N.J.A.C. 10:54

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 56 No. 3, February 5, 2024

NJ - New Jersey Administrative Code > TITLE 10. HUMAN SERVICES > CHAPTER 54. PHYSICIAN SERVICES

Title 10, Chapter 54 -- Chapter Notes

Statutory Authority

CHAPTER AUTHORITY:

N.J.S.A. 30:4D-1 et seq., and 30:4J-8 et seq.

History

CHAPTER SOURCE AND EFFECTIVE DATE:

Effective: April 29, 2019.

See: 51 N.J.R. 877(a).

CHAPTER HISTORICAL NOTE:

Chapter 54, Manual for Physician's Services, was adopted and became effective prior to September 1, 1969.

Subchapter 3, Procedure Code Manual, was repealed, and Subchapter 4, HCFA Common Procedure Coding System (HCPCS), was adopted as new rules by R.1986 d.52, effective March 3, 1986. See: 17 N.J.R. 1519(b), 18 N.J.R. 478(a).

Pursuant to Executive Order No. 66(1978), Chapter 54, Manual for Physician's Services, was readopted as R.1991 d.136, effective February 15, 1991. See: 22 N.J.R. 3711(b), 23 N.J.R. 858(a).

Chapter 54, Manual for Physician's Services, was repealed, and Chapter 54, Physician Services, was adopted as new rules by R.1996 d.66, effective February 5, 1996. See: 27 N.J.R. 4576(a), 28 N.J.R. 902(b).

Pursuant to Executive Order No. 66(1978), Chapter 54, Physician Services, was readopted as R.2001 d.51, effective January 12, 2001. See: 32 N.J.R. 3929(a), 33 N.J.R. 555(a).

Chapter 54, Physician Services, was readopted as R.2006 d.237, effective May 30, 2006. See: 38 N.J.R. 907(a), 38 N.J.R. 2803(a).

In accordance with N.J.S.A. 52:14B-5.1b, Chapter 54, Physician Services, was scheduled to expire on May 30, 2013. See: 43 N.J.R. 1203(a).

Chapter 54, Physician Services, was readopted as R.2012 d.124, effective June 5, 2012. See: 43 N.J.R. 1477(a), 44 N.J.R. 1884(a).

Chapter 54, Physician Services, was readopted, effective April 29, 2019. See: Source and Effective Date.

Annotations

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Research References & Practice Aids

CHAPTER EXPIRATION DATE:

Chapter 54, Physician Services, expires on April 29, 2026.

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N.J.A.C. 10:54-1.1

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§ 10:54-1.1 Purpose and scope

(a) The Physician Services chapter outlines the policies and procedures of the New Jersey Medicaid/NJ FamilyCare program for a physician who prescribes, provides directly, or personally directs medically necessary health services to Medicaid/NJ FamilyCare beneficiaries. The policies and procedures in this chapter foster the delivery of services in the most efficient and cost effective manner consistent with good medical practice.

(b) As a Medicaid/NJ FamilyCare provider, the physician may also participate in special programs, such as the HealthStart (Maternity and Pediatric Services), and managed health care, which is provided to designated beneficiaries in selected counties, in accordance with the provisions of *N.J.A.C. 10:49-20* and 10:74, respectively.

(c) Medicaid/NJ FamilyCare rules regarding physicians who have a collaborative arrangement with advanced practice nurses (APNs) may be found in the New Jersey Administrative Code at *N.J.A.C. 10:58A*. Medicaid/NJ FamilyCare rules regarding physicians who employ APNs may be found in *N.J.A.C. 10:54* (this chapter).

(d) Medicaid/NJ FamilyCare rules covering independent certified nurse midwives (CNM) may be found in the New Jersey Administrative Code at *N.J.A.C. 10:58*. Medicaid/NJ FamilyCare rules regarding physicians who employ CNMs may be found in *N.J.A.C. 10:54* (this chapter).

History

HISTORY:

Amended by R.2001 d.51, effective February 5, 2001.

See: *32 New Jersey Register 3929(a)*, *33 New Jersey Register 555(a)*.

In (a), substituted "beneficiaries" for "recipients" following "services to Medicaid"; in (b), deleted a reference to Garden State Health Plan and substituted "beneficiaries" for "recipients" preceding "in selected counties".

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

See: *36 New Jersey Register 312(a)*, *36 New Jersey Register 4136(a)*.

In (c), substituted references to APNs for references to CNPs/CNSs throughout; inserted references to NJ FamilyCare throughout.

Annotations

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N.J.A.C. 10:54-1.2

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§ 10:54-1.2 Definitions

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

"APN" means an advanced practice nurse, as that term is defined at N.J.A.C. 10:58A-1.2.

"Appropriate State agency" means an agency that has a letter of agreement with the New Jersey Medicaid program that includes permission to request medical consultations that are consistent with good medical practice.

"Bundled drug service" means a drug that is marketed or distributed by the manufacturer or distributor as a combined package which includes the cost of the drug product and ancillary services such as, but not limited to, case management services and laboratory testing.

"Certified Nurse Midwife (C.N.M.)" means a registered professional nurse who:

1. Is licensed by the New Jersey State Board of Nursing, in accordance with N.J.A.C. 13:37;

2. Certified by the American College of Nurse Midwives (ACNM) (American College of Nurse Midwives, 818 Connecticut Ave. NW, Washington, DC 20006, 202-728-9860) or the American College of Nurse Midwives Certification Council (ACC) (Certification Council, 8401 Corporate Drive, Landover, MD 20785, 301-459-1321) and evidence of continuing competency as required by the ACNM; and,

3. Maintains current registration as a Certified Nurse Midwife with the New Jersey State Board of Medical Examiners, in accordance with N.J.A.C. 13:35-2A.

"Concurrent care" means care rendered to a patient by more than one physician/practitioner where the dictates of medical necessity require that services of one or more clinicians in addition to the attending clinician, so that appropriate and needed care may be provided to the patient.

"Consultation" means the professional evaluation of a patient by a qualified specialist recognized as such by this Program, that is requested by the attending physician or an appropriate State agency.

"Critical portion" means that portion of a medical/surgical procedure or service that must be performed by a physician with appropriate credentials and skills in the specialty relating to the procedure or service in order to minimize potential patient risk for severe injury, permanent disability, or death.

"Early and periodic screening, diagnosis and treatment (EPSDT)" means a preventive and comprehensive health program for Medicaid/NJ FamilyCare program beneficiaries under 21 years of age, including the assessment of an individual's health care needs through initial and periodic examinations (screenings), the provision of health education and guidance and the assurance that any identified health problems are diagnosed and treated at the earliest possible time.

"Federal Funds Participation Upper Limit (FFPUL)" means the maximum allowable cost or "MAC price" as defined by the Centers for Medicare and Medicaid Services (CMS).

"HealthStart" means a program of health services provided to pregnant women, infants and small children, as defined in N.J.A.C. 10:49-1.4.

