

CHAPTER 59

MEDICAL SUPPLIER MANUAL

Authority

N.J.S.A. 30:4D-1 et seq. and 30:4J-8 et seq.

Source and Effective Date

R.2006 d.297, effective July 24, 2006.
See: 38 N.J.R. 1371(b), 38 N.J.R. 3578(a).

Chapter Expiration Date

In accordance with N.J.S.A. 52:14B-5.1b, Chapter 59, Medical Supplier Manual, expires on July 24, 2013. See: 43 N.J.R. 1203(a).

Chapter Historical Note

Chapter 59, Medical Supplier Manual, was adopted as R.1971 d.55, effective April 21, 1971. See: 3 N.J.R. 43(b), 3 N.J.R. 82(e).

Subchapter 3, Durable Medical Supply and Equipment Codes, was repealed and a new Subchapter 3, HCFA Common Procedure Coding System (HCPCS), was adopted as R.1986 d.52, effective March 3, 1986. See: 17 N.J.R. 1519(b), 18 N.J.R. 478(a).

Pursuant to Executive Order No. 66(1978), Chapter 59, Medical Supplier Manual, was readopted as R.1991 d.137, effective February 15, 1991. See: 22 N.J.R. 3712(a), 23 N.J.R. 858(d).

Chapter 59, Medical Supplier Manual, was repealed and Chapter 59, Medical Supplier Manual, was adopted as new rules by R.1996 d.67, effective February 5, 1996. See: 27 N.J.R. 4238(a), 28 N.J.R. 1027(a).

Pursuant to Executive Order No. 66(1978), Chapter 59, Medical Supplier Manual, was readopted as R.2001 d.64, effective January 23, 2001. See: 32 N.J.R. 4098(a), 33 N.J.R. 661(c).

Chapter 59, Medical Supplier Manual, was readopted as R.2006 d.297, effective July 24, 2006. See: Source and Effective Date. See, also, section annotations.

CHAPTER TABLE OF CONTENTS

SUBCHAPTER 1. MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT

- 10:59-1.1 Introduction
- 10:59-1.2 Definitions
- 10:59-1.3 Requirements for program participation as a medical supplier
- 10:59-1.4 Non-covered items or services
- 10:59-1.5 Policy for providing medical supplies and DME
- 10:59-1.6 Prior authorization (PA)
- 10:59-1.7 Policy considerations for purchase, rental and repair of DME
- 10:59-1.8 Basis of reimbursement for medical supplies and DME
- 10:59-1.9 Dual Medicare/Medicaid or Medicare/NJ FamilyCare coverage
- 10:59-1.10 Third party liability (TPL), excluding Medicare
- 10:59-1.11 Recycling durable medical equipment
- 10:59-1.12 Parenteral therapy
- 10:59-1.13 Augmentative/alternative communication system (ACS)
- 10:59-1.14 Pressure reduction systems
- 10:59-1.15 Apnea monitor

SUBCHAPTER 2. HCFA COMMON PROCEDURE CODING SYSTEM (HCPCS)

- 10:59-2.1 Introduction
- 10:59-2.2 Elements of HCPCS Coding System which require the attention of the provider

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

APPENDIX A. SERVICE STATUS AND PA REQUIREMENTS FOR HCPCS CODES

APPENDIX B. FISCAL AGENT BILLING SUPPLEMENT

SUBCHAPTER 1. MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT

10:59-1.1 Introduction

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

Amended by R.2006 d.297, effective September 5, 2006.
See: 38 N.J.R. 1371(b), 38 N.J.R. 3578(a).
Inserted “/NJ Family Care” two times.

10:59-1.2 Definitions

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

“Price list” means any unaltered document published by a manufacturer which is used in place of an invoice by the fiscal agent to price a “by report” procedure code which includes a manufacturer’s name, item description, and suggested retail price per unit or package and a notation by a

supplier indicating the number of units per package, if not described by a manufacturer.

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

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

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

Amended by R.2001 d.64, effective February 20, 2001.

See: 32 N.J.R. 4098(a), 33 N.J.R. 661(c).

Substituted “beneficiary” for “recipient” throughout section.

Amended by R.2006 d.297, effective September 5, 2006.

See: 38 N.J.R. 1371(b), 38 N.J.R. 3578(a).

In definitions “Maximum fee allowance”, “Nursing facility (NF)”, “Recycled” and “Usual and customary”, inserted “NJ Family Care”.

Case Notes

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

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

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

(a) Effective July 1, 2006, P.L. 2006, c. 45 and P.L. 2007, c. 111, as amended by P.L. 2007, c. 336, require the Division to institute a moratorium on, among other services, medical supply services.

1. Any provider that was not an approved Medicaid or NJ FamilyCare fee-for-service provider of medical supply services prior to July 1, 2006 is ineligible to become an approved fee-for-service provider of such services for Medicaid or NJ FamilyCare, unless the Division determines that the provider meets the special needs criteria established by the Division.

2. Special needs criteria for medical supplier provider applicants are as follows:

- i. Sufficient access analysis: Using geo-accessing, the Division will determine whether the beneficiaries living in an area in which the provider is located, or intends to locate, have sufficient access to the Medicaid or NJ FamilyCare-covered service that the provider intends to offer. For example, if a mileage standard for a service is one provider in six miles or two providers in 12 miles, sufficient access exists under the moratorium for that service when a beneficiary has access to a

minimum of one participating provider within six miles or two participating providers within 12 miles of the beneficiary's residence. Mileage standards are set forth below:

Miles per One Provider-Urban six Miles	Miles per Two Providers-Urban 12 Miles	Miles per One Provider-Non urban 15 Miles	Miles per Two Providers-Non urban 25 Miles
---	---	--	---

ii. Special needs analysis: After the Division performs a sufficient access analysis, the Division will perform a special needs analysis utilizing the following criteria:

- (1) The number of beneficiaries in the area in question who may have special needs;
- (2) Capacity limits and service offerings of existing providers and the provider applicant;
- (3) The provider applicant's number of personnel who speak a language other than English, which is culturally appropriate to the local community;
- (4) The provider applicant's availability, as revealed in its proposed minimum and maximum hours of service, including whether the provider will offer a level of service not currently available, such as a 24-hour access system, emergency services and home delivery of services;
- (5) Whether the provider applicant is a specialty medical services provider deemed by DMAHS to fill a need for specific medical supply that would not otherwise be filled; and
- (6) A provider that is selected to provide institutional pharmaceutical services to a facility that is a newly licensed institution, or a replacement provider that shall provide identical services to an existing licensed institution, may also be approved for participation as a provider of medical supply services under the moratorium if the provider provides a level of services acceptable to the Department of Health and Senior Services and meets all applicable State and Federal rules and regulations. Additionally, institutional providers of pharmaceutical services may be approved as providers of medical supply services for the purpose of billing Medicare Part B for covered medical supply services and Medicare Part D services.

