

CHAPTER 59

MEDICAL SUPPLIER MANUAL

**Division of Medical Assistance and Health Services
MEDICAL SUPPLIER SERVICES MANUAL
N.J.A.C. 10:59
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SUBCHAPTER 1. MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT

10:59-1.1 Introduction

This chapter outlines the policies and procedures of the New Jersey Medicaid program relevant to medical supplies and durable medical equipment, including enteral, total parenteral nutrition and other intravenous therapies. This chapter provides specific requirements that must be met by a Medical Supplier to qualify for reimbursement under the New Jersey Medicaid program.

10:59-1.2 Definitions

The following words and terms, when used in this chapter, have the following meanings unless the context clearly indicates otherwise:

"Apnea monitor" means an electronic device used to measure respiration and cardiac functions in patients experiencing episodic apnea related to a medical diagnosis or a predisposition of apneic episodes based on genetic or familial history.

"Augmentative/Alternative Communication System (ACS)" means communication systems, commercially available or custom designed, which are appropriate for children or adults whose ability to communicate orally or in writing is severely impaired and who have mental potential to benefit from ACS. ACS includes, but is not restricted to, non-electronic devices and electronic/computerized devices.

"Customized" DME means an item of DME which has been fabricated by the provider to meet the specialized needs, physical characteristics and/or deformities of a beneficiary.

"DMERC" means the Durable Medical Equipment Regional Carrier approved by the Health Care Financing Administration.

"Durable medical equipment" (DME) as defined for this subchapter, means an item or apparatus, other than hearing aids and certain prosthetic and orthotic devices, including customized DME, modified DME and standard DME, which has all of the following characteristics:

1. Is primarily and customarily prescribed to serve a medical purpose and is medically necessary for the beneficiary for whom requested;
2. Is generally not useful to a beneficiary in the absence of a disease, illness, injury, or disability; and
3. Is capable of withstanding repeated use (durable) and is nonexpendable; for example, hospital bed, oxygen equipment, wheelchair, walker, suction equipment, and the like.

"Invoice" means an unaltered document reflecting a supplier's actual acquisition cost,

which shows the supplier as the addressee, item description, quantity, and cost.

"Maximum fee allowance" means the Medicaid maximum payment assigned to medical supplies and DME.

"Medical supplier" means a provider of medical supplies and/or durable medical equipment.

"Medical supplies" means item(s) which are:

1. Consumable, expendable, disposable or non-durable;
2. Prescribed by a practitioner; and
3. Medically necessary for use by an eligible beneficiary.

"Modified DME" means a standard item of DME which is modified to meet the specialized needs of a beneficiary by adding non-standard parts.

"Nursing facility (NF)" means an institution (or distinct part of an institution) certified by the New Jersey State Department of Health and Senior Services for participation in Title XIX Medicaid and primarily engaged in providing health-related care and services on a 24-hour basis to Medicaid beneficiaries (children and adults) who, due to medical disorders, developmental disabilities and/or related cognitive and behavioral impairments, exhibit the need for medical, nursing, rehabilitative, and psychosocial management above the level of room and board, but not primarily for care and treatment of mental diseases which require continuous 24-hour supervision by qualified mental health professionals or the provision of parenting needs related to growth and development. (See N.J.A.C. 10:63.)

"Pressure reduction system" means a system which incorporates simple or complex equipment designed to reduce support surface pressures by powered or non-powered means for the purpose of encouraging healing of decubiti.

"Price list" means any unaltered document published by a manufacturer which is used in place of an invoice by the fiscal agent to price a "by report" procedure code which includes a manufacturer's name, item description, and suggested retail price per unit or package and a notation by a supplier indicating the number of units per package, if not described by a manufacturer.

"Recycled" when referring to a DME item, means an item purchased by the New Jersey Medicaid Program that is no longer medically needed by the Medicaid beneficiary, that at a minimum will be sanitized and refurbished and/or repaired, if needed, by the DME provider and supplied to another beneficiary.

"Standard" DME means DME which is available without modification.

"Usual and customary" means a medical supplier's charge to the general public for services rendered which equals the supplier's submitted price to the Medicaid program.

CASE NOTES

Medical necessity authorized purchase of thermal scan thermometer with Medicaid funds for severely retarded child. C.F. v. Division of Medical Assistance, 95 N.J.A.R.2d (DMA) 45.

Adapted tricycle was medically required for treating chronic encephalopathy. K.H. v. Division of Medical Assistance and Health Services, 93 N.J.A.R.2d (DMA) 3.

10:59-1.3 Requirements for program participation as a medical supplier

(a) In order to participate in New Jersey Medicaid program, a medical supplier shall:

1. Be an established place of business as a medical supplier in New Jersey; or
2. Be a pharmacy operating under a valid permit issued by the New Jersey State Board of Pharmacy; or
3. Be an out-of-State pharmacy or medical supplier who is an approved Medicaid provider in their state of residence.

(b) In order to participate in the New Jersey Medicaid Program, a medical supplier shall:

1. Maintain a previously approved or fixed, established place of business located in a commercial zone which shall be open and accessible to the general public during normal business hours;
2. Display a sign of identification, external to the interior business site, visually recognized by the general public;
3. Receive approval from the New Jersey Medicaid program for each site from which equipment and supplies are distributed and/or delivered;
4. Comply with the requirements described at N.J.A.C. 10:49-3.2 if the medical supplier is to fill a prescription written by a physician or other practitioner who has an ownership interest in the supplier's business;
5. Notify the State's fiscal agent and file a new application within 60 days of a change in ownership and/or location; and
6. Agree to permit properly identified representatives of the New Jersey Medicaid program to:
 - i. Inspect the original prescription or the Certificate of Medical Necessity (CMN) on file;
 - ii. Audit records pertaining to costs of medical supplies and equipment provided to Medicaid beneficiaries; and

iii. Inspect private sector records, where deemed necessary, to comply with Federal regulations to determine a provider's usual and customary charge to the public.

10:59-1.4 Non-covered items or services

(a) The New Jersey Medicaid program does not cover medical supplies and durable medical equipment under the following conditions:

1. A particular item of DME is not covered when, in the opinion of the Division, the item is not considered cost-effective or safe and effective for the treatment of a beneficiary's medical condition;

2. Items available without charge through programs of other public or voluntary agencies (for example: New Jersey State Department of Health and Senior Services, Heart Association, American Cancer Society) are not covered;

3. Supplies which are administered or directly furnished by practitioners or by home health agencies as part of per visit reimbursement are not covered separately;

4. Medical supplies, routinely used DME and other therapeutic equipment/supplies essential to furnish the services offered by a facility for the care and treatment of its residents are considered part of the NF's per diem and therefore, not covered. Examples of this type of equipment and supplies include, but are not limited to, the following:

- i. Administration pumps;
- ii. Aspirators;
- iii. Canes;
- iv. Communication equipment (life-safety devices including alarms and apnea monitors);
- v. Crutches;
- vi. Enteral nutritional supplements and related supplies (including IV poles and enteral pumps);
- vii. Geri-chairs;
- viii. Hospital beds (including mattress and side rails);
- ix. IPPB machines;
- x. IV supplies and related equipment;
- xi. Lifts;
- xii. Low end pressure relief systems, for example, mattress overlays, mattress replacements, powered mattress systems and air powered flotation beds;
- xiii. Nebulizers;
- xiv. Oxygen and related equipment;
- xv. Traction apparatus;
- xvi. Walkers;
- xvii. Standard wheelchairs and accessories including adjustable leg rests and detachable armrests; and
- xviii. Medical supplies, for example, incontinency pads, bandages, dressings, compresses, sponges, plasters, tapes, cellu-cotton or other types of pads used to save

labor or linen, colostomy bags, hot water bags, thermometers, catheters, rubber gloves, and disposable syringes.

5. Exceptions to (a)4 above include certain durable medical equipment not routinely used in a nursing facility and which is required due to the medical need of the individual resident;

6. Items not meeting the definitions of medical supplies and DME outlined at N.J.A.C. 10:59-1.2, Definitions;

7. Delivery and shipping costs;

8. Services being provided to a beneficiary who loses eligibility, except as described at N.J.A.C. 10:49-5.4(a)9; and

9. Travel time, except for services provided by a pedorthist.

(b) Non-covered items include, but are not limited to, the following:

1. Bags (douche, enema, ice);

2. Beds (waterbeds);

3. Environmental control equipment, including electronic devices intended to control or alter the environment, such as lighting, telephones and appliances; air conditioners; humidifiers; dehumidifiers and air filtering systems with the exception of vaporizers and cool mist humidifiers;

4. Exercise equipment;

5. Eye patches;

6. First aid supplies or medicine chest items (gauze, adhesive tape, bandages, and cotton);

7. Footwear, orthopedic, and foot orthotics, except when attached to a brace or bar or when part of a normal post-operative or post-fracture treatment program, or when used to correct or adapt to gross foot deformities (see N.J.A.C. 10:57);

8. Hot water bottles;

9. Infant formula (standard);

10. Inflatable rubber invalid rings;

11. Lifts (chair or seat);

12. Mattresses (orthopedic or mattresses without FDA approval);

13. Nasal aspirators;

14. Pads (heating, hydrocollators, sanitary, thermophore);

15. Personal incidentals, including items for personal cleanliness, body hygiene, and grooming, for example, standard toothbrushes, mouthwashes, dentifrices, deodorant soaps, cosmetics, shaving items, and so forth;

16. Plastic gloves;

17. Protein nutritional supplements in which the quantity dispensed exceeds a 34-day supply;

18. Scales (bathroom);

19. Specialized infant formulas in which the quantity dispensed exceeds a 34-day supply;

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20. Stainless steel bedpans or urinals;
21. Syringes (bulb, enema);
22. Thermometers (axillary, ear, oral, rectal); and
23. Tongue blades (sterile, non-sterile).

CASE NOTES

Nonambulatory, wheelchair-dependent 14-year-old boy with cerebral palsy, spastic quadriplegia and seizure disorder denied electric stair glide. D.J. v. Essex County Division of Welfare, 94 N.J.A.R.2d (DMA) 47.

Judge's allowance of reimbursement for purchase of HEPA Air Cleaner reversed as electrostatic air filter reimbursement is specifically prohibited by regulation. In the Matter of M.D., 7 N.J.A.R. 254 (1980), reversed 179 N.J.Super. 541, 432 A.2d 943, (App.Div.1981), modified in part and remanded 91 N.J. 1, 449 A.2d 1235 (1982).

10:59-1.5 Policy for providing medical supplies and DME

(a) Medical supplies and equipment require a legible, dated prescription or a Certificate of Medical Necessity (CMN) personally signed by the prescribing practitioner. Either document shall contain the following information:

1. The beneficiary's name, address and Medicaid eligibility identification number; and
2. A description of the specific supplies and/or equipment prescribed;
 - i. For example, the phrase "wheelchair" or "patient needs wheelchair" is insufficient. The order shall describe the type and style of the wheelchair.
3. The length of time the medical equipment items or supplies are required;
4. A diagnosis and summary of the patient's physical condition to support the need for the item(s) prescribed; and
5. The prescriber's name, address and signature.

(b) Other information in addition to (a) above may be required for specific items and services, and is described in other sections of this chapter which are related to coverage of the specific item or service.

(c) The documentation required in (a) and (b) above shall be maintained on file for a minimum of five years from the date the service was rendered.

10:59-1.6 Prior authorization (PA)

(a) Prior authorizations issued by the Medicaid program are intended to reflect decisions regarding medical necessity and purchase/rental options. The issuance of prior authorization is not a guarantee of Medicaid payment. Payment is determined based on the satisfaction of all applicable claims processing edits established by the Division of Medical assistance and Health Services. Payment is made, based on the

satisfaction of the conditions of this chapter.

(b) When a procedure code requires PA, the provider shall first obtain authorization from the appropriate Medicaid District Office (MDO). (See a list of MDOs at N.J.A.C. 10:49, Appendix Form #17.) The Division will provide written notification of the disposition of the PA request.

1. An exception is provided for orthopedic footwear not attached to a bar or brace. In these situations, the PA shall be submitted to the Podiatric Consultant in the Medicaid Central Office (See N.J.A.C. 10:57).

2. Urgent requests may be made by telephone, but the provider shall submit the written PA request within five calendar days (see N.J.A.C. 10:49-6.1).

(c) When the purchase price of a DME item is \$300.00 or more, prior authorization shall be required for purchase or rental, as described in Appendix A, incorporated herein by reference, except as described in (e) below.

(d) When the purchase price for medical supplies is \$100.00 or more, prior authorization is required as described in Appendix A, incorporated herein by reference.

(e) Certain DME items and medical supplies require prior authorization regardless of purchase price, indicated in Appendix A, incorporated herein by reference.

(f) All medical supplies and DME items purchased or rented for use by nursing facility residents require prior authorization. Items included in the NF's per diem are not covered (see N.J.A.C. 10:59-1.4).

(g) Medicare/Medicaid claims do not require prior authorization (See N.J.A.C. 10:59-1.9).

CASE NOTES

Digital scale for applicant with morbid obesity was not an item for which Medicaid funds were available. R.S. v. Division of Medical Assistance, 95 N.J.A.R.2d (DMA) 65.

Medical necessity authorized purchase of thermal scan thermometer with Medicaid funds for severely retarded child. C.F. v. Division of Medical Assistance, 95 N.J.A.R.2d (DMA) 45.

10:59-1.7 Policy considerations for purchase, rental and repair of DME

(a) Medical suppliers may request payment for medical supply services only after the supply/equipment has been delivered to the beneficiary (see N.J.A.C. 10:49-9.5). All requests for payment shall be submitted timely, in accordance with N.J.A.C. 10:49-7.2.