"HealthStart Maternity Care Services" means a comprehensive package of maternity care services which includes two components, Medical Maternity Care and Health Support Services, and is provided in accordance with N.J.A.C. 10:54-6.

"HealthStart Maternity (Comprehensive) Care Services Provider" means a physician, a certified nurse midwife, a group of physicians, a group of certified nurse midwives (or mixed group of physicians and CNMs), a hospital, an independent clinic approved by the New Jersey State Department of Health and Senior Services and the New Jersey Medicaid program which provides HealthStart Maternity (Comprehensive) Care services either directly, or indirectly through linkage with other practitioners, in independent clinics, in hospital outpatient departments, or in physicians' offices.

"HealthStart Pediatric Care Provider" means a physician/practitioner or group of physicians/practitioners, an outpatient hospital department, or an independent clinic (including a local health department), meeting the New Jersey State Department of Health and Senior Services Improved Program Outcomes and/or the Child Health Conference Criteria, and approved by the New Jersey State Department of Health and Senior Services and the New Jersey Medicaid program to provide a comprehensive package of pediatric care services.

"Immediately available" means that the supervising physician is in the facility and able to respond and proceed immediately to the procedure or service site.

"Key portion" means that portion of a medical/surgical procedure or service as determined by the participating physician that is critical to ensure an optimal result.

"Labeler code" means a five-digit numeric code assigned by the Food and Drug Administration, which identifies the firm that manufactures or distributes a specific drug. This code is the first segment of the National Drug Code.

"Medicaid/NJ FamilyCare participating physician (participating physician)" means a physician, other than a resident, who is a participating provider of the New Jersey Medicaid/NJ Family Care program in its fee-for-service system who also directs, supervises and/or involves residents in the care of his or her patients who are Medicaid/NJ FamilyCare beneficiaries.

"National Drug Code (NDC)" - means an 11-digit number that identifies a drug product. The first five digits represent the labeler code identifying the drug manufacturer, the next four digits identify the drug product and the last two digits identify the package size.

"Nurse midwifery services" means those services provided by certified nurse midwives (C.N.M.) within the scope of practice of certified nurse midwifery in the rules and regulations of the Board of Medical Examiners of the State of New Jersey in N.J.A.C. 10:35-2A which are:

1. To manage the care of essentially normal women during the maternity cycle;

2. To provide care to essentially normal newborns at the time of delivery; and

3. To provide well-woman health care (see definition in *N.J.A.C. 10:54-1.2*).

"Other permitted and qualified health care professionals" means health care professionals licensed or certified to practice in the State of New Jersey who are not physicians.

"Personal direction" means the supervision by a physician of a service performed by another licensed physician or licensed practitioner. The use of this term does not apply to the supervision of other health care personnel unless otherwise specified.

"Physician" means a doctor of medicine (M.D.), osteopathy (D.O.) or podiatric medicine licensed to practice medicine and surgery by the New Jersey State Board of Medical Examiners, or similarly licensed by comparable agencies of the state in which he or she practices.

"Physician services" means those services provided within the scope of practice of a doctor of medicine (M.D.) or osteopathy (D.O.) as defined by the laws of the State of New Jersey, or if in practice in another state by the laws of that state, and the services which are performed by or under the personal direction of the physician. It includes physician services furnished in the office, the patient's home, a hospital, a nursing facility and/or other settings. (For rules regarding personal direction, see *N.J.A.C. 10:54-2.2*.)

"Practitioner" refers to a licensed advanced practice nurse (APN), a certified nurse midwife, a dentist, a chiropractor, a podiatrist, or a psychologist, as defined by this rule. Practitioners are responsible for examining, diagnosing, treating and counseling patients, and ordering medications, within the specific scope of their practice, as defined by their specific Board. On occasion, this chapter defines rules and procedures which are provided by physicians and other practitioners; in these instances, the term "physician/practitioner" is used. The term practitioner does not refer to and is not inclusive of physicians (who are defined only as M.D. and DOs).

"Prior authorization" means the approval by the New Jersey Medicaid program before a service is rendered or an item provided. Services which require prior authorization are specified in this chapter (also see N.J.A.C. 10:49-6).

"Product code" means a four-digit numeric code, assigned by a firm that manufactures and distributes a drug, which identifies a specific strength, dosage form and formulation of the drug. This code is the second segment of the National Drug Code.

"Resident (which includes "intern" and "fellow")" means:

1. An individual who participates in a State-approved residency training program in a teaching setting in medicine, osteopathy, dentistry, or podiatry; or

2. A physician who is not in an approved residency training program, but who is authorized to practice only in a hospital, for example, individuals with temporary or restricted licenses, or unlicensed graduates of foreign medical schools.

"Teaching setting" means any hospital department, skilled nursing facility, patient's home, physician's office or satellite clinic and other areas where medical procedures and health care services are performed.

"Transfer" means the relinquishing of responsibility for the continuing care of the patient by one physician or practitioner and the assumption of such responsibility by another physician or practitioner.

"Unit of measure" or "UOM" means a value of measurement used to define a drug product. Acceptable UOM codes are: F2 (international measure), GM (gram), ML (milliliter) or UN (unit/each).

"Well-woman health care" means those preventive and referral services which may include family planning, reproductive health care counseling, and reproductive system's health care screening.

History

HISTORY:

Amended by R.2001 d.51, effective February 5, 2001.

See: 32 N.J.R. 3929(a), 33 N.J.R. 555(a).

In "Early and periodic screening, diagnosis and treatment (EPSDT)", substituted "beneficiaries" for "recipients" preceding "through 20 years of age"; in "Physician", inserted a reference to podiatric medicine.

Amended by R.2003 d.97, effective March 3, 2003.

See: 34 N.J.R. 3462(a), 35 N.J.R. 1277(b).

Added "Critical portion", "Immediately available", "Key portion", "Medicaid/NJ FamilyCare participating physician (participating physician)", "Other permitted and qualified health care professionals", "Resident (which includes "intern" and "fellow")" and "Teaching setting".

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

See: 36 N.J.R. 312(a), 36 N.J.R. 4136(a).

In "Practitioner", substituted a reference to APN for a reference to CNP/CNS.

Amended by R.2012 d.124, effective July 2, 2012.

See: *43 N.J.R. 1477(a)*, *44 N.J.R. 1884(a)*.

Added definitions "APN", "Federal Funds Participation Upper Limit (FFPUL)", "Labeler code", "National Drug Code (NDC)" , "Product code" and "Unit of measure"; and in definition "Early and periodic screening, diagnosis and treatment (EPSDT)", inserted "/NJ FamilyCare program", substituted "under 21" for "through 20" and deleted a comma following "guidance".

