

(i) All orthodontic cases are subject to Post-Utilization Review by the Division. Therefore, it shall be necessary for all providers to maintain all pre and post-treatment records for at least seven years following completion.

(j) The following orthodontic cases require prior authorization and/or post service, prepayment review by the Division before reimbursement will be remitted to the provider:

1. Orthodontic cases below 24 points on the Salzmann Assessment;
2. All limited orthodontic treatment cases;
3. All transfer orthodontic cases; and
4. All orthodontic cases in which the recipient has discontinued treatment for a period of six months or more and then returns for treatment.

As amended, R.1983 d.584, eff. January 1, 1984.
See: 15 N.J.R. 1160(a), 15 N.J.R. 2170(a).

Deletion of references to orthodontists and replacement by references to general practitioners.

Amended by R.1986 d.385, effective September 22, 1986.
See: 18 N.J.R. 1337(a), 18 N.J.R. 1958(a).

Note recodified to (e)1iv(6).

Recodified from 10:56-1.21 and amended by R.1996 d.428, effective September 16, 1996.

See: 28 N.J.R. 3069(a), 28 N.J.R. 4243(a).
Amended by R.1998 d.353, effective July 20, 1998.
See: 30 N.J.R. 514(a), 30 N.J.R. 2654(a).

Updated addresses throughout the section.
Amended by R.2000 d.426, effective October 16, 2000.
See: 32 N.J.R. 2411(a), 32 N.J.R. 3836(a).

10:56-2.16 Pedodontia: pediatric dentistry

(a) In recognition of the unique needs of providing dental care for children, and in conformance with the Federally mandated Early and Periodic Screening, Diagnosis and Treatment program for providing services for children, a special HCPCS code has been defined, "00110 WT," to be used by dental providers when billing for comprehensive clinical oral examinations of children.

(b) On or after January 15, 1995, a dental provider may bill using the HCPCS code for a comprehensive clinical oral examination provided to a child.

1. This may be an initial or periodic examination.
2. For determining when this HCPCS code may be used, a child is defined as a person under the age of 21 years.

(c) The HCPCS code 00110 WT is reimbursed at an enhanced rate of \$25.00 for a specialist and \$21.00 for a non-specialist. Reimbursement for a comprehensive clinical oral examination of a child, through age 20 years, is limited to once every six months, except as authorized by a Dental Consultant of the New Jersey Medicaid program. As a minimum, the examination must include:

1. Thorough observation of all conditions present in the oral cavity and contiguous structures including an oral cancer screening;
2. Assessment of dental development;
3. Charting of all abnormalities;
4. Development of a complete treatment plan to be recorded in its entirety, including provisions for further treatment and follow-up, by referral if necessary;
5. Anticipatory guidance concerning dental health to the patient or parent/guardian;
6. Assessment of the caries index and nutritional needs relating to oral health and oral hygiene practices; and
7. Assessment of systemic or topical fluoride needs.

New Rule, R.1996 d.428, effective September 16, 1996.

See: 28 N.J.R. 3069(a), 28 N.J.R. 4243(a).

Amended by R.2000 d.426, effective October 16, 2000.

See: 32 N.J.R. 2411(a), 32 N.J.R. 3836(a).

In (c), increased the dollar amounts for specialist and nonspecialist reimbursement.

10:56-2.17 Adjunctive general services: anesthesia

(a) Anesthesia, intravenous sedation and analgesia rules are as follows:

1. The administration of local anesthesia is considered part of the operative or surgical procedure and no additional fee will be paid.
2. In any setting exclusive of a hospital, when general anesthesia is provided by the dentist, such may be reimbursed subject to the following:
 - i. Necessity for same is demonstrated.
 - ii. Reimbursement can only be made to a dentist who satisfies all the established rules and regulations and has such written certification (permit) as may be required by the State of New Jersey or the state in which the service is being rendered.
 - iii. When the dentist performing the dental service (attending dentist) also administers the general anesthesia, then procedure code 09220 only is used and reimbursement will be limited to one general anesthesia charge per visit.
 - iv. When general anesthesia is administered by a dentist whose sole function is to administer general anesthesia, such service is reimbursable provided:
 - (1) Anesthetic management is necessary to perform restorative dentistry alone or restorative dentistry in conjunction with other dental services.
 - (2) Special general anesthesia codes are utilized (see N.J.A.C. 10:56-3).