(b) For durable medical equipment requiring prior authorization (PA), decisions regarding rental or purchase rest with the Division of Medical Assistance and Health Services.

1. Durable medical equipment may be rented when, in the judgment of the Medicaid program, the medical need for the equipment is of such a duration that rental of the equipment is more economically practical than authorizing its purchase.

(c) When durable medical equipment is authorized and purchased on behalf of a Medicaid beneficiary, ownership of such equipment will vest with the Division of Medical Assistance and Health Services. The beneficiary will be granted a possessory interest for as long as the beneficiary requires use of the equipment.

(d) Durable medical equipment items may be repaired and suppliers reimbursed for replacement parts and/or labor charges when, in the judgement of the Medicaid Program, the medical need for the item will continue to exist for a period of time and repair is more economical than purchase.

(e) Repair costs related to rented DME shall be the responsibility of the provider and shall be considered a component of the Medicaid rental payment.

(f) Reimbursement for repairs, including parts and labor charges, will not be authorized for durable medical equipment under warranty. For purchased DME, reimbursement for the cost of repairs shall be limited to repairs not covered by a manufacturer's warranty.

(g) Reimbursement by the Medicaid program shall be limited to services billed by HCPCS codes followed by the appropriate following modifier(s).

1. NU refers to the purchase of medical supplies, new DME and/or services;
2. UE refers to the purchase of used DME; and
3. RR refers to the daily or monthly rental of DME.

10:59-1.8 Basis of reimbursement for medical supplies and DME

(a) Payment for purchase of medical supplies or DME shall be based on the following methods:

1. If there is no Medicaid Fee schedule, reimbursement shall be based on the lesser of the provider's usual and customary charge to the general public or a calculated maximum fee allowance equal to 130 percent of a supplier's invoice cost or 80 percent of the manufacturer's price list for supplies and equipment priced by report.

i. The invoice shall include the supplier as the addressee, item description, quantity, and cost.

ii. The manufacturer's price list shall include a manufacturer's name, item description, and suggested retail price per unit or package, and a notation by a supplier indicating

the number of units per package, if not described by a manufacturer.

2. If there is a Medicaid Fee schedule, reimbursement shall be based on the lesser of the provider's usual and customary charge to the general public; or the Medicaid maximum fee allowance assigned by the Division.

(b) Payment for rental of DME will be calculated as follows:

1. If a medical equipment item has a maximum fee allowance of \$100.00 or less, the monthly rental payment will be the amount billed or 20 percent of the approved purchase price, whichever is less. Six such payments shall be deemed to be the full purchase price. No further payments shall be made and the equipment will be considered the property of the State.

2. If a medical equipment item has an approved maximum fee allowance of more than \$100.00, the monthly rental payment will be the amount billed or 12 percent of the fee, whichever is less. Ten such payments shall be deemed to be the full purchase price and no further payments shall be made and the equipment will be considered the property of the State.

3. If the purchase of a rental item is authorized prior to the close of the maximum rental period (see N.J.A.C. 10:59-1.8(b)1 and 2), a final payment will be made which equals the difference between the sum of the prior rental payments and the maximum fee allowance.

4. If death, ineligibility, or other circumstances over which the New Jersey Medicaid Program has no control, should occur, rental fees for any medical equipment item shall terminate at the end of the month such circumstance(s) occur and no further payment will be made.

(c) Payment for replacement parts and repairs will be made as follows:

1. Reimbursement for replacement parts shall be based on the purchase policy described under N.J.A.C. 10:59-1.8(a); and

2. Reimbursement for labor charges will be the maximum fee allowance established by the Division per hour of labor provided.

10:59-1.9 Dual Medicare/Medicaid or NJ KidCare coverage

(a) When a Medicaid or NJ KidCare beneficiary also has Medicare coverage, the Medicaid and the NJ KidCare programs require that Medicare benefits be used first and to the fullest extent. Responsibility for payment by the New Jersey Medicaid or NJ KidCare program shall be limited to the unsatisfied deductible and/or coinsurance to the extent that the combined Medicare/Medicaid or Medicare/NJ KidCare payment does not exceed the Medicaid or NJ KidCare maximum allowable.

(b) In those instances where Medicare policy disallows reimbursement for an item/service under certain circumstances, for example, a special wheelchair for a NF resident, the provider shall obtain prior authorization from the Medicaid or NJ KidCare--

Plan A program and submit a hard copy claim to Medicaid or NJ KidCare--Plan A with an Explanation of Benefits from Medicare attached.

(c) Medicare/Medicaid claims shall be filed timely, in accordance with N.J.A.C. 10:49-7.2.

(d) When a beneficiary is eligible for Medicare and Medicaid or Medicare and NJ KidCare coverage, a Medicare/Medicaid or Medicare/NJ KidCare claim will cross over from the Medicare DMERC Region A to the Medicaid or NJ KidCare fiscal agent. There are instances, however, where claims will not cross over from Medicare to Medicaid or NJ KidCare, for example, claims denied by Medicare or claims where the Medicaid or NJ KidCare fiscal agent is unable to match pertinent identifying data (see N.J.A.C. 10:49-7.2(d)3 for further instructions).

(e) There are situations in which Medicare coverage differs significantly from coverage considered medically necessary by the Medicaid or NJ KidCare program. In these situations, the provider may request PA from the Medicaid or NJ KidCare program prior to requesting Medicare payment.

1. The provider must request PA for the higher level of service under the procedure code assigned by the Division for "reconciliation of downgraded Medicare/Medicaid or Medicare/NJ KidCare claims."

(f) For dually eligible beneficiaries, Medicaid or NJ KidCare coverage shall be based on Medicare policy as it relates to rental and/or purchase of supplies and DME except as described in (e) above.

10:59-1.10 Third party liability (TPL), excluding Medicare

(a) When a Medicaid beneficiary has other health insurance, the Medicaid program requires that such benefits be used first and to the fullest extent. Supplementation may be made for Medicaid covered services, but the combined total payment shall not exceed the amount payable under the Medicaid program in the absence of other coverage (see N.J.A.C. 10:49-7.3).

(b) Regardless of the status of a provider's claim with other third parties, all claims for Medicaid reimbursement shall be received by the Medicaid fiscal agent within the time frames specified in N.J.A.C.10:49-7.2, Timeliness of claim submission.

(c) The Medicaid program has not established any crossover arrangements with any third party insurer.

10:59-1.11 Recycling durable medical equipment

(a) The New Jersey Medicaid and NJ KidCare programs shall utilize the services of a durable medical equipment (DME) recycling contractor, acting as an agent of the State, to recycle certain DME for reuse by Medicaid and NJ KidCare fee-for-service beneficiaries when such equipment is considered medically necessary.

(b) The New Jersey Medicaid and NJ KidCare fee-for-service programs shall recycle certain DME when the aggregate cost of recycling an item of DME, including costs for pickup and delivery, repairs, maintenance, tracking of DME and other directly related costs, are less than the Medicaid maximum fee allowance for the purchase of new DME.

1. Coverage and reimbursement for DME which is determined recyclable by the New Jersey Medicaid and NJ KidCare fee-for-service programs shall be limited to such equipment when this equipment is available from the DME recycling contractor.

2. Recyclable DME shall include, but not be limited to, the following:

- i. Canes, all types;
- ii. Commodes;
- iii. Communication devices;
- iv. Crutches, all types;
- v. Durable bathroom equipment;
- vi. Hospital beds, all types;
- vii. Walkers, all types;
- viii. Wheelchairs and wheelchair components.

(c) Prior to dispensing equipment determined recyclable by the State, medical suppliers shall contact the DME recycling contractor to determine the availability of recycled equipment for reuse. Reimbursement for recycling used equipment shall be limited to services provided by the recycling contractor.

(d) Claims for new DME, when such DME is readily available from the DME recycling contractor, shall be denied reimbursement by the Medicaid and NJ KidCare fee-for-service programs.

(e) Medical suppliers in receipt of used DME which is considered recyclable by the Medicaid and NJ KidCare programs shall arrange for the return of such equipment to the DME recycling contractor by contacting the contractor directly.

10:59-1.12 Parenteral therapy

(a) Parenteral therapy refers to the administration of a drug by the intravenous or subcutaneous route of administration.

(b) Total parenteral nutrition (TPN) means the administration of a patient's total daily nutritional needs via the parenteral route of administration.

(c) All parenteral therapy services, including total parenteral nutrition (TPN), require prior authorization (see N.J.A.C. 10:59-1.6).

(d) For parenteral therapy other than TPN, coverage through the medical supplier shall be limited to supplies and equipment. Medicaid and NJ KidCare fee-for-service maximum fee allowances for drug costs related to TPN solutions shall only be reimbursed to medical suppliers who are also licensed as providers of pharmaceutical services.

1. Coverage for all medical supplies and DME related to TPN therapy shall be based on monthly fee allowances as established by the Division (see N.J.A.C. 10:59-2.3 for monthly fee allowances and unit descriptions).

(e) All drugs related to parenteral therapy shall be covered as pharmaceutical services (see N.J.A.C. 10:51-1.11) and shall only be billed to the Division by providers of pharmaceutical services (see N.J.A.C. 10:51-1.2(d)).

1. Reimbursement of all DME base solutions and supplies related to parenteral therapy shall be based on the mode of parenteral administration.

2. Medicaid and NJ KidCare fee-for-service maximum fee allowances for parenteral therapy-related DME shall be based on all-inclusive per diem rates established by the Division (see N.J.A.C. 10:59-2.3 for daily allowances and unit descriptions). The per diem rate includes the cost of the base solution.

(f) When the beneficiary is a nursing facility resident, all parenteral therapy drugs and TPN solutions shall be billed by the Medicaid or NJ KidCare pharmacy provider that is under contract with the nursing facility to provide pharmaceutical services.

1. The contracted provider of pharmaceutical services must be licensed to provide parenteral therapy (see N.J.A.C. 10:51-1.2(d)) and approved as a medical supplier by the Division (see N.J.A.C. 10:59-1.3).

2. All costs for supplies and DME which are used for the administration of parenteral therapy and TPN solutions, shall be components of the nursing facility per diem rate and shall not be eligible for fee-for-service reimbursement from the New Jersey Medicaid or NJ KidCare programs.

10:59-1.13 Augmentative/alternative communication system (ACS)

(a) ACS requires prior authorization. Requests for prior authorization shall include the following:

1. A list of specialists involved in the multi-disciplinary team evaluation of the beneficiary, including, at a minimum, a speech-language pathologist, physical therapist, occupational therapist, and social worker.

2. An evaluation report by the speech-language pathologist, which shall include the following:

- i. The communication status of the beneficiary, including relevant mental and physical disabilities;
- ii. A list of augmentative/alternative communication devices/systems tried during the evaluation period;
- iii. The rationale for the selection of the prescribed device/system and a description of how it will enhance functional communicative abilities;
- iv. A certification that the beneficiary can mentally and physically benefit from the device/system and is willing to use it;
- v. Recommendations for follow-up instruction so that maximum benefit may be obtained;
- vi. A description of the beneficiary's gross and fine motor abilities, perceptual skills, reading skills, and cognitive abilities;
- vii. Results of an audiometric screening and/or audiologic evaluation, as appropriate;
- viii. A summary of past speech-language treatment;
- ix. Results of the trial period with the device; and
- x. A list of recommended augmentative communication devices, including all necessary accessories, prices and provider information.

(b) Follow up visits will be made by the appropriate MDO staff, at their discretion, to monitor appropriate ACS use.

(c) Reimbursement can be made for ACS rental during the trial period in accordance with the policy contained at N.J.A.C. 10:59-1.7 regarding rental of DME.

10:59-1.14 Pressure reduction systems

(a) Pressure reduction systems include:

1. Air fluidized bed systems which employ the circulation of filtered air through silicone-coated ceramic beads creating the characteristics of fluid;
2. Powered low air loss bed systems which incorporate the use of an air- bladder system consisting of a series of interconnected adjustable air sacs designed to allow air escape to reduce support surface pressure. Air to the sacs is supplied by a separate power supply unit; and
3. Low end products which include any powered or non-powered overlay or mattress.

(b) Policies for providing and authorizing DME as described in N.J.A.C. 10:59-1.5 and 1.6 apply.

(c) Reimbursement for low end products is included in the NF's per diem, and therefore shall not be covered.

(d) Periods of Prior Authorization (PA) for air-fluidized and powered low air loss bed systems shall be limited to 30 days.

(e) Requests for PA for air fluidized and low air loss bed systems shall include the following:

1. A medical history relating to the wound which includes previous therapy and pressure relief systems utilized and found unsuccessful;
2. Physician progress notes indicating medical necessity, plan of treatment, and evaluation of response to treatment specific to the care of the wound;
3. A wound care flow sheet documenting weekly the site, size, depth and stage of the wound, noting also the presence and description of drainage or odor;
4. Laboratory values include a complete blood count and blood chemistries initially and on request thereafter;
5. A nutritional assessment by a registered dietitian initially and on request thereafter; and
6. Photographs of the site, upon permission of the beneficiary/family, after full due consideration is afforded to the beneficiary's right to privacy, dignity and confidentiality.

(f) Coverage for air fluidized and low air loss bed systems shall be limited to the following conditions:

1. The beneficiary has two stage III (full-thickness tissue loss) pressure sores or a stage IV (deep tissue destruction) pressure sore which involves two of the following sites: hips, buttocks, or sacrum; and
2. The beneficiary is bedridden or chairbound as a result of severely limited mobility; and
3. The beneficiary is receiving maximal medical/nursing care, previously instituted conservative treatment has been unsuccessful and all other alternative equipment has been considered and ruled out.
4. If the beneficiary has coexisting risk factors (such as vascular irregularities, nutritional depletion, diabetes or immune suppression), they must present post-operatively with a posterior or lateral flap or graft site requiring short-term therapy until the operative site is viable.