Annotations

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N.J.A.C. 10:54-1.3

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NJ - New Jersey Administrative Code > TITLE 10. HUMAN SERVICES > CHAPTER 54. PHYSICIAN SERVICES > SUBCHAPTER 1. GENERAL PROVISIONS

§ 10:54-1.3 Provider participation criteria

(a) All physicians, licensed doctors of medicine or surgery (M.D.) or doctors of osteopathy (D.O.) or podiatric medicine pursuant to *N.J.A.C. 13:35* (incorporated herein by reference), authorized to provide medical and surgical services by the State of New Jersey, who are an approved Medicaid/NJ FamilyCare program participating provider in accordance with (b) below, and who comply with all the rules of the New Jersey Medicaid/NJ FamilyCare program, are eligible to provide medical and surgical services for Medicaid/NJ FamilyCare program beneficiaries.

1. Any out-of-State physician may provide medical and surgical services under this Program if he or she meets the comparable documentation and licensing requirements in the State in which he or she is practicing, and is a New Jersey Medicaid/NJ FamilyCare participating provider.

2. An applicant shall provide the Division with a photocopy of the current license and current certification at the time of the application for enrollment.

(b) In order to participate in the Medicaid/NJ FamilyCare program as a physician, the physician shall apply to, and be approved by, the New Jersey Medicaid/NJ FamilyCare program. An applicant for approval by the New Jersey Medicaid/NJ FamilyCare program as a physician provider shall complete and submit the "Medicaid/NJ FamilyCare Provider Application" (FD-20) and the "Medicaid/NJ FamilyCare Provider Agreement" (FD-62). These forms can be downloaded free of charge or completed and filed online at *www.njmmis.com*. The FD-20 and FD-62 can also be found as Forms #8 and #9 in the Appendix at the end of the Administration chapter (*N.J.A.C. 10:49*) and may be obtained from and submitted to:

Molina Medicaid Solutions

Provider Enrollment

PO Box 4804

Trenton, New Jersey 08650-4804

(c) Upon signing and returning the Medicaid/NJ FamilyCare Provider Application, the Provider Agreement and other enrollment documents to the fiscal agent for the New Jersey Medicaid/NJ FamilyCare program, the physician will receive written notification of approval or disapproval. If approved, the physician will be assigned a Medicaid/NJ FamilyCare Provider Billing Number, a Medicaid/NJ FamilyCare Provider Service Number and will be provided with an initial supply of pre-printed claim forms.

1. Each physician, or each Certified Nurse Midwife or Advanced Practice Nurse (APN), who is the provider of the service or member of the group practice, shall place a Medicaid/NJ FamilyCare Provider Service Number (MPSN) on all written prescriptions and shall provide the MPSN with all telephone orders. The MPSN shall be entered on all claims submitted by the provider, to expedite the processing of claims. The Medicaid/NJ FamilyCare Provider Billing Number is also required on all Medicaid/NJ FamilyCare claim forms as a condition of payment. (See also *N.J.A.C. 10:49-3.4*.) In the case of a physician/practitioner group, the group number is the Medicaid/NJ FamilyCare Provider Billing Number.

(d) In order to participate as a provider of HealthStart services, the physician practicing independently or as part of a group shall be a Medicaid provider and shall meet the requirements as specified at N.J.A.C. 10:54-6, including the provider participating criteria specified in N.J.A.C. 10:54-6.3. The physician shall also possess a valid HealthStart Certificate, issued by the New Jersey State Department of Health and Senior Services. An application for a HealthStart Provider Certificate is available from:

New Jersey Department of Health and Senior Services

Division of Family Health Services

50 East State Street

PO Box 364

Trenton, New Jersey 08625-0364

History

HISTORY:

Amended by R.2001 d.51, effective February 5, 2001.

See: 32 N.J.R. 3929(a), 33 N.J.R. 555(a).

In (a), inserted a reference to podiatric medicine and substituted "beneficiaries" for "recipients" in the introductory paragraph.

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

See: 36 N.J.R. 312(a), 36 N.J.R. 4136(a).

In (c), inserted "/NJ FamilyCare" following "Medicaid" throughout and substituted "APN" for "CNP/CNS" in the first sentence of 1.

Amended by R.2012 d.124, effective July 2, 2012.

See: 43 N.J.R. 1477(a), 44 N.J.R. 1884(a).

In the introductory paragraph of (a), deleted a comma following "(M.D.)" and inserted "/NJ FamilyCare program" following the first and third occurrence of "Medicaid" and "/NJ Family Care" following the second occurrence of "Medicaid"; in (a)1 and in the introductory paragraph of (b), inserted "/NJ FamilyCare" throughout; in the introductory paragraph of (b), inserted the third sentence, inserted "also", substituted "chapter" for "Chapter" and deleted a comma preceding "and may"; in the address in (b), substituted "Molina Medicaid Solutions" for "Unisys Corporation"; in the introductory paragraph of (c), deleted a comma following the second occurrence of "Number"; and in (c)1, substituted "Advanced Practice Nurse (APN)" for "APN".

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N.J.A.C. 10:54-1.4

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§ 10:54-1.4 Reimbursement based on specialist designation

(a) Reimbursement rates for physician services are differentiated as specialist or non-specialist according to the criteria for specialist designation listed in (b) below.

(b) An applicant for specialist designation by the New Jersey Medicaid/NJ FamilyCare program, except as noted in (c) below, shall be a licensed physician who:

1. Is a diplomate of a specialty board approved by the American Board of Medical Specialties or the Advisory Board of the American Osteopathic Association; or

2. Is currently admissible to the examination administered by a specialty board approved by the American Board of Medical Specialties or the Advisory Board of the American Osteopathic Association, and/or has evidence of completion of an appropriate qualifying residency approved by the American Medical Association or American Osteopathic Association.

(c) For any physician who was an approved physician provider in the New Jersey Medicaid/NJ FamilyCare program with "specialist" status prior to the effective date of the adoption of this chapter, any of the following three criteria are permissible to define the term "specialist":

1. Is a fellow of the appropriate American specialty college or a member of an osteopathic specialty college;

2. Holds an active staff appointment with specialty privileges in a voluntary or governmental hospital which is approved for training in the specialty in which the physician has privileges; or

3. Is recognized in the community as a specialist by his or her peers.

History

HISTORY:

Amended by R.2012 d.124, effective July 2, 2012.

See: *43 N.J.R. 1477(a)*, *44 N.J.R. 1884(a)*.

In the introductory paragraph of (b) and of (c), inserted "/NJ FamilyCare"; and in the introductory paragraph of (c), substituted "chapter" for "Chapter" and a colon for a period.

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N.J.A.C. 10:54-1.5

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§ 10:54-1.5 Certification of physician services

(a) All physician providers shall be required to certify that the services billed on any claim were personally rendered by the physician or under his or her personal direction, except under the circumstances listed in (b) below.

(b) Physician services furnished by another physician who is not the primary physician during a period not exceeding 14 continuous days, in the case of an informal reciprocal arrangement, or for 90 continuous days, in the case of an arrangement involving per diem or other fee-for-service compensation, shall be permitted as exceptions to (a) above, in accordance with the following:

1. The primary physician may bill for physician services provided by the covering physician if the name of the covering physician is identified on the claim form and/or EPSDT form, as applicable; or

2. If the covering physician is a Medicaid/NJ FamilyCare physician provider in his or her own right, then the covering physician may bill under his or her own Medicaid/NJ FamilyCare Provider Service Number (MPSN) for services rendered during the "covering period," in accordance with N.J.A.C. 10:49-3.4.

