

(2) All references to time parameters shall mean the practitioner's personal time in reference to the service rendered unless it is otherwise indicated.

vi. Written records in substantiation of the use of a given procedure code must be available for review and/or inspection if requested by the New Jersey Medicaid or NJ KidCare fee-for-service program.

vii. All references to performance of any or all parts of a history or physical examination shall mean that for reimbursement purposes these services were personally performed by a physician, dentist, podiatrist, optometrist, certified nurse midwife, psychologist, and other program recognized mental health professionals in a mental health clinic, whichever is applicable. (Exception: Procedure Code W9820, EPSDT, permits the services of a pediatric nurse practitioner under the direct supervision of a physician.)

2. Specific requirements concerning medicine are as follows:

i. To qualify as documentation that the service was rendered by the practitioner during an inpatient stay, the medical record must contain the practitioner's notes indicating that he or she personally:

(1) Reviewed the patient's medical history with the patient and/or his or her family, depending upon the medical situation;

(2) Performed an examination as appropriate;

(3) Confirmed or revised the diagnosis; and

(4) Visited and examined the patient on the days for which a claim for reimbursement is made.

ii. The practitioner's involvement must be clearly demonstrated in notes reflecting his or her personal involvement with the service rendered. This refers to those occasions when these notes are written into the medical record by interns, residents, other house staff members, or nurses. A counter-signature alone is not sufficient.

3. Specific requirements concerning surgery are as follows:

i. Certain of the listed procedures are commonly carried out as an integral part of a total service and, as such, do not warrant a separate charge. When such a procedure is carried out as a separate entity not immediately related to other services, the indicated value for "separate procedure" is applicable.

4. Specific requirements concerning radiology are as follows:

i. Values include usual contrast media, equipment and materials.

ii. Values include consultation and written report to the referring physician.

iii. S&I (Supervision and Interpretation) only for the procedure given. This code is used only when a procedure is performed by more than one physician. Values include consultation and written report.

iv. All films taken of an area which is to be subject to a contrast study will, for reimbursement purposes, be considered part of the contrast study unless stated otherwise.

v. The fee listed represents the combined technical and professional component of the reimbursement for the procedure code notwithstanding any statement to the contrary in the narrative. It will be paid only to one provider and will not be broken down into its component parts.

Administrative Correction.

Sec: 26 N.J.R. 797(a).

Amended by R.1998 d.577, effective December 7, 1998.

Sec: 30 N.J.R. 3434(a), 30 N.J.R. 4225(b).

Inserted references to NJ KidCare fee-for-service and substituted references to CPT for references to CPT-4 throughout.

**10:66-6.2 HCPCS procedure code numbers and maximum fee allowance schedule**

(a) Evaluation and management and other procedures:

\* An asterisk preceding any procedure code may also be performed in a drug treatment center.

Ind	HCPCS Code	Mod	Follow Up Days	Maximum Fee Allowance		Anes. Basic Units
				\$	NS	
	36415			1.80		1.80
	90701			16.34		16.34
	90701	52		2.50		2.50
	90702			3.29		3.29
	90702	52		2.50		2.50
	90703			3.40		3.40
	90703	52		2.50		2.50
	90704			23.60		23.60
	90704	52		2.50		2.50
	90705			18.39		18.39
	90705	52		2.50		2.50
	90706			22.04		22.04
	90706	52		2.50		2.50
	90707			39.87		39.87
	90707	52		2.50		2.50
	90712			14.44		14.44
	90712	52		2.50		2.50
	90713			22.80		22.80
	90713	52		2.50		2.50
	90714			3.03		3.03
	90714	52		2.50		2.50
	90717			3.03		3.03
	90717	52		2.50		2.50
	90718			3.35		3.35
	90718	52		2.50		2.50
	90724			6.97		6.97
	90724	52		2.50		2.50
	90732			14.35		14.35
	90732	52		2.50		2.50
	90733			17.48		17.48
	90733	52		2.50		2.50
	90737			25.79		25.79
	90737	52		2.50		2.50
	90741			Prior authorization required		
	90742			Prior authorization required		
N	90799			2.50		2.50
N	90801			37.00		26.00
	93000			16.00		16.00
N	99150			45.00		40.00

