

(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	
	36415			1.80		1.80
*N	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						200.00	170.00	
N	99243			44.00	NA		N	55250		30	90.00	79.00	3
N	99244			62.00	NA		N	55450		30	42.00	37.00	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		NA	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								
L	W9334			27.88	27.88								

(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
N	55250		30		90.00	79.00
N	55450		30		42.00	37.00
N	57451		45		182.00	158.00
N	58301				16.40	16.40
N	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
N	88150				6.00	6.00
N	88151				6.00	6.00
N	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	
N	10040			18.00	16.00	
*	10060			13.00	11.00	

Ind	HCPCS Code	Mod	Follow Up Days	Maximum Fee Allowance			Anes. Basic Units
				S	\$	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
				S	\$	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
				S	\$	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
				S	\$	NS	
	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
				S	\$	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			35.00		
	72010			40.00				76100	50		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			LN				4.50		4.50
	73610			13.00			LN				9.00		9.00
	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	Ind	HCPCS Code	Mod	Follow Up Days	Maximum Fee Allowance			Anes. Basic Units
				S	\$	NS						S	\$	NS	
*LN	Z1833			12.00		12.00		L	Z1605	ZI		10.23		10.23	
*LN	Z1834			30.00		30.00		L	Z1610	ZI		35.00		35.00	
*LN	Z1835			22.50		22.50		L	Z1611	ZI		6.51		6.51	
LN	Z2000			22.50		22.50		L	Z1612	ZI		5.12		5.12	
LN	Z2001			15.00		15.00		L	Z1613	ZI		35.00		35.00	
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	

(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

<u>Ind</u>	HCPCS		<u>Description</u>	<u>Follow Up Days</u>	<u>Maximum Fee Allowance</u>		
	<u>Code</u>	<u>Mod</u>			<u>\$</u>	<u>\$</u>	<u>NS</u>
	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 Haemophilus 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:

<u>IND</u>	HCPCS		<u>Description</u>	<u>Follow Up Days</u>	<u>Maximum Fee Allowance</u>		
	<u>Code</u>	<u>Mod</u>			<u>\$</u>	<u>\$</u>	<u>NS</u>
	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

IND	HCPCS		Description	Follow Up Days	Maximum Fee Allowance		
	Code	Mod			S	\$	NS
	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:

Ind	HCPCS Code	Mod	Description	Follow Up Days	Maximum Fee S	Allowance \$	NS
	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:

Ind	HCPCS Code	Mod	Description	Follow Up Days	Maximum Fee S	Allowance \$	NS
	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				

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

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.

Z0130

Psychological testing: Maximum of five hours of psychometric and/or projective tests with a written report.

25.00  
Per Hour

25.00  
Per Hour

**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:

- Assessment and evaluation;
- Service procurement;
- Therapy;
- Information and referral;
- Counseling;
- Daily living education;
- Community organization;
- Pre-vocational therapy;
- Recreational therapy; and
- Health related services.

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.

Partial Care programs specifically developed for children may be available four days a week, with one evening and/or weekend activity(ies).

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.

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\*

Z0170

46.00

46.00

\*At least three hours but less than five hours of participation in active programming exclusive of meals.

Z0180

77.00

77.00

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.

(g) Obstetrical services (maternity):

Ind	HCPCS Code	Mod	Description	Follow Up Days	Maximum Fee Allowance		
					\$	\$	NS
	Z0250	WM	Home Delivery Pack. All drugs and supplies, etc., necessary for delivery in this setting.		NA		40.00

(h) Podiatry services:

Ind	HCPCS Code	Mod	Description	Follow Up Days	Maximum Fee Allowance		
					\$	\$	NS
	W2650		Casting for molded shoes Prior authorization is required.		21.00		21.00
	W2655		Casting for arch support Prior authorization is required.		5.00		5.00

(i) Radiology services:

Ind	HCPCS Code	Mod	Description	Follow Up Days	Maximum Fee Allowance		
					\$	\$	NS
	W7200		Foot, complete (incl. special or calcis views)		20.00		20.00
	W7250		Colon, barium enema, with or without K.U.B. air contrast only (with fluoroscopy by the radiologist).		30.00		30.00

(j) Rehabilitation services:

Ind	HCPCS Code	Mod	Description	Follow Up Days	Maximum Fee Allowance		
					S	\$	NS
	H5300		Occupational therapy		7.00		7.00
	Z0270		Physical therapy—initial visit, per individual, per provider		7.00		7.00
	Z0280		Occupational therapy—initial visit, per individual, per provider		7.00		7.00
	Z0300		Speech-language therapy—initial visit, per individual, per provider		7.00		7.00

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

(l) Transportation services:

Ind	HCPCS Code	Mod	Description	Follow Up Days	Maximum Fee Allowance		
					S	\$	NS
	Z0330		Transportation, one way.		4.50		4.50
	Z0335		Transportation, round trip.		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	Description	Follow Up Days	Maximum Fee Allowance		
					S	\$	NS
	*Z1830		Methadone treatment rendered by a drug treatment center at home, per visit.		3.50		3.50
	*Z1831		Urinalysis for drug addiction at home, per visit.		4.50		4.50
	*Z1832		Psychotherapy rendered by a drug treatment center at home—full session, per visit.		24.00		24.00
	*Z1833		Psychotherapy rendered by a drug treatment center at home—half session, per visit.		12.00		12.00
	*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
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

(n) Federally qualified health center services:

Ind	HCPCS Code	Mod	Description	Follow Up Days	Maximum Fee Allowance		
					\$	\$	NS
	W9840		Medical encounter		150.00		150.00
	Y3333		Dental encounter		150.00		150.00
	90844	22	Medical psychotherapy		150.00		150.00

(o) 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 Code	Mod	Description	Follow Up Days	Maximum Fee Allowance		
					\$	\$	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).

**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. Injection (intradermal, subcutaneous, or intra-arterial): 90799.

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.