(c) For the certification of a physician who provides services to a child under the age of 21 or to a pregnant woman, whether the service is pregnancy related or a service unique to children under 21 years of age, including a physician who provides prenatal care to a presumptively eligible pregnant woman, the following requirements shall be met:

1. Effective January 1, 1997, in order to receive reimbursement for services to a child under 21 years of age, a physician who is a Medicaid/NJ FamilyCare provider shall meet at least one of the specified criteria which follows:

i. Certification in family practice or pediatrics by the medical specialty board recognized by the American Board of Medical Specialties for family practice or pediatrics;

ii. Employment or affiliation with a Federally qualified health center, as the term is defined in Section 1905(*l*)(2)(B) of the Social Security Act (42 U.S.C. § 1396(*l*));

iii. Admitting privileges at a hospital participating in an approved State Medicaid/NJ FamilyCare Plan;

iv. Membership in the National Health Service Corps;

v. Documentation of a current, formal consultation and referral arrangement with a pediatrician or family practitioner who has the certification described in (c)1i above for purposes of specialized treatment and admission to a hospital; or

vi. Certification by the Secretary of the Federal Department of Human Services as qualified to provide physician services to children under 21 years of age.

2. Effective January 1, 1997, in order to receive reimbursement for services to a pregnant woman, a physician who is a Medicaid/NJ FamilyCare provider shall meet at least one of the specified criteria listed in (c)2i through v below:

i. Certification in family practice or obstetrics by the medical specialty board recognized by the American Board of Medical Specialties for family practice or obstetrics;

ii. Employment or affiliation with a Federally qualified health center as defined in Section 1905(*l*)(2)(B) of the Social Security Act;

iii. Admitting privileges at a hospital participating in an approved State Medicaid/NJ FamilyCare Plan;

iv. Membership in the National Health Service Corps;

v. Documentation of a current, formal consultation and referral arrangement with an obstetrician or family practitioner who has the certification described in (c)2i above for purposes of specialized treatment and admission to a hospital; or

vi. Certification by the Secretary of the Federal Department of Human Services as qualified to provide physician services to pregnant woman.

History

HISTORY:

Amended by R.2012 d.124, effective July 2, 2012.

See: *43 N.J.R. 1477(a)*, *44 N.J.R. 1884(a)*.

In (b)2, the introductory paragraph of (c)1, (c)1iii, the introductory paragraph of (c)2 and in (c)2iii, inserted "/NJ FamilyCare" throughout; in (b)2, inserted "or her"; in the introductory paragraph of (c)1 and (c)2, deleted the first sentence; in (c)1ii, inserted "§ "; and in the introductory paragraph of (c)2, substituted "(c)2i" for "i".

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N.J.A.C. 10:54-1.6

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§ 10:54-1.6 Provider signature requirements

(a) All claim forms for covered services shall be personally signed by the physician or by an authorized representative of the physician. (See Fiscal Agent Billing Supplement.) The following signature types shall not be accepted:

1. Initials instead of signature;

2. Stamped signature; and

3. Automated (machine-generated) signature.

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§ 10:54-2.1 Patient choice of physician

The patient shall be allowed free choice of physicians, except for individuals enrolled as Medicaid/NJ FamilyCare program beneficiaries in Managed Care organizations (such as HMOs), in which case, the provisions of *N.J.A.C. 10:74* shall apply.

History

HISTORY:

Amended by R.2012 d.124, effective July 2, 2012.

See: *43 N.J.R. 1477(a)*, *44 N.J.R. 1884(a)*.

Inserted "/NJ FamilyCare program".

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N.J.A.C. 10:54-2.2

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§ 10:54-2.2 Direction of physician or other permitted and qualified health care professional services

(a) Personal direction of physicians or other permitted and qualified health care professionals means that the services listed in this section shall be rendered in the participating physician's physical presence during part or all of the procedure or service, as specified in this section. It is not the intent of the program to reimburse a participating physician for medical care, and/or history and/or physical examinations performed by residents or other permitted and qualified health care professionals, without the participating physician's physical presence.

1. The Medicaid/NJ FamilyCare participating physician who bills the program for his or her service shall be physically present and shall perform or personally direct the key portion of the service billed, as follows:

i. If the participating physician cannot identify a key portion of the service, then he or she shall be present for the entire service.

2. It shall be the participating physician's decision whether he or she should perform hands-on care, in addition to the care furnished by the resident in his or her presence.

3. The participating physician shall personally document in the medical record(s) his or her participation in the service. A countersignature alone shall not be sufficient.

4. The combined notes of the participating physician and the resident or other permitted and qualified health care professional shall be adequate to substantiate the level of service required by the patient and billed to the program.

5. The services that shall be rendered within the participating physician's physical presence shall include the following:

i. Evaluation and management (E/M) services, including critical care;

ii. Renal dialysis services;

iii. Anesthesia services;

iv. Surgery, high-risk, or other complex procedures;

v. Interpretation of diagnostic radiology and other diagnostic tests; and

vi. Psychiatric services.

6. An exception to the participating physician's physical presence requirement shall be granted for certain evaluation and management codes of lower and mid-level complexity if all of the following criteria are met:

i. Services are furnished at the outpatient department of a hospital or another licensed ambulatory care facility, and not at a physician's office or a patient's residence;

ii. Any resident furnishing the service without the presence of a participating physician shall have completed more than six months of a State-approved residency program, as documented by the health care entity providing the service; and

iii. The participating physician shall not direct patient care provided by more than four residents at any time, shall be immediately available to the resident and patient when directing such care, and shall:

(1) Have no other responsibilities at the time;

(2) Assume care management responsibility for those beneficiaries seen by the residents;

(3) Ensure that the services furnished are appropriate;

(4) Review with each resident, during or immediately after each visit, the beneficiary's medical history, physical examination, diagnosis, plan of care, and record of tests and therapies; and

(5) Document in the beneficiary's medical record the extent of his or her own participation in the review and direction of the services furnished to each beneficiary.

(b) Evaluation and management (E/M) services shall include:

1. Office visits or other outpatient services for new or established patients;

2. Emergency department services for new or established patients;

3. Hospital inpatient services for new or established patients;

4. Subsequent hospital visits;

5. Comprehensive nursing facility assessments for new or established patients;

6. Subsequent nursing facility care;

7. Domiciliary, rest home, or home visits for new or established patients; and

8. Preventive medicine services for new or established patients.

(c) E/M services in a critical care setting are time-based services which can be billed using the time that the participating physician actually spent on the individual patient's care, as delineated in (a) above. For E/M services, the participating physician shall be at the procedure or service site, with the patient, for the period of time for which the claim is made.