3. Situations not subject to the moratorium for fee-for-service providers of medical supply services are as follows:

- i. A change of ownership only;
- ii. A change of location only: A provider that has not changed ownership on or after July 1, 2006, which changes location on or after July 1, 2006 and continues to operate as a Medicaid or NJ FamilyCare provider at the new location, continues to provide the same level of

services and delivery and meets all applicable State and Federal rules and regulations;

iii. Medicare is the primary payer. Situations where Medicare is the primary payer and the provider bills for cross-over claims and wraparound Medicare Part D payments; and

iv. A pharmacy that sells medical supplies.

4. A pharmacy provider is not approved to be a provider of medical supply services based on licensure as a pharmacy. Licensed pharmacies shall file a separate provider application to request participation as a provider of medical supply services.

(b) Subject to the moratorium set forth in (a) above, in order to participate in the New Jersey Medicaid/NJ Family-Care Program, a medical supplier shall:

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

(c) In order to participate in the New Jersey Medicaid/NJ FamilyCare Program, a medical supplier shall:

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

5. Notify the State's fiscal agent and file a new application within 60 days of a change in ownership and/or location; and

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

- i. Inspect the original prescription or the Certificate of Medical Necessity (CMN) on file;
- ii. Audit records pertaining to costs of medical supplies and equipment provided to Medicaid/NJ Family-Care beneficiaries; and

iii. Inspect private sector records, where deemed necessary, to comply with Federal regulations to determine a provider's usual and customary charge to the public.

Amended by R.2001 d.64, effective February 20, 2001.

See: 32 N.J.R. 4098(a), 33 N.J.R. 661(c).

In (a), inserted "program" following "Medicaid"; and in (b)6ii, substituted "beneficiaries" for "recipients".

Amended by R.2006 d.297, effective September 5, 2006.

See: 38 N.J.R. 1371(b), 38 N.J.R. 3578(a).

Inserted "NJ Family Care" throughout; in the introductory paragraph of (a) inserted "the" preceding "New Jersey".

Amended by R.2007 d.238, effective August 6, 2007.

See: 39 N.J.R. 1388(a), 39 N.J.R. 3377(a).

Added new (a); recodified former (a) and (b) as (b) and (c); in the introductory paragraph of (b), substituted "Subject to the moratorium set forth in (a) above, in" for "In" and "Program" for "program"; in (b)1, deleted "or" from the end; in (b)3, deleted "pharmacy or" preceding "medical"; and in (c)4, substituted "an order" for "a prescription".

Amended by R.2008 d.277, effective September 15, 2008.

See: 40 N.J.R. 2186(a), 40 N.J.R. 5238(a).

In the introductory paragraph of (a), substituted "and P.L. 2007, c. 111, as amended by P.L. 2007, c. 336, require" for "requires"; in (a)3ii, deleted "and" from the end; in (a)3iii, substituted "; and" for a period at the end; added (a)3iv; and in (a)4, deleted "and will be subject to the special needs criteria for new medical supply providers pursuant to N.J.A.C. 10:59-1.3(a)2" from the end.

10:59-1.4 Non-covered items or services

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

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

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

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

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

- i. Administration pumps;
- ii. Aspirators;
- iii. Canes;
- iv. Communication equipment (life-safety devices including alarms and apnea monitors);
- v. Crutches;

vi. Enteral nutritional supplements and related supplies (including IV poles and enteral pumps);

vii. Geri-chairs;

viii. Hospital beds (including mattress and side rails);

ix. IPPB machines;

x. IV supplies and related equipment;

xi. Lifts;

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

xiii. Nebulizers;

xiv. Oxygen and related equipment;

xv. Traction apparatus;

xvi. Walkers;

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

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

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

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

7. Delivery and shipping costs;

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

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

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

1. Bags (douche, enema, ice);

2. Beds (waterbeds);

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

4. Exercise equipment;

5. Eye patches;

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

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

8. Hot water bottles;

9. Infant formula (standard);

10. Inflatable rubber invalid rings;

11. Lifts (chair or seat);

12. Mattresses (orthopedic or mattresses without FDA approval);

13. Nasal aspirators;

14. Pads (heating, hydrocollators, sanitary, thermophore);

15. Personal incidentals, including items for personal cleanliness, body hygiene, and grooming, for example, standard toothbrushes, mouthwashes, dentifrices, deodorant soaps, cosmetics, shaving items, and so forth;

16. Plastic gloves;

17. Protein nutritional supplements in which the quantity dispensed exceeds a 34-day supply;

18. Scales (bathroom);

19. Specialized infant formulas in which the quantity dispensed exceeds a 34-day supply;

20. Stainless steel bedpans or urinals;

21. Syringes (bulb, enema);

22. Thermometers (axillary, ear, oral, rectal); and

23. Tongue blades (sterile, non-sterile).

Amended by R.1997 d.251, effective June 16, 1997.
See: 28 N.J.R. 2481(a), 28 N.J.R. 3221(a), 29 N.J.R. 2690(a).

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

Amended by R.2001 d.64, effective February 20, 2001.

See: 32 N.J.R. 4098(a), 33 N.J.R. 661(c).

In (a)1 and (a)8, substituted references to beneficiaries for recipients, and also in (a)8, updated an N.J.A.C. reference.

Amended by R.2006 d.297, effective September 5, 2006.

See: 38 N.J.R. 1371(b), 38 N.J.R. 3578(a).

In the introductory paragraph of (a), inserted “/NJ Family Care”.

Case Notes

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

Testimony and evidence presented on a nursing home resident’s behalf failed to articulate a proper basis for reimbursing the \$29,000 cost of a specialized wheelchair because federal law requires that the Division avoid the unnecessary utilization of services, the wheelchair was not medically necessary for the diagnosis or treatment of a disease,

injury, or condition in accordance with N.J.A.C. 10:49-5.5(a)1, and the Medicaid program does not cover durable medical equipment when not considered cost-effective for a beneficiary’s treatment. Specifically, providing necessary assistance to the resident in the resident’s current wheelchair was within the nursing staff’s responsibility and was care already included in the rate the Division paid to the nursing facility as a Medicaid provider, and the resident would not have been able to leave the nursing home in the foreseeable future. J.R. v. DMAHS, OAL Dkt. No. HMA 10958-04, 2005 N.J. AGEN LEXIS 1317, Final Decision (October 14, 2005).