(3) An anesthesia record is maintained and submitted with the Dental Claim Form (MC-10) for anesthesia and treatment.

(A) The anesthesia record submitted shall show elapsed anesthesia time, pinpoint the time and amounts of drugs administered, pulse rate and character, blood pressure, and respiration.

(B) Elapsed anesthesia time means the time from induction of the general anesthesia to the point in time when the anesthetist is no longer in personal attendance.

3. Reimbursement for the administration of intravenous sedation shall be subject to the following conditions:

i. Such sedation is administered continuously during the operative or surgical procedure.

ii. No reimbursement will be made for injections given as preoperative medication.

iii. The practitioner shall record the need for this service.

iv. The person administering the intravenous sedation is a dentist satisfying all rules and regulations as established and has such written certification (permit) as is required by the State of New Jersey or may be required in the state in which the procedure is being performed.

v. There shall be only one charge for intravenous sedation per visit.

4. An inhalation anesthetic for the purposes of analgesia shall be reimbursable as part of an operative or surgical procedure, subject to the following conditions:

i. Analgesia is administered, as needed, continuously during the operative or surgical procedure.

ii. No reimbursement shall be made for an injection given as pre-operative medication.

iii. The practitioner shall state the need for this service.

iv. The practitioner administering the analgesia is a dentist satisfying all the rules and regulations as established and, when required, has such written certification (permit) as may be required by the State of New Jersey or by the state in which the procedure is being performed.

v. There can be only one charge for analgesia per visit.

(b) Within the scope of accepted dental practice, intradental, subcutaneous, intramuscular, and intravenous injections shall be reimbursable in the office or home as follows:

1. Reimbursement for the above injections shall be on a flat fee basis and are all inclusive for the cost of the service and the drug.

2. A visit for the sole purpose of an injection shall be reimbursable for the injection only. If other dental procedures are performed that are reimbursable, an injection may, if medically indicated, be reimbursed in addition to the other procedures. The drug administered shall be consistent with the diagnosis and shall conform to accepted medical and pharmacological principles in respect to dosage, frequency, and route of administration.

3. Intravenous injections shall be reimbursable only when performed by the dentist.

4. No reimbursement shall be made for vitamins, liver or iron injections or combinations thereof except in laboratory proven deficiency states requiring parenteral therapy.

5. No reimbursement shall be made for placebos or any injections containing amphetamines or derivatives thereof.

6. No reimbursement shall be made for an injection given as a preoperative medication in conjunction with general anesthesia or as a local anesthetic which is part of an operative or surgical procedure.

7. The appropriate procedure code, name of the drug injected, dosage and route of administration, along with the complete diagnosis for which the injection was given shall be inserted on the Dental Services Claim Form (MC-10) under remarks (Item 20).

(c) Drugs, biologicals, or supplies used, administered or provided by the dentist shall be considered part of the professional service and no additional fee will be authorized.

As amended, R.1972 d.35, eff. February 23, 1972.

See: 3 N.J.R. 154(a), 4 N.J.R. 49(a).

As amended, R.1972 d.164, eff. August 21, 1972.

See: 4 N.J.R. 125(b), 4 N.J.R. 219(a).

As amended, R.1973 d.163, eff. June 20, 1973.

See: 5 N.J.R. 144(d), 5 N.J.R. 228(c).

As amended, R.1973 d.239, eff. October 1, 1973.

See: 5 N.J.R. 267(a), 5 N.J.R. 341(f).

As amended, R.1974 d.53, eff. March 15, 1974.

See: 6 N.J.R. 13(a), 6 N.J.R. 150(b).

As amended, R.1974 d.114, eff. May 15, 1974.

See: 6 N.J.R. 141(b), 6 N.J.R. 246(a).

As amended, R.1975 d.262, eff. September 1, 1975.

See: 7 N.J.R. 318(a), 7 N.J.R. 466(a).

As amended, R.1975 d.339, eff. November 10, 1975.

See: 7 N.J.R. 316(a), 7 N.J.R. 567(c).