(d) Renal dialysis services shall include end stage renal disease services and dialysis procedures, and shall be provided in accordance with (a) above.

(e) Anesthesia services shall meet the following requirements:

1. The participating physician who bills the program for his or her service shall direct no more than two anesthesia procedures concurrently and shall not perform any other service while he or she is directing the concurrent procedures;

2. The participating physician shall prescribe the anesthesia plan;

3. The participating physician shall personally participate in all critical portions of the procedure or service;

4. The participating physician shall be immediately available to furnish services during the entire service or procedure; and

5. The participating physician shall provide documentation in the anesthesia record that shall indicate the participating physician's presence or participation in the administration of the anesthesia.

(f) Surgery, high-risk, or other complex procedures shall include, but shall not be limited to, cardiac catheterization, transesophageal echocardiography, interventional radiologic and cardiologic supervision

and interpretation, and endoscopy. For reimbursement purposes, surgery, high-risk or other complex procedures shall meet the following requirements:

1. The participating physician specializing in the appropriate medical field for the procedure or service performed shall be physically present with the resident during all critical and key portions of the health care service or medical procedure for which payment is sought. If needed, the participating physician shall be immediately available to furnish services during the entire health care service or medical procedure;

2. The medical record shall document that the participating physician was present at the time the service was being furnished. The notes in the medical record(s) made by the physician, resident, and any participating nurse shall all indicate the presence of the participating physician during the procedure(s); and

3. The following requirements shall apply to the procedures specified below:

i. For surgery, the participating physician's presence shall not be required during the opening and closing of the surgical field;

ii. For cardiac catheterization, transesophageal echocardiography, interventional radiologic and cardiologic procedures, or procedures performed through an endoscope, the participating physician shall be present from the insertion of the device until the removal of the device. The viewing of the entire procedure by the participating physician through a monitor in another room shall not meet this requirement; and

iii. For minor procedures, such as a simple suture, the participating physician shall be physically present for the entire procedure.

(g) For interpretation of diagnostic radiology and other diagnostic tests, in order to be eligible for reimbursement, the participating physician need not be physically present during the actual performance of the radiologic studies or other diagnostic tests. The participating physician's documentation shall indicate that he or she personally performed the interpretation or reviewed the resident's interpretation with the resident. A countersignature alone of the resident's interpretation by the teaching or billing physician shall not be an acceptable form of documentation.

(h) For psychiatric services to be eligible for reimbursement, all requirements contained in (a) above shall be met, except that the requirement for the presence of the participating physician during the service in which a resident is involved shall, if not met by physical presence in the treatment room, be met by use of a one-way mirror, video equipment, or similar device to observe the resident-patient interaction during the time the service is furnished.

1. For time-based psychiatric services, the participating physician shall bill only for the length of time he or she was present during the therapy session. For example, if the participating physician only participated in a 15-minute portion of a 30-minute session, only 15 minutes shall be billed, not the entire half-hour.

History

HISTORY:

Amended by R.2003 d.97, effective March 3, 2003.

See: *34 New Jersey Register 3462(a)*, *35 New Jersey Register 1277(b)*.

Rewrote the section.

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§ 10:54-2.3 Physician personal direction of an Advanced Practice Nurse specializing in anesthesia

(a) Anesthesia services provided by an Advanced Practice Nurse specializing in anesthesia (APN/Anesthesia), according to the conditions for practice in N.J.A.C. 13:37-13.1 and 13.2, shall be eligible for reimbursement provided:

1. The APN/Anesthesia is employed by a physician who is a specialist in anesthesia;

2. The physician specialist is an approved provider in the New Jersey Medicaid/NJ FamilyCare program; and

3. The physician specialist submits the claim for services rendered under his or her Medicaid/NJ FamilyCare Provider Billing Number.

(b) The APN/Anesthesia's services shall be performed under the personal direction of the employer anesthesiologist throughout the period of anesthesia. (See N.J.A.C. 10:54-2.2 for rules related to personal direction.) When personally directing an APN/Anesthesia, the anesthetist shall:

1. Be free from other professional duties;

2. Be in the operating suite, within visual and/or auditory range throughout the period of personal direction; and

3. Not be involved in the care of more than two cases under anesthesia at the same time.

History

HISTORY:

Amended by R.2012 d.124, effective July 2, 2012.

See: 43 N.J.R. 1477(a), 44 N.J.R. 1884(a).

Section was "Physician personal direction of Certified Registered Nurse Anesthetists (CRNA)". In the introductory paragraph of (a), substituted "an Advanced Practice Nurse specializing in anesthesia (APN/Anesthesia)" for "Certified Registered Nurse Anesthetists (CRNA)"; in (a)1, substituted "APN/Anesthesia" for "CRNA"; in (a)2 and (a)3, inserted "/NJ FamilyCare"; and in the introductory paragraph of (b), substituted "APN/Anesthesia's" for "CRNA's" and "an APN/Anesthesia" for "a CRNA".

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§ 10:54-2.4 Physician collaboration with Certified Nurse Midwives

(a) A Certified Nurse Midwife shall work with a physician under the collaborative arrangement specified by the Board of Medical Examiners in N.J.A.C. 13:35-2A, incorporated herein by reference.

(b) Under the New Jersey Medicaid/NJ FamilyCare program, the Certified Nurse Midwife may be either a direct provider of midwifery services or an employee of a physician, physician group, physician/practitioner group, another certified nurse midwife, hospital or independent clinic (see as appropriate, *N.J.A.C. 10:54*, 10:52, 10:58 or 10:66).

History

HISTORY:

Amended by R.2012 d.124, effective July 2, 2012.

See: *43 N.J.R. 1477(a)*, *44 N.J.R. 1884(a)*.

In (b), inserted "/NJ FamilyCare", deleted a comma following "services" and "hospital", substituted "appropriate, N.J.A.C." for "appropriate,N.J.A.C.", and deleted "N.J.A.C." preceding "10:52", "10:58" and "10:66".

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§ 10:54-2.5 Physician collaboration with an advanced practice nurse (APN)

(a) An advanced practice nurse (APN) shall collaborate with a physician, or physician/practitioner group in accordance with *N.J.A.C. 10:58A*, Advanced Practice Nurse Services, and *N.J.A.C. 13:37-6.3* and *7.6*, incorporated herein by reference.

1. Under the New Jersey Medicaid/NJ FamilyCare program, the advanced practice nurse may be either a direct provider of services, (see *N.J.A.C. 10:58A*, Advanced Practice Nurse Services Chapter) or an employee of a physician, physician group, physician/practitioner group, another advanced practice nurse, hospital, or independent clinic (see the appropriate requirements of *N.J.A.C. 10:54*, *N.J.A.C. 10:52* or *N.J.A.C. 10:66*).

History

HISTORY:

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

See: *36 New Jersey Register 312(a)*, *36 New Jersey Register 4136(a)*.

