

Column Title	Description
	NOTE: Providers billing for the injection only should use the modifier "52" (reduced service) with the appropriate HCPCS procedure code on the claim form when billing for any immunizations. The provider will be reimbursed \$2.50 for an injection. Do not use HCPCS procedure code 90799 when billing for immunizations with free vaccine.
WF	Family planning: To identify procedures performed for the sole purpose of family planning, add the modifier "WF" to only those procedure codes so indicated at N.J.A.C. 10:66-6.2.
WM	Certified nurse-midwife: To identify procedures performed by a certified nurse-midwife, add the modifier "WM" to only those procedure codes so indicated at N.J.A.C. 10:66-6.2.
WY	Only applies to billing by an ambulatory surgical center: To identify the trimester (1st trimester) of an abortion procedure, add the modifier "WY" to the procedure code.
WZ	Only applies to billing by an ambulatory surgical center: To identify the trimester (2nd trimester) of an abortion procedure, add the modifier "WZ" to the procedure code.
YR	Routine foot care podiatry: To identify routine foot care provided by a podiatrist, add the modifier "YR" to only those procedure codes so indicated at N.J.A.C. 10:66-6.2(h).
ZI	Independent clinic: To identify certain mental health services provided by independent clinic providers, add the modifier "ZI" to only those procedure codes so indicated at N.J.A.C. 10:66-6.2(f) and 10:66-6.2(o).
DESCRIPTION	Code narrative: Narratives for Level I codes are found in CPT. Narratives for Level II and III codes are found at N.J.A.C. 10:66-6.3.
FOLLOW-UP DAYS	Number of days for follow-up care.
MAXIMUM FEE ALLOWANCE	New Jersey Medicaid and NJ FamilyCare fee-for-service programs maximum reimbursement allowance for specialist and non-specialist: If the symbols "B.R." (By Report) are listed instead of a dollar amount, it means that additional information will be required in order to properly evaluate the service. Attach a copy of the report to the claim form.

1. Alphabetic and numeric symbols under "IND" and "MOD": These symbols, when listed under the "IND" and "MOD" columns, are elements of the HCPCS coding system used as qualifiers or indicators ("IND" column) and as modifiers ("MOD" column). They assist the provider in determining the appropriate procedure codes to be used, the area to be covered, the minimum requirements needed, and any additional parameters required for reimbursement purposes.

i. These symbols and/or letters must not be ignored because they reflect requirements, in addition to the narrative which accompanies the CPT/HCPCS procedure code as written in the CPT, for which the provider is liable. These additional requirements must be fulfilled before reimbursement is requested.

ii. If there is no identifying symbol listed, the CPT/HCPCS procedure code narrative prevails.

(c) Listed below are both general and specific policies of the New Jersey Medicaid and NJ FamilyCare fee-for-service programs that pertain to HCPCS. Specific information concerning the responsibilities of an independent clinic provider when rendering Medicaid-covered and NJ FamilyCare fee-for-service-covered services and requesting reimbursement are located at N.J.A.C. 10:66-1 through 5, and 10:66 Appendix.

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 and NJ FamilyCare fee-for-service programs 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 or in this subchapter (N.J.A.C. 10:66-6). If an appropriate code is not listed, place an "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 or NJ FamilyCare 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 advanced practice nurse 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).

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

See: 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.

Amended by R.2004 d.208, effective June 7, 2004.

See: 36 N.J.R. 324(a), 36 N.J.R. 2834(a).

In (a), Substituted "Centers for Medicare & Medical Services (CMS)'s Healthcare" for "HealthCare Financing Administration's (HCFA)", "CMS" for "HCFA"; in b and (c), substituted "FamilyCare" for "KidCare" throughout.

Amended by R.2004 d.334, effective September 7, 2004.

See: 36 N.J.R. 312(a), 36 N.J.R. 4136(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 also be performed in a drug treatment center.