As amended, R.1976 d.215, eff. July 12, 1976.

See: 8 N.J.R. 283(b), 8 N.J.R. 385(b).

As amended, R.1977 d.302, eff. October 1, 1977.

See: 9 N.J.R. 333(a), 9 N.J.R. 435(a).

Amended by R.1986 d.385, effective September 22, 1986.

See: 18 N.J.R. 1337(a), 18 N.J.R. 1958(a).

(a) substantially amended.

Recodified from 10:56-1.22 and amended by R.1996 d.428, effective September 16, 1996.

See: 28 N.J.R. 3069(a), 28 N.J.R. 4243(a).

Amended by R.2000 d.426, effective October 16, 2000.

See: 32 N.J.R. 2411(a), 32 N.J.R. 3836(a).

NOTE: Torus palatinus.

07480	Partial Osteotomy (Guttering or Saucerization)	211.00	184.00
d* 07490	Radical Resection of Mandible with Bone Graft	BR	BR

(i) Surgical incision:

07510	Incision and Drainage of Abscess—Intraoral Soft Tissue	28.00	26.00
07520	Incision and Drainage of Abscess—Extraoral Soft Tissue	42.00	37.00
07530	Removal of Foreign Body, Skin, or Subcutaneous Areolar Tissue	18.00	16.00
07540	Removal of Reaction—Producing Foreign Bodies, Musculoskeletal System	51.00	45.00
07550	Sequestrectomy for Osteomyelitis	48.00	42.00

NOTE: Intraoral.

07550	22 Sequestrectomy for Osteomyelitis	90.00	75.00
-------	-------------------------------------	-------	-------

NOTE: Extraoral.

07560	Maxillary Sinusotomy for Removal of Tooth Fragment or Foreign body	242.00	210.00
-------	--	--------	--------

NOTE: Sinusotomy, maxillary (antrotomy, Caldwell-Luc, unilateral).

(j) Treatment of fractures—simple:

1. Open reduction involves the dissection of tissues and/or the visual inspection of the fracture site.

07610	Maxilla—Open Reduction (Teeth Immobilized if Present)	273.00	249.00
07620	Maxilla—Closed Reduction (Teeth Immobilized if Present)	182.00	166.00
07620	52 Maxilla—Closed Reduction	80.00	76.00

NOTE: No manipulation or fixation.

07630	Mandible—Open Reduction (Teeth Immobilized if Present)	363.00	331.00
07630	22 Mandible—Open Reduction (Teeth Immobilized if Present)	454.00	414.00

NOTE: Complicated-multiple surgical approaches (three or more) including internal fixation, interdental fixation, and skeletal pinning with extraoral fixation.

07640	Mandible—Closed Reduction (Teeth Immobilized if Present)	182.00	166.00
07640	52 Mandible—Closed Reduction	80.00	76.00

NOTE: No manipulation or fixation.

07650	Malar and/or Zygomatic Arch—Open Reduction	182.00	166.00
07660	Malar and/or Zygomatic Arch—Closed Reduction	63.00	58.00

NOTE: Including towel clip technique.

07660	52 Malar and/or Zygomatic Arch—Closed Reduction	56.00	52.00
-------	---	-------	-------

NOTE: No manipulation or fixation.

07670	YU Alveolus—Stabilization of Teeth, Open Reduction Splinting	138.00	126.00
-------	--	--------	--------

NOTE 1: Maxillary alveolar fracture.

NOTE 2: Reduction with wiring, and application of arch bar or splint.

07670	YL Alveolus—Stabilization of Teeth, Open Reduction Splinting	138.00	126.00
-------	--	--------	--------

NOTE 1: Mandibular alveolar fracture.

NOTE 2: Reduction with wiring, and application of arch bar or splint.

07680	Facial Bones—Complicated Reduction with Fixation and Multiple Surgical Approaches	363.00	331.00
-------	---	--------	--------

NOTE 1: Maxilla, malar and/or zygomatic arch.

NOTE 2: Multiple surgical approaches (three or more), fixation, traction, headframe, multiple internal and/or external fixation, and head cap.

(k) Treatment of fractures—compound:

1. Open reduction involves the dissection of tissues and/or the visual inspection of the fracture site.

07710	Maxilla—Open Reduction	273.00	249.00
-------	------------------------	--------	--------

NOTE: Teeth immobilized if present.