Ind	HCPCS Code	Mod	Follow Up Days	Maximum Fee Allowance		Anes. Basic Units	Ind	HCPCS Code	Mod	Follow Up Days	Maximum Fee Allowance		Anes. Basic Units
				\$	NS						\$	NS	
N	99151			Per Hour 45.00	Per Hour 40.00		L	W9335			62.09	62.09	
N	*99201			16.00	14.00		L	W9335	52		2.50	2.50	
N	*99202			16.00	14.00		L	W9338			30.27	30.27	
N	*99203			22.00	17.00		L	W9338	52		2.50	2.50	
N	*99204			22.00	17.00			W9820			23.00	18.00	
N	*99205			22.00	17.00								
N	*99211			16.00	14.00								
N	99211	WM		NA	11.20								
N	*99212			16.00	14.00								
N	99212	WM		NA	11.20								
N	*99213			16.00	14.00								
N	99213	WM		NA	11.20								
N	*99214			16.00	14.00								
N	99214	WM		NA	11.20								
N	*99215			16.00	14.00								
N	99215	WM		NA	11.20								
N	99241			44.00	NA								
N	99242			44.00	NA								
N	99243			44.00	NA								
N	99244			62.00	NA								
N	99245			62.00	NA								
N	99251			44.00	NA								
N	99252			44.00	NA								
N	99253			44.00	NA								
N	99254			62.00	NA								
N	99255			62.00	NA								
	99261			16.00	14.00								
	99262			16.00	14.00								
	99263			16.00	14.00								
N	99271			44.00	NA								
N	99272			44.00	NA								
N	99273			44.00	NA								
N	99274			62.00	NA								
N	99274	YY		50.00	NA								
N	99274	ZZ		50.00	NA								
N	99275			62.00	NA								
N	99291			45.00	40.00								
N	99292			22.50	20.00								
	99382			22.00	17.00								
	99383			22.00	17.00								
	*99384			22.00	17.00								
	*99385			22.00	17.00								
	*99386			22.00	17.00								
	*99387			22.00	17.00								
	99391			16.00	14.00								
	99392			22.00	17.00								
	99393			22.00	17.00								
	*99394			22.00	17.00								
	*99395			22.00	17.00								
	99396			22.00	17.00								
	99397			22.00	17.00								
	J2790			20.40	20.40								
	J2790	22		72.07	72.07								
L	W9050			27.00	NA								
L	W9055			27.00	23.00								
L	W9060	WT		23.00	18.00								
L	W9061	WT		23.00	18.00								
L	W9062	WT		23.00	18.00								
L	W9063	WT		23.00	18.00								
L	W9064	WT		23.00	18.00								
L	W9065	WT		23.00	18.00								
L	W9066	WT		23.00	18.00								
L	W9067	WT		23.00	18.00								
L	W9068	WT		23.00	18.00								
L	W9096			17.46	17.46								
L	W9096	52		2.50	2.50								
L	W9096	22		32.79	32.79								
L	W9096	2252		2.50	2.50								
L	W9097			17.46	17.46								
L	W9097	52		2.50	2.50								
L	W9098			32.79	32.79								
L	W9098	52		2.50	2.50								
L	W9099			63.57	63.57								
L	W9099	52		2.50	2.50								
L	W9333			27.88	27.88								
L	W9333	52		2.50	2.50								
L	W9334			27.88	27.88								
L	W9334	52		2.50	2.50								

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

(c) Family planning services:

Ind	HCPCS Code	Mod	Follow Up Days	Maximum Fee Allowance		Anes. Basic Units
				\$	NS	
N	11975	22	30	Direct	package plus	price
				100.00		85.00
N	11976		90	100.00		85.00
N	11977	22	90	Direct	package plus	price
				200.00		170.00
N	55250		30	90.00		79.00
N	55450		30	42.00		37.00
N	57451		45	182.00		158.00
	58301			16.40		16.40
	58301	WM		NA		16.40
	58600		45	211.00		184.00
N	58605		45	151.00		131.00
N	58982		45	182.00		158.00
N	58983		45	182.00		158.00
	88150			6.00		6.00
	88151			6.00		6.00
	88155			6.00		6.00
N	99201	WF		45.00		45.00
N	99201	WFWM		NA		31.50
N	99202	WF		45.00		45.00
N	99202	WFWM		NA		31.50
N	99203	WF		45.00		45.00
N	99203	WFWM		NA		31.50
N	99204	WF		45.00		45.00
N	99204	WFWM		NA		31.50
N	99205	WF		45.00		45.00
N	99205	WFWM		NA		31.50
N	99211	WF		7.60		7.60
N	99211	WFWM		NA		5.35
N	99212	WF		7.60		7.60
N	99212	WFWM		NA		5.35
N	99213	WF		7.60		7.60
N	99213	WFWM		NA		5.35
N	99214	WF		23.00		23.00
N	99214	WFWM		NA		16.40
N	99215	WF		23.00		23.00
N	99215	WFWM		NA		16.40
N	99395	WF		45.00		45.00
N	99395	WFWM		NA		31.50
L	W0001	WF		188.00		188.00
L	W0001	WFWM		NA		177.00
L	W0002	WF		123.00		123.00
L	W0002	WFWM		NA		112.00
L	W0004	WF		204.00		204.00
L	W0004	WFWM		NA		188.00
L	W0008	WF		139.00		139.00
L	W0008	WFWM		NA		123.00