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N.J.A.C. 10:54-2.6

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§ 10:54-2.6 Recordkeeping; general

(a) All physicians shall keep such legible individual records as are necessary to fully disclose the kind and extent of services provided, as well as the medical necessity for those services.

(b) The minimum recordkeeping requirements for services performed in the office, home, residential health care facility, nursing facility (NF), and the hospital setting shall include a progress note in the clinical record for each visit, which supports the procedure code(s) claimed.

(c) The progress note shall be placed in the clinical record and retained in the appropriate setting for the service performed.

(d) Records of Residential Health Care Facility patients shall be maintained in the physician's office.

(e) The required medical records including progress notes, shall be made available, upon their request, to the New Jersey Medicaid/NJ FamilyCare program or its agents.

History

HISTORY:

Amended by R.2012 d.124, effective July 2, 2012.

See: *43 N.J.R. 1477(a)*, *44 N.J.R. 1884(a)*.

In (e), inserted "/NJ FamilyCare".

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N.J.A.C. 10:54-2.7

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 56 No. 3, February 5, 2024

§ 10:54-2.7 Minimum documentation; initial visit; new patient

(a) The following minimum documentation shall be entered on the medical record, regardless of the setting where the examination is performed, for the service claimed by use of the procedure codes for Initial visit--New patient:

1. Chief complaint(s);

2. Complete history of the present illness and related systemic review, including recordings of pertinent negative findings;

3. Pertinent past medical history;

4. Pertinent family and social history;

5. A record of a full physical examination pertaining to, but not limited to, the history of the present illness and including recordings of pertinent negative findings;

6. Diagnosis(es) and the treatment plan, including ancillary services and medications ordered;

7. Laboratory, X-Rays, electrocardiograms (ECGs), and any other diagnostic tests ordered, with the results; and

8. The specific services rendered and/or modality used (for example, biopsies, injections, individual and/or group psychotherapy, and family therapy).

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N.J.A.C. 10:54-2.8

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§ 10:54-2.8 Minimum documentation; established patient

(a) The following minimum documentation shall be entered in the progress notes of the medical record for the service designated by the procedure codes for ESTABLISHED PATIENT:

1. In an office or Residential Health Care Facility:

i. The purpose of the visit;

ii. The pertinent physical, family and social history obtained;

iii. A record of pertinent physical findings, including pertinent negative findings based upon i and ii above;

iv. Procedures performed, if any, with results;

v. Laboratory, X-Ray, electrocardiogram (ECG), or any other diagnostic tests ordered, with the results of the tests; and

vi. Prognosis and diagnosis.

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N.J.A.C. 10:54-2.9

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NJ - New Jersey Administrative Code > TITLE 10. HUMAN SERVICES > CHAPTER 54. PHYSICIAN SERVICES > SUBCHAPTER 2. PHYSICIAN SERVICES--GENERAL

§ 10:54-2.9 Minimum documentation; home visits and house calls

For HOME VISIT and HOUSE CALL codes, in addition to the components listed in N.J.A.C. 10:54-2.8, the office progress notes shall include treatment plan status relative to present or pre-existing illness(es), plus pertinent recommendations and actions.

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N.J.A.C. 10:54-2.10

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§ 10:54-2.10 Minimum documentation; hospital or nursing facility

(a) In a hospital or nursing facility, documentation shall include:

1. An update of symptoms;

2. An update of physical findings;

3. A resume of findings of procedures, if any are applicable;

4. The pertinent positive and negative findings of laboratory, X-Ray, electrocardiograms (ECGs), or other tests or consultations;

5. Any additional planned studies, if any, including the reasons for any studies; and

6. Treatment changes, if any.

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§ 10:54-2.11 Minimum documentation; hospital discharge medical summary

(a) When an inpatient is discharged from the hospital to the care of another medical facility (such as a nursing facility or a community home care agency), a legible discharge and medical summary shall be prepared and signed by the attending physician.

(b) The summary should cover the pertinent findings of the history, physical examination, diagnostic and therapeutic modalities, consultations, plan of care or therapy, medications, recommendations for follow-up care and final diagnosis related to the patient's hospitalization. Recommendations should also be made for further medical care and should be forwarded to the institution or agency to which the patient has been referred.

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N.J.A.C. 10:54-2.12

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§ 10:54-2.12 Minimum documentation; mental health services

(a) For each patient contact made by a physician for psychiatric therapy, written documentation shall be developed and maintained to support each medical or remedial therapy, service, activity, or session for which billing is made. The documentation, at a minimum, shall consist of the following:

1. The specific services rendered and modality used, for example, individual, group, and/or family therapy;

2. The date and the time services were rendered;

3. The duration of services provided, for example, one hour, or one-half hour;

4. The signature of the physician who rendered the service;

5. The setting in which services were rendered;

6. A notation of impediments, unusual occurrences or significant deviations from the treatment described in the Plan of Care;

7. Notations of progress, impediments, treatment, or complications; and

8. Other relevant information, which may include dates or information not included in above, yet important to the clinical picture and prognosis.

(b) Clinical progress, complications and treatment which affect prognosis and/or progress shall be documented in the patient's medical record, as well as any other information important to the clinical picture, therapy, and prognosis.

(c) For mental health services that are not specifically included in the patient's treatment regime, a detailed explanation shall be submitted with the claim form, addressed to the Office of Utilization Management, Mental Health Services, Mail Code #18, PO Box 712, Trenton, New Jersey 08625-0712, indicating how these services relate to the treatment regime and objectives in the patient's plan of care. Similarly, a detailed explanation should accompany bills for medical and remedial therapy, session or encounter that departs from the Plan of Care in terms of need, scheduling, frequency or duration of services furnished (for example, unscheduled emergency services furnished during an acute psychotic episode) explaining why this departure from the established treatment regime is necessary in order to achieve the treatment objectives.

History

HISTORY:

Amended by R.2001 d.51, effective February 5, 2001.

See: *32 New Jersey Register 3929(a)*, *33 New Jersey Register 555(a)*.

In (c), substituted "Utilization Management" for "Health Services Administration" preceding ", Mental Health Services".

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N.J.A.C. 10:54-3.1

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§ 10:54-3.1 Medical Justification Program

(a) The Medical Justification Program of the New Jersey Medicaid/NJ FamilyCare program defines certain surgical and diagnostic procedures that are reimbursable only when acceptable written justification by the physician accompanies the claim form. The procedures that require medical justification are identified in the Centers for Medicare and Medicaid Services (CMS) Healthcare Common Procedures Coding System by the indicator "M" preceding the HCPCS code. (See N.J.A.C. 10:54-9.)

(b) Physicians shall maintain written records that substantiate the use of a given procedure code. These records shall be available for review and/or inspection if requested by the New Jersey Medicaid/NJ FamilyCare program.

History

HISTORY:

Amended by R.2012 d.124, effective July 2, 2012.

See: *43 N.J.R. 1477(a)*, *44 N.J.R. 1884(a)*.