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

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

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

1. The beneficiary’s name, address and Medicaid/NJ FamilyCare eligibility identification number; and
2. A description of the specific supplies and/or equipment prescribed;
 - i. For example, the phrase “wheelchair” or “patient needs wheelchair” is insufficient. The order shall describe the type and style of the wheelchair.
3. The length of time the medical equipment items or supplies are required;
4. A diagnosis and summary of the patient’s physical condition to support the need for the item(s) prescribed; and
5. The prescriber’s name, address and signature.

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

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

Amended by R.2001 d.64, effective February 20, 2001.

See: 32 N.J.R. 4098(a), 33 N.J.R. 661(c).

In (a)1, substituted “beneficiary’s” for “recipient’s” and inserted “eligibility identification” preceding “number”.

Amended by R.2006 d.297, effective September 5, 2006.

See: 38 N.J.R. 1371(b), 38 N.J.R. 3578(a).

In (a)1, inserted “/NJ Family Care”.

10:59-1.6 Prior authorization (PA)

(a) Prior authorizations issued by the Medicaid/NJ FamilyCare program are intended to reflect decisions regarding medical necessity and purchase/rental options. The issuance of prior authorization is not a guarantee of Medicaid/NJ FamilyCare payment. Payment is determined

HCPCS Code	Description	Maximum Fee Allowance	HCPCS Code	Description	Maximum Fee Allowance
	with capped rental wheelchair base)		L3222	Orthopedic footwear, man's shoes, hightop, depth inlay	116.00
K0268	Humidifier, used with CPAP device	B.R.			
K0460	Power add-on, to convert manual wheelchair to motorized wheel chair, joystick control	B.R.	L3223	Orthopedic footwear, man's surgical boot, each	64.00
K0461	Power add-on, to convert manual wheelchair to motorized wheel chair, tiller control	B.R.	L3253	Foot, molded shoe Plastazote (or similar), custom fitted, each	112.00
L0210	Thoracic rib belt, custom fitted	13.20	L3254	Nonstandard size or width	20.00
L0300	Thoracic-lumbar-sacral-orthoses (TLSO), flexible (dorso-lumbar surgical support), custom fitted	101.68	L3255	Nonstandard size or length	20.00
			L3257	Orthopedic footwear, additional charge for split size	50.00
L0315	TLSO, flexible dorso-lumbar surgical support	120.00	L3260	Ambulatory surgical boot, each	88.00
			L3265	Plastazote sandal, each	56.00
L0515	LSO, flexible (lumbo-sacral surgical support), elastic type, with rigid posterior panel	69.16	L3300	Lift, elevation, heel, tapered to metatarsals, per inch	64.00
			L3310	Lift, elevation, heel and sole, neoprene, per inch	64.00
L0600	Sacroiliac, flexible (sacroiliac surgical support), custom fitted	40.72	L3320	Lift, elevation, heel and sole, cork, per inch	100.00
L0900	Torso support, ptosis support, custom fitted	102.11	L3332	Lift, elevation, inside shoe, tapered, up to one-half inch	44.00
L0920	Torso support, pendulous abdomen support, custom fitted	118.36			
			L3334	Lift, elevation, heel, per inch	36.00
L0940	Torso support, postsurgical support, custom fitted	110.18	L3340	Heel wedge, sach	10.40
			L3350	Heel wedge	12.00
L0960	Torso support, postsurgical support pads, for postsurgical support	48.71	L3360	Sole wedge, outside sole	12.00
			L3370	Sole wedge, between sole	14.40
L0974	TLSO, full corset	88.20	L3380	Clubfoot wedge	12.00
L0976	LSO, full corset	103.88	L3390	Outflare wedge	16.00
L0980	Peroneal straps, pair	11.33	L3400	Metatarsal bar wedge, rocker	16.00
L0982	Stocking supporter grips, set of four (4)	9.60	L3410	Metatarsal bar wedge, between sole	16.00
			L3420	Full sole and heel wedge, between sole	24.00
L1600	Hip orthoses (HO), abduction control of hip joints, flexible, Frejka type with cover	40.32	L3430	Heel, counter, plastic reinforced	24.00
			L3440	Heel, counter, leather reinforced	24.00
			L3450	Heel, Sach cushion type	64.00
L1610	HO, abduction control of hip joints, flexible, (Frejka cover only)	25.00	L3455	Heel, new leather, standard	8.00
			L3460	Heel, new rubber, standard	8.00
L1620	HO, abduction control of hip joints, flexible, (Pavlik harness)	75.00	L3465	Heel, Thomas with wedge	20.00
			L3470	Heel, Thomas extended to ball	24.00
L1800	Knee orthosis (KO), elastic with stays	32.56	L3480	Heel, pad and depression for spur	16.00
L1810	KO, elastic with joints	61.04	L3485	Heel, pad, removable for spur	32.00
L1815	KO, elastic with condylar pads	63.19	L3500	Miscellaneous shoe addition, insole, leather	4.00
L1820	KO, elastic with condyle pads and joints	72.40			
L1825	KO, elastic knee cap	28.00	L3510	Miscellaneous shoe addition, insole, rubber	8.00
L1830	KO, immobilizer; canvas longitudinal	52.88			
L1902	AFO, ankle gauntlet, custom fitted	48.81	L3520	Miscellaneous shoe additions, insole, felt covered with leather	8.00
L1906	AFO, multiligamentus ankle support	75.00			
L3201	Orthopedic shoe, oxford with supinator or pronator, infant	48.00	L3530	Miscellaneous shoe addition, sole, half	12.00
			L3540	Miscellaneous shoe addition, sole, full	36.00
L3202	Orthopedic shoe, oxford with supinator or pronator, child	48.00	L3550	Miscellaneous shoe addition, toe tap, standard	4.00
L3203	Orthopedic shoe, oxford with supinator or pronator, junior	48.00	L3560	Miscellaneous shoe addition, toe tap, horseshoe	6.40
L3204	Orthopedic shoe, hightop with supinator or pronator, infant	48.00	L3570	Miscellaneous shoe addition, special extension to instep (leather with eyelets)	152.00
L3206	Orthopedic shoe, hightop with supinator or pronator, child	48.00			
L3207	Orthopedic shoe, hightop with supinator or pronator, junior	48.00	L3580	Miscellaneous shoe addition, convert instep to velcro closure	13.60
L3208	Surgical boot, each, infant	24.00	L3590	Miscellaneous shoe addition, convert firm shoe counter to soft counter	28.00
L3209	Surgical boot, each, child	24.00			
L3211	Surgical boot, each, junior	24.00	L3595	Miscellaneous shoe addition, March bar	12.00
L3212	Benesch boot, pair, infant	48.00			
L3213	Benesch boot, pair, child	48.00	L3600	Transfer of an orthosis from one shoe to another, caliper plate, existing	48.00
L3214	Benesch boot, pair, junior	48.00			
L3215	Orthopedic footwear, woman's shoes, oxford	76.00	L3610	Transfer of an orthosis from one shoe to another, caliper plate, new	76.00
L3216	Orthopedic footwear, woman's shoes, depth inlay	100.00	L3620	Transfer of an orthosis from one shoe to another, solid stirrup, existing	39.04
L3217	Orthopedic footwear, woman's shoes, hightop, depth inlay	116.00	L3630	Transfer of an orthosis from one shoe to another, solid stirrup, new	76.00
L3218	Orthopedic footwear, woman's surgical boot, each	64.00			
L3219	Orthopedic footwear, man's shoes, oxford	76.00			
L3221	Orthopedic footwear, man's shoes, depth inlay	100.00			