(g) Coverage for conditions other than those described in (e) above may be considered on an individual basis by the MDO.

10:59-1.15 Apnea monitor

(a) Apnea monitors shall require prior authorization (PA) for initial certification and subsequent recertification.

1. To obtain authorization, providers shall complete the "Home Apnea Monitor Certification" form FD-287 which requires the prescriber's signature. The FD- 287 may be used in lieu of a prescription by suppliers.

(b) Coverage of apnea monitors shall be limited to use by infants not otherwise

monitored for the same purpose by another device.

(c) Reimbursement for apnea monitors is included in the NF's per diem, and shall not be covered separately.

(d) Suppliers shall provide a properly functioning monitor in an environment that assures its safe and effective use.

(e) Apnea monitors shall be reimbursed on a monthly rental basis. The rental payment shall include, but not be limited to, belt lead wires, electrodes, patient connecting cable, and battery, if appropriate.

END OF SUBCHAPTER 1

SUBCHAPTER 2. HCFA COMMON PROCEDURE CODING SYSTEM (HCPCS)

10:59-2.1 Introduction

(a) The New Jersey Medicaid Program utilizes the Health Care Financing Administration's (HCFA) Common Procedure Coding System (HCPCS). HCPCS follows the American Medical Association's Physicians' Current Procedural Terminology-- 4th Edition (CPT-4) architecture, employing a five-position code and as many as two 2-position modifiers. Unlike the CPT-4 numeric design, the HCFA assigned codes and modifiers contain alphabetic characters. HCPCS was developed as a three-level coding system. Level I codes are not applicable to medical supplies and durable medical equipment. The level II and Level III codes are as follows:

1. LEVEL II CODES (Narratives found at N.J.A.C. 10:59-2.3) are assigned by Health Care Financing Administration (HCFA) for physician and non-physician services which are not in CPT-4.

2. LEVEL III CODES (Narratives found in N.J.A.C. 10:59-2.3) are assigned by the Division to be used for those services not identified by CPT-4 codes or HCFA-assigned codes. Level III codes identify services unique to New Jersey.

(b) The responsibilities of the provider of durable medical equipment (DME) and medical supply services for rendering services and requesting reimbursement are listed at N.J.A.C. 10:59-1.

10:59-2.2 Elements of HCPCS Coding System which require the attention of the provider

(a) The list of HCPCS procedure codes in N.J.A.C. 10:55-2.4 is arranged in tabular form with specific information for each code given under columns with the titles "HCPCS Code", "Description", and "Maximum Fee Allowance".

(b) The column titled "Maximum Fee Allowance" indicates the maximum amount of reimbursement or the following symbol:

1. "B.R." (By Report) is 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 provider's invoice or manufacturer's price list to the claim form.

(c) Services and procedures may be modified under certain circumstances. When applicable, the modifying circumstances should be identified by the addition of alphabetic and/or numeric characters at the end of the HCPCS procedure code. The New Jersey Medicaid program's recognized modifier codes for medical supply services are as follows:

1. "NU" Purchase of new Durable Medical Equipment (DME)
2. "UE" Purchase of used DME
3. "RR" DME rental service

10:59-2.3 HCPCS procedure codes and maximum fee allowance schedule for medical supplies and durable medical equipment

HCPCS Code	Description	Maximum Fee Allowance
A4206	Syringe with needle, sterile 1cc	B.R.
A4207	Syringe with needle, sterile 2cc	B.R.
A4208	Syringe with needle, sterile 3cc	B.R.
A4209	Syringe with needle, sterile 5cc or greater	B.R.
A4211	Supplies for self-administered injections	B.R.
A4212	Huber-type needle, each	B.R.
A4213	Syringe, sterile, 20cc or greater	B.R.
A4214	Sterile saline or water, 30 cc vial	0.81/vial
A4215	Needles only, sterile, any size	B.R.
A4230	Infusion set for external insulin pump, non-needle, cannula type	B.R.
A4231	Infusion set for external insulin pump, needle type	B.R.
A4232	Syringe with needle for external insulin pump, sterile 3 cc	B.R.
A4244	Alcohol or peroxide, per pint	B.R.
A4245	Alcohol wipes, per box	B.R.
A4246	Betadine or Phisohex solution, per pint	B.R.
A4247	Betadine or iodine swabs/wipes, per box	B.R.
A4250	Urine test or reagent strips or tablets (100 tablets or strips)	B.R.
A4253	Blood glucose test or reagent strips for home blood glucomitor, per 50 strips	B.R.
A4256	Normal, low and high calibrator solution/chips	B.R.
A4258	Spring powered device for lancet, each	B.R.
A4259	Lancets, per box	B.R.
A4265	Paraffin	B.R.
A4300	Implantable vascular access portal/catheter (venous, arterial, epidural or peritoneal)	B.R.
A4305	Disposable drug delivery system, flow rate of 50 ml or greater per hour	B.R.
A4306	Disposable drug delivery system, flow rate of 5 ml or less per hour	B.R.
A4310	Insertion tray without drainage bag and without catheter (accessories only)	6.61
A4311	Insertion tray without drainage bag with indwelling catheter, foley type, two-way latex with coating (teflon, silicone, silicone elastomer or hydrophilic, etc.)	8.34

A4312	Insertion tray without drainage bag with indwelling catheter, foley type, two-way, all silicone	8.34
A4313	Insertion tray without drainage bag with indwelling catheter, foley type, three-way, for continuous irrigation	8.34
A4314	Insertion tray with drainage bag with indwelling catheter, foley type, two-way latex with coating (teflon, silicone, silicone elastomer or hydrophilic, etc.)	15.46
A4315	Insertion tray with drainage bag with indwelling catheter, foley type, two-way, all silicone	15.46
A4316	Insertion tray with drainage bag with indwelling catheter, foley type, three-way, for continuous irrigation	15.46
A4320	Irrigation tray for bladder irrigation with bulb or piston syringe	5.00
A4322	Irrigation syringe, bulb or piston	2.50
A4323	Sterile saline irrigation solution, 1000 ml.	8.00
A4326	Male external catheter; specialty type (for example, inflatable or faceplate, each)	B.R.
A4327	Female external urinary collection device; metal cup, each	B.R.
A4328	Female external urinary collection device; pouch	10.00
A4329	External catheter starter set, male/female, includes catheters/urinary collection device, bag/pouch and accessories (tubing, clamps, etc.), 7 day supply	39.95
A4330	Perianal fecal collection pouch with adhesive	B.R.
A4335	Incontinence supply; miscellaneous	B.R.
A4338	Indwelling catheter; foley type, two-way latex with coating (such as teflon, silicone, silicone elastomer, or hydrophilic)	8.14
A4340	Indwelling catheter; specialty type, (such as coude, mushroom or wing)	10.00
A4344	Indwelling catheter, foley type, two-way, all silicone	15.52
A4346	Indwelling catheter, foley type, three-way for continuous irrigation	15.00
A4347	Male external catheter with or without	7.29

adhesive, with or without anti-reflux device; per dozen		
A4351 Intermittent urinary catheter; straight tip		5.00
A4352 Intermittent urinary catheter; coude (curved) tip		5.00
A4354 Insertion tray with drainage bag, without catheter		9.00
A4355 Irrigation tubing set for continuous bladder irrigation through a three-way indwelling foley catheter		6.86
A4356 External urethral clamp or compression device (not to be used for catheter clamp)		37.03
A4357 Bedside drainage bag, day or night, with or without anti-reflux device, with or without tube		7.94
A4358 Urinary leg bag; vinyl, with or without tube		7.12
A4359 Urinary suspensory without leg bag		27.00
A4361 Ostomy face plate		6.20
A4362 Skin barrier; solid, 4" x 4" or equivalent; each		5.03
A4363 Skin barrier; liquid (spray, brush, etc.) powder or paste; per oz.		4.07
A4364 Adhesive for ostomy or catheter; liquid (for example, spray or brush) cement, powder or paste; any composition (for example, silicone, latex); per oz.		4.58
A4367 Ostomy belt		6.86
A4397 Irrigation supplies; sleeve		4.50
A4398 Irrigation supplies; bag		2.25
A4399 Irrigation supplies; cone/catheter		11.25
A4400 Ostomy irrigation set		24.61
A4402 Lubricant		1.08
A4404 Ostomy rings	1.22	
A4421 Not otherwise classified ostomy supplies; ureterostomy supplies		B.R.
A4454 Tape, all types, all sizes		B.R.
A4455 Adhesive remover or solvent (for tape, cement or other adhesive)		B.R.
A4460 Elastic bandage, per roll (for example, compression bandage)		B.R.
A4465 Nonelastic binder for extremity		B.R.

A4470	Gravlee jet washer	B.R.
A4480	Vabra aspirator	B.R.
A4550	Surgical trays	B.R.
A4554	Disposable underpads, all sizes (for example, Chux's), each	0.31
A4556	Electrodes (for example, apnea monitor)	B.R.
A4557	Lead wires (for example, apnea monitor)	B.R.
A4558	Conductive paste or gel	B.R.
A4560	Pessary	20.94
A4565	Slings	B.R.
A4570	Splint	B.R.
A4572	Rib belt	B.R.
A4575	Topical hyperbaric oxygen chamber, disposable	B.R.
A4581	Supplies, Risser jacket	B.R.
A4595	TENS supplies, 2 lead, per month	B.R.
A4611	Battery, heavy duty; replacement for patient-owned ventilator	180.00
A4612	Battery cables; replacement for patient-owned ventilator	44.00
A4613	Battery charger; replacement for patient-owned ventilator	B.R.
A4614	Peak expiratory flow rate meter, hand held	B.R.
A4615	Cannula, nasal	7.50
A4616	Tubing (oxygen), per foot	B.R.
A4617	Mouthpiece	5.00
A4618	Breathing circuits	9.15
A4619	Face tent	10.00
A4620	Variable concentration mask	10.00
A4621	Tracheostomy mask or collar	10.17
A4622	Tracheostomy or laryngectomy tube	75.00
A4623	Tracheostomy, inner cannula (replacement only)	6.00
A4624	Tracheal suction catheter, any type, each	2.00
A4625	Tracheostomy care or cleaning starter kit	8.00
A4626	Tracheostomy cleaning brush, each	3.00
A4627	Spacer, bag or reservoir, with or without mask, for use with metered dose inhaler	B.R.
A4628	Oropharyngeal suction catheter, each	B.R.
A4629	Tracheostomy care kit for established tracheostomy	B.R.

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A4630 Replacement batteries for medically necessary TENS, owned by patient	B.R.
A4631 Replacement batteries for medically necessary electronic wheelchair, owned by patient	B.R.
A4635 Underarm pad, crutch, replacement, each	B.R.
A4636 Replacement handgrip, cane, crutch, walker, each	B.R.
A4637 Replacement tip, cane crutch, walker, each	B.R.
A4640 Replacement pad for use with medically necessary alternating pressure pad, owned by patient	B.R.
A4649 Surgical supplies; miscellaneous	B.R.
A4655 Needles and syringes for dialysis	B.R.
A4660 Sphygmomanometer/blood pressure apparatus with cuff and stethoscope	B.R.
A4663 Blood pressure cuff, only	B.R.
A4670 Automatic blood pressure monitor	B.R.
A4700 Standard dialysate solution, each	B.R.
A4705 Bicarbonate dialysate solution, each	B.R.
A4712 Water, sterile	B.R.
A4714 Treated water (deionized, distilled, reverse osmosis) for use in dialysis system	B.R.
A4730 Fistula cannulation set for dialysis only	B.R.
A4735 Local/topical anesthetics for dialysis only	B.R.
A4740 Shunt accessories for dialysis only	B.R.
A4750 Blood tubing, arterial or venous, each	B.R.
A4755 Blood tubing, arterial and venous combined	B.R.
A4760 Dialysate standard testing solution, supplies	B.R.
A4765 Dialysate concentrate additives, each	B.R.
A4770 Blood testing supplies (for example, vacutainers and tubes)	B.R.
A4771 Serum clotting time tube, per box	B.R.
A4772 Dextrostick or glucose test strips, per box	B.R.
A4773 Hemostix, per bottle	B.R.
A4774 Ammonia test paper, per box	B.R.
A4780 Sterilizing agent for dialysis	B.R.

equipment, per gallon	
A4820 Hemodialysis kit supplies	B.R.
A4850 Hemostats with rubber tips for dialysis	B.R.
A4860 Disposable catheter caps	B.R.
A4900 C.A.P.D. (continuous ambulatory peritoneal dialysis), inclusive of all necessary supplies--per month	1,600.00
A4901 C.C.P.D. (continuous cycling peritoneal dialysis), inclusive of all necessary supplies, including the auto-peritoneal dialysis cyler--per month	2,000.00
A4905 Intermittent peritoneal dialysis (IPD) supply kit	B.R.
A4912 Gomco drain bottle	B.R.
A4913 Miscellaneous dialysis supplies, not identified elsewhere	B.R.
A4914 Preparation kits	B.R.
A4918 Venous pressure clamps, each	B.R.
A4919 Dialyzer holder, each	B.R.
A4920 Harvard pressure clamp, each	B.R.
A4921 Measuring cylinder, any size, each	B.R.
A5051 Pouch, closed; with barrier attached (1 piece)	3.05
A5052 Pouch, closed; without barrier attached (1 piece)	3.05
A5053 Pouch, closed; for use on faceplate	3.05
A5054 Pouch, closed; for use on barrier with flange (2 piece)	3.05
A5055 Stoma cap	2.00
A5061 Pouch, drainable; with barrier attached (1 piece)	4.07
A5062 Pouch, drainable; without barrier attached (1 piece)	4.07
A5063 Pouch, drainable; for use on barrier with flange (2 piece system)	4.07
A5064 Pouch, drainable; with faceplate attached; plastic or rubber	4.07
A5065 Pouch, drainable; for use on faceplate; plastic or rubber	4.07
A5071 Pouch, urinary; with barrier attached (1 piece)	4.07
A5072 Pouch, urinary; without barrier attached	4.07