(d) Laboratory services (See N.J.A.C. 10:61-3).

(e) Minor surgery:

\* An asterisk preceding any procedure code may also be performed by a podiatrist.

Ind	HCPCS Code	Mod	Follow Up Days	Maximum Fee Allowance		Anes. Basic Units
				\$	NS	
N	10040			18.00		16.00
*	10060			13.00		11.00
*	10061		30	48.00		42.00

Ind	HCPCS Code	Mod	Follow Up Days	Maximum Fee Allowance		Anes. Basic Units	Ind	HCPCS Code	Mod	Follow Up Days	Maximum Fee Allowance		Anes. Basic Units
				\$	NS						\$	NS	
*	10080			30.00	26.00		N	90801	ZI		45.00	45.00	
*	10120			18.00	16.00		N	90843	ZI		13.00	13.00	
*	10121		30	34.00	29.00		N	90844	ZI		26.00	26.00	
*	10140			18.00	16.00		N	90847	ZI		26.00	26.00	
*	10160			13.00	11.00		N	90847	ZI22		32.00	32.00	
*	11000			13.00	11.00			90862	ZI		4.50	4.50	
*	11001			6.00	5.00		N	90887	ZI		13.00	13.00	
*	11040			13.00	11.00		LN	115025	ZI		8.00	8.00	
*	11041			13.00	11.00		L	Z0100			22.50	22.50	
*	11042			16.00	14.00		L	Z0130			25.00	25.00	
*	11043			16.00	14.00		L	Z0150			8.00	8.00	
*	11100		7	13.00	11.00		L	Z0160			15.50	15.50	
*	11400		15	18.00	16.00		L	Z0170			46.00	46.00	
*	11401		15	22.00	20.00		L	Z0180			77.00	77.00	
*	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		N	59400		60	468.00	403.00	4
*	11424		15	32.00	27.00		N	59400	WM	60	NA	328.00	4
*	11426		15	32.00	27.00		N	59410		60	320.00	272.00	4
*	11440		15	18.00	16.00		N	59410	WM	60	NA	224.00	4
*	11441		15	22.00	20.00		N	59420			16.00	14.00	
*	11442		15	27.00	24.00		N	59420	WM		NA	11.20	
*	11443		15	32.00	27.00		N	59420	22		22.00	17.00	
*	11444		15	32.00	27.00		N	59420	WM22		NA	15.40	
*	11446		15	32.00	27.00		N	59430		0	20.00	18.00	0
*	11600		90	37.00	32.00		N	59430	WM	0	NA	14.00	0
*	11601		90	47.00	42.00			59510		45	598.00	516.00	7
*	11602		90	61.00	53.00			59515		45	450.00	385.00	7
*	11620		90	61.00	53.00			59525		45	362.00	308.00	8
*	11621		90	79.00	79.00			59812		45	105.00	91.00	3
*	11622		90	121.00	105.00		L	Z0250	WM		NA	40.00	
*	11640		90	90.00	79.00								
*	11641		90	121.00	105.00								
*	11642		90	150.00	131.00								
*	11700			13.00	11.00								
*	11701			6.00	6.00								
*	11710			13.00	11.00								
*	11711			6.00	6.00								
*	11730			10.00	10.00			29580			18.00	16.00	3
*	11750		30	42.00	37.00		N	99211	YR		16.00	14.00	
*	12001			18.00	16.00		N	99212	YR		16.00	14.00	
*	12002			24.00	21.00		N	99213	YR		16.00	14.00	
*	12004			30.00	26.00		N	99214	YR		16.00	14.00	
*	12005		7	46.00	39.00		N	99215	YR		16.00	14.00	
*	12006		7	57.00	48.00		L	W2650			21.00	21.00	
*	12007		7	82.50	70.00		L	W2655			5.00	5.00	
*	12011			18.00	16.00								
*	12013			24.00	21.00								
*	12014		7	30.00	26.00								
*	12031		30	30.00	26.00								
*	12032		30	48.00	42.00								
*	12041		30	30.00	26.00								
*	12042		30	67.00	59.00								
*	12051		30	38.00	33.00								
*	12052		30	67.00	59.00								
*	13100		30	34.00	29.00			70030			15.00		
*	13101		30	68.00	63.00			70100			15.00		
*	13120		30	48.00	42.00			70110			20.00		
*	13121		30	106.00	92.00			70120			15.00		
*	13131		30	67.00	59.00			70130			20.00		
*	13132		30	145.00	126.00			70140			15.00		
*	13150		30	38.00	33.00			70150			20.00		
*	13151		30	82.00	71.00			70160			15.00		
*	13152		30	193.00	168.00			70170			20.00		
*	17000			16.00	14.00			70190			15.00		
*	17010			42.00	36.00			70200			25.00		
*	17100			18.00	15.00			70210			20.00		
*	17105			100.00	85.00			70220			25.00		
*	17110			16.00	14.00			70240			15.00		
*	17200			16.00	14.00			70250			15.00		
*	17304			100.00	85.00			70260			25.00		
L <sup>o</sup>	W1650			24.00	21.00			70300			5.00		
L <sup>o</sup>	W1650	22		37.00	32.00			70310			10.00		
								70320			15.00		