HCPCS Code	Description	Maximum Fee Allowance	HCPCS Code	Description	Maximum Fee Allowance
L3640	Transfer of an orthosis from one shoe to another, Dennis Browne splint (Riveton), both shoes	28.00	X8334	Parenteral infusion by gravity (includes parenteral therapy supplies and base solution cost)	\$39.00/day
L3649	Unlisted procedures for foot orthopedic shoes, shoe modifications and transfers	B.R.	X8335	Parenteral infusion by disposable pump (includes supplies and base solution cost)	\$39.00/day
L3800	Wrist-hand-finger-orthoses (WHFO), short opponens, no attachments	124.28	X8336	Parenteral infusion with external ambulatory infusion pump and administration equipment (includes pump, supplies and base solution cost)	\$60.00/day
L3908	WHFO, wrist extension control cock-up, nonmolded	50.13	X8337	Parenteral line maintenance (includes all supplies necessary)	\$8.00/day
L3914	WHFO, wrist extension cock-up	60.00	X8339	Gloves, sterile, each	.30
L3916	WHFO, wrist extension cock-up, with outrigger	72.00	X8433	Gloves, non-sterile, each	.09
L8000	Breast prosthesis, mastectomy bra	B.R.	X8434	Parenteral infusion with external stationary pump and administration equipment (includes pump, supplies and base solution cost)	\$39.00/day
L8010	Breast prosthesis, mastectomy sleeve	40.56			
L8020	Breast prosthesis, mastectomy form	132.00			
L8030	Breast prosthesis, silicone or equal	B.R.			
L8100	Elastic support, elastic stocking, below knee, medium weight, each	24.00			
L8110	Elastic support, elastic stocking, below knee, heavy weight, each	30.40			
L8120	Elastic support, elastic stocking, below knee, surgical weight, (Linton type or equal), each	32.00			
L8130	Elastic support, elastic stocking, above knee, medium weight, each	33.60			
L8140	Elastic support, elastic stocking, above knee, heavy weight, each	36.00			
L8150	Elastic support, elastic stocking, above knee, surgical weight, (Linton type or equal), each	44.00			
L8160	Elastic support, elastic stocking, full-length, medium weight, each	40.00			
L8170	Elastic support, elastic stocking, full-length, heavy weight, each	48.00			
L8180	Elastic support, elastic stocking, full-length, heavy surgical weight (Linton type or equal), each	52.00			
L8190	Elastic support, elastic stocking, leotards, medium weight, each	108.00			
L8200	Elastic supports, elastic stocking, leotards surgical weight (Linton type), each	120.00			
L8210	Elastic support, elastic stocking, custom-made	B.R.			
L8220	Elastic support, elastic stocking, lymphedema	B.R.			
L8230	Elastic support, elastic stocking, garter belt	B.R.			
L8300	Truss, single with standard pad	51.28			
L8310	Truss, double with standard pads	101.68			
L8320	Truss, addition to standard pad, water pad	24.00			
L8330	Truss, addition to standard pad, scrotal pad	33.65			
L8400	Prosthetic sheath, below knee, each	12.00			
L8410	Prosthetic sheath, above knee, each	12.00			
L8415	Prosthetic sheath, upper limb, each	11.20			
L8420	Prosthetic sock, wool, below knee, each	14.94			
L8430	Prosthetic sock, wool, above knee, each	18.40			
L8435	Prosthetic sock, wool, upper limb, each	8.14			
L8440	Prosthetic shrinker, below knee, each	33.60			
L8460	Prosthetic shrinker, above knee, each	41.60			
L8465	Prosthetic shrinker, upper limb, each	33.60			
L8470	Stump sock, single ply, fitting, below knee, each	2.52			
L8480	Stump sock, single ply, fitting, above knee, each	2.52			
X4810	Velcro straps, attached to a pair of shoes, per pair	14.00			
X6005	Two piece flange, stoma size: 4' and two piece flange, stoma size: 3 1/4', "picture frame" design	4.70/unit			
X6460	Ostomy deodorant	B.R.			
X7200	Hypodermic syringes over 5cc	B.R.			
X7300	Rectal syringes	B.R.			

Amended by R.1999 d.41, effective February 1, 1999.
 See: 30 N.J.R. 1019(a), 31 N.J.R. 440(a).
 Rewrote the section.
 Amended by R.1999 d.265, effective August 16, 1999.
 See: 31 N.J.R. 1308(a), 31 N.J.R. 2401(a).
 In HCPCS Code E0452 and E0601, inserted notes in the Description, in HCPCS Code E0601, L8000, L8030 and X7520, changed Maximum Fee Allowance, and deleted HCPCS Code X6000.
 Amended by R.2000 d.368, effective September 18, 2000.
 See: 32 N.J.R. 2201(a), 32 N.J.R. 3425(a).
 Inserted references to A4614, A5200, A6154, A6200, A6201, A6202, A6209, K0456 through K0461, and deleted a reference to K0154.
 Amended by R.2000 d.391, effective October 2, 2000.
 See: 32 N.J.R. 2198(a), 32 N.J.R. 3568(a).
 In HCPCS Codes B9004 and B9006, changed Maximum Fee Allowances; inserted HCPCS Codes X8334 through X8337 and X8434; and deleted HCPCS Code B9999.
 Amended by R.2001 d.64, effective February 20, 2001.
 See: 32 N.J.R. 4098(a), 33 N.J.R. 661(c).
 In HCPCS Codes E0424 and E0439, substituted "regulator" for "regulatory"; in HCPCS Codes A4214, E0110, E0111, E0424, E0434, E0439, E0781, and E1400 through E1403, changed Maximum Fee Allowances; deleted HCPCS Codes K0224 and K0228; in X4890 through X4892, inserted "casting"; and inserted HCPCS Code X7533.
 Amended by R.2006 d.297, effective September 5, 2006.
 See: 38 N.J.R. 1371(b), 38 N.J.R. 3578(a).
 Rewrote the section.