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(1 piece)	
A5073 Pouch, urinary; for use on barrier with flange (2 piece system)	4.07
A5074 Pouch, urinary; with faceplate attached; plastic or rubber	4.07
A5075 Pouch urinary; for use with faceplate; plastic or rubber	4.07
A5081 Continent device; plug for continent stoma	3.50
A5082 Continent device; catheter for continent stoma	11.00
A5093 Ostomy accessory; convex insert	1.65
A5102 Bedside drainage bottle, rigid or expandable	28.00
A5105 Urinary suspensory; with leg bag, with or without tube	31.90
A5112 Urinary leg bag; latex	7.12
A5113 Leg strap; latex, per set	4.00
A5114 Leg strap; foam or fabric, per set	8.95
A5119 Skin barrier; wipes, box per 50	9.50
A5121 Skin barrier; solid, 6' x 6' or equivalent, each	5.03
A5122 Skin barrier; solid, 8' x 8' or equivalent, each	5.03
A5123 Skin barrier; with flange (solid, flexible or accordion), any size, each	6.00
A5126 Adhesive; disc or foam pad	.25
A5131 Appliance cleaner, incontinence and ostomy appliances, 16 oz.	16.25
A5200 Percutaneous catheter/tube anchoring device, adhesive skin attachment	B.R.
A6020 Collagen-based wound dressing, wound cover, each dressing	B.R.
A6154 Wound pouch, each	B.R.
A6196 Alginate dressing, wound cover, pad size 16 sq. in. or less, each	B.R.
A6197 Alginate dressing, wound cover, pad size more than 16 but less than or equal to 48 sq. in., each dressing	B.R.
A6198 Alginate dressing, wound cover, pad size more than 48 sq. in., each dressing	B.R.
A6199 Alginate dressing, wound filler, per 6 inches	B.R.
A6200 Composite dressing, pad size 16 sq. in. or less, without adhesive border, each dressing	B.R.
A6201 Composite dressing, pad size more than 16 sq. in., but less	B.R.

than or equal to 48 sq. in., without adhesive border, each dressing	
A6202 Composite dressing, pad size more than 48 sq. in., without adhesive border, each dressing	B.R.
A6203 Composite dressing, pad size 16 sq. in. or less with any size adhesive border, each dressing	B.R.
A6204 Composite dressing, pad size more than 16 but less than or equal to 48 sq. in., with any size adhesive border, each dressing	B.R.
A6205 Composite dressing, pad size more than 48 sq. in., with any size adhesive border, each dressing	B.R.
A6206 Contact layer, 16 sq. in. or less, each dressing	B.R.
A6207 Contact layer, more than 16 but less than or equal to 48 sq. in., each dressing	B.R.
A6208 Contact layer, more than 48 sq. in., each dressing	B.R.
A6209 Foam dressing, wound cover, pad size 16 sq. in., or less, without adhesive border, each dressing	B.R.
A6210 Foam dressing, wound cover, pad size more than 16 but less than or equal to 48 sq. in., without adhesive border, each dressing	B.R.
A6211 Foam dressing, wound cover, pad size more than 48 sq. in., without adhesive border, each dressing	B.R.
A6212 Foam dressing, wound cover, pad size 16 sq. in. less, with any size adhesive border, each dressing	B.R.
A6213 Foam dressing, wound cover, pad size more than 16 but less than or equal to 48 sq. in. with any size adhesive border, each	B.R.
A6214 Foam dressing, wound cover, pad size more than 48 sq. in., with any size adhesive border, each dressing	B.R.
A6215 Foam dressing, wound filler, per gram	B.R.
A6216 Gauze, non-impregnated, non-sterile, pad size 16 sq. in. or less, without adhesive border, each dressing	B.R.
A6217 Gauze, non-impregnated, non-sterile, pad size more than 16 but less than or equal to 48 sq. in., without adhesive border, each dressing	B.R.
A6218 Gauze, non-impregnated, non-sterile, pad size more than 48 sq. in., without adhesive border, each dressing	B.R.
A6219 Gauze, non-impregnated, pad size 16 sq. in. or less, with any size adhesive border, each dressing	B.R.
A6220 Gauze, non-impregnated, pad size more than 16 but less than or equal to 48 sq. in., with any size adhesive border, each dressing	B.R.

A6221 Gauze, non-impregnated, pad size more than 48 sq. in., with any size adhesive border, each dressing	B.R.
A6222 Gauze, impregnated, other than water or normal saline, pad size 16 sq. in. or less, without adhesive border, each dressing	B.R.
A6223 Gauze, impregnated, other than water or normal saline, pad size more than 16 but less than or equal to 48 sq. in., without adhesive border, each dressing	B.R.
A6224 Gauze, impregnated, other than water or normal saline, pad size more than 48 sq. in., without adhesive border, each dressing	B.R.
A6228 Gauze, impregnated, water or normal saline, pad size 16 sq. in. or less, without adhesive border, each dressing	B.R.
A6229 Gauze, impregnated, water or normal saline, pad size more than 16 but less than or equal to 48 sq. in., without adhesive border, each dressing	B.R.
A6230 Gauze, impregnated, water or normal saline, pad size more than 48 sq. in., without adhesive border, each dressing	B.R.
A6234 Hydrocolloid dressing, wound cover, pad size 16 sq. in. or less, without adhesive border, each dressing	B.R.
A6235 Hydrocolloid dressing, wound cover, pad size more than 16 but less than or equal to 48 sq. in., without adhesive border, each dressing	B.R.
A6236 Hydrocolloid dressing, wound cover, pad size more than 48 sq. in., without adhesive border, each dressing	B.R.
A6237 Hydrocolloid dressing, wound cover, pad size 16 sq. in. or less, with any size adhesive border, each dressing	B.R.
A6238 Hydrocolloid dressing, wound cover, pad size more than 16 but less than or equal to 48 sq. in., with any size adhesive border, each dressing	B.R.
A6239 Hydrocolloid dressing, wound cover, pad size more than 48 sq. in., with any size adhesive border, each dressing	B.R.
A6240 Hydrocolloid dressing, wound filler, paste, per fluid ounce	B.R.
A6241 Hydrocolloid dressing, wound filler, dry form, per gram	B.R.
A6242 Hydrogel dressing, wound cover, pad size 16 sq. in. or less, without adhesive border, each dressing	B.R.
A6243 Hydrogel dressing, wound cover, pad size more than 16 but less than or equal to 48 sq. in., without adhesive border, each dressing	B.R.
A6244 Hydrogel dressing, wound cover, pad size more than 48 sq. in., without adhesive border, each dressing	B.R.
A6245 Hydrogel dressing, wound cover, pad size 16 sq. in. or less,	B.R.

with any size adhesive border, each dressing	
A6246 Hydrogel dressing, wound cover, pad size more than 16 but less than or equal to 48 sq. in., with any size adhesive border, each dressing	B.R.
A6247 Hydrogel dressing, wound cover, pad size more than 48 sq. in., with any size adhesive border, each dressing	B.R.
A6248 Hydrogel dressing, wound filler, gel, per fluid ounce	B.R.
A6249 Hydrogel dressing, wound filler, dry form, per gram	B.R.
A6250 Skin sealants, protectants, moisturizers any type, any size	B.R.
A6251 Specialty absorptive dressing, wound cover, pad size 16 sq. in. or less, without adhesive border, each dressing	B.R.
A6252 Specialty absorptive dressing, wound cover, pad size more than 16 but less than or equal to 48 sq. in., without adhesive border, each dressing	B.R.
A6253 Specialty absorptive dressing, wound cover, pad size more than 48 sq. in., without adhesive border, each dressing	B.R.
A6254 Specialty absorptive dressing, wound cover, pad size 16 sq. in. or less, any size adhesive border, each dressing	B.R.
A6255 Specialty absorptive dressing, wound cover, pad size more than 16 but less than or equal to 48 sq. in., with any size adhesive border, each dressing	B.R.
A6256 Specialty absorptive dressing, wound cover, pad size more than 48 sq. in., with any size adhesive border, each dressing	B.R.
A6257 Transparent film, 16 sq. in. or less, each dressing	B.R.
A6258 Transparent film, more than 16 but less than or equal to 48 sq. in., each dressing	B.R.
A6259 Transparent film, more than 48 sq. in., each dressing	B.R.
A6260 Wound cleansers, any type, any size	B.R.
A6261 Wound filler, not elsewhere classified, gel/paste, per fluid ounce	B.R.
A6262 Wound filler, not elsewhere classified, dry form, per gram	B.R.
A6263 Gauze, elastic, non-sterile, all types, per linear yard	B.R.
A6264 Gauze, non-elastic, non-sterile, per linear yard	B.R.
A6265 Tape, all types, per 18 square inches	B.R.
A6266 Gauze, impregnated, other than water or normal saline, any width, per linear yard	B.R.
A6402 Gauze, non-impregnated, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing	B.R.
A6403 Gauze, non-impregnated, sterile, pad size more than 16 but less than or equal to 48 sq. in., without adhesive border, each dressing	B.R.

A6404 Gauze, non-impregnated, sterile, pad size more than 48 sq. in., without adhesive border, each dressing	B.R.
A6405 Gauze, elastic, sterile, all types, per linear yard	B.R.
A6406 Gauze, non-elastic, sterile, per linear yard	B.R.
B4034 Enteral feeding supply kit; syringe (monthly)	150.00
B4035 Enteral feeding supply kit; pump fed (monthly)	275.00
B4036 Enteral feeding supply kit; gravity fed (monthly)	195.00
B4081 Nasogastric tubing with stylet	16.75
B4082 Nasogastric tubing without stylet	12.98
B4083 Stomach tube--Levine type	1.90
B4084 Gastrostomy/jejunostomy tubing	15.00
B4085 Gastrostomy tube, silicone with sliding ring, each	B.R.
B4150 Enteral formulae; category I: Semi-synthetic intact protein/protein isolates (for example, Enrich, Ensure, Ensure HN, Ensure Powder, Isocal, Lonalac Powder, Meritene, Meritene Powder, Osmolite, Osmolite HN, Portagen Powder, Sustacal, Renu, Sustagen Powder, Travasorb) 1 package = 1 unit	B.R.
B4151 Enteral formulae; category I: Natural intact protein/protein isolates (for example, Compleat B, Vitaneed, Compleat B Modified) 1 package = 1 unit	B.R.
B4152 Enteral formulae; category II: Intact protein/protein isolates (calorically dense) (for example, Magnacal, Isocal HCN, Sustacal HC, Ensure Plus, Ensure Plus HN) 1 package = 1 unit	B.R.
B4153 Enteral formulae; category III: hydrolyzed protein/amino acids (e.g., Criticare HN, Vivonex T.E.N. (Total Enteral Nutrition), Vivonex HN, Precision HN, Precision Isotonic) 1 package = 1 unit	B.R.
B4156 Enteral formulae; category VI: standardized nutrients (Vivonex STD, Precision LR and Tolerex) 1 package = 1 unit	B.R.
B4164 Parenteral nutrition solution:	13.26

carbohydrates (dextrose), 50% or less (500 ml = 1 unit)--home mix		
B4168 Parenteral nutrition solution; amino acid, 3.5%, (500 ml = 1 unit) --home mix		18.59
B4172 Parenteral nutrition solution; amino acid 5.5% through 7% (500 ml = 1 unit)--home mix		30.50
B4176 Parenteral nutrition solution; amino acid, 7% through 8.5% (500 ml = 1 unit)--home mix		43.22
B4178 Parenteral nutrition solution; amino acid, greater than 8.5% (500 ml = 1 unit)		43.22
B4180 Parenteral nutrition solution; carbohydrates, (dextrose), greater than 50% (500 ml = 1 unit)--home mix		18.30
B4184 Parenteral nutrition solution; lipids, 10% with administration set (500 ml = 1 unit)	(12 per month)	60.00
B4186 Parenteral nutrition solution, lipids, 20% with administration set (500 ml = 1 unit)	(12 per month)	80.00
B4189 Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements and vitamins, including preparation, any strength, 10 to 51 grams of protein--premix		133.50
B4193 Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, 52 to 73 grams of protein--premix		172.50
B4197 Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements and vitamins, including preparation, any strength, 74 to 100 grams of protein--premix		210.00
B4199 Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements and vitamins, including preparation, any strength, over 100 grams of protein--premix		252.69