In (a) and (b), inserted "/NJ FamilyCare"; and in (a), substituted "Program" for the first occurrence of "program", "that" for "which" twice and "Centers for Medicare and Medicaid Services (CMS) Healthcare" for "HCFA".

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N.J.A.C. 10:54-3.2

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 56 No. 3, February 5, 2024

§ 10:54-3.2 Prior authorization

(a) Prior authorization, as used in this chapter, is the approval granted by the New Jersey Medicaid/NJ FamilyCare program before a service is rendered or an item provided. For additional information about prior and retroactive authorization, see also N.J.A.C. 10:49-6 and 10:54-5 and 7.

(b) Certain services require prior authorization, such as cosmetic surgery, certain psychiatric services and all out-of-State inpatient and outpatient hospital services, except in the conditions listed in (c) below. Services rendered to Medicaid/NJ FamilyCare program beneficiaries enrolled in a Health Maintenance Organization (HMO) may also require authorization by the Health Maintenance Organization (for details, see Managed Health Care Services in *N.J.A.C. 10:74*).

(c) Prior authorization shall not be required for the following:

1. Hospital covered services to any beneficiary who resides out-of-State at the discretion of the New Jersey Department of Human Services and who has a HSP (Medicaid) case number with either:

i. The first and second digits of 90; or

ii. The third and four digits of 60; or

2. Emergencies and interstate hospital transfers.

3. Any covered service that requires prior authorization as a prerequisite for payment to New Jersey Medicaid/NJ FamilyCare providers also requires prior authorization if it is to be provided and reimbursed by the New Jersey Medicaid/NJ FamilyCare program in any other state.

History

HISTORY:

Amended by R.2001 d.51, effective February 5, 2001.

See: *32 N.J.R. 3929(a)*, *33 N.J.R. 555(a)*.

In (c)1, substituted "beneficiary" for "recipient" preceding "who resides out-of-State".

Amended by R.2012 d.124, effective July 2, 2012.

See: *43 N.J.R. 1477(a)*, *44 N.J.R. 1884(a)*.

In (a) and (c)3, inserted "/NJ FamilyCare" throughout; in (a), substituted "chapter" for "Chapter" and deleted "N.J.A.C." preceding "10:54-5"; and in (b), deleted a comma following the second occurrence of "services", substituted "State" for "state", and inserted "/NJ FamilyCare program".

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§ 10:54-3.3 Authorization of reimbursement for out-of-State hospital services

(a) A request for authorization for reimbursement for out-of-State hospital services shall be directed to the Medical Assistance Customer Center (MACC) in the area where the beneficiary resides (see *N.J.A.C. 10:49*, Appendix), except that:

1. Prior authorization of out-of-State psychiatric services shall be directed to the Office of Utilization Management, Mental Health Services Unit, and shall comply with the requirements of *N.J.A.C. 10:54-7.4*.

(b) If authorized, the authorization letter of a medical consultant of the New Jersey Medicaid/NJ FamilyCare program will be forwarded to the attending physician and the Medicaid/NJ FamilyCare program beneficiary. When submitting the claim for service to the Medicaid/NJ FamilyCare fiscal agent, the physician shall enter the authorization number on the claim.

History

HISTORY:

Amended by R.2001 d.51, effective February 5, 2001.

See: *32 N.J.R. 3929(a)*, *33 N.J.R. 555(a)*.

In (a), substituted "Medical Assistance Customer Center (MACC)" for "Medicaid District Office (MDO)" preceding "in the area" and substituted "beneficiary" for "recipient" preceding "resides" in the introductory paragraph; in (a)1, substituted "Utilization Management" for "Health Services Administration" preceding ", Mental Health Services Unit,".

Amended by R.2012 d.124, effective July 2, 2012.

See: *43 N.J.R. 1477(a)*, *44 N.J.R. 1884(a)*.

Deleted former (b), recodified (c) as (b); and in (b), inserted the first and third occurrences of "/NJ FamilyCare", inserted "and the Medicaid/NJ FamilyCare program beneficiary", and substituted "enter the authorization number on" for "attach the authorization letter to".

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N.J.A.C. 10:54-3.4

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§ 10:54-3.4 Out-of-State elective services

(a) For a beneficiary residing in New Jersey in other than a hospital, who is to be admitted or referred to an out-of-State hospital or physician for elective inpatient or outpatient hospital services, the physician planning such action shall sign a statement that the medically necessary service is not available at a reasonable distance within the State of New Jersey and shall send the signed statement to the MACC.

(b) For a beneficiary traveling outside New Jersey who is to be admitted to an out-of-State hospital for elective surgery, as part of the prior authorization request, the attending physician shall justify the decision by sending to the Medical Assistance Customer Center (MACC), a signed statement that an attempt to return to a New Jersey hospital would create a significant risk to life or health or would create the need for an unreasonable amount of travel for the beneficiary.

History

HISTORY:

Amended by R.2001 d.51, effective February 5, 2001.

See: *32 New Jersey Register 3929(a)*, *33 New Jersey Register 555(a)*.

Substituted "beneficiary" for "recipient" and references to MACC for references to MDO throughout.

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N.J.A.C. 10:54-3.5

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§ 10:54-3.5 Out-of-State emergencies and interstate transfers

(a) Prior authorization shall not be required for emergencies nor for interstate hospital transfers. However, in these instances, the hospital shall attach the attending physician's signed statement to the claim, attesting to the nature of the emergency; or, for a hospital interstate transfer, attesting to the unavailability of the medically necessary service within a reasonable distance within the State of New Jersey; or that the need to obtain prior authorization would result in a delay that could create a significant risk to life or health or unduly prolong hospitalization. The physician shall provide the hospital with a copy of the authorization letter to be attached to the claim from the hospital, when applicable.

(b) For prior authorization and preadmission screening for mental health and psychiatric services, see *N.J.A.C. 10:54-7.1* and *7.4* of this Chapter.

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N.J.A.C. 10:54-4.1

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10:54-4.1 General payment methodology

(a) Payment for physician services covered under the New Jersey Medicaid or NJ FamilyCare program is based upon the customary charge prevailing in the community for the same service but shall not exceed a "Maximum Fee Allowance Schedule" which has been determined reasonable by the Commissioner and set forth in N.J.A.C. 10:54-9 and as limited by Federal policy relative to the payment of physicians and other licensed health care practitioners.

1. In no event shall the charge to the New Jersey Medicaid or NJ FamilyCare program exceed the charge by the provider for identical services to other governmental agencies or other groups or individuals in the community.

2. Effective July 20, 1998, for services provided to beneficiaries eligible for both Medicare Part B and Medicaid or NJ FamilyCare, including Qualified Medicare Beneficiaries, Medicaid or NJ FamilyCare shall reimburse physicians and practitioners the Medicare Part B coinsurance and deductible amount or the Medicaid or NJ FamilyCare maximum fee allowable (less any third party payments, including Medicare reimbursement), whichever is less.

(b) The "Maximum Fee Allowance Schedule" differentiates rates according to whether the physician is a specialist or nonspecialist. (See *N.J.A.C. 10:54-1.2* through *1.5* of this manual for regulations for specialist.)