07720	Maxilla—Closed Reduction	182.00	166.00
-------	--------------------------	--------	--------

NOTE: Teeth immobilized if present.

07720	52 Maxilla—Closed Reduction	80.00	76.00
-------	-----------------------------	-------	-------

NOTE: No manipulation or fixation.

07730	Mandible—Open Reduction	363.00	331.00
-------	-------------------------	--------	--------

NOTE: Teeth immobilized if present

07730	22 Mandible—Open Reduction	454.00	414.00
-------	----------------------------	--------	--------

NOTE: Complicated-multiple surgical approaches (three or more) including internal fixation, interdental fixation, and skeletal pinning with extraoral fixation.

07740	Mandible—Closed Reduction	182.00	166.00
-------	---------------------------	--------	--------

NOTE: Teeth immobilized if present.

07740	52 Mandible—Closed Reduction	80.00	76.00
-------	------------------------------	-------	-------

NOTE: No manipulation or fixation.

07750	Malar and/or Zygomatic Arch—Open Reduction	182.00	166.00
07760	Malar and/or Zygomatic Arch—Closed Reduction	63.00	58.00

NOTE: Including towel clip technique.

07760-52 Malar and/or Zygomatic Arch—
Closed Reduction 56.00 52.00

NOTE: No manipulation or fixation.

07770 YU Alveolus—Stabilization of Teeth
Open Reduction Splinting 138.00 126.00

NOTE 1: Maxillary alveolar fracture.

NOTE 2: Reduction with wiring, and application of arch bar or splint.

07770 YL Alveolus—Stabilization of Teeth,
Open Reduction Splinting 138.00 126.00

NOTE 1: Mandibular alveolar fracture.

NOTE 2: Reduction with wiring, and application of arch bar or splint.

07780 Facial Bones—Complicated
Reduction with Fixation and
Multiple Surgical Approaches 363.00 331.00

NOTE 1: Maxilla, malar and/or zygomatic arch.

NOTE 2: Multiple surgical approaches (three or more), fixation, traction, headframe, multiple internal and/or external fixation, and head cap.

(l) Reduction of dislocation and management of other temporomandibular joint dysfunctions:

07810 Open Reduction of Dislocation 273.00 249.00
07820 Closed Reduction of Dislocation 27.00 25.00
d 07830 Manipulation under Anesthesia 27.00 25.00

NOTE: Anesthesia additional.

07840 Condylectomy 362.00 315.00
07850 Meniscectomy 362.00 315.00
07860 Arthrotomy 362.00 315.00
d 07870 Arthrocentesis 18.00 16.00

NOTE: Injection or aspiration (Give complete details).

(m) Repair of traumatic wounds:

1. Describe completely, giving size, site, and all pertinent information.
2. Fee includes suture removal.

07910 52 Suture of Recent Small Wounds 26.00 24.00

NOTE: Up to 2.5 cm.

07910 Suture of Recent Small Wounds
up to 5 cm. 35.00 32.00

NOTE: 2.5 cm. up to 5 cm.

07910 22 Suture of Recent Small Wounds 43.00 39.00

NOTE: Over 5 cm. up to 7.5 cm.

3. Laceration over 7.5 cm. use code 07999.

(n) Complicated suturing (Reconstruction requiring delicate handling of tissues and wide undermining for meticulous closure):

1. Also for irregularly shaped lacerations requiring extensive debridement.

** 07911 Suture—Up to 5 cm. BR BR
** 07912 Suture—Over 5 cm. BR BR

(o) Other repair procedures:

* 07940 Osteoplasty—For Orthognathic Deformities BR BR
* 07955 Repair of Maxillofacial Soft and Hard Tissue Defects BR BR
07960 Frenulectomy (Frenectomy or Frenotomy)—Separate Procedure 60.00 56.00
07980 Sialolithotomy 48.00 42.00
07981 Excision of Salivary Gland 182.00 158.00
07982 Sialodochoplasty 151.00 131.00
07983 Closure of Salivary Fistula 1 151.00 131.00
07990 Emergency Tracheotomy 121.00 105.00
d** 07999 Unspecified Oral Surgery Procedure, By Report BR BR

NOTE: Complete description of procedure and the reason the procedure was performed.