Ind	HCPCS Code	Mod	Follow Up Days	Maximum Fee Allowance		Anes. Basic Units
				\$	NS	
*N	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		
	90746			63.57		63.57
L	90746	52		2.50		2.50

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
				\$	NS						\$	NS	
N	90799			2.50	2.50		L	W9333	52		2.50	2.50	
N	90801			37.00	26.00		L	W9334			27.88	27.88	
N	93000			16.00	16.00		L	W9334	52		2.50	2.50	
N	99150			45.00	40.00		L	W9335			62.09	62.09	
				Per Hour	Per Hour		L	W9335	52		2.50	2.50	
N	99151			45.00	40.00		L	W9338			30.27	30.27	
				Per Hour	Per Hour		L	W9338	52		2.50	2.50	
	99173			5.00	5.00		L	W9820			23.00	18.00	
N	*99201			16.00	14.00								
N	*99202			16.00	14.00								
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	99241			44.00	NA						200.00	170.00	
N	99242			44.00	NA						1.80	1.80	
N	99243			44.00	NA		N	55250		30	90.00	79.00	3
N	99244			62.00	NA		N	55450		30	42.00	37.00	3
N	99245			62.00	NA						88.00	NA	
N	99251			44.00	NA						113.00	NA	
N	99252			44.00	NA						71.00	NA	
N	99253			44.00	NA						93.00	NA	
N	99254			62.00	NA		N	57451		45	182.00	158.00	6
N	99255			62.00	NA						16.40	16.40	
	99261			16.00	14.00						NA	16.40	
	99262			16.00	14.00		N	58600	WM	45	211.00	184.00	6
	99263			16.00	14.00		N	58605		45	151.00	131.00	6
N	99271			44.00	NA		N	58982		45	182.00	158.00	6
N	99272			44.00	NA		N	58983		45	182.00	158.00	6
N	99273			44.00	NA						6.00	6.00	
N	99274			62.00	NA						6.00	6.00	
N	99274	YY		50.00	NA						6.00	6.00	
N	99274	ZZ		50.00	NA		N	99201	WF		45.00	45.00	
N	99275			62.00	NA		N	99201	WFWM		NA	31.50	
N	99291			45.00	40.00		N	99202	WF		45.00	45.00	
N	99292			22.50	20.00		N	99202	WFWM		NA	31.50	
	99382			22.00	17.00		N	99203	WF		45.00	45.00	
	99383			22.00	17.00		N	99203	WFWM		NA	31.50	
	*99384			22.00	17.00		N	99204	WF		45.00	45.00	
	*99385			22.00	17.00		N	99204	WFWM		NA	31.50	
	*99386			22.00	17.00		N	99205	WF		45.00	45.00	
	*99387			22.00	17.00		N	99205	WFWM		NA	31.50	
	99391			16.00	14.00		N	99211	WF		7.60	7.60	
	99392			22.00	17.00		N	99211	WFWM		NA	5.35	
	99393			22.00	17.00		N	99212	WF		7.60	7.60	
	*99394			22.00	17.00		N	99212	WFWM		NA	5.35	
	*99395			22.00	17.00		N	99213	WF		7.60	7.60	
	99396			22.00	17.00		N	99213	WFWM		NA	5.35	
	99397			22.00	17.00		N	99214	WF		23.00	23.00	
	J2790			20.40	20.40		N	99214	WFWM		NA	16.40	
	J2790	22		72.07	72.07		N	99215	WF		23.00	23.00	
L	W9050			27.00	NA		N	99215	WFWM		NA	16.40	
L	W9055			27.00	23.00		N	99395	WF		45.00	45.00	
L	W9060	WT		23.00	18.00		N	99395	WFWM		NA	31.50	
L	W9061	WT		23.00	18.00		L	W0001	WF		188.00	188.00	
L	W9062	WT		23.00	18.00		L	W0001	WFWM		NA	177.00	
L	W9063	WT		23.00	18.00		L	W0002	WF		123.00	123.00	
L	W9064	WT		23.00	18.00		L	W0002	WFWM		NA	112.00	
L	W9065	WT		23.00	18.00		L	W0004	WF		204.00	204.00	
L	W9066	WT		23.00	18.00		L	W0004	WFWM		NA	188.00	
L	W9067	WT		23.00	18.00		L	W0008	WF		139.00	139.00	
L	W9068	WT		23.00	18.00		L	W0008	WFWM		NA	123.00	
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	W9333			27.88	27.88								

(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	
N	11976		90	100.00	85.00	
N	11977	22	90	Direct package plus	price	
				200.00	170.00	
	36416	WF		1.80	1.80	
N	55250		30	90.00	79.00	3
N	55450		30	42.00	37.00	3
	56820	WF		88.00	NA	
	56821	WF		113.00	NA	
	57420	WF		71.00	NA	
	57421	WF		93.00	NA	
N	57451		45	182.00	158.00	6
	58301			16.40	16.40	
	58301	WM		NA	16.40	
N	58600		45	211.00	184.00	6
N	58605		45	151.00	131.00	6
N	58982		45	182.00	158.00	6
N	58983		45	182.00	158.00	6
	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
				S	\$	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	
*	11711			6.00		6.00	
*	11730			10.00		10.00	
*	11750		30	42.00		37.00	
*	12001			18.00		16.00	
*	12002			24.00		21.00	
*	12004			30.00		26.00	
*	12005		7	46.00		39.00	
*	12006		7	57.00		48.00	
*	12007		7	82.50		70.00	
*	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			34.00		29.00	
*	13101		30	68.00		63.00	
*	13120		30	48.00		42.00	
*	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	

