

† Administration of serum only. These codes shall be reimbursable only for services provided to beneficiaries 19 years of age and older. These "52" injection codes are given here for the convenience of the individual preparing billings.

(c) Intra-uterine devices:

E	58300 SA	30	Insertion of IUD by an advanced practice nurse, including the post-insertion visit	29.85	3
E	58301 AV	0	Removal of IUD by an advanced practice nurse	16.40	3

Reimbursement for the IUDs will utilize the following Level II J codes:

J7300	0	Paragard	Average whole-sale price (AWP) or acquisition cost, whichever is lower	0
J7302	0	Mirena	Average whole-sale price (AWP) or acquisition cost, whichever is lower	0

(d) (Reserved)

(e) EPSDT Screening Examinations (See N.J.A.C. 10:58A-2.11 for EPSDT requirements.) (See N.J.A.C. 10:58A-4.5(m)).

99382 SA-99385 SA or 99392 SA-00395 SA	Early and Periodic Screening, Diagnosis and Treatment (EPSDT) through age 20.	\$32.30
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N	W9853	AV	Initial evaluation visit and two subsequent visits for the treatment of postpartum mental health disorder provided by a certified nurse practitioner.	143.00
N	W9854	AV	One additional visit for the treatment for postpartum mental health disorder provided by a certified nurse practitioner.	29.90
N	W9857	AV	Initial evaluation visit and one subsequent visit for treatment of postpartum mental health disorder provided by a certified nurse practitioner.	103.00

The following age-specific HCPCS procedure codes apply to EPSDT screening services:

99381 EP SA	Infant, age under 1 year	\$24.00
99391 EP SA	Infant, age under 1 year	24.00
99382 EP SA	Early childhood, age 1 through 4 years	24.00
99392 EP SA	Early childhood, age 1 through 4 years	24.00

For explanation of EPSDT requirements, refer to N.J.A.C. 10:58A-2.11.

(f) Psychiatry:

N P	†90847	SA 22	Family psychotherapy, with patient present when performed by a certified advanced practice nurse.	30.40
	90862	SA	Pharmacological management, including prescription, uses and review of medication by a certified advanced practice nurse.	13.30
N P	90887	SA	Interpretation or explanation of results, by a certified advanced practice nurse, of psychiatric or other medical examination or data to family or other responsible persons advising them how to assist patients.	12.40

(g) OB/GYN

99203 SA	Initial Antepartum Visit	23.80
59425 SA or 59426 SA	Subsequent Antepartum Visit	13.30

Amended by R.2000 d.144, effective April 3, 2000. See: 31 N.J.R. 3968(a), 32 N.J.R. 1208(a).

Rewrote (a); in (b), inserted W9356 reference; in (c), changed procedure code references and fee allowances throughout; and added (h).

Amended by R.2000 d.265, effective July 3, 2000. See: 32 N.J.R. 1127(a), 32 N.J.R. 2483(a).

Rewrote (a), (b) and (g); and in (f)2, deleted a reference to Health Insurance Claim Forms.

Amended by R.2004 d.409, effective November 1, 2004. See: 35 N.J.R. 4977(a), 36 N.J.R. 4968(a).

In (a), deleted references to Lupron Depot Pediatric; in (b), deleted the VFC Vaccine Administration Fee.

Amended by R.2005 d.406, effective November 21, 2005. See: 37 N.J.R. 2329(a), 37 N.J.R. 4445(a).

Rewrote the section.