Public notice: Pursuant to the provisions of N.J.S.A. 30:4D-2, 3, 5, 6 and 7 and the New Jersey Appropriations Act (P.L. 1988, c.47), maximum fee allowance increased for (c) single tooth and (d) surgical removal of erupted tooth effective August 1, 1988.

See: 20 N.J.R. 2101(a).
Amended by R.1989 d.135, effective March 20, 1989.
See: 20 N.J.R. 2558(a), 21 N.J.R. 760(a).
Qualifier added to 07130, in (c); prior authorization requirement removed from 07210, in (d).
Administrative Corrections to (c), (l)1 and (q).
See: 22 N.J.R. 1375(a).
Amended by R.1990 d.456, effective September 4, 1990.
See: 22 N.J.R. 1660(b), 22 N.J.R. 2713(a).

In (d): revised (d)1 to specify conditions for extraction, by incorporating text from old (d)2. Recodified (d)3 as (d)2 and added new (d)3. Deleted asterisks in List. In (f)1: added new "07310".
Amended by R.1996 d.428, effective September 16, 1996.
See: 28 N.J.R. 3069(a), 28 N.J.R. 4243(a).
Amended by R.2000 d.426, effective October 16, 2000.
See: 32 N.J.R. 2411(a), 32 N.J.R. 3836(a).
Changed Maximum Fee Allowances throughout.

10:56-3.11 08000-08999 ORTHODONTICS

(a) Minor treatment for tooth guidance:

1. Includes all necessary adjustments.
2. Code may also be used for Orthodontic Retention Appliances following comprehensive treatment by a previous dentist.

Ind	HCPCS Codes	Mod	Procedure Description	Maximum Fee Allowance		
				S	\$	NS
	08110		Removable Appliance Therapy	115.00		100.00
	08120		Fixed Appliance Therapy	115.00		100.00

(b) Minor treatment to control harmful habits:

1. Includes all necessary adjustments.
- 08210 Removable Appliance Therapy 115.00 100.00

08220 Fixed Appliance Therapy 115.00 100.00

(c) Comprehensive orthodontic treatment—permanent dentition:

1. Treatment of permanent dentition. Indicate anticipated time under treatment—maximum treatment reimbursable including retention—three years. Reimbursement for comprehensive orthodontic treatment will include retention as required at no additional charge.

Y2910	Appliances	493.00	370.00
Y2920	1st Through 12th Month of Treatment to Start on Day Insertion of Appliances is Completed), Per Month	80.00	75.00
Y2930	13th Through 24th Month of Treatment, Per Month	80.00	75.00
Y2940	25th Through 30th Month of Treatment Per Month	14.00	12.00
Y2950	31st Through 36th Month (Maximum Reimbursable Period of Treatment), Per Month	14.00	12.00

(d) Other orthodontic services:

1. When requesting reimbursement for the orthodontic assessment examination, the Definition and Criteria for Assessing Handicapping Malocclusion Permanent Dentition form (FD-10) must accompany the Dental Services Claim form (MC-10).

Y2965	Orthodontic Examination (Comprehensive) and (Complete Orthodontic) Treatment Plan	11.00	10.00
Y2975	Orthodontic Assessment Examination, using the Handicapping Malocclusion Assessment System	6.00	5.00
* 08999	Unspecified Orthodontic Procedure, By Report	BR	BR

NOTE: Complete description, diagnosis and treatment plan must be submitted.

Public notice: Pursuant to the provisions of N.J.S.A. 30:4D-2, 3, 5, 6 and 7 and the New Jersey Appropriations Act (P.L. 1988, c.47), maximum fee allowance increased at (c), effective August 1, 1988. See: 20 N.J.R. 2101(a). Amended by R.1996 d.428, effective September 16, 1996. See: 28 N.J.R. 3069(a), 28 N.J.R. 4243(a). Amended by R.2000 d.426, effective October 16, 2000. See: 32 N.J.R. 2411(a), 32 N.J.R. 3836(a). In (c) and (d), changed Maximum Fee Allowances.