(g) Obstetrical services (maternity):

Ind	HCPCS Code	Mod	Follow Up Days	Maximum Fee Allowance		Anes. Basic Units
				\$	NS	
N	59400		60	468.00	403.00	4
N	59400	WM	60	NA	328.00	4
N	59410		60	320.00	272.00	4
N	59410	WM	60	NA	224.00	4
N	59420			16.00	14.00	
N	59420	WM		NA	11.20	
N	59420	22		22.00	17.00	
N	59420	WM22		NA	15.40	
N	59430		0	20.00	18.00	0
N	59430	WM	0	NA	14.00	0
	59510		45	598.00	516.00	7
	59515		45	450.00	385.00	7
	59525		45	362.00	308.00	8
	59812		45	105.00	91.00	3
L	Z0250	WM		NA	40.00	

(h) Podiatry services:

Ind	HCPCS Code	Mod	Follow Up Days	Maximum Fee Allowance		Anes. Basic Units
				\$	NS	
	29580			18.00	16.00	3
N	99211	YR		16.00	14.00	
N	99212	YR		16.00	14.00	
N	99213	YR		16.00	14.00	
N	99214	YR		16.00	14.00	
N	99215	YR		16.00	14.00	
L	W2650			21.00	21.00	
L	W2655			5.00	5.00	

NOTE: See N.J.A.C. 10:66-6.2(f), Surgery, for additional procedures.

(i) Radiology services:

Ind	HCPCS Code	Mod	Follow Up Days	Maximum Fee Allowance		Anes. Basic Units
				\$	NS	
	70030			15.00		
	70100			15.00		
	70110			20.00		
	70120			15.00		
	70130			20.00		
	70140			15.00		
	70150			20.00		
	70160			15.00		
	70170			20.00		
	70190			15.00		
	70200			25.00		
	70210			20.00		
	70220			25.00		
	70240			15.00		
	70250			15.00		
	70260			25.00		
	70300			5.00		
	70310			10.00		
	70320			15.00		

(f) Mental health services:

Ind	HCPCS Code	Mod	Follow Up Days	Maximum Fee Allowance \$	NS	Anes. Basic Units	Ind	HCPCS Code	Mod	Follow Up Days	Maximum Fee Allowance \$	NS	Anes. Basic Units
	70328			13.00				74420			35.00		
	70330			20.00				74430			15.00		
	70350			8.00				74450			20.00		
	70360			10.00				74455			20.00		
	70370			20.00				74470			20.00		
	70380			15.00			N	74710			25.00		
	70390			15.00				74740			20.00		
	70551			300.00				76000			45.00		
MN	71010			10.00				76020			15.00		
MN	71020			15.00				76040			20.00		
MN	71030			20.00				76061			35.00		
MN	71034			20.00				76062			90.00		
	71100			15.00				76080			15.00		
	71110			20.00				76090			26.00		
	71120			15.00				76091			36.00		
	71130			20.00				76100			35.00		
	72010			40.00				76100	50		50.00		
	72040			15.00				76805			55.00		
	72050			20.00				76815			25.00		
	72052			25.00				76816			25.00		
	72070			15.00									
	72080			15.00									
	72100			20.00									
	72110			25.00									
	72114			20.00									
N	72170			15.00									
	72190			20.00									
	72200			20.00									
	72220			15.00			N	92507			7.00	7.00	
	73000			10.00			N	92552			11.00	11.00	
	73010			15.00			N	92553			14.00	14.00	
	73020			15.00			N	92557			19.00	19.00	
	73030			15.00				92562			3.00	NA	
	73040			15.00				92563			3.00	NA	
	73050			18.00				92564			4.00	NA	
	73060			15.00			N	92567			5.00	NA	
	73070			15.00			N	92568			5.00	NA	
	73080			15.00			N	92572			20.00	NA	
	73085			15.00			N	92576			30.00	NA	
	73090			10.00			N	92582			14.00	14.00	
	73092			20.00				92585			45.00	NA	
	73100			10.00			N	92589			10.00	NA	
	73110			15.00				92590			40.00	NA	
	73115			15.00				92591			40.00	NA	
	73120			10.00			N	97799			7.00	7.00	
	73130			15.00			L	115300			7.00	7.00	
	73140			5.00			L	Z0270			7.00	7.00	
N	73500			18.00			L	Z0280			7.00	7.00	
N	73510			20.00			L	Z0300			7.00	7.00	
	73520			25.00			L	Z0310			45.00	45.00	
	73525			15.00									
	73530			30.00									
	73540			15.00									
	73550			15.00									
	73560			15.00									
	73562			15.00									
	73580			15.00									
	73590			15.00									
	73592			20.00									
	73600			10.00			LN	Z0330			4.50	4.50	
	73610			13.00			LN	Z0335			9.00	9.00	
	73615			15.00									
	73620			10.00									
	73630			13.00									
	73650			10.00									
	73660			5.00									
	74000			10.00									
	74010			15.00									
	74020			15.00									
N	74220			20.00									
N	74240			40.00									
N	74241			45.00									
N	74245			50.00									
N	74250			30.00									
	74270			30.00			*LN	Z1830			3.50	3.50	
	74280			40.00			*LN	Z1831			4.50	4.50	
	74290			35.00			*LN	Z1832			24.00	24.00	
	74305			25.00			*LN	Z1833			12.00	12.00	
	74400			35.00			*LN	Z1834			30.00	30.00	
	74405			50.00			*LN	Z1835			22.50	22.50	
							LN	Z2000			22.50	22.50	

(j) Rehabilitation services:

Ind	HCPCS Code	Mod	Follow Up Days	Maximum Fee Allowance \$	NS	Anes. Basic Units
N	92507			7.00	7.00	
N	92552			11.00	11.00	
N	92553			14.00	14.00	
N	92557			19.00	19.00	
	92562			3.00	NA	
	92563			3.00	NA	
	92564			4.00	NA	
N	92567			5.00	NA	
N	92568			5.00	NA	
N	92572			20.00	NA	
N	92576			30.00	NA	
N	92582			14.00	14.00	
N	92585			45.00	NA	
N	92589			10.00	NA	
	92590			40.00	NA	
	92591			40.00	NA	
N	97799			7.00	7.00	
L	115300			7.00	7.00	
L	Z0270			7.00	7.00	
L	Z0280			7.00	7.00	
L	Z0300			7.00	7.00	
L	Z0310			45.00	45.00	

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

(l) Transportation services:

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

(m) Drug treatment center services:

\* An asterisk preceding any procedure code indicates that the procedure may only be provided to ACCAP-eligible individuals in the home.