10:58A-4.5 HCPCS procedure codes—qualifiers

HCPCS CODES	MOD	DESCRIPTIONS		
<b>(a) Surgical Services</b>			90472	apply only to the administration of vaccines to beneficiaries under 19 years of age who qualify for the Vaccine for Children (VFC) program. See N.J.A.C. 10:58A-2.13
11975 SA		QUALIFIER: Reimbursed for the insertion or reinsertion of implantable contraceptive capsules and the post insertion visit when provided in a hospital setting, when the APN bills for the service. When using this procedure code, the APN will not be reimbursed for the cost of the kit. The supplier of the kit to the APN will be reimbursed directly for the cost of the kit.	(d) Infusion therapy (excluding allergy, immunizations and chemotherapy):	
			90780 SA	QUALIFIER: Not to be used for routine IV drug injection or infusion.
			90781 SA	QUALIFIER: Not to be used for routine IV drug injection or infusion.
			<b>(e) Therapeutic or diagnostic injections:</b>	
11975 SA 22		QUALIFIER: The maximum fee allowance includes the cost of the kit supplied to the APN, the insertion of implantable contraceptive capsules and the post insertion visit. NOTE: The "22" modifier indicates the inclusion of the cost of the kit.	There are no qualifiers for therapeutic or diagnostic injections.	
			<b>(f) Mental health services:</b>	
11976 SA		QUALIFIER: The maximum fee allowance is reimbursed for the removal of implantable contraceptive capsules and for the post removal visit.	QUALIFIER: Only under exceptional circumstances will more than one mental health procedure be reimbursed per day for the same beneficiary by the same APN, group of APNs, shared health facility, or providers sharing a common record. When circumstances require more than one mental health procedure, the medical necessity for the services shall be documented in the patient's chart.	
11977 SA		QUALIFIER: The maximum fee allowance is reimbursed for the removal and reinsertion of implantable contraceptive capsules and for the post-removal/reinsertion visit.	W9853 AV, W9854 AV, W9857 AV	Treatment of postpartum mental health disorder
11977 SA 22		QUALIFIER: The maximum fee allowance is reimbursed for the removal and reinsertion of implantable contraceptive capsules and for the post-removal/reinsertion visit.		QUALIFIER: These codes are authorized for use for certified nurse practitioners and clinical nurse specialists who specialize in psychiatric/mental health disorders and who are not practicing in mental health clinic settings. These codes are exempt from prior authorization requests and are hence excluded from the \$900.00 threshold. (See N.J.A.C. 10:58A-2.9(b)4)
E 29105 SA, E 29125 SA, E 29130 SA, E 29200 SA, E 29220 SA, E 29240 SA, E 29260 SA, E 29280 SA, E 29505 SA, E 29515 SA, E 29520 SA, E 29530 SA, E 29540 SA, E 29550 SA, E 29580 SA, E 29590 SA, E 29700 SA, E 29705 SA, E 29710 SA, E 29715 SA, E 29720 SA, E 29730 SA, E 29740 SA, E 31720 SA, E 36415 SA, E 57150 SA, E 58300 SA, E 58301 SA, E 59025 SA, E 59430 SA		QUALIFIER: These HCPCS are excluded from multiple surgical pricing and as such shall be reimbursed like the primary procedure at 100 percent of the program maximum fee allowance even when the procedure is performed on the same beneficiary, by the same provider, at the same session.	90801 SA	24.70 QUALIFIER: This code requires for reimbursement purposes a minimum of 50 minutes of direct personal clinical involvement with the patient or family member. No more than one claim is reimbursable per the same patient, per the same physician or APN, per year. Individual Psychotherapy— 25 minute session 12.40
<b>(b) Laboratory services:</b>				
36415		QUALIFIER: Once per visit, per patient		
<b>(c) Immunizations:</b>				
N 90746		QUALIFIER: This applies only to high risk beneficiaries over 19 years of age.	90804 SA	
90471		QUALIFIER: These codes		

Records of that visit should become part of the notes in the office chart.

99281 SA, 99282 SA, 99283 SA, 99284 SA

Emergency room visits (Refer to the CPT) Hospital-based emergency room APNs:

When patients are seen by hospital-based emergency room APNs who are eligible to bill the Medicaid/NJ FamilyCare fee-for-service program, the appropriate HCPCS code is used. The "Visit" codes are limited to 99281 SA, 99282 SA, 99283 SA, 99284 SA and 99285 SA.

(l) Newborn care:

99431 SA	Routine hospital newborn care—"Well" baby	32.20
99433 SA	Subsequent newborn hospital care	19.60

QUALIFIER: For reimbursement purposes, code 99431 SA requires, as a minimum, routine newborn care by an APN other than the clinical practitioner rendering maternity service, including complete initial and complete discharge physical examination, conference(s) with the patient(s). This must be documented in the newborn's medical record.

	Newborn care—"Sick" baby	
99221 SA	Initial hospital care	23.80
99231 SA	Subsequent hospital care	19.60
99232 SA	(For sick babies, use appropriate hospital care code.)	

(m) Early and Periodic Screening

99381 SA-99385 SA or 99391 SA-99395 SA	Diagnosis and Treatment (EPSDT) through age 20	23.80
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QUALIFIER: Procedure codes 99381 SA through 99385 SA or 99391 SA through 99395 SA shall be used only once for the same patient during any 12-month period by the same clinical practitioner(s) sharing a common record.

QUALIFIER: Reimbursement for codes 99381 EP through 99385 EP or 99391 EP through 99395 EP (under age 1 or age 1 through 19 years) is contingent upon the submission

of both a completed "Report and Claim for EPSDT Screening and Related Procedures (MC-19)" within 30 days of the date of service. In the absence of a completed MC-19 form, reimbursement will be to the level of an annual health maintenance examination, that is, \$16.00.

Amended by R.2000 d.144, effective April 3, 2000.  
See: 31 N.J.R. 3968(a), 32 N.J.R. 1208(a).

Rewrote (a), (h) and (j); in (c), inserted a reference to W9356; in (f), (g), (k) and (l), changed procedure code references throughout; and in (k), substituted references to practitioners for references to physicians throughout, and substituted a reference to CPT for a reference to CPT-4.  
Amended by R.2000 d.265, effective July 3, 2000.

See: 32 N.J.R. 1127(a), 32 N.J.R. 2483(a).

Rewrote the section.  
Amended by R.2004 d.409, effective November 1, 2004.  
See: 35 N.J.R. 4977(a), 36 N.J.R. 4968(a).

Rewrote the section.  
Amended by R.2005 d.406, effective November 21, 2005.  
See: 37 N.J.R. 2329(a), 37 N.J.R. 4445(a).

Rewrote the section.

APPENDIX

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. When revisions are made to the Fiscal Agent Billing Supplement, replacement pages shall be distributed to providers and copies shall be filed with the Office of Administrative Law.

For a copy of the Fiscal Agent Billing Supplement, write to:

Unisys Corporation  
PO Box 4801  
Trenton, New Jersey 08650-4801

or contact:

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

Amended by R.2000 d.265, effective July 3, 2000.  
See: 32 N.J.R. 1127(a), 32 N.J.R. 2483(a).