APPENDIX A

SERVICE STATUS AND PA REQUIREMENTS FOR HCPCS CODES

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

Rental Indicator Values

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

Purchase Indicator Values

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

Prior Authorization Values

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

Notations

For example, common medical supply items will have a Rental Indicator Value of "N," and a Purchase Indicator Value of "M." By definition, these items cannot be rented.

For example, common DME will have a Rental Indicator Value of "M," and a Purchase Indicator Value of "D." By definition, these items can be both rented or purchased.

Claims for rental services shall include the procedure code modifier "PR." In addition, claims for purchases of medical supplies and DME include the procedure code modifier "NU."

PROC CODE	DME RENT IND	DME PURCH IND	PA IND	PROC CODE	DME RENT IND	DME PURCH IND	PA IND	PROC CODE	DME RENT IND	DME PURCH IND	PA IND	PROC CODE	DME RENT IND	DME PURCH IND	PA IND
A4206	N	M	N	A4372	N	M	N	A4714	N	M	N	A6204	N	M	N
A4207	N	M	N	A4373	N	M	N	A4720	N	M	N	A6205	N	M	N
A4208	N	M	N	A4397	N	M	N	A4721	N	M	N	A6206	N	M	N
A4209	N	M	N	A4398	N	M	N	A4722	N	M	N	A6207	N	M	N
A4210	N	D	N	A4399	N	M	N	A4723	N	M	N	A6208	N	M	N
A4211	N	M	N	A4400	N	M	N	A4724	N	M	N	A6210	N	M	N
A4212	N	M	N	A4402	N	M	N	A4725	N	M	N	A6211	N	M	N
A4213	N	M	N	A4404	N	M	N	A4726	N	M	N	A6212	N	M	N
A4214	N	M	N	A4405	N	M	N	A4730	N	M	N	A6213	N	M	N
A4215	N	M	N	A4406	N	M	N	A4740	N	M	N	A6214	N	M	N
A4217	N	M	N	A4407	N	M	N	A4750	N	M	N	A6442	N	M	N
A4230	N	M	A	A4408	N	M	N	A4755	N	M	N	A6443	N	M	N
A4231	N	M	A	A4409	N	M	N	A4760	N	M	N	A6444	N	M	N
A4232	N	M	A	A4410	N	M	N	A4765	N	M	N	A6445	N	M	N
A4244	N	M	N	A4414	N	M	N	A4770	N	M	N	A6446	N	M	N
A4245	N	M	N	A4415	N	M	N	A4771	N	M	N	A6447	N	M	N
A4246	N	M	N	A4421	N	M	N	A4772	N	M	N	A6448	N	M	N
A4247	N	M	N	A4450	N	M	N	A4773	N	M	N	A6449	N	M	N
A4250	N	M	N	A4452	N	M	N	A4774	N	M	N	A6450	N	M	N
A4253	N	M	A	A4455	N	M	N	A4860	N	M	N	A7000	N	M	N
A4256	N	M	N	A4465	N	M	N	A4911	N	D	N	A7001	N	M	N
A4258	N	M	N	A4470	N	D	N	A4913	N	M	A	A7002	N	M	N
A4259	N	M	N	A4480	N	D	N	A4918	N	M	N	A7003	N	M	N
A4265	N	M	N	A4550	N	M	N	A4927	N	M	N	A7004	N	M	N
A4300	N	M	N	A4554	N	M	N	A4928	N	M	N	A7005	N	M	N
A4305	N	M	A	A4556	N	M	A	A4929	N	M	N	A7006	N	M	N
A4306	N	M	N	A4557	N	M	A	A4930	N	M	N	A7007	N	M	N
A4310	N	M	N	A4558	N	M	N	A5051	N	M	N	A7008	N	M	N
A4311	N	M	N	A4561	N	M	N	A5052	N	M	N	A7009	N	M	N
A4312	N	M	N	A4562	N	M	N	A5053	N	M	N	A7010	N	M	N
A4313	N	M	N	A4565	N	M	N	A5054	N	M	N	A7012	N	M	N
A4314	N	M	N	A4570	N	M	N	A5055	N	M	N	A7013	N	M	N
A4315	N	M	N	A4575	N	M	A	A5061	N	M	N	A7014	N	M	N
A4316	N	M	N	A4595	N	M	N	A5062	N	M	N	A7015	N	M	N
A4320	N	M	N	A4611	N	M	A	A5063	N	M	N	A7016	N	M	N
A4322	N	M	N	A4612	N	M	N	A5071	N	M	N	A7018	N	M	N
A4326	N	M	A	A4613	M	D	A	A5072	N	M	N	A7033	N	M	A
A4327	N	M	A	A4615	N	M	N	A5073	N	M	N	A7034	N	M	A
A4328	N	M	A	A4616	N	M	N	A5074	N	M	N	A7035	N	M	A
A4330	N	M	N	A4617	N	M	A	A5075	N	M	N	A7036	N	M	A
A4331	N	M	N	A4618	N	M	A	A5081	N	M	N	A7037	N	M	A
A4332	N	M	N	A4619	N	M	A	A5082	N	M	N	A7038	N	M	A
A4333	N	M	N	A4620	N	M	A	A5093	N	M	N	A7039	N	M	A
A4334	N	M	N	A4621	N	M	A	A5102	N	M	N	B4034	N	M	A
A4335	N	M	N	A4622	N	M	A	A5105	N	M	N	B4035	N	M	A
A4338	N	M	A	A4623	N	M	A	A5112	N	M	N	B4036	N	M	A
A4340	N	M	A	A4624	N	M	A	A5113	N	M	N	B4081	N	M	A
A4344	N	M	A	A4625	N	M	A	A5114	N	M	N	B4082	N	M	A
A4346	N	M	A	A4626	N	M	A	A5119	N	M	N	B4083	N	M	A
A4347	N	M	A	A4627	N	M	A	A5121	N	M	N	B4086	N	M	A
A4349	N	M	N	A4628	N	M	N	A5122	N	M	N	B4150	N	M	A
A4351	N	M	A	A4629	N	M	N	A5126	N	M	N	B4151	N	M	A
A4352	N	M	A	A4630	N	M	N	A5131	N	M	A	B4152	N	M	A
A4354	N	M	A	A4631	N	M	A	A5508	N	P	N	B4153	N	M	A
A4355	N	M	A	A4635	N	M	N	A6010	N	M	N	B4156	N	M	A
A4356	N	M	A	A4636	N	M	N	A6011	N	M	N	B4164	N	M	A
A4357	N	M	A	A4637	N	M	N	A6021	N	M	N	B4168	N	M	A
A4358	N	M	A	A4640	N	D	A	A6022	N	M	N	B4172	N	M	A
A4359	N	M	A	A4649	N	M	A	A6023	N	M	N	B4176	N	M	A
A4361	N	M	N	A4660	N	D	N	A6024	N	M	N	B4178	N	M	A
A4362	N	M	N	A4663	N	M	N	A6196	N	M	N	B4180	N	M	A
A4364	N	M	N	A4670	N	D	N	A6197	N	M	N	B4186	N	M	A
A4367	N	M	N	A4706	N	M	N	A6198	N	M	N	B4189	N	M	A
A4369	N	M	N	A4707	N	M	N	A6199	N	M	N	B4193	N	M	A
A4371	N	M	N	A4712	N	M	N	A6203	N	M	N	B4199	N	M	A