B4216	Parenteral nutrition; additives (vitamins, trace elements, heparin, electrolytes)--home mix	(per day)	11.65
B4220	Parenteral nutrition supply kit for 1 month--premix		182.98
B4222	Parenteral nutrition supply kit for one month--home mix		283.25
B4224	Parenteral nutrition administration kit for 1 month		600.00
B5000	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, renal--Amirosyn RF, NephroAmine, RenAmino--premix		9.28
B5100	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, hepatic--FreAmine HBC, HepatoAmino--premix		3.63
B5200	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, stress--branch chain amino acids--premix		4.94
B9000	Enteral nutrition infusion pump--without alarm		950.00
B9002	Enteral nutrition infusion pump--with alarm		950.00
B9004	Parenteral nutrition infusion pump, portable	per month	\$227.40
B9006	Parenteral nutrition infusion pump, stationary	per month	\$227.40
B9998	Not otherwise classified (NOC) for enteral supplies		B.R.
E0100	Cane, includes canes of all materials, adjustable or fixed with tips		14.97
E0105	Cane, quad or three prong, includes canes of all materials, adjustable or fixed		39.48

with tips	
E0110 Crutches forearm, includes crutches of various materials, adjusted or fixed, complete with tips and handgrips, pair	65.43
E0111 Crutch forearm, includes crutches of various materials, adjustable or fixed, with tip and handgrip, each	57.92
E0112 Crutches underarm, wood, adjustable or fixed, with pads, tips and handgrips, pair	47.46
E0113 Crutch underarm, wood, adjustable or fixed, with pad, tip and handgrip, each	19.51
E0114 Crutches underarm, aluminum, adjustable or fixed, with pads, tips and handgrips, pair	68.56
E0116 Crutch underarm, aluminum, adjustable or fixed, with pad, tip and handgrip, each	18.99
E0130 Walker, rigid (pickup), adjustable or fixed height	55.94
E0135 Walker, folding (pickup), adjustable or fixed height	59.43
E0141 Walker, wheeled, without seat	95.86
E0142 Rigid walker, wheeled, with seat	343.81
E0143 Folding walker, wheeled, without seat	109.05
E0145 Walker, wheeled, with seat and crutch attachments	176.60
E0146 Walker, wheeled, with seat	318.23
E0147 Heavy duty, multiple breaking system, variable wheel resistance walker	206.71
E0153 Platform attachment, forearm crutch, each	55.37
E0154 Platform attachment, walker, each	68.56
E0155 Wheel attachment, rigid pick-up walker	25.62
E0156 Seat attachment, walker	21.09
E0157 Crutch attachment, walker, each	55.37
E0158 Leg extensions, walker	33.74
E0160 Sitz type bath, portable, fits over commode seat	9.50
E0161 Sitz type bath, portable, fits over commode seat, with faucet attachments	52.73
E0162 Sitz bath, chair	B.R.
E0163 Commode chair, stationary, with fixed arms	89.16
E0164 Commode chair, mobile, with fixed arms	210.93

E0165	Commode chair, stationary, with detachable arms	181.01
E0166	Commode chair, mobile, with detachable arms	265.35
E0167	Pail or pan for use with commode chair	10.19
E0175	Foot rest, for use with commode chair, each	44.07
E0176	Air pressure pad or cushion, non-positioning	B.R.
E0177	Water pressure pad or cushion, non-positioning	B.R.
E0178	Gel pressure pad or cushion, non-positioning	B.R.
E0179	Dry pressure pad or cushion, non-positioning	B.R.
E0180	Pressure pad, alternating with pump	240.44
E0181	Pressure pad, alternating with pump, heavy duty	263.73
E0182	Pump for alternating pressure pad	291.08
E0184	Dry pressure mattress	68.56
E0185	Gel pressure pad for mattress	62.22
E0186	Air pressure mattress	B.R.
E0187	Water pressure mattress	B.R.
E0188	Synthetic sheepskin pad	21.09
E0189	Lambswool sheepskin pad, any size	21.09
E0191	Heel or elbow protector, each	10.34
E0192	Low pressure and positioning equalization pad	326.66
E0193	Powered air flotation bed (low air loss therapy)	36.00
E0194	Air fluidized bed	65.20
	(per day)	
E0200	Heat lamp, without stand (table model), includes bulb, or infrared element	36.92
E0202	Phototherapy (bilirubin) light with photometer	B.R.
E0235	Paraffin bath unit, portable (see medical supply code A4265 for paraffin)	194.38
E0236	Pump for water circulating pad	B.R.
E0237	Water circulating heat pad with pump	B.R.
E0241	Bathtub wall rail, each	B.R.
E0242	Bathtub rail, floor base	B.R.
E0243	Toilet rail, each	B.R.

E0244	Raised toilet seat	B.R.
E0245	Tub stool or bench	B.R.
E0246	Transfer tub rail attachment	B.R.
E0249	Pad for water circulating heat unit	124.44
E0250	Hospital bed, fixed height, with any type side rails, with mattress	881.42
E0251	Hospital bed, fixed height, with any type side rails, without mattress	672.33
E0255	Hospital bed, variable height, hi-lo, with any type side rails, with mattress	964.20
E0256	Hospital bed, variable height, hi-lo, with any type side rails, without mattress	B.R.
E0260	Hospital bed, semi-electric (head and foot adjustments), with any type side rails, with mattress	1,542.26
E0261	Hospital bed, semi-electric (head and foot adjustments), with any type side rails, without mattress	B.R.
E0265	Hospital bed, total electric (head, foot, and height adjustments), with any type side rails, with mattress	1,940.52
E0266	Hospital bed, total electric (head, foot, and height adjustments), with any type side rails, without mattress	1,909.20
E0270	Hospital bed, institutional type includes: oscillating, circulating and stryker frame, with mattress	B.R.
E0271	Mattress, inner spring	168.73
E0272	Mattress, foam rubber	155.55
E0273	Bed board	B.R.
E0274	Over-bed table	B.R.
E0275	Bed pan, standard, metal or plastic	15.82
E0276	Bed pan, fracture, metal or plastic	12.60
E0277	Alternating pressure mattress	B.R.
E0280	Bed cradle, any type	29.53
E0290	Hospital bed, fixed height, without side rails, with mattress	B.R.
E0291	Hospital bed, fixed height, without side rails, without mattress	B.R.
E0292	Hospital bed, variable height, hi-lo, without side rails, with mattress	B.R.
E0293	Hospital bed, variable height, hi-lo,	B.R.

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without side rails, without mattress	
E0294 Hospital bed, semi-electric (head and foot adjustments), without side rails, with mattress	B.R.
E0295 Hospital bed, semi-electric (head and foot adjustments), without side rails, without mattress	B.R.
E0296 Hospital bed, total electric (head, foot and height adjustments), without side rails, with mattress	B.R.
E0297 Hospital bed, total electric (head, foot and height adjustments), without side rails, without mattress	B.R.
E0305 Bedside rails, half length	143.77
E0310 Bedside rails, full length	164.74
E0325 Urinal; male, jug-type, any material	6.53
E0326 Urinal; female, jug-type, any material	9.28
E0424 Stationary compressed gaseous oxygen system, rental; includes contents (per unit), regulator, flowmeter, humidifier, nebulizer, cannula or mask and tubing; 1 unit = 50 cubic ft.	250.00 (per month)
E0431 Portable gaseous oxygen system, rental; includes regulator, flowmeter, humidifier, cannula or mask, and tubing	47.33 (per month)
E0434 Portable liquid oxygen system, rental; includes portable container, supply reservoir, humidifier, flowmeter, refill adaptor, contents gauge, cannula or mask, and tubing	47.33 (per month)
E0439 Stationary liquid oxygen system, rental; includes use of reservoir, contents (per unit), regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing; 1 unit = 10 lbs.	250.00 (per month)
E0441 Oxygen contents, gaseous, per unit (for use with owned gaseous stationary systems or when both a stationary and portable gaseous system are owned; 1 unit = 50 cubic ft.)	6.50
E0442 Oxygen contents, liquid, per unit (for use with owned liquid stationary systems or when both a stationary and portable liquid system are owned; 1 unit = 10 lbs.)	14.00
E0443 Portable oxygen contents, gaseous, per unit (for use only with portable gaseous systems	65

when no stationary gas or liquid system is used; 1 unit = 5 cubic ft.)	
E0444 Portable oxygen contents, liquid, per unit (for use only with portable liquid systems when no stationary gas or liquid system is used; 1 unit = 1 lb.)	1.40
E0450 Volume ventilator; stationary or portable	10,546.29
E0452 Intermittent assist device with continuous positive airway pressure device (CPAP)	B.R.
NOTE: Medicaid and NJ KidCare fee-for-service reimbursement, all supplies necessary for the use and maintenance of the device	
E0453 Therapeutic ventilator; suitable for use 12 hours or less per day	B.R.
E0455 Oxygen tent, excluding croup or pediatric tents	B.R.
E0457 Chest shell (cuirass)	414.80
E0459 Chest wrap	539.24
E0460 Negative pressure ventilator; portable or stationary	B.R.
E0462 Rocking bed with or without rails	B.R.
E0480 Percussor, electric or pneumatic, home model	279.47
E0500 IPPB machine, all types, with built-in nebulization; manual or automatic valves; internal or external power source	469.32
E0550 Humidifier, durable for extensive supplemental humidification during IPPB treatments or oxygen delivery	315.33
E0555 Humidifier, durable, glass or autoclavable plastic bottle type, for use with regulator or flowmeter	15.00
E0560 Humidifier, durable for supplemental humidification during IPPB treatment or oxygen delivery	64.64
E0565 Compressor, air power source for equipment which is not self-contained or cylinder driven	506.07
E0570 Nebulizer, with compressor	166.19
E0575 Nebulizer, ultrasonic	732.97
E0580 Nebulizer, durable, glass or autoclavable plastic, bottle type, for use with regulator or flowmeter	121.29

E0585	Nebulizer, with compressor and heater	121.29
E0600	Suction pump, home model, portable	409.72
E0601	Continuous airway pressure (CPAP) device (per month)	126.56
NOTE: Medicaid and NJ KidCare fee-for-service reimbursement, all supplies necessary for the use and maintenance of the device		
E0605	Vaporizer, room type	30.58
E0606	Postural drainage board	158.19
E0607	Home blood glucose monitor	90.00
E0608	Apnea monitor (per month)	200.00
E0609	Blood glucose monitor with special features (for example, voice synthesizers, automatic timers, etc.)	B.R.
E0610	Pacemaker monitor, self-contained (checks battery depletion, includes audible and visible check systems)	336.42
E0615	Pacemaker monitor, self-contained, (checks battery depletion and other pacemaker components, includes digital/visible check systems)	336.42
E0621	Sling or seat, patient lift, canvas or nylon	63.36
E0625	Patient lift, Kartop, bathroom or toilet	B.R.
E0630	Patient lift, hydraulic, with seat or sling	932.66
E0635	Patient lift, electric with seat or sling	770.15
E0650	Pneumatic compressor, nonsegmental home model, (lymphedema pump)	522.05
E0651	Pneumatic compressor, segmental home model, (lymphedema pump) without calibrated gradient pressure	732.97
E0652	Pneumatic compressor, segmental home model, (lymphedema pump) with calibrated gradient pressure	3,374.81
E0655	Nonsegmental pneumatic appliance for use with pneumatic compressor, half arm	83.42
E0660	Nonsegmental pneumatic appliance for use with pneumatic compressor, full leg	137.10

E0665 Nonsegmental pneumatic appliance for use with pneumatic compressor, full arm	89.75
E0666 Nonsegmental pneumatic appliance for use with pneumatic compressor, half leg	131.83
E0667 Segmental pneumatic appliance for use with pneumatic compressor, full leg	258.39
E0668 Segmental pneumatic appliance for use with pneumatic compressor, full arm	226.75
E0669 Segmental pneumatic appliance for use with pneumatic compressor, half leg	B.R.
E0670 Segmental pneumatic appliance for use with pneumatic compressor, half arm	B.R.
E0671 Segmental gradient pressure pneumatic appliance, full leg	B.R.
E0672 Segmental gradient pressure pneumatic appliance, full arm	B.R.
E0673 Segmental gradient pressure pneumatic appliance, half leg	B.R.
E0690 Ultraviolet cabinet, appropriate for home use safety equipment	B.R.
E0700 Safety equipment (for example, belt, harness or vest)	B.R.
E0710 Restraints, any type (body, chest, wrist or ankle)	B.R.
E0720 TENS, two lead, localized stimulation	452.02
E0730 TENS, four lead, larger area/multiple nerve stimulation	448.08
E0731 Form-fitting conductive garment for delivery of TENS or NMES (with conductive fibers separated from the patient's skin by layers of fabric)	B.R.
E0740 Incontinence treatment system, pelvic floor stimulator, monitor, sensor and/or trainer	B.R.
E0744 Neuromuscular stimulator for scoliosis	1,031.82
E0745 Neuromuscular stimulator, electronic shock unit	1,049.36
E0746 Electromyography (EMG), biofeedback device	694.79
E0747 Osteogenesis stimulator (noninvasive)	2,742.04
E0748 Osteogenic stimulator, noninvasive, spinal applications	B.R.
E0755 Electronic salivary reflex stimulator (intraoral/noninvasive)	B.R.
E0776 IV pole	69.74
E0781 Ambulatory infusion pump, single or multiple channels with administrative equipment, worn by patient	B.R.