(f) Mental health services:

Ind	HCPCS Code	Mod	Follow Up Days	Maximum Fee Allowance			Anes. Basic Units
				S	\$	NS	
L*	W1650		22	37.00		32.00	
N	90801		ZI	45.00		45.00	
N	90843		ZI	13.00		13.00	
N	90844		ZI	26.00		26.00	
N	90847		ZI	26.00		26.00	
N	90847		ZI22	32.00		32.00	
	90862		ZI	4.50		4.50	
	90870		ZI	32.00		26.00	
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					15.40	15.40

(g) Obstetrical services (maternity):

Ind	HCPCS Code	Mod	Follow Up Days	Maximum Fee Allowance			Anes. Basic Units
				S	\$	NS	
N	59400		60	468.00		403.00	4
N	59400		WM	NA		328.00	4
N	59410		60	320.00		272.00	4
N	59410		WM	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	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
				S	\$	NS	
N	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
				S	\$	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	

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	
	70210				20.00			N	74245				50.00		
	70220				25.00			N	74250				30.00		
	70240				15.00				74270				30.00		
	70250				15.00				74280				40.00		
	70260				25.00				74290				35.00		
	70300				5.00				74305				25.00		
	70310				10.00				74400				35.00		
	70320				15.00				74405				50.00		
	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										
	73000				10.00										
	73010				15.00										
	73020				15.00										
	73030				15.00										
	73040				15.00										
	73050				18.00										
	73060				15.00			N							
	73070				15.00			N							
	73080				15.00			N							
	73085				15.00			N							
	73090				10.00			N							
	73092				20.00			N							
	73100				10.00			N							
	73110				15.00			N							
	73115				15.00			N							
	73120				10.00			N							
	73130				15.00			L							
	73140				5.00			L							
N	73500				18.00			L							
N	73510				20.00			L							
	73520				25.00			L							
	73525				15.00			L							
	73530				30.00			L							
	73540				15.00			L							
	73550				15.00			L							
	73560				15.00			L							
	73562				15.00			L							
	73580				15.00			L							
	73590				15.00			L							
	73592				20.00			L							
	73600				10.00			L							
	73610				13.00			L							
	73615				15.00			L							
	73620				10.00			L							
	73630				13.00			L							
	73650				10.00			L							
	73660				5.00			L							
	74000				10.00			L							
	74010				15.00			L							
	74020				15.00			L							
N	74220				20.00			L							
N	74240				40.00			L							
N	74241				45.00			L							

(j) Rehabilitation services:

Ind	HCPCS Code	Mod	Follow Up Days	Maximum Fee Allowance			Anes. Basic Units
				S	\$	NS	
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	
	92585			45.00		NA	
N	92589			10.00		NA	
	92590			40.00		NA	
	92591			40.00		NA	
N	97799			7.00		7.00	
L	H5300			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			Anes. Basic Units
				S	\$	NS	
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			Anes. Basic Units
				\$	\$	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	

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
				\$	\$	NS	
	90844		22	contract		contract	
L	W9840			contract		contract	
	W9843			contract		contract	
L	Y3333			contract		contract	

(o) Personal care assistant services:

Ind	HCPCS Code	Mod	Follow Up Days	Maximum Fee Allowance			Anes. Basic Units
				\$	\$	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	

Ind	HCPCS Code	Mod	Follow Up Days	Maximum Fee Allowance			Anes. Basic Units
				\$	\$	NS	
L	Z1613	ZI		35.00		35.00	

(p) Miscellaneous services:

Ind	HCPCS Code	Mod	Follow Up Days	Maximum Fee Allowance			Anes. Basic Units
				\$	\$	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	

Amended by R.1998 d.127, effective March 2, 1998.

See: 29 N.J.R. 5046(a), 30 N.J.R. 827(b).

Inserted asterisks before codes 99384, 99385, 99386, 99387, 99394 and 99395.

Amended by R.2000 d.435, effective November 6, 2000.