10:56-3.12 09000-09999 ADJUNCTIVE GENERAL SERVICES

(a) Unclassified treatment:

Ind	HCPCS Codes	Mod	Procedure Description	Maximum Fee Allowance		NS
				S	\$	
d	09110		Palliative (Emergency) Treatment of Dental Pain—Minor Procedures	10.00		9.00

NOTE: Emergency treatment of dental pain or infection, palliative (flat fee for all services performed, when not covered by separately listed procedure). Diagnosis and description of treatment is required. Per tooth or per site.

(b) Anesthesia:

09210	Local Anesthesia Not in Conjunction with Operative or Surgical Procedures	13.00	11.00
-------	---	-------	-------

NOTE 1: Infiltration and/or nerve block for diagnostic purposes or purposes other than anesthesia.

NOTE 2: Complete report must be available in patient records.

09220	General Anesthesia	125.00	125.00
-------	--------------------	--------	--------

NOTE: This code applies when the dentist performing the services (attending dentist) also administers the general anesthesia or in conjunction with oral surgery services only.

(c) Special general anesthesia:

1. Basic units—(See American College of Anesthesiologists Relative Value Guide—1967).

09220	22	Maximum 4 units	44.00	44.00
09220	52	Time units: Each additional 15 minute period or major portion thereof. (Limited to "table" or "chair" time only). Maximum reimbursable: two hours.	11.00	11.00

NOTE 1: The general anesthesia codes above are limited to use in restorative dentistry alone or restorative dentistry in conjunction with other dental services requiring anesthetic management. These codes are reimbursable only to the dentist whose sole function is to administer general anesthesia.

NOTE 2: An anesthesia record must be available which shows elapsed anesthesia time, and pinpoints time and amounts of drugs administered, pulse rate and character, blood pressure, respiration, and so forth.

09230	Analgesia	15.00	14.00
09240	Intravenous Sedation	50.00	49.00

NOTE: Parenteral Conscious Sedation

(d) Professional consultation (diagnostic service provided by a dentist other than practitioner providing treatment):

1. A complete report must be available.

d	09310	Consultation—Per Session	22.00	17.00
---	-------	--------------------------	-------	-------

(e) Professional visits:

09410	House Call	20.50	19.00
Y3005	Long Term Care Facility Visits	20.50	19.00
09420	52 Hospital call	19.00	17.00

NOTE: Code 09420 52 will not be reimbursable in conjunction with Code 09310 or Codes 09420 22 or 09420.

09420	22	Hospital Call	32.00	27.00
-------	----	---------------	-------	-------

NOTE: Code to be used for Hospital Day—Initial—Inpatient or Same Day Surgery.

09420	Hospital Call	19.00	17.00
-------	---------------	-------	-------

NOTE 1: Code to be used for Hospital Day—Subsequent.

NOTE 2: Consisting of care and treatment by the Practitioner subsequent to the date of "Hospital Day—Initial" and including those procedures ordinarily performed during a hospital visit dependent upon the practitioner's discipline.

NOTE 3: Not reimbursable for those services that include follow-up days.

09430	Office Visit for Observation (During Regularly Scheduled Hours)—No Other Services Performed	9.00	7.00
-------	---	------	------

NOTE: Code may also be used when post-operative services are necessary following a major surgical procedure (e.g., bony impactions, fractures, etc.)

(f) Drugs:

09610	Therapeutic Drug Injection	2.50	2.50
09610	22 Therapeutic Drug Injection	13.00	11.00

NOTE: Injection of one or more muscles of mastication in conjunction with treatment of T.M.J. dysfunction.

d* 09630	Other Drugs and/or Medicaments, By Report	BR	BR
----------	---	----	----

(g) Miscellaneous services:

09910	Application of Desensitizing Medicaments	6.00	5.00
-------	--	------	------

NOTE 1: Application to a tooth, i.e., cervical sensitivity, erosions etc.

NOTE 2: Specify tooth code(s).

# 09920	Behavior Management	15.00	13.00
---------	---------------------	-------	-------

NOTE 1: Code to be used for those beneficiaries with developmental and other disabilities whose disorders necessitate an excessive amount of time to accomplish treatment (e.g., mental retardation, neurological disorders, etc.) For any use of this code, the dentist shall specify the beneficiary's disability which necessitates the use of this code on the MC-10A, Request for Prior Authorization, under Section 20, Remarks.

