

1. General requirements are as follows:

i. When filing a claim, the appropriate HCPCS procedure codes must be used in conjunction with modifiers when applicable.

ii. The use of a procedure code will be interpreted by the New Jersey Medicaid program as evidence that the provider personally furnished, as a minimum, the services for which it stands.

iii. When billing, the provider must enter onto the claim form a CPT/HCPCS procedure code as listed in CPT-4 or in this subchapter (N.J.A.C. 10:66-6). If an appropriate code is not listed, place a "N/A" (not applicable) in the procedure code column and submit a narrative description of the service. If possible, insert a CPT code closest to the narrative description you have written.

iv. Date(s) of service(s) must be indicated on the claim form and in the provider's own record for each service billed.

v. The "MAXIMUM ALLOWANCE" as noted with these procedure codes, "S" for specialist and "NS" for non-specialist, represents the maximum payment for the given procedure. When submitting a claim, the clinic must always use its usual and customary fee.

(1) Listed values for all surgical procedures include the surgery and the follow-up care for the period indicated in days in the column titled "Follow-Up Days."

(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 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).

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 be performed in a drug treatment center.

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	
	36415			1.80		1.80		99383				22.00		17.00	
	90701			16.34		16.34		99384				22.00		17.00	
	90701	52		2.50		2.50		99385				22.00		17.00	
	90702			3.29		3.29		99386				22.00		17.00	
	90702	52		2.50		2.50		99387				22.00		17.00	
	90703			3.40		3.40		99391				16.00		14.00	
	90703	52		2.50		2.50		99392				22.00		17.00	
	90704			23.60		23.60		99393				22.00		17.00	
	90704	52		2.50		2.50		99394				22.00		17.00	
	90705			18.39		18.39		99395				22.00		17.00	
	90705	52		2.50		2.50		99396				22.00		17.00	
	90706			22.04		22.04		99397				22.00		17.00	
	90706	52		2.50		2.50		J2790				20.40		20.40	
	90707			39.87		39.87		J2790		22		72.07		72.07	
	90707	52		2.50		2.50	L	W9050				27.00		NA	
	90712			14.44		14.44	L	W9055				27.00		23.00	
	90712	52		2.50		2.50	L	W9060	WT			23.00		18.00	
	90713			22.80		22.80	L	W9061	WT			23.00		18.00	
	90713	52		2.50		2.50	L	W9062	WT			23.00		18.00	
	90714			3.03		3.03	L	W9063	WT			23.00		18.00	
	90714	52		2.50		2.50	L	W9064	WT			23.00		18.00	
	90717			3.03		3.03	L	W9065	WT			23.00		18.00	
	90717	52		2.50		2.50	L	W9066	WT			23.00		18.00	
	90718			3.35		3.35	L	W9067	WT			23.00		18.00	
	90718	52		2.50		2.50	L	W9068	WT			23.00		18.00	
	90724			6.97		6.97	L	W9096				17.46		17.46	
	90724	52		2.50		2.50	L	W9096	52			2.50		2.50	
	90732			14.35		14.35	L	W9096	22			32.79		32.79	
	90732	52		2.50		2.50	L	W9096	2252			2.50		2.50	
	90733			17.48		17.48	L	W9097				17.46		17.46	
	90733	52		2.50		2.50	L	W9097	52			2.50		2.50	
	90737			25.79		25.79	L	W9098				32.79		32.79	
	90737	52		2.50		2.50	L	W9098	52			2.50		2.50	
	90741			Prior authorization required			L	W9099				63.57		63.57	
	90742			Prior authorization required			L	W9099	52			2.50		2.50	
N	90799			2.50		2.50	L	W9333				27.88		27.88	
N	90801			37.00		26.00	L	W9333	52			2.50		2.50	
	93000			16.00		16.00	L	W9334				27.88		27.88	
N	99150			45.00		40.00	L	W9334	52			2.50		2.50	
				Per Hour		Per Hour	L	W9335				62.09		62.09	
N	99151			45.00		40.00	L	W9335	52			2.50		2.50	
				Per Hour		Per Hour	L	W9338				30.27		30.27	
N	*99201			16.00		14.00	L	W9338	52			2.50		2.50	
N	*99202			16.00		14.00		W9820				23.00		18.00	
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	11976			90	100.00		85.00	
N	99241			44.00		NA	N	11977		22	90	100.00		85.00	
N	99242			44.00		NA						Direct	package plus	price	
N	99243			44.00		NA									
N	99244			44.00		NA						200.00		170.00	
N	99244			62.00		NA	N	55250			30	90.00		79.00	3
N	99245			62.00		NA	N	55450			30	42.00		37.00	3
N	99251			44.00		NA	N	57451			45	182.00		158.00	6
N	99252			44.00		NA		58301				16.40		16.40	
N	99253			44.00		NA		58301		WM		NA		16.40	
N	99254			62.00		NA	N	58600			45	211.00		184.00	6
N	99255			62.00		NA	N	58605			45	151.00		131.00	6
N	99261			16.00		14.00	N	58982			45	182.00		158.00	6
N	99262			16.00		14.00	N	58983			45	182.00		158.00	6
N	99263			16.00		14.00		88150				6.00		6.00	
N	99271			44.00		NA		88151				6.00		6.00	
N	99272			44.00		NA		88155				6.00		6.00	
N	99273			44.00		NA	N	99201		WF		45.00		45.00	
N	99274			62.00		NA	N	99201		WFWM		NA		31.50	
N	99274	YY		50.00		NA	N	99202		WF		45.00		45.00	
N	99274	ZZ		50.00		NA	N	99202		WFWM		NA		31.50	
N	99275			62.00		NA	N	99203		WF		45.00		45.00	
N	99291			45.00		40.00	N	99203		WFWM		NA		31.50	
N	99292			22.50		20.00	N	99204		WF		45.00		45.00	
N	99382			22.00		17.00	N	99204		WFWM		NA		31.50	