See: 32 N.J.R. 2690(a), 32 N.J.R. 3992(a).

In (a), inserted references to HCPCS Code 90746, and deleted references to HCPCS Code W9099.

Amended by R.2003 d.69, effective February 3, 2003.

See: 34 N.J.R. 3183(a), 35 N.J.R. 888(a).

In (f), inserted reference to HCPCS Code 90870.

Amended by R.2004 d.24, effective January 20, 2004.

See: 35 N.J.R. 4037(a), 36 N.J.R. 572(a).

In (c), added HCPCS Codes 36416, 56820, 56821, 57420, and 57421.

Amended by R.2004 d.75, effective February 17, 2004.

See: 35 N.J.R. 2154(a), 36 N.J.R. 952(b).

In (f), amended HCPCS code Z0170 and deleted HCPCS code Z0180.

Amended by R.2004 d.208, effective June 7, 2004.

See: 36 N.J.R. 324(a), 36 N.J.R. 2834(a).

In (n), amended the table.

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

(a) Evaluation and Management and other procedures

Ind	HCPCS Code	Mod	Description	Maximum Fee Allowance			
				Follow Up Days	\$	\$	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;

Z2002	Prescription visit rendered in a drug treatment center.	4.50	4.50
Z2003	Psychotherapy rendered in a drug treatment center—full session.	16.00	16.00
Z2004	Group therapy rendered in a drug treatment center, per person.	8.00	8.00
Z2005	Psychological testing rendered in a drug treatment center, per hour; maximum of five hours.	15.00	15.00
Z2006	Methadone treatment rendered in a drug treatment center.	2.50	2.50
Z2007	Psychotherapy rendered in a drug treatment center—half session.	8.00	8.00
Z2010	Urinalysis for drug addiction.	4.50	4.50

(n) Federally qualified health center services:

(o) Personal care assistant services:

IND	HCPCS Code	Mod	Description	Follow Up Days	Maximum Fee Allowance	
					S contract	NS contract
	W9840		Medical encounter		contract	contract
	W9843		EPSDT encounter		contract	contract
	Y3333		Dental encounter		contract	contract
	90844	22	Medical psychotherapy		contract	contract

(Applicable to clinics under contract to the Division of Mental Health and Hospitals of the Department of Human Services.)

Ind	HCPCS Code	Mod	Description	Follow Up Days	Maximum Fee Allowance	NS
					\$	\$
	Z1600	ZI	Personal Care Assistant Services Individual, per hour		13.02	13.02
	Z1605	ZI	Personal Care Assistant Services Group, per hour		10.23	10.23
	Z1610	ZI	Personal Care Assistant Services Initial Nursing Assessment, per visit		35.00	35.00
	Z1611	ZI	Personal Care Assistant Services Individual, per hour		6.51	6.51
	Z1612	ZI	Personal Care Assistant Services Group, per hour		5.12	5.12
	Z1613	ZI	Nursing Reassessment Visit, per visit		35.00	35.00

Amended by R.1998 d.577, effective December 7, 1998.
See: 30 N.J.R. 3434(a), 30 N.J.R. 4225(b).

In (a), substituted references to beneficiaries for references to recipients throughout; and in (f), inserted a reference to NJ KidCare fee-for-service.

Amended by R.2003 d.15, effective January 6, 2003.

See: 34 N.J.R. 2676(a), 35 N.J.R. 230(c).

In (c), added HCPCS code G0001 WF (Routine Venipuncture).

Amended by R.2004 d.208, effective June 7, 2004.

See: 36 N.J.R. 324(a), 36 N.J.R. 2834(a).

In (n), amended the table.

2. Injection (intradermal, subcutaneous, or intra-arterial): 90799.

i. Reimbursement for the above injections are on a flat-fee basis and are all inclusive for the cost of the service as well as the materials. Be advised of the following:

(1) A visit for the sole purpose of an injection is reimbursable only as an injection and not as a clinic visit and injection. However, if the criteria of a clinic visit is met, an injection may, if medically indicated, be considered as an add-on to the visit. The drug administered shall be consistent with the diagnosis and shall conform to accepted medical and pharmacological principles with respect to dosage, frequency and route of administration.

(2) Intravenous and intraarterial injections are reimbursable only when performed by the physician.

10:66-6.4 HCPCS procedure codes—qualifiers

(a) Evaluation and management and other procedures:

1. Drawing of blood: 36415.

i. Once per visit, per patient. (Not applicable if laboratory study, in any part, is performed by the clinic.)