PROC CODE	DME RENT IND	DME PURCH IND	PA IND	PROC CODE	DME RENT IND	DME PURCH IND	PA IND	PROC CODE	DME RENT IND	DME PURCH IND	PA IND	PROC CODE	DME RENT IND	DME PURCH IND	PA IND
B4202	N	M	N	E0251	M	D	A	E0625	M	D	N	E0976	M	D	N
B4206	N	M	N	E0253	N	M	A	E0630	M	D	A	E0977	M	D	N
B4210	N	D	N	E0255	M	D	A	E0630	N	M	N	E0978	M	D	N
B4214	N	M	N	E0256	M	D	A	E0635	M	D	A	E0979	M	D	N
B4216	N	M	A	E0258	M	D	N	E0637	N	M	N	E0980	M	D	N
B4220	N	M	A	E0261	M	D	A	E0651	M	D	A	E0990	M	D	N
B4224	N	M	A	E0265	M	D	A	E0652	M	D	A	E0991	M	D	N
B4245	N	M	N	E0266	M	D	A	E0655	M	D	A	E0992	M	D	N
B5000	N	M	A	E0271	M	D	N	E0660	N	D	N	E0993	M	D	N
B5100	N	M	A	E0272	M	D	N	E0665	M	D	A	E0994	M	D	N
B9000	M	D	A	E0273	M	D	N	E0666	M	D	A	E0995	M	D	N
B9002	M	D	A	E0275	M	D	N	E0667	M	D	A	E0996	M	D	N
B9004	M	N	A	E0276	M	D	N	E0671	M	D	A	E0997	M	D	N
B9006	M	N	A	E0277	M	D	A	E0672	M	D	A	E0998	M	D	N
B9998	N	M	A	E0290	M	D	A	E0673	M	D	A	E0999	M	D	N
E0023	N	M	N	E0291	M	D	A	E0700	N	D	N	E1000	M	D	N
E0036	N	M	A	E0292	M	D	A	E0705	N	M	N	E1001	M	D	N
E0044	M	D	N	E0294	M	D	A	E0710	N	D	N	E1031	M	D	A
E0054	N	M	N	E0295	M	D	A	E0730	M	D	A	E1050	M	D	A
E0063	N	M	N	E0296	M	D	A	E0731	N	D	N	E1060	M	D	A
E0072	N	M	N	E0300	N	M	N	E0735	N	M	N	E1065	M	D	A
E0084	N	M	A	E0303	M	D	A	E0740	M	D	A	E1066	M	D	N
E0105	M	D	N	E0305	M	D	N	E0744	M	D	A	E1069	M	D	N
E0105	N	M	N	E0310	M	D	N	E0746	M	D	A	E1070	M	D	A
E0110	M	D	N	E0311	N	M	N	E0747	M	D	A	E1083	M	D	A
E0111	M	D	N	E0315	N	M	N	E0748	N	M	A	E1084	M	D	A
E0113	M	D	N	E0325	M	D	N	E0755	N	D	A	E1085	M	D	A
E0114	M	D	N	E0329	N	M	A	E0760	N	M	N	E1086	M	D	A
E0116	M	D	N	E0340	N	M	A	E0772	N	M	N	E1087	M	D	A
E0119	N	M	N	E0351	N	M	A	E0780	M	D	A	E1088	M	D	A
E0126	N	M	N	E0356	N	M	A	E0781	M	N	A	E1089	M	D	A
E0135	M	D	N	E0361	N	M	N	E0784	N	D	A	E1090	M	D	A
E0141	M	D	N	E0367	N	M	N	E0791	M	N	A	E1092	M	D	A
E0142	M	D	A	E0371	M	D	A	E0801	N	M	N	E1093	M	D	A
E0145	M	D	N	E0372	M	D	A	E0820	N	M	N	E1100	M	D	A
E0146	M	D	A	E0400	N	M	N	E0840	M	D	A	E1110	M	D	A
E0147	M	D	N	E0424	M	N	A	E0860	M	D	A	E1130	M	D	A
E0148	M	D	A	E0431	M	N	A	E0870	M	D	A	E1140	M	D	A
E0149	M	D	A	E0434	M	N	A	E0880	M	D	A	E1150	M	D	A
E0153	N	M	A	E0441	N	M	A	E0900	M	D	A	E1160	M	D	A
E0154	M	D	N	E0442	N	M	A	E0901	N	M	A	E1170	M	D	A
E0155	M	D	N	E0443	N	M	A	E0910	M	D	A	E1171	M	D	A
E0156	N	D	N	E0450	M	D	A	E0914	N	M	A	E1172	M	D	A
E0160	M	D	N	E0454	N	M	N	E0920	M	D	A	E1180	M	D	A
E0161	M	D	N	E0457	M	D	A	E0921	N	D	N	E1190	M	D	A
E0163	M	D	N	E0459	M	D	A	E0935	D	N	A	E1195	M	D	A
E0164	M	D	N	E0460	M	D	A	E0940	M	D	A	E1200	M	D	A
E0165	M	D	N	E0470	N	D	N	E0941	M	D	A	E1210	M	D	A
E0167	N	D	N	E0471	M	N	A	E0943	M	D	N	E1211	M	D	A
E0168	M	D	A	E0472	M	N	A	E0945	M	D	N	E1212	M	D	A
E0172	N	M	A	E0480	M	D	A	E0946	M	D	A	E1213	M	D	A
E0175	M	D	N	E0500	M	D	N	E0947	M	D	A	E1220	M	D	A
E0176	N	D	N	E0550	M	D	A	E0948	M	D	A	E1221	M	D	A
E0178	N	D	N	E0556	N	M	A	E0950	M	D	N	E1111	M	D	A
E0179	N	D	N	E0560	M	D	A	E0951	M	D	N	E1223	M	D	A
E0180	M	D	A	E0565	M	D	A	E0952	M	D	N	E1225	M	D	N
E0182	M	D	A	E0565	N	M	N	E0953	M	D	N	E1226	M	D	A
E0184	M	D	A	E0570	M	D	A	E0954	M	D	N	E1227	M	D	N
E0185	M	D	A	E0580	M	D	A	E0958	M	D	A	E1228	M	D	N
E0187	M	D	A	E0585	M	D	A	E0959	M	D	N	E1230	M	D	A
E0188	N	D	N	E0600	M	D	A	E0961	M	D	N	E1240	M	D	A
E0189	N	D	N	E0601	M	D	A	E0962	M	D	N	E1250	M	D	A
E0192	M	D	A	E0601	M	N	A	E0963	M	D	N	E1260	M	D	A
E0193	D	N	A	E0605	M	D	A	E0964	M	D	N	E1270	M	D	A
E0194	D	N	A	E0606	M	D	N	E0965	M	D	N	E1280	M	D	A
E0202	M	D	A	E0607	N	D	A	E0966	M	D	N	E1285	M	D	A
E0217	M	D	A	E0609	N	D	A	E0967	M	D	N	E1290	M	D	A
E0235	M	D	N	E0610	M	D	A	E0968	M	D	N	E1295	M	D	A
E0236	M	D	N	E0611	N	M	A	E0969	M	D	N	E1296	M	D	N
E0241	N	D	N	E0615	M	D	A	E0970	M	D	N	E1297	M	D	N
E0242	M	D	N	E0616	N	M	N	E0971	M	D	N	E1298	M	D	A
E0243	M	D	N	E0618	M	D	A	E0972	M	D	N	E1300	M	D	A
E0245	M	D	N	E0619	M	D	A	E0973	M	D	N	E1310	M	D	A
E0246	M	D	N	E0620	N	M	A	E0974	M	D	N	E1340	N	M	A
E0249	M	D	N	E0624	N	M	A	E0975	M	D	N	E1353	M	D	A