E0784	External ambulatory infusion pump, insulin	B.R.
E0791	Parenteral infusion pump, stationary, single or multichannel	B.R.
E0840	Traction frame, attached to headboard, simple cervical traction	36.92
E0850	Traction stand, freestanding, simple cervical traction	36.92
E0860	Traction equipment, overdoor, cervical	27.17
E0870	Traction frame, attached to footboard, simple extremity traction (for example, Buck's)	83.84
E0880	Traction stand, freestanding simple extremity traction (for example, Buck's)	68.56
E0890	Traction frame, attached to footboard, simple pelvic traction	80.47
E0900	Traction stand, freestanding simple pelvic traction (for example, Buck's)	80.47
E0910	Trapeze bars, a/k/a patient helper, attached to bed, with grab bar	163.74
E0920	Fracture frame, attached to bed, includes weights	394.43
E0930	Fracture frame, freestanding, includes weights	394.43
E0935	Passive motion exercise device	17.00
	(per day)	
E0940	Trapeze bar, freestanding, complete with grab bar	314.78
E0941	Gravity assisted traction device, any type	384.94
E0942	Cervical head harness/halter	15.82
E0943	Cervical pillow	41.48
E0944	Pelvic belt/harness/boot	32.74
E0945	Extremity belt/harness	36.92
E0946	Fracture, frame, dual with cross bars, attached to bed, (for example, balkan, 4 poster)	894.33
E0947	Fracture frame, attachments for complex pelvic traction	B.R.
E0948	Fracture frame, attachments for complex cervical traction	B.R.
E0950	Tray	82.96
E0951	Loop heel, each	15.04
E0952	Loop toe, each	15.04
E0953	Pneumatic tire, each	92.59

E0954	Semi-pneumatic caster, each	47.46
E0958	Wheelchair attachment to convert any wheelchair to one arm drive	421.32
E0959	Amputee adapter (device used to compensate for transfer of weight due to lost limbs to maintain proper balance)	73.82
E0961	Brake extension, for wheelchair	11.61
E0962	1' cushion, for wheelchair	47.46
E0963	2' cushion, for wheelchair	61.17
E0964	3' cushion, for wheelchair	70.66
E0965	4' cushion, for wheelchair	79.10
E0966	Hook-on headrest extension	51.67
E0967	Wheelchair hand rims with 8 vertical rubber-tipped projections, pair	105.46
E0968	Commode seat, wheelchair	181.39
E0969	Narrowing device, wheelchair	B.R.
E0970	No. 2 footplates, except for elevating leg rest	94.92
E0971	Anti-tipping device wheelchairs	50.28
E0972	Transfer board, wheelchair	B.R.
E0973	Adjustable height detachable arms, desk or full length, wheelchair	91.75
E0974	"Grade-aid" (device to prevent rolling back on an incline) for wheelchair	68.56
E0975	Reinforced seat upholstery, wheelchair	55.89
E0976	Reinforced back, wheelchair, upholstery or other material	55.89
E0977	Wedge cushion, wheelchair	49.57
E0978	Belt, safety with airplane buckle, wheelchair	36.92
E0979	Belt, safety with velcro closure, wheelchair	25.93
E0980	Safety vest, wheelchair	26.37
E0990	Elevating leg rest, each	77.14
E0991	Upholstery seat	36.92
E0992	Solid seat insert	43.49
E0993	Back, upholstery	27.97
E0994	Armrest, each	13.42
E0995	Calf rest, each	21.09
E0996	Tire, solid, each	23.07
E0997	Caster with a fork	56.95
E0998	Caster without fork	31.64

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E0999	Pneumatic tire with wheel	91.75
E1000	Tire, pneumatic caster	49.57
E1001	Wheel, single	92.81
E1031	Rollabout chair, any and all types with castors 5' or greater	B.R.
E1050	Fully-reclining wheelchair, fixed full-length arms, swing away detachable elevating leg rests	1,222.53
E1060	Fully-reclining wheelchair, detachable arms, desk or full-length, swing away detachable elevating leg rests	1,222.53
E1065	Power attachment (to convert any wheelchair to motorized wheelchair (for example, solo)	2,404.55
E1066	Battery charger	242.56
E1069	Deep cycle battery	92.99
E1070	Fully-reclining wheelchair, detachable arms, desk or full-length, swing away detachable foot rest	909.61
E1083	Hemi-wheelchair, fixed full-length arms, swing away detachable elevating leg rests	717.15
E1084	Hemi-wheelchairs, detachable arms, desk or full-length arms, swing away detachable elevating leg rests	1,049.29
E1085	Hemi-wheelchair, fixed full-length arms, swing away detachable foot rests	829.21
E1086	Hemi-wheelchair, detachable arms, desk or full-length, swing away detachable foot rests	1,105.41
E1087	High strength lightweight wheelchair, fixed-full length arms, swing away detachable leg rests	1,152.71
E1088	High strength lightweight wheelchair, detachable arms, desk or full-length, swing away detachable elevating leg rests	1,536.80
E1089	High strength lightweight wheelchair, fixed length arms, swing away detachable foot rest	1,133.99
E1090	High strength lightweight wheelchair, detachable arms, desk or full-length, swing away detachable foot rests	1,499.05
E1091	Youth wheelchair, any type	1,335.05
E1092	Wide heavy duty wheelchair, detachable	1,367.22

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arms, desk or full-length, swing away detachable elevating leg rests	
E1093 Wide heavy duty wheelchair, detachable arms, desk or full-length arms, swing away detachable foot rests	1,255.01
E1100 Semi-reclining wheelchair, fixed full-length arms, swing away detachable elevating leg rests	1,054.63
E1110 Semi-reclining wheelchair, detachable arms, desk or full-length, elevating leg rests	1,139.73
E1130 Standard wheelchair, fixed full-length arms, fixed or swing away detachable foot rests	424.49
E1140 Wheelchair, detachable arms, desk or full-length, swing away detachable foot rests	697.26
E1150 Wheelchair, detachable arms, desk or full-length, swing away detachable elevating leg rests	776.52
E1160 Wheelchair, fixed full-length arms, swing away detachable elevating leg rests	601.55
E1170 Amputee wheelchair, fixed full length arms, swing away detachable elevating leg rests	1,179.70
E1171 Amputee wheelchair, fixed full length arms, without foot rests or leg rests	682.35
E1172 Amputee wheelchair, detachable arms (desk or full-length) without foot rests or leg rests	877.45
E1180 Amputee wheelchair, detachable arms (desk or full-length) swing away detachable foot rests	937.91
E1190 Amputee wheelchair, detachable arms (desk or full-length) swing away detachable elevating leg rests	1,083.63
E1195 Heavy duty wheelchair, fixed full-length arms, swing away detachable elevating leg rests	1,029.11
E1200 Amputee wheelchair, fixed full-length arms, swing away detachable foot rest	807.14
E1210 Motorized wheelchair, fixed full-length arms, swing away detachable elevating	3,646.69

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leg rests	
E1211 Motorized wheelchair, detachable arms (desk or full-length) swing away, detachable elevating leg rests	3,269.35
E1212 Motorized wheelchair, fixed full-length arms, swing away detachable foot rests	2,913.94
E1213 Motorized wheelchair, detachable arms (desk or full-length) swing away detachable foot rests	3,269.35
E1220 Wheelchair; specially sized or constructed (indicate brand name, model number, and justification)	B.R.
E1221 Wheelchair with fixed arm, foot rests	758.38
E1222 Wheelchair with fixed arm, elevating leg rest	955.49
E1223 Wheelchair with detachable arms, foot rests	831.05
E1224 Wheelchair with detachable arms, elevating leg rests	1,174.02
E1225 Semi-reclining back for customized wheelchair	449.27
E1226 Full-reclining back for customized wheelchair	514.66
E1227 Special height arms for wheelchair	221.47
E1228 Special back height for wheelchair	189.83
E1230 Power operated vehicle (three or four wheel nonhighway), specify brand name and model number	1,624.13
E1240 Lightweight wheelchair, detachable arms, (desk or full-length) swing away detachable, elevating leg rest	1,057.14
E1250 Lightweight wheelchair, fixed full-length arms, swing away detachable foot rest	630.67
E1260 Lightweight wheelchair, detachable arms, (desk or full-length)swing away detachable foot rest	870.81
E1270 Lightweight wheelchair, fixed full-length arms, swing away detachable elevating leg rests	727.69
E1280 Heavy duty wheelchair, detachable arms (desk or full-length) elevating	1,272.04

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leg rests		
E1285 Heavy duty wheelchair, fixed full-length arms, swing away detachable foot rest		999.66
E1290 Heavy duty wheelchair, detachable arms (desk or full-length) swing away detachable foot rest		1,386.25
E1295 Heavy duty wheelchair, fixed full-length arms, elevating leg rest		943.05
E1296 Special wheelchair seat height from the floor		282.64
E1297 Special wheelchair seat depth, by upholstery		61.17
E1298 Special wheelchair seat depth and/or width, by construction		304.78
E1300 Whirlpool, portable (overtub type)		B.R.
E1310 Whirlpool, nonportable (built-in type)		3,269.35
E1350 Repair or nonroutine service (for example, breaking down sealed components) requiring the skill of a technician	(per hour)	40.00
E1353 Regulator		B.R.
E1355 Stand/rack		46.67
E1372 Immersion external heater for nebulizer		179.29
E1375 Nebulizer, portable with small compressor, with limited flow		174.02
E1377 Oxygen concentrator, high humidity system equiv. to 244 cu. ft.	(per month)	250.00
E1378 Oxygen concentrator, high humidity system equiv. to 488 cu. ft.	(per month)	250.00
E1379 Oxygen concentrator, high humidity system equiv. to 732 cu. ft.	(per month)	250.00
E1380 Oxygen concentrator, high humidity system equiv. to 976 cu.ft.	(per month)	250.00
E1381 Oxygen concentrator, high humidity system equiv. to 1220 cu. ft.	(per month)	250.00
E1382 Oxygen concentrator, high humidity system		250.00

	equiv. to 1464 cu. ft.	(per month)	
E1383	Oxygen concentrator, high humidity system equiv. to 1708 cu. ft.	(per month)	250.00
E1384	Oxygen concentrator, high humidity system equiv. to 1952 cu. ft.	(per month)	250.00
E1385	Oxygen concentrator, high humidity system equiv. to over 1952 cu. ft.	(per month)	250.00
E1399	Durable medical equipment, miscellaneous		B.R.
E1400	Oxygen concentrator, manufacturer specified maximum flow rate does not exceed 2 liters per minute, at 85 percent or greater concentration	(per month)	250.00
E1401	Oxygen concentrator, manufacturer specified maximum flow rate greater than 2 liters per minute, does not exceed 3 liters per minute, at 85 percent or greater concentration	(per month)	250.00
E1402	Oxygen concentrator, manufacturer specified maximum flow rate greater than 3 liters per minute, does not exceed 4 liters per minute, at 85 percent or greater concentration	(per month)	250.00
E1403	Oxygen concentrator, manufacturer specified maximum flow rate greater than 4 liters per minute, does not exceed 5 liters per minute, at 85 percent or greater concentration	(per month)	250.00
E1404	Oxygen concentrator, manufacturer specified maximum flow rate greater than 5 liters per minute, at 85 percent or greater concentration		B.R.
E1405	Oxygen and water vapor enriching system with heated delivery		B.R.
E1406	Oxygen and water vapor enriching system without heated delivery		B.R.
E1592	Automatic intermittent peritoneal dialysis system		B.R.
E1594	Cycler dialysis machine for peritoneal dialysis		B.R.
E1610	Reverse osmosis water purification system		B.R.
E1615	Deionizer water purification system		B.R.
E1630	Reciprocating peritoneal dialysis system		B.R.
E1632	Wearable artificial kidney		B.R.
E1640	Replacement components for hemodialysis and/or peritoneal dialysis machines that		B.R.

are owned or being purchased by the patient		
E1699 Dialysis equipment, unspecified, by report		B.R.
E1700 Jaw motion rehabilitation system		B.R.
E1701 Replacement cushions for jaw motion rehabilitation system, pkg. of 6		B.R.
E1702 Replacement measuring scales for jaw motion rehabilitation system, pkg. of 200		B.R.
E1800 Dynamic adjustable elbow extension/flexion device		B.R.
E1805 Dynamic adjustable wrist extension/flexion device		B.R.
E1810 Dynamic adjustable knee extension/flexion device		B.R.
E1815 Dynamic adjustable ankle extension/flexion device		B.R.
E1820 Soft interface material, dynamic adjustable extension/flexion device		B.R.
E1825 Dynamic adjustable finger extension/flexion device		B.R.
E1830 Dynamic adjustable toe extension/flexion device		B.R.
K0001 Standard wheelchair	539.00	
K0002 Standard hemi (low seat) wheelchair	870.00	
K0003 Lightweight wheelchair	802.00	
K0004 High strength, lightweight wheelchair	1,385.00	
K0005 Ultra lightweight wheelchair	B.R.	
K0006 Heavy duty wheelchair	1,274.00	
K0007 Extra heavy duty wheelchair	B.R.	
K0008 Custom manual wheelchair/base	B.R.	
K0009 Other manual wheelchair/base	B.R.	
K0010 Standard-weight frame motorized/power wheelchair	3,345.00	
K0011 Standard-weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking		B.R.
K0012 Lightweight portable motorized/power wheelchair		B.R.
K0013 Custom motorized/power wheelchair base		B.R.
K0014 Other motorized/power wheelchair base		B.R.
K0015 Detachable, nonadjustable height armrest, each		157.00
K0016 Detachable, adjustable height armrest, complete assembly, each		100.00
K0017 Detachable, adjustable height armrest, base, each		B.R.
K0018 Detachable, adjustable height armrest,		B.R.