Ind	HCPCS Code	Mod	Follow Up Days	Maximum Fee Allowance \$	NS	Anes. Basic Units
*LN	Z1830			3.50	3.50	
*LN	Z1831			4.50	4.50	
*LN	Z1832			24.00	24.00	
*LN	Z1833			12.00	12.00	
*LN	Z1834			30.00	30.00	
*LN	Z1835			22.50	22.50	
LN	Z2000			22.50	22.50	

Ind	HCPCS Code	Mod	Follow Up Days	Maximum Fee Allowance			Anes. Basic Units	Ind	HCPCS Code	Mod	Follow Up Days	Maximum Fee Allowance			Anes. Basic Units
				S	\$	NS						S	\$	NS	
LN	Z2001			15.00		15.00		L	Z1605	ZI		10.23		10.23	
LN	Z2002			4.50		4.50		L	Z1610	ZI		35.00		35.00	
LN	Z2003			16.00		16.00		L	Z1611	ZI		6.51		6.51	
LN	Z2004			8.00		8.00		L	Z1612	ZI		5.12		5.12	
LN	Z2005			15.00		15.00		L	Z1613	ZI		35.00		35.00	
LN	Z2006			2.50		2.50									
LN	Z2007			8.00		8.00									
LN	Z2010			4.50		4.50									

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

(n) Federally qualified health care services:

Ind	HCPCS Code	Mod	Follow Up Days	Maximum Fee Allowance			Anes. Basic Units
				S	\$	NS	
	90844	22		150.00		150.00	
L	W9840			150.00		150.00	
L	Y3333			150.00		150.00	

Ind	HCPCS Code	Mod	Follow Up Days	Maximum Fee Allowance			Anes. Basic Units
				S	\$	NS	
	57820		15	72.00		63.00	
	58120		15	72.00		63.00	
N	59840		45	79.00		68.00	
N	59841		45	79.00		68.00	

(p) Miscellaneous services:

Amended by R.1998 d.127, effective March 2, 1998.  
 Sec: 29 N.J.R. 5046(a), 30 N.J.R. 827(b).  
 Inserted asterisks before codes 99384, 99385, 99386, 99387, 99394 and 99395.

(o) Personal care assistant services:

Ind	HCPCS Code	Mod	Follow Up Days	Maximum Fee Allowance			Anes. Basic Units
				S	\$	NS	
L	Z1600	ZI		13.02		13.02	

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

(a) Evaluation and Management and other procedures

Ind	HCPCS Code	Mod	Description	Follow Up Days	Maximum Fee Allowance		
					S	\$	NS
	J2790		RhoGAM, Rho (D) Immune Globulin (Human); single dose—Micro-Dose		20.40		20.40
	J2790	22	RhoGAM, Rho (D) Immune Globulin (Human); single dose—Full dose		72.07		72.07
	W9060	WT	Under six weeks				
	W9061	WT	Six weeks to three months				
	W9062	WT	Three months to five months				
	W9063	WT	Five months to eight months				
	W9064	WT	Eight months to 11 months				
	W9065	WT	11 months to 14 months				
	W9066	WT	14 months to 17 months				
	W9067	WT	17 months to 20 months				
	W9068	WT	20 months to 24 months				

1. History including behavior and environmental factors;
2. Developmental assessment; and
3. Complete, unclothed physical examination by a physician or a nurse practitioner under the personal supervision of a physician, to include:
  - (a) Measurements: height, weight and head circumference;

(b) Vision and hearing screening;  
and

(c) Nutritional assessment.

4. Assessment and administration of immunizations (see appropriate HCPCS procedure codes for reimbursement amounts);

5. Anticipatory guidance;

6. Arrangement for diagnosis and treatment of medical problems uncovered during the visit. This includes self-referrals and/or referrals to other providers as medically indicated;

7. Appropriate laboratory procedures performed, or referred, in accordance with HealthStart Pediatric Care Guidelines.

(a) Sickle cell, PKU screening, as appropriate;

(b) Hemoglobin or hematocrit twice: at six to nine months and 20 to 24 months of age. (When done in conjunction with lead screening, this test is not reimbursable as a separate procedure.);

(c) Urinalysis, twice: at six to nine months and 20 to 24 months of age;

(d) Tuberculin test, twice: at 12 to 14 months and 20 to 24 months; and

(e) Lead screening (EP) at 12 to 14 months and 20 to 24 months.

8. Case coordination: referral for nutritional, psychological, social and other community services, as appropriate; and provision or arrangement for 24-hour telephone physician access and sick care; and outreach and follow-up activities in accordance with the HealthStart Pediatric Care Guidelines.

**NOTE:** Laboratory procedures performed by a physician in his or her office are not reimbursable to the physician; if such procedures are performed by an outside laboratory, the laboratory shall submit a separate claim.

W9096

Hepatitis B immunoprophylaxis with Recombivax HB, 0.25 ml dose. This code applies only to newborns of HBsAg negative mothers.

17.46

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