PROC CODE	DME RENT	DME PURCH	PA IND	PROC CODE	DME RENT	DME PURCH	PA IND	PROC CODE	DME RENT	DME PURCH	PA IND	PROC CODE	DME RENT	DME PURCH	PA IND
	IND	IND			IND	IND			IND	IND			IND	IND	
E1355	M	D	A	K0049	M	D	N	L0974	N	P	N	L3370	N	P	N
E1372	M	D	A	K0050	M	D	N	L0976	N	P	N	L3380	N	P	N
E1377	M	N	A	K0051	N	D	N	L0980	N	P	N	L3390	N	P	N
E1378	M	N	A	K0052	M	D	N	L0982	N	P	N	L3400	N	P	N
E1379	M	N	A	K0053	N	D	N	L1600	N	P	N	L3410	N	P	N
E1380	M	N	A	K0054	M	D	N	L1610	N	P	N	L3420	N	P	N
E1381	M	N	A	K0055	M	D	N	L1620	N	P	N	L3430	N	P	N
E1382	M	N	A	K0056	M	D	N	L1800	N	P	N	L3440	N	P	N
E1399	M	D	A	K0057	M	D	N	L1810	N	P	N	L3450	N	P	N
E1405	M	D	A	K0058	M	D	N	L1815	N	P	N	L3455	N	P	N
E1406	M	D	A	K0059	M	D	N	L1820	N	P	N	L3460	N	P	N
E1592	M	D	A	K0060	M	D	N	L1825	N	P	N	L3465	N	P	N
E1594	M	D	A	K0061	M	D	N	L1830	N	P	N	L3470	N	P	N
E1610	M	D	A	K0062	M	D	N	L1902	N	P	N	L3480	N	P	N
E1615	M	D	A	K0063	M	D	N	L1906	N	P	N	L3485	N	P	N
E1630	M	D	A	K0064	M	D	N	L2210	N	P	N	L3500	N	P	N
E1632	M	D	A	K0065	M	D	N	L2270	N	P	N	L3510	N	P	N
E1637	N	M	N	K0066	M	D	N	L2360	N	P	N	L3520	N	P	N
E1699	M	D	A	K0067	M	D	N	L2999	N	P	N	L3530	N	P	N
E1700	M	D	A	K0068	M	D	N	L3000	N	P	A	L3540	N	P	N
E1701	N	D	A	K0069	M	D	N	L3001	N	P	A	L3550	N	P	N
E1702	M	D	N	K0070	M	D	N	L3002	N	P	A	L3560	N	P	N
E1800	M	D	A	K0071	M	D	N	L3003	N	P	A	L3570	N	P	N
E1805	M	D	A	K0072	M	D	N	L3010	N	P	A	L3580	N	P	N
E1810	M	D	A	K0073	M	D	N	L3020	N	P	A	L3590	N	P	N
E1815	M	D	A	K0074	M	D	N	L3030	N	P	A	L3595	N	P	N
E1820	M	D	A	K0075	M	D	N	L3040	N	P	A	L3600	N	P	N
E1825	M	D	A	K0076	M	D	N	L3050	N	P	A	L3610	N	P	N
E1830	M	D	A	K0077	M	D	N	L3060	N	P	A	L3620	N	P	N
E1924	M	D	A	K0078	M	D	N	L3070	N	P	A	L3630	N	P	N
E2100	N	D	A	K0079	M	D	N	L3080	N	P	A	L3640	N	P	N
K0001	M	D	A	K0080	M	D	N	L3090	N	P	A	L3649	N	P	N
K0002	M	D	N	K0081	M	D	N	L3100	N	P	A	L3650	N	P	N
K0003	M	D	A	K0082	M	D	N	L3140	N	P	A	L3660	N	P	N
K0004	M	D	A	K0083	N	D	N	L3150	N	P	A	L3670	N	P	N
K0005	M	D	A	K0084	M	D	N	L3170	N	P	A	L3700	N	P	N
K0006	M	D	A	K0085	M	D	N	L3201	N	P	A	L3800	N	P	N
K0007	M	D	A	K0086	M	D	N	L3202	N	P	A	L3908	N	P	N
K0009	M	D	A	K0087	M	D	N	L3203	N	P	A	L3914	N	P	N
K0010	M	D	A	K0088	M	D	N	L3204	N	P	A	L3916	N	P	N
K0011	M	D	A	K0089	M	D	N	L3206	N	P	A	L4200	N	P	N
K0012	M	D	A	K0090	M	D	N	L3207	N	P	A	L4350	N	P	N
K0014	M	D	A	K0091	M	D	N	L3208	N	P	A	L4360	N	P	N
K0015	M	D	N	K0092	M	D	N	L3209	N	P	A	L4370	N	P	N
K0016	M	D	N	K0093	M	D	N	L3211	N	P	A	L4380	N	P	N
K0017	M	D	N	K0094	M	D	N	L3212	N	P	A	L5000	N	P	N
K0018	M	D	N	K0095	M	D	N	L3213	N	P	A	L5270	N	P	N
K0019	M	D	N	K0096	M	D	N	L3214	N	P	A	L5300	N	P	N
K0020	M	D	N	K0097	M	D	N	L3215	N	P	A	L6500	N	P	N
K0022	M	D	N	K0098	M	D	N	L3216	N	P	A	L8000	N	P	N
K0023	M	D	N	K0099	M	D	N	L3217	N	P	A	L8010	N	P	N
K0024	M	D	N	K0100	M	D	N	L3218	N	P	A	L8020	N	P	N
K0025	M	D	N	K0102	M	D	N	L3219	N	P	A	L8030	N	P	N
K0026	M	D	N	K0103	M	D	N	L3221	N	P	A	L8100	N	P	N
K0027	M	D	N	K0104	M	D	N	L3222	N	P	A	L8110	N	P	N
K0028	M	D	A	K0105	M	D	N	L3223	N	P	A	L8120	N	P	N
K0029	M	D	N	K0106	M	D	N	L3230	N	P	A	L8130	N	P	N
K0030	M	D	N	K0107	M	D	N	L3250	N	P	A	L8140	N	P	N
K0031	N	D	N	K0108	M	D	A	L3250	N	P	A	L8150	N	P	N
K0032	M	D	N	K0112	N	P	N	L3252	N	P	A	L8160	N	P	N
K0033	M	D	N	K0113	N	P	N	L3253	N	P	A	L8170	N	P	N
K0035	M	D	N	K0114	N	P	N	L3254	N	P	A	L8180	N	P	N
K0036	M	D	N	K0115	N	P	N	L3255	N	P	A	L8190	N	P	N
K0037	M	D	N	K0116	N	P	N	L3257	N	P	A	L8200	N	P	N
K0038	M	D	N	L0110	N	P	N	L3260	N	P	A	L8210	N	P	N
K0039	M	D	N	L0120	N	P	N	L3265	N	P	A	L8220	N	P	N
K0040	M	D	N	L0140	N	P	N	L3300	N	P	A	L8230	N	P	N
K0041	M	D	N	L0172	N	P	N	L3310	N	P	A	L8300	N	P	N
K0042	M	D	N	L0210	N	P	N	L3320	N	P	A	L8310	N	P	N
K0043	M	D	N	L0300	N	P	N	L3330	N	P	A	L8320	N	P	N
K0044	M	D	N	L0315	N	P	N	L3332	N	P	A	L8330	N	P	N
K0045	M	D	N	L0900	N	P	N	L3334	N	P	A	L8400	N	P	N
K0046	M	D	N	L0920	N	P	N	L3340	N	P	N	L8410	N	P	N
K0047	M	D	N	L0940	N	P	N	L3350	N	P	N	L8415	N	P	N
K0048	M	D	N	L0960	N	P	N	L3360	N	P	N	L8420	N	P	N