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upper portion, each	
K0019 Arm pad, each	B.R.
K0020 Fixed, adjustable height armrest, pair	B.R.
K0021 Anti-tipping device, each	54.00
K0022 Reinforced back upholstery	43.00
K0023 Solid back insert, planar back, single density foam, attached with straps	B.R.
K0024 Solid back insert, planar back, single density foam, with adjustable hook-on hardware	B.R.
K0025 Hook-on headrest extension	56.00
K0026 Back upholstery for ultra lightweight or high-strength lightweight wheelchair	27.97
K0027 Back upholstery for wheelchair type other than ultra lightweight or high-strength lightweight wheelchair	34.00
K0028 Fully reclining back	472.00
K0029 Reinforced seat upholstery	43.00
K0030 Solid seat insert, planar seat, single density foam	70.00
K0031 Safety belt/pelvic strap	37.00
K0032 Seat upholstery for ultra lightweight or high-strength lightweight wheelchair	36.92
K0033 Seat upholstery for wheelchair type other than ultra lightweight or high-strength lightweight wheelchair	36.92
K0034 Heel loop, each	17.00
K0035 Heel loop with ankle strap, each	B.R.
K0036 Toe loop, each	17.00
K0037 High mount flip-up footrest, each	47.46
K0038 Leg strap, each	B.R.
K0039 Leg strap, H style, each	B.R.
K0040 Adjustable angle footplate, each	B.R.
K0041 Large size footplate, each	B.R.
K0042 Standard size footplate, each	32.00
K0043 Footrest, lower extension tube, each	B.R.
K0044 Footrest, upper hanger bracket, each	B.R.
K0045 Footrest, complete assembly	B.R.
K0046 Elevating legrest, lower extension tube, each	B.R.
K0047 Elevating legrest, upper hanger bracket, each	B.R.

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K0048	Elevating legrest, complete assembly	87.00
K0049	Calf pad, each	23.00
K0050	Ratchet assembly	B.R.
K0051	Cam release assembly, footrest or legrest, each	B.R.
K0052	Swingaway, detachable footrests, each	B.R.
K0053	Elevating footrests, articulating (telescoping), each	B.R.
K0054	Seat width of 10', 11', 12', 15', 17', or 20' for a high strength, lightweight or ultra lightweight wheelchair	B.R.
K0055	Seat depth of 15', 17', or 18' for a high strength lightweight or ultra lightweight wheelchair	B.R.
K0056	Seat height less than 17' or less than or equal to 21' for a high strength, lightweight or ultra lightweight wheelchair	83.00
K0057	Seat width 19' or 20' for heavy duty or extra heavy duty chair	107.00
K0058	Seat depth 17' or 18' for motorized/ power wheelchair	52.00
K0059	Plastic coated handrim, each	B.R.
K0060	Steel handrim, each	B.R.
K0061	Aluminum handrim, each	B.R.
K0062	Handrim with 8-10 vertical or oblique projections, each	53.00
K0063	Handrim with 12-16 vertical or oblique projections, each	B.R.
K0064	Zero pressure tube (flat free inserts), any size, each	B.R.
K0065	Spoke protectors	B.R.
K0066	Solid tire, any size, each	25.00
K0067	Pneumatic tire, any size, each	35.00
K0068	Pneumatic tire tube, each	B.R.
K0069	Rear wheel assembly, complete with solid tire, spokes or molded, each	87.00
K0070	Rear wheel assembly, complete, with pneumatic tire, spokes or molded, each	158.00
K0071	Front caster assembly, complete, with pneumatic tire, each	B.R.
K0072	Front caster assembly, complete, with semi-pneumatic tire, each	57.00

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K0073 Caster pinlock, each	B.R.
K0074 Pneumatic caster tire, any size, each	31.00
K0075 Semi-pneumatic caster tire, any size, each	47.46
K0076 Solid caster tire, any size, each	B.R.
K0077 Front caster assembly, complete, with solid tire, each	B.R.
K0078 Pneumatic caster tire tube, each	B.R.
K0079 Wheel lock extension, pair	43.00
K0080 Anti-rollback device, pair	136.00
K0081 Wheel lock assembly, complete, each	B.R.
K0082 22 NF deep cycle lead acid battery, each	92.99
K0083 22 NF gel cell battery, each	B.R.
K0084 Group 24 deep cycle lead acid battery, each	B.R.
K0085 Group 24 gel cell battery, each	B.R.
K0086 U-1 lead acid battery, each	92.99
K0087 U-1 gel cell battery, each	B.R.
K0088 Battery charger, lead acid or gel cell	242.56
K0089 Battery charger, dual mode	B.R.
K0090 Rear wheel tire for power wheelchair, any size, each	B.R.
K0091 Rear wheel tire tube other than zero pressure for power wheelchair, any size, each	B.R.
K0092 Rear wheel assembly for power wheelchair, complete, each	B.R.
K0093 Rear wheel zero pressure tire tube (flat free insert) for power wheelchair, any size, each	B.R.
K0094 Wheel tire for power base, any size, each	B.R.
K0095 Wheel tire tube other than zero pressure for each base, any size, each	B.R.
K0096 Wheel assembly for power base, complete, each	B.R.
K0097 Wheel zero pressure tire tube (flat free insert) for power base, any size, each	B.R.
K0098 Drive belt for power wheelchair	B.R.
K0099 Front caster for power wheelchair	B.R.
K0100 Amputee adapter, pair	77.00
K0101 One-arm drive attachment	449.00

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K0102	Crutch and cane holder	B.R.
K0103	Transfer board, less than 25 inches	B.R.
K0104	Cylinder tank carrier	B.R.
K0105	IV hanger	B.R.
K0106	Arm trough, each	B.R.
K0107	Wheelchair tray	89.00
K0108	Other accessories	B.R.
K0109	Customization of wheelchair base frame (options or accessories)	B.R.
K0112	Trunk support device, vest type, with inner frame, prefabricated	B.R.
K0113	Trunk support device, vest type, without inner frame, prefabricated	B.R.
K0114	Back support system for use with a wheelchair, with inner frame, prefabricated	B.R.
K0115	Orthotic seating system, back module, posterior--lateral control, with or without lateral supports, custom fabricated, for attachment to wheelchair base	B.R.
K0116	Orthotic seating system, combined back and seat module, custom fabricated, for attachment to wheelchair base	B.R.
K0126	Replace soft interface material, multi-podus type splint	B.R.
K0127	Replace soft interface material, ankle contracture splint	B.R.
K0128	Replace soft interface material, foot drop splint	B.R.
K0129	Ankle contracture splint	B.R.
K0130	Foot drop splint, recumbent positioning device	B.R.
K0137	Skin barrier; liquid (spray brush, etc.) per oz.	B.R.
K0138	Skin barrier; paste, per oz.	B.R.
K0139	Skin barrier, powder, per oz.	B.R.
K0152	Pastes, powders, granules, beads, contact layers	B.R.
K0163	Vacuum erection system tracheostomy	B.R.
K0168	Administration set, small volume pneumatic nebulizer, disposable	B.R.

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K0169 Small volume nonfiltered pneumatic nebulizer, disposable	B.R.
K0170 Administration set, small volume non-filtered pneumatic nebulizer, non-disposable	B.R.
K0171 Administration set, small volume nonfiltered pneumatic nebulizer	B.R.
K0172 Large volume nebulizer, disposable, unfilled, used with aerosol compressor	B.R.
K0173 Large volume nebulizer, disposable, prefilled, used with aerosol compressor	B.R.
K0174 Reservoir bottle, non-disposable, used with large volume ultrasonic nebulizer	B.R.
K0175 Corrugated tubing, disposable, used with large volume nebulizer, 100 feet	B.R.
K0176 Corrugated tubing, non-disposable, used with large volume nebulizer, 100 feet	B.R.
K0177 Water collection device, used with large volume nebulizer	B.R.
K0178 Filter, disposable, used with aerosol compressor	B.R.
K0179 Filter, non-disposable, used with aerosol compressor or ultrasonic generator	B.R.
K0180 Aerosol mask, used with DME nebulizer	B.R.
K0181 Dome and mouthpiece, used with small volume ultrasonic nebulizer	B.R.
K0182 Water, distilled, used with large volume nebulizer, 1000 ml	B.R.
K0183 Nasal application device, used with CPAP device	B.R.
K0184 Nasal pillows/seals, replacement for nasal application device, pair	B.R.
K0185 Headgear, used with CPAP device	B.R.
K0186 Chin strap, used with CPAP device	B.R.
K0187 Tubing, used with CPAP device	B.R.
K0188 Filter, disposable, used with CPAP device	B.R.
K0189 Filter, non-disposable, used with CPAP device	B.R.
K0190 Canister, disposable, used with suction pump	B.R.
K0191 Canister, non-disposable, used with	B.R.

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suction pump	
K0192 Tubing, used with suction pump	B.R.
K0193 Continuous positive airway pressure (CPAP) device, with humidifier	B.R.
K0194 Intermittent assist device with continuous positive airway pressure (CPAP), with humidifier	B.R.
K0195 Elevating leg rest, pair (for use with capped rental wheelchair base)	B.R.
K0249 Hydrogel dressing, wound filler, dry form, per gram	B.R.
K0268 Humidifier, used with CPAP device	B.R.
K0277 Skin barrier; solid 4x4 or equivalent, with built-in convexity, each	B.R.
K0278 Skin barrier; with flange (solid, flexible or accordion), with built-in convexity, any size, each	B.R.
K0280 Extension drainage tubing, any type, any length, with connector/adaptor, for use with urinary leg bag or urostomy pouch, each	B.R.
K0281 Lubricant, individual sterile packet, for insertion of urinary catheter, each	B.R.
K0283 Saline solution, per 10 ML, metered dose dispenser, for use with inhalation drugs	B.R.
K0284 External infusion pump, mechanical, reusable, for extended drug infusion	B.R.
K0400 Adhesive skin support attachment for use with external Breast prosthesis, each	B.R.
K0401 For diabetics only, deluxe feature of off-the-shelf depth inlay shoe or custom molded shoe, per shoe	B.R.
K0407 Urinary catheter anchoring device, adhesive skin attachment	B.R.
K0408 Urinary catheter anchoring device, leg strap	B.R.
K0409 Sterile water irrigation solution, 1000 ML	B.R.
K0410 Male external catheter, with adhesive coating, each	B.R.
K0411 Male external catheter, with adhesive strip, each	B.R.
K0413 Non-powdered adjustable zone pressure reducing overlay	B.R.
K0414 Powered overlay for mattress	B.R.
K0417 External infusion pump, mechanical reusable, for short term during infusion plastic	B.R.
K0456 Hospital bed, heavy duty, extra wide, with any type side rails, with mattress	B.R.
K0457 Extra wide/heavy duty commode chair, each	B.R.

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K0458	Heavy duty walker, without wheels, each	B.R.
K0459	Heavy duty wheeled walker, each	B.R.
K0460	Power add-on, to convert manual wheelchair to motorized wheel chair, joystick control	B.R.
K0461	Power add-on, to convert manual wheelchair to motorized wheel chair, tiller control	B.R.
L0210	Thoracic rib belt, custom fitted	13.20
L0300	Thoracic-lumbar-sacral-orthoses (TLSO), flexible (dorso-lumbar surgical support), custom fitted	101.68
L0315	TLSO, flexible dorso-lumbar surgical support	120.00
L0500	Lumbar-sacral-orthoses (LSO), flexible, (lumbo-sacral surgical supports), custom fitted	77.28
L0515	LSO, flexible (lumbo-sacral surgical support), elastic type, with rigid posterior panel	69.16
L0600	Sacroiliac, flexible (sacroiliac surgical support), custom fitted	40.72
L0900	Torso support, ptosis support, custom fitted	102.11
L0920	Torso support, pendulous abdomen support, custom fitted	118.36
L0940	Torso support, postsurgical support, custom fitted	110.18
L0960	Torso support, postsurgical support pads, for postsurgical support	48.71
L0974	TLSO, full corset	88.20
L0976	LSO, full corset	103.88
L0980	Peroneal straps, pair	11.33
L0982	Stocking supporter grips, set of four (4)	9.60
L1600	Hip orthoses (HO), abduction control of hip joints, flexible, Frejka type with cover	40.32
L1610	HO, abduction control of hip joints, flexible, flexible, (Frejka cover only)	25.00
L1620	HO, abduction control of hip joints, flexible, (Pavlik harness)	75.00
L1800	Knee orthosis (KO), elastic with stays	32.56
L1810	KO, elastic with joints	61.04

L1815	KO, elastic with condylar pads	63.19
L1820	KO, elastic with condyle pads and joints	72.40
L1825	KO, elastic knee cap	28.00
L1830	KO, immobilizer; canvas longitudinal	52.88
L1902	AFO, ankle gauntlet, custom fitted	48.81
L1906	AFO, multiligamentous ankle support	75.00
L3201	Orthopedic shoe, oxford with supinator or pronator, infant	48.00
L3202	Orthopedic shoe, oxford with supinator or pronator, child	48.00
L3203	Orthopedic shoe, oxford with supinator or pronator, junior	48.00
L3204	Orthopedic shoe, hightop with supinator or pronator, infant	48.00
L3206	Orthopedic shoe, hightop with supinator or pronator, child	48.00
L3207	Orthopedic shoe, hightop with supinator or pronator, junior	48.00
L3208	Surgical boot, each, infant	24.00
L3209	Surgical boot, each, child	24.00
L3211	Surgical boot, each, junior	24.00
L3212	Benesch boot, pair, infant	48.00
L3213	Benesch boot, pair, child	48.00
L3214	Benesch boot, pair, junior	48.00
L3215	Orthopedic footwear, woman's shoes, oxford	76.00
L3216	Orthopedic footwear, woman's shoes, depth inlay	100.00
L3217	Orthopedic footwear, woman's shoes, hightop, depth inlay	116.00
L3218	Orthopedic footwear, woman's surgical boot, each	64.00
L3219	Orthopedic footwear, man's shoes, oxford	76.00
L3221	Orthopedic footwear, man's shoes, depth inlay	100.00
L3222	Orthopedic footwear, man's shoes, hightop, depth inlay	116.00
L3223	Orthopedic footwear, man's surgical boot, each	64.00
L3253	Foot, molded shoe Plastazote (or similar), custom fitted, each	112.00