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

(c) Family planning services:

Ind	HCPCS			Follow Up Days	Maximum Fee Allowance			Anes. Basic Units	Ind	HCPCS			Follow Up Days	Maximum Fee Allowance			Anes. Basic Units
	Code	Mod			\$	\$	NS			Code	Mod			\$	\$	NS	
N	99205	WF			45.00		45.00		*	11711				6.00		6.00	
N	99205	WFWM			NA		31.50		*	11730				10.00		10.00	
N	99211	WF			7.60		7.60		*	11750		30		42.00		37.00	
N	99211	WFWM			NA		5.35		*	12001				18.00		16.00	
N	99212	WF			7.60		7.60		*	12002				24.00		21.00	
N	99212	WFWM			NA		5.35		*	12004				30.00		26.00	
N	99213	WF			7.60		7.60		*	12005		7		46.00		39.00	
N	99213	WFWM			NA		5.35		*	12006		7		57.00		48.00	
N	99214	WF			23.00		23.00		*	12007		7		82.50		70.00	
N	99214	WFWM			NA		16.40		*	12011				18.00		16.00	
N	99215	WF			23.00		23.00		*	12013				24.00		21.00	
N	99215	WFWM			NA		16.40		*	12014		7		30.00		26.00	
N	99395	WF			45.00		45.00		*	12031		30		30.00		26.00	
N	99395	WFWM			NA		31.50		*	12032		30		48.00		42.00	
L	W0001	WF			188.00		188.00		*	12041		30		30.00		26.00	
L	W0001	WFWM			NA		177.00		*	12042		30		67.00		59.00	
L	W0002	WF			123.00		123.00		*	12051		30		38.00		33.00	
L	W0002	WFWM			NA		112.00		*	12052		30		67.00		59.00	
L	W0004	WF			204.00		204.00		*	13100		30		34.00		29.00	
L	W0004	WFWM			NA		188.00		*	13101		30		68.00		63.00	
L	W0008	WF			139.00		139.00		*	13120		30		48.00		42.00	
L	W0008	WFWM			NA		123.00		*	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	

(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			\$	\$	NS	
N	10040				18.00		16.00	
*	10060				13.00		11.00	
*	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	

(f) Mental health services:

Ind	HCPCS			Follow Up Days	Maximum Fee Allowance			Anes. Basic Units
	Code	Mod			\$	\$	NS	
N	90801	ZI			45.00		45.00	
N	90843	ZI			13.00		13.00	
N	90844	ZI			26.00		26.00	
N	90847	ZI22			32.00		32.00	
N	90862	ZI			4.50		4.50	
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			Follow Up Days	Maximum Fee Allowance			Anes. Basic Units
	Code	Mod			\$	\$	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
N	59510			45	598.00		516.00	7
N	59515			45	450.00		385.00	7
N	59525			45	362.00		308.00	8
N	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	Ind	HCPCS Code	Mod	Follow Up Days	Maximum Fee Allowance		Anes. Basic Units
				S	\$	NS						S	\$	
				18.00		16.00	3	73120					10.00	
	29580							73130					15.00	
N	99211	YR		16.00		14.00	N	73140					5.00	
N	99212	YR		16.00		14.00	N	73500					18.00	
N	99213	YR		16.00		14.00		73510					20.00	
N	99214	YR		16.00		14.00		73520					25.00	
N	99215	YR		16.00		14.00		73525					15.00	
N	99215	YR		16.00		14.00		73530					30.00	
L	W2650			21.00		21.00		73540					15.00	
L	W2655			5.00		5.00		73550					15.00	
								73560					15.00	
								73562					15.00	
								73580					15.00	
								73590					15.00	
								73592					20.00	
								73600					10.00	
								73610					13.00	
								73615					15.00	
								73620					10.00	
								73630					13.00	
								73650					10.00	
								73660					5.00	
								74000					10.00	
								74010					15.00	
								74020					15.00	
								74220	N				20.00	
								74240	N				40.00	
								74241	N				45.00	
								74245	N				50.00	
								74250	N				30.00	
								74270					30.00	
								74280					40.00	
								74290					35.00	
								74305					25.00	
								74400					35.00	
								74405					50.00	
								74420					35.00	
								74430					15.00	
								74450					20.00	
								74455					20.00	
								74470					20.00	
								74710	N				25.00	
								74740					20.00	
								76000					45.00	
								76020					15.00	
								76040					20.00	
								76061					35.00	
								76062					90.00	
								76080					15.00	
MN	71010							76090					26.00	
MN	71020							76091					36.00	
MN	71030							76100					35.00	
MN	71034							76100		50			50.00	
	71100							76805					55.00	
	71110							76815					25.00	
	71120							76816					25.00	
	71130													
	72010												40.00	
	72040												15.00	
	72050												20.00	
	72052												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	
	73060												15.00	
	73070												15.00	
	73080												15.00	
	73085												15.00	
	73090												10.00	
	73092												20.00	
	73100												10.00	
	73110												15.00	
	73115												15.00	

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	Ind	HCPCS Code	Mod	Follow Up Days	Maximum Fee Allowance		Anes. Basic Units
				S	\$	NS						S	\$	
	70030					15.00		73660					5.00	
	70100					15.00		74000					10.00	
	70110					20.00		74010					15.00	
	70120					15.00		74020					15.00	
	70130					20.00		74220	N				20.00	
	70140					15.00		74240	N				40.00	
	70150					20.00		74241	N				45.00	
	70160					15.00		74245	N				50.00	
	70170					20.00		74250	N				30.00	
	70190					15.00		74270					30.00	
	70200					25.00		74280					40.00	
	70210					20.00		74290					35.00	
	70220					25.00		74305					25.00	
	70240					15.00		74400					35.00	
	70250					15.00		74405					50.00	
	70260					25.00		74420					35.00	
	70300					5.00		74430					15.00	
	70310					10.00		74450					20.00	
	70320					15.00		74455					20.00	
	70328					13.00		74470					20.00	
	70330					20.00		74710	N				25.00	
	70350					8.00		74740					20.00	
	70360					10.00		76000					45.00	
	70370					20.00		76020					15.00	
	70380					15.00		76040					20.00	
	70390					15.00		76061					35.00	
	70551					300.00		76062					90.00	
MN	71010					10.00		76080					15.00	
MN	71020					15.00		76090					26.00	
MN	71030					20.00		76091					36.00	
MN	71034					20.00		76100					35.00	
	71100					15.00		76100		50			50.00	
	71110													

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

(n) Federally qualified health care services:

(l) Transportation services:

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

(o) Personal care assistant 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	Z1831			4.50		4.50	
*LN	Z1832			24.00		24.00	
*LN	Z1833			12.00		12.00	
*LN	Z1834			30.00		30.00	
*LN	Z1835			22.50		22.50	
LN	Z2000			22.50		22.50	
LN	Z2001			15.00		15.00	
LN	Z2002			4.50		4.50	
LN	Z2003			16.00		16.00	
LN	Z2004			8.00		8.00	
LN	Z2005			15.00		15.00	
LN	Z2006			2.50		2.50	
LN	Z2007			8.00		8.00	
LN	Z2010			4.50		4.50	

(p) Miscellaneous services:

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

10:66-6.3 HCPCS procedure codes and maximum fee allowance schedule for Level II & Level III codes and narratives (not located in CPT-4)

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

(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;

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

W9096

22

Hepatitis B immunoprophylaxis with Recombivax HB, 0.5 ml dose. This