NOTE 2: Payment will be based on 15-minute time units or a major portion thereof. Maximum reimbursement is eight time units on a single date of service.

NOTE 3: The type of disorder and the number of time units requested must be entered on the Dental Services Claim form (MC-10).

NOTE 4: Prior authorization is required for all occurrences of this code.

NOTE 5: Code to be used in addition to other procedures performed.

09930	Treatment of Complications (Post Surgical)—Unusual Circumstances, By Report	9.00	8.00
-------	---	------	------

NOTE: This code may also be used for post-operative treatment beyond that normally provided as part of the basic procedure or when provided by practitioner other than one who provided the original service or in excess of "follow-up days". (California Relative Value Study—1964), per visit.

09940	Occlusal Guards	50.00	45.00
-------	-----------------	-------	-------

NOTE 1: Special periodontal appliances (including occlusal guards and athletic mouth guards).

NOTE 2: Office procedure.

09940	22	Occlusal Guards	65.00	58.00
-------	----	-----------------	-------	-------

NOTE 1: Special periodontal appliances (including occlusal guards and athletic mouth guards).

NOTE 2: Laboratory procedure.

09951	Occlusal Adjustment—Limited	6.00	5.00
-------	-----------------------------	------	------

NOTE: 1 to 3 Teeth.

09951	22	Occlusal Adjustment	17.00	15.00
-------	----	---------------------	-------	-------

NOTE: Per quadrant (minimum six teeth).

d** 09999	Unspecified Adjunctive Procedure, By Report	BR	BR
-----------	---	----	----

NOTE: To be used only where no code number exists or existing code is not precisely applicable. Complete description of condition and proposed treatment must be submitted to the Medicaid dental consultants.

As amended, R.1981 d.331, effective September 10, 1981.
 See: 13 N.J.R. 413(a), 13 N.J.R. 575(a).
 Delete text of (e)22 and substitute new text therefor.
 As amended, R.1983 d.584, effective January 1, 1984.
 See: 15 N.J.R. 1160(a), 15 N.J.R. 2170(a).
 Further requirements for reimbursement added.
 Amended by R.1986 d.385, effective September 22, 1986.
 See: 18 N.J.R. 1337(a), 18 N.J.R. 1958(a).
 Substantially amended.
 Public notice: Pursuant to the provisions of N.J.S.A. 30:4D-2, 3, 5, 6 and 7 and the New Jersey Appropriations Act (P.L. 1988, c.47), maximum fee allowance increased at (b) Adjunctive general services effective August 1, 1988.
 See: 20 N.J.R. 2101(a).
 Administrative Correction to (c).
 See: 20 N.J.R. 1375(a).
 Amended by R.1996 d.428, effective September 16, 1996.
 See: 28 N.J.R. 3069(a), 28 N.J.R. 4243(a).
 Amended by R.1998 d.353, effective July 20, 1998.
 See: 30 N.J.R. 514(a), 30 N.J.R. 2654(a).
 In (g), rewrote NOTE 1 and NOTE 4.
 Amended by R.2000 d.426, effective October 16, 2000.
 See: 32 N.J.R. 2411(a), 32 N.J.R. 3836(a).

Changed Maximum Fee Allowances throughout.

APPENDIX A

FISCAL AGENT BILLING SUPPLEMENT

AGENCY NOTE: The Fiscal Agent Billing Supplement is filed as an incorporated Appendix of this chapter/manual but is not reproduced in the New Jersey Administrative Code. When revisions are made to the fiscal agent billing supplement, replacement pages will be distributed to providers and copies will be filed with the Office of Administrative Law. For a copy of the Fiscal Agent Billing Supplement, write to:

UNISYS
PO Box 4801
Trenton, New Jersey 08650-4801

or contact:

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

New Rule, R.1996 d.428, effective September 16, 1996.
See: 28 N.J.R. 3069(a), 28 N.J.R. 4243(a).
Amended by R.1998 d.353, effective July 20, 1998.
See: 30 N.J.R. 514(a), 30 N.J.R. 2654(a).
Updated the addresses.