L3254 Nonstandard size or width	20.00
L3255 Nonstandard size or length	20.00
L3257 Orthopedic footwear, additional charge for split size	50.00
L3260 Ambulatory surgical boot, each	88.00
L3265 Plastazote sandal, each	56.00
L3300 Lift, elevation, heel, tapered to metatarsals, per inch	64.00
L3310 Lift, elevation, heel and sole, neoprene, per inch	64.00
L3320 Lift, elevation, heel and sole, cork, per inch	100.00
L3332 Lift, elevation, inside shoe, tapered, up to one-half inch	44.00
L3334 Lift, elevation, heel, per inch	36.00
L3340 Heel wedge, sach	10.40
L3350 Heel wedge	12.00
L3360 Sole wedge, outside sole	12.00
L3370 Sole wedge, between sole	14.40
L3380 Clubfoot wedge	12.00
L3390 Outflare wedge	16.00
L3400 Metatarsal bar wedge, rocker	16.00
L3410 Metatarsal bar wedge, between sole	16.00
L3420 Full sole and heel wedge, between sole	24.00
L3430 Heel, counter, plastic reinforced	24.00
L3440 Heel, counter, leather reinforced	24.00
L3450 Heel, Sach cushion type	64.00
L3455 Heel, new leather, standard	8.00
L3460 Heel, new rubber, standard	8.00
L3465 Heel, Thomas with wedge	20.00
L3470 Heel, Thomas extended to ball	24.00
L3480 Heel, pad and depression for spur	16.00
L3485 Heel, pad, removable for spur	32.00
L3500 Miscellaneous shoe addition, insole, leather	4.00
L3510 Miscellaneous shoe addition, insole, rubber	8.00
L3520 Miscellaneous shoe additions, insole, felt covered with leather	8.00
L3530 Miscellaneous shoe addition, sole, half	12.00
L3540 Miscellaneous shoe addition, sole,	36.00

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full	
L3550 Miscellaneous shoe addition, toe tap, standard	4.00
L3560 Miscellaneous shoe addition, toe tap, horseshoe	6.40
L3570 Miscellaneous shoe addition, special extension to instep (leather with eyelets)	152.00
L3580 Miscellaneous shoe addition, convert instep to velcro closure	13.60
L3590 Miscellaneous shoe addition, convert firm shoe counter to soft counter	28.00
L3595 Miscellaneous shoe addition, March bar	12.00
L3600 Transfer of an orthosis from one shoe to another, caliper plate, existing	48.00
L3610 Transfer of an orthosis from one shoe to another, caliper plate, new	76.00
L3620 Transfer of an orthosis from one shoe to another, solid stirrup, existing	39.04
L3630 Transfer of an orthosis from one shoe to another, solid stirrup, new	6.00
L3640 Transfer of an orthosis from one shoe to another, Dennis Browne splint (Riveton), both shoes	28.00
L3649 Unlisted procedures for foot orthopedic shoes, shoe modifications and transfers	B.R.
L3800 Wrist-hand-finger-orthoses (WHFO), short opponens, no attachments	124.28
L3908 WHFO, wrist extension control cock-up, nonmolded	50.13
L3914 WHFO, wrist extension cock-up	60.00
L3916 WHFO, wrist extension cock-up, with outrigger	72.00
L8000 Breast prosthesis, mastectomy bra	B.R.
L8010 Breast prosthesis, mastectomy sleeve	40.56
L8020 Breast prosthesis, mastectomy form	132.00

L8030 Breast prosthesis, silicone or equal	B.R.
L8100 Elastic support, elastic stocking, below knee, medium weight, each	24.00
L8110 Elastic support, elastic stocking, below knee, heavy weight, each	30.40
L8120 Elastic support, elastic stocking, below knee, surgical weight, (Linton type or equal), each	32.00
L8130 Elastic support, elastic stocking, above knee, medium weight, each	33.60
L8140 Elastic support, elastic stocking, above knee, heavy weight, each	36.00
L8150 Elastic support, elastic stocking, above knee, surgical weight, (Linton type or equal), each	44.00
L8160 Elastic support, elastic stocking, full-length, medium weight, each	40.00
L8170 Elastic support, elastic stocking, full-length, heavy weight, each	48.00
L8180 Elastic support, elastic stocking, full-length, heavy surgical weight (Linton type or equal), each	52.00
L8190 Elastic support, elastic stocking, leotards, medium weight, each	108.00
L8200 Elastic supports, elastic stocking, leotards surgical weight (Linton type), each	120.00
L8210 Elastic support, elastic stocking, custom-made	B.R.
L8220 Elastic support, elastic stocking, lymphedema	B.R.
L8230 Elastic support, elastic stocking, garter belt	B.R.
L8300 Truss, single with standard pad	51.28
L8310 Truss, double with standard pads	101.68
L8320 Truss, addition to standard pad, water pad	24.00
L8330 Truss, addition to standard pad, scrotal pad	33.65
L8400 Prosthetic sheath, below knee, each	12.00
L8410 Prosthetic sheath, above knee, each	12.00
L8415 Prosthetic sheath, upper limb, each	11.20

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L8420	Prosthetic sock, wool, below knee, each	14.94
L8430	Prosthetic sock, wool, above knee, each	18.40
L8435	Prosthetic sock, wool, upper limb, each	8.14
L8440	Prosthetic shrinker, below knee, each	33.60
L8460	Prosthetic shrinker, above knee, each	41.60
L8465	Prosthetic shrinker, upper limb, each	33.60
L8470	Stump sock, single ply, fitting, below knee, each	2.52
L8480	Stump sock, single ply, fitting, above knee, each	2.52
X4810	Velcro straps, attached to a pair of shoes, per pair	14.00
X4850	Space shoe rubber raise for shoe: 1/4 ' raise	8.00
X4851	Space shoe rubber raise for shoe: 1/2 ' raise	9.00
X4852	Space shoe rubber raise for shoe: 3/4 ' raise	13.00
X4853	Space shoe rubber raise for shoe: 1' raise	20.00
X4854	Space shoe rubber raise for shoe: Each addition 1/2 ' raise	8.00
X4890	Foot casting	50.00
X4891	Foot, ankle casting	65.00
X4892	Foot, ankle, shin casting	70.00
X6005	Two piece flange, stoma size: 4' and two piece flange, stoma size: 3 1/4 ', "picture frame" design	4.70/unit
X6460	Ostomy deodorant	B.R.
X7200	Hypodermic syringes over 5cc	B.R.
X7300	Rectal syringes	B.R.
X7520	Disposable briefs/diapers, any size	\$0.70/un-
X7533	Adult diapers/briefs with elasticized waistbands, large or extra	\$0.90/un-
X8200	Augmentative communication device	B.R.
X8334	Parenteral infusion by gravity (includes parenteral therapy supplies and base solution cost)	\$39.00/d- ay
X8335	Parenteral infusion by disposable pump (includes supplies and base solution cost)	\$39.00/d- ay
X8336	Parenteral infusion with external ambulatory infusion pump and administration equipment (includes pump, supplies and ay base solution cost)	\$60.00/d-

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X8337	Parenteral line maintenance (includes all supplies Necessary)	\$8.00/day
X8338	Elastomeric infusion system (disposable pumps)	19.85
	(per pump)	
X8339	Gloves, sterile, each	30
X8433	Gloves, non-sterile, each	.09
X8434	Parenteral infusion with external stationary pump and administration equipment (includes pump, supplies and base solution cost)	\$39.00/day

**NEW JERSEY ADMINISTRATIVE CODE
TITLE 10. DEPARTMENT OF HUMAN SERVICES
CHAPTER 59. MEDICAL SUPPLIER MANUAL
APPENDIX A**

Current through July 16, 2001;33 N.J. Reg. No. 14

SERVICE STATUS AND PA REQUIREMENTS FOR HCPCS CODES

AGENCY NOTE: Appendix A includes certain values for service status and Prior Authorization (PA) as defined below.

Rental Indicator Values

N = cannot be rented;
D = can only be rented daily (1 unit = 1 day); and
M = can be rented monthly (1 unit = 1 month)

Purchase Indicator Values

N = cannot be purchased;
D = DME item which can be purchased;
M = medical supply or service which cannot be rented; and
P = Prosthetic or orthotic which cannot be rented

Prior Authorization Values

A = prior authorization required; and
N = prior authorization not required

Notations

For example, common medical supply items will have a Rental Indicator Value of "N," and a Purchase Indicator Value of "M." By definition, these items cannot be rented.

For example, common DME will have a Rental Indicator Value of "M," and a Purchase Indicator Value of "D." By definition, these items can be both rented or purchased.

Claims for rental services shall include the procedure code modifier "PR." In addition, claims for purchases of medical supplies and DME include the procedure code modifier "NU."

PROC CODE	IND	DME RENT IND	DME PURCH	PA IND
A4206	N	M	N	
A4207	N	M	N	
A4208	N	M	N	
A4209	N	M	N	
A4210	N	D	N	
A4211	N	M	N	
A4212	N	M	N	
A4213	N	M	N	
A4214	N	M	N	
A4215	N	M	N	
A4230	N	M	A	
A4231	N	M	A	
A4232	N	M	A	
A4244	N	M	N	
A4245	N	M	N	
A4246	N	M	N	
A4247	N	M	N	
A4250	N	M	N	
A4253	N	M	A	
A4256	N	M	N	
A4258	N	M	N	
A4259	N	M	N	
A4265	N	M	N	
A4300	N	M	N	
A4305	N	M	A	
A4306	N	M	N	
A4310	N	M	N	
A4311	N	M	N	
A4312	N	M	N	

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A4313	N	M	N
A4314	N	M	N
A4315	N	M	N
A4316	N	M	N
A4320	N	M	N
A4322	N	M	N
A4323	N	M	N
A4326	N	M	A
A4327	N	M	A
A4328	N	M	A
A4329	N	M	A
A4330	N	M	N
A4335	N	M	N
A4338	N	M	A
A4340	N	M	A
A4344	N	M	A
A4346	N	M	A
A4347	N	M	A
A4351	N	M	A
A4352	N	M	A
A4354	N	M	A
A4355	N	M	A
A4356	N	M	A
A4357	N	M	A
A4358	N	M	A
A4359	N	M	A
A4361	N	M	N
A4362	N	M	N
A4363	N	M	N
A4364	N	M	N
A4367	N	M	N
A4397	N	M	N
A4398	N	M	N
A4399	N	M	N
A4400	N	M	N
A4402	N	M	N
A4404	N	M	N
A4421	N	M	N
A4454	N	M	N
A4455	N	M	N
A4460	N	M	N
A4465	N	M	N

A4470			N	D	N
A4480			N	D	N
A4550			N	M	N
A4554			N	M	A
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**Division of Medical Assistance and Health Services
MEDICAL SUPPLIER SERVICES MANUAL**

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February 20, 2001**

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L3480	N	P	N
L3485	N	P	N
L3500	N	P	N
L3510	N	P	N
L3520	N	P	N
L3530	N	P	N
L3540	N	P	N
L3550	N	P	N
L3560	N	P	N
L3570	N	P	N
L3580	N	P	N
L3590	N	P	N
L3595	N	P	N
L3600	N	P	N
L3610	N	P	N
L3620	N	P	N
L3630	N	P	N
L3640	N	P	N
L3649	N	P	N
L3650	N	P	N
L3660	N	P	N
L3670	N	P	N
L3700	N	P	N
L3800	N	P	N
L3908	N	P	N
L3914	N	P	N
L3916	N	P	N
L4200	N	P	N
L4350	N	P	N
L4360	N	P	N
L4370	N	P	N

L4380	N	P	N
L5000	N	P	N
L5270	N	P	N
L5300	N	P	N
L6500	N	P	N
L8000	N	P	N
L8010	N	P	N
L8020	N	P	N
L8030	N	P	N
L8100	N	P	N
L8110	N	P	N
L8120	N	P	N
L8130	N	P	N
L8140	N	P	N
L8150	N	P	N
L8160	N	P	N
L8170	N	P	N
L8180	N	P	N
L8190	N	P	N
L8200	N	P	N
L8210	N	P	N
L8220	N	P	N
L8230	N	P	N
L8300	N	P	N
L8310	N	P	N
L8320	N	P	N
L8330	N	P	N
L8400	N	P	N
L8410	N	P	N
L8415	N	P	N
L8420	N	P	N
L8430	N	P	N
L8435	N	P	N
L8440	N	P	N
L8460	N	P	N
L8465	N	P	N
L8470	N	P	N
L8480	N	P	N
X0003	N	P	N
X3610	N	P	N
X3680	N	P	N
X4280	N	P	N

X4290	N	P	N
X4800	N	P	A
X4801	N	P	A
X4802	N	P	A
X4803	N	P	A
X4804	N	P	A
X4805	N	P	A
X4810	N	P	A
X4850	N	P	A
X4851	N	P	A
X4852	N	P	A
X4853	N	P	A
X4854	N	P	A
X4890	N	P	A
X4891	N	P	A
X4892	N	P	A
X6006	N	M	A
X6460	N	M	A
X7200	N	M	N
X7300	N	M	N
X7520	N	M	A
X7533	N	M	A
X8200	M	D	N
X8334	N	M	A
X8335	N	M	A
X8336	N	M	A
X8337	N	M	A
X8338	N	M	A
X8339	N	M	A
X8433	N	M	A
X8434	N	M	A

**NEW JERSEY ADMINISTRATIVE CODE
TITLE 10. DEPARTMENT OF HUMAN SERVICES
CHAPTER 59. MEDICAL SUPPLIER MANUAL
APPENDIX B
Current through July 16, 2001; 33 N.J. Reg. No. 14**

FISCAL AGENT BILLING SUPPLEMENT

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Quakerbridge Plaza, Building 9
PO Box 049
Trenton, New Jersey 08625-0049