PROC CODE	DME RENT IND	DME PURCH IND	PA IND	PROC CODE	DME RENT IND	DME PURCH IND	PA IND	PROC CODE	DME RENT IND	DME PURCH IND	PA IND	PROC CODE	DME RENT IND	DME PURCH IND	PA IND
L8430	N	P	N	L8480	N	P	N	X4803	N	P	A	X8335	N	M	A
L8435	N	P	N	X3680	N	P	N	X4804	N	P	A	X8336	N	M	A
L8440	N	P	N	X4290	N	P	N	X4805	N	P	A	X8337	N	M	A
L8460	N	P	N	X4800	N	P	A	X4810	N	P	A	X8434	N	M	A
L8465	N	P	N	X4801	N	P	A	X6460	N	M	A				
L8470	N	P	N	X4802	N	P	A	X8334	N	M	A				

Amended by R.1999 d.41, effective February 1, 1999.

See: 30 N.J.R. 1019(a), 31 N.J.R. 440(a).

Rewrote the appendix.

Amended by R.1999 d.265, effective August 16, 1999.

See: 31 N.J.R. 1308(a), 31 N.J.R. 2401(a).

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

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

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

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

Amended by R.2001 d.64, effective February 20, 2001.

See: 32 N.J.R. 4098(a), 33 N.J.R. 661(c).

Deleted a reference to K0154; inserted a reference to X7533.

Amended by R.2006 d.297, effective September 5, 2006.

See: 38 N.J.R. 1371(b), 38 N.J.R. 3578(a).

Rewrote the appendix table.

APPENDIX B

FISCAL AGENT BILLING SUPPLEMENT

AGENCY NOTE: The Fiscal Agent Billing Supplement is appended as a part of this chapter but is not reproduced in the New Jersey Administrative Code. The Fiscal Agent Billing

Supplement can be downloaded free of charge from: www.njmmis.com. When revisions are made to the Fiscal Agent Billing Supplement, a revised version will be posted on the website and copies will be filed with the Office of Administrative Law. If you do not have access to the internet and require a copy of the Fiscal Agent Billing Supplement, write to:

UNISYS
PO Box 4801
Trenton, New Jersey 08619-4801

or contact

Office of Administrative Law
Quakerbridge Plaza, Building 9
PO Box 049
Trenton, New Jersey 08625-0049

Amended by R.1999 d.41, effective February 1, 1999.

See: 30 N.J.R. 1019(a), 31 N.J.R. 440(a).

Amended by R.2006 d.297, effective September 5, 2006.

See: 38 N.J.R. 1371(b), 38 N.J.R. 3578(a).

Rewrote the appendix AGENCY NOTE.