | | 2.50 |
| | Z2007 | | Psychotherapy rendered in a drug treatment center-half session. | | 8.00 | | 8.00 |
| | Z2010 | | Urinalysis for drug addiction. | | 4.50 | | 4.50 |
| | Z3348 | | Family therapy rendered in a narcotic/alcohol clinic, per hour | | 45.00 | | 45.00 |
| | Z3349 | | Family conference rendered in a narcotic/alcohol clinic, per visit | | 35.00 | | 35.00 |
| | Z3353 | | Prescription visit rendered in a narcotic/alcohol clinic, per visit | | 4.50 | | 4.50 |
| | Z3354 | | Psychotherapy rendered in a narcotic/alcohol clinic, per hour | | 45.00 | | 45.00 |
| | Z3355 | | Group therapy rendered in a narcotic/alcohol clinic, per hour | | 20.00 | | 20.00 |
| | Z3356 | | Psychological testing rendered in a narcotic/alcohol clinic, per hour | | 15.00 | | 15.00 |
| | Z3357 | | Methadone treatment rendered in a narcotic/alcohol clinic, per visit | | 4.00 | | 4.00 |
| | Z3358 | | Psychotherapy half session rendered in a narcotic/alcohol clinic, per half hour | | 23.00 | | 23.00 |
| | Z3359 | | Urinalysis rendered in a narcotic/alcohol clinic | | 5.20 | | 5.20 |

(g) Federally qualified health center services:

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

(h) Personal care assistant services:

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

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

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

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

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

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

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

Amended by R.2004 d.208, effective June 7, 2004.

See: 36 N.J.R. 324(a), 36 N.J.R. 2834(a).

In (n), amended the table.

Amended by R.2006 d.26, effective February 6, 2006.

See: 37 N.J.R. 3538(a), 38 N.J.R. 966(a).

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

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

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

Rewrote the section.

Case Notes

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

10:66-6.4 HCPCS procedure codes—qualifiers

(a) Evaluation and management and other procedures:

1. Drawing of blood: 36415.

i. Once per visit, per patient. (Not applicable if laboratory study, in any part, is performed by the clinic.)

2. Photodynamic therapy: 67221 (one eye) and 67225 (second eye at single session).

i. Procedure code 67221 may be billed with 67225. This procedure must be rendered by ophthalmologists who are retinal specialists, and shall be limited to patients meeting the following criteria:

(1) Best corrected visual acuity equal to or better than 20/200, if the decreased visual acuity is caused by the macular degeneration;

(2) Classic subfoveal choroidal neovascularization (CNV), occupying 50 percent or greater of the entire ocular lesion; and

(3) A reported ICD-9 CM diagnosis of 115.02, 115.92, 362.21 or 362.52 (exudative senile macular degeneration).

ii. Procedure code 67225 must be billed with 67221. This procedure must be rendered by ophthalmologists who are retinal specialists, and shall be limited to patients meeting the following criteria: best corrected visual acuity equal to or better than 20/200, if the decreased visual acuity is caused by macular degeneration; classic subfoveal choroidal neovascularization (CNV), occupying 50 percent or greater of the entire ocular lesion; and a reported ICD-9 CM diagnosis of 115.02, 115.92, 362.21 or 362.52 (exudative senile macular degeneration). Report HCPCS procedure code 67225 on the CMS 1500 claim form for procedures performed on a second eye when both eyes are treated on the same date of service. Evaluation and management (E&M) services, fluorescent angiography (FA) and other

ocular diagnostic services may also be billed separately when determined medically necessary and provided on the same date of service. Modifiers LT or RT should be used on all claims for codes 67221 and 67225 whether initial or subsequent treatment.

3. Injection (intradermal, subcutaneous, or intra-arterial): 96372 and 96373.

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

(1) A visit for the sole purpose of an injection is reimbursable only as an injection and not as a clinic visit and injection. However, if the criteria of a clinic visit is met, an injection may, if medically indicated, be considered as an add-on to the visit. The drug administered shall be consistent with the diagnosis and shall conform to accepted medical and pharmacological principles with respect to dosage, frequency and route of administration.

(2) Intravenous and intraarterial injections are reimbursable only when performed by the physician.

(3) No reimbursement will be made for vitamins, liver or iron injections or combinations thereof except in laboratory proven deficiency states requiring parenteral therapy.

(4) No reimbursement will be made for placebos or any injections containing amphetamines or derivatives thereof.

(5) No reimbursement will be made for injections given for the treatment of obesity.

(6) No reimbursement will be made for an injection given as a pre-operative medication or as a pre-operative local anesthetic which is part of an operative or surgical procedure since this injection would normally be included in the listed fee for such a procedure.

(7) Insert procedure code 96372 and 96373 as a separate item on the claim, followed by the name, dose of drug, and route of administration. The complete diagnosis, for which the injection was given, shall be indicated on the claim.

4. General clinical psychiatric diagnostic or evaluative interview procedures: 90801.

i. This code requires for reimbursement purposes a minimum of 50 minutes of direct personal clinical involvement with the patient or family member. The CPT narrative otherwise remains applicable.

5. Prolonged detention: 99354 and 99355.