(c) For reimbursement for injections and immunizations, see *N.J.A.C. 10:54-4.3(a)*6 and *N.J.A.C. 10:54-9.8(h)*.

(d) For reimbursement for services of advanced practice nurses employed by a physician or physician group, see *N.J.A.C. 10:58A-4.1* through *4.5*, incorporated herein by reference.

History

Amended by R.1998 d.154, effective February 27, 1998 (operative March 1, 1998; to expire August 31, 1998).

See: *30 N.J.R. 1060(a)*.

In (a), inserted references to NJ KidCare throughout.

Amended by R.1998 d.382, effective July 20, 1998.

See: *30 N.J.R. 1255(b)*, *30 N.J.R. 2646(b)*.

In (a)2, inserted "Effective July 20, 1998," at the beginning, inserted references to NJ KidCare throughout, and substituted "less" for "greater" at the end.

Adopted concurrent proposal, R.1998 d.487, effective August 28, 1998.

See: *30 N.J.R. 1060(a)*, *30 N.J.R. 3519(a)*.

Readopted the provisions of R.1998 d.154 without change.

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

See: *36 N.J.R. 312(a)*, *36 N.J.R. 4136(a)*.

Amended by R.2006 d.237, effective July 3, 2006.

See: *38 N.J.R. 907(a)*, *38 N.J.R. 2803(a)*.

In (a), substituted "FamilyCare" for "KidCare" throughout.

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N.J.A.C. 10:54-4.2

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NJ - New Jersey Administrative Code > TITLE 10. HUMAN SERVICES > CHAPTER 54. PHYSICIAN SERVICES > SUBCHAPTER 4. BASIS OF PAYMENT

§ 10:54-4.2 Personal contribution to care requirements for NJ FamilyCare-Children's Program-Plan C and copayments for NJ FamilyCare-Plan D

(a) General policies regarding the collection of personal contribution to care for NJ FamilyCare-Children's Program-Plan C and copayments for NJ FamilyCare-Plan D are set forth at N.J.A.C. 10:49-9.

(b) Personal contribution to care for NJ FamilyCare-Children's Program-Plan C services is $5.00 a visit for office visits, except when the service is provided for preventive care, prenatal care, family planning services or substance abuse treatment services.

1. An office visit is defined as a face-to-face contact with a medical professional under the supervision of the physician, which meets the documentation requirements codified at *N.J.A.C. 10:52-2.6* through *2.12*.

2. Office visits include physician services provided in the office, patient's home, or any other site excluding hospital where the child may have been examined by the physician. Generally, these procedure codes are in the 90000 HCPCS series of reimbursable codes codified at *N.J.A.C. 10:54-9.3*.

3. Physician services which do not meet the requirements of an office visit as defined in this chapter, such as surgical services, immunizations, laboratory or x-ray services, do not require a personal contribution to care.

(c) Physicians shall not charge a personal contribution to care for services provided to newborns, who are covered under fee-for-service for Plan C; for family planning services; for substance abuse treatment services; for prenatal care or for preventive services, including appropriate immunizations.

(d) The copayment for primary care and specialist physician services under NJ FamilyCare-Plan D shall be $5.00 per office visit;

1. A $10.00 copayment shall apply for services rendered during non-office hours and for home visits.

2. The $5.00 copayment shall apply only to the first prenatal visit.

(e) Physicians shall collect the copayment specified in (d) above except for those situations outlined in (f) below. Copayments shall not be waived.

(f) Physicians shall not charge a copayment under Plan D for services provided to newborns, who are covered under fee-for-service for Plan D; or for preventive services, including well child visits, lead screening and treatment, or age-appropriate immunizations.

History

HISTORY:

New Rule, R.1998 d.154, effective February 27, 1998 (operative March 1, 1998; to expire August 31, 1998).

See: 30 N.J.R. 1060(a).

Former N.J.A.C. 10:54-4.2, Use of physician reimbursement codes, recodified to N.J.A.C. 10:52-4.3.

Adopted concurrent proposal, R.1998 d.487, effective August 28, 1998.

See: 30 N.J.R. 1060(a), 30 N.J.R. 3519(a).

Readopted the provisions of R.1998 d.154 without change.

Amended by R.1999 d.211, effective July 6, 1999 (operative August 1, 1999).

See: 31 N.J.R. 998(a), 31 N.J.R. 1806(a), 31 N.J.R. 2879(b).

In (a), added reference to copayments for NJ KidCare-Plan D; added (d) through (f).

Amended by R.2006 d.237, effective July 3, 2006.

See: 38 N.J.R. 907(a), 38 N.J.R. 2803(a).

Section was "Personal contribution to care requirements for NJ KidCare-Plan C and copayments for NJ KidCare-Plan D". In (a), substituted "FamilyCare-Children's Program" for first occurrence of "KidCare" and "FamilyCare" for second occurrence of "KidCare"; in (b), substituted "FamilyCare-Children's Program" for "KidCare"; and in (d), substituted "FamilyCare" for "KidCare".

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N.J.A.C. 10:54-4.3

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 56 No. 3, February 5, 2024

§ 10:54-4.3 Use of physician reimbursement codes

When the examination of the beneficiary is by the same physician, a practitioner, a shared health facility or group of physicians/practitioners who share a common record, the examination is considered that of a single provider.

History

HISTORY:

Recodified from *N.J.A.C. 10:54-4.2* by R.1998 d.154, effective February 27, 1998 (operative March 1, 1998; to expire August 31, 1998).

See: *30 New Jersey Register 1060(a)*.

Former *N.J.A.C. 10:54-4.3*, HCPCS codes for new patients visits, recodified to *N.J.A.C. 10:54-4.4*.

Adopted concurrent proposal, R.1998 d.487, effective August 28, 1998.

See: *30 New Jersey Register 1060(a)*, *30 New Jersey Register 3519(a)*.

Readopted the provisions of R.1998 d.154 without change.

Amended by R.2001 d.51, effective February 5, 2001.

See: *32 New Jersey Register 3929(a)*, *33 New Jersey Register 555(a)*.

Substituted "beneficiary" for "recipient" preceding "is by the same physician,".

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N.J.A.C. 10:54-4.4

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 56 No. 3, February 5, 2024

§ 10:54-4.4 HCPCS codes for new patients visits

(a) This rule applies to office, and hospital inpatient and outpatient services to new patients (excluding preventive health care for patients through 20 years of age).

(b) When the CPT manual refers to office or hospital inpatient or outpatient services-new patient, the Medicaid/NJ FamilyCare program will consider this service an initial visit.

1. When the setting for an initial visit is an office or residential health care facility, reimbursement shall be limited to a single visit. Future requests for reimbursement which include this category of codes will be denied when the beneficiary is seen by the same physician, practitioner, group of physicians/practitioners, or shared health care facility sharing a common record. Reimbursement for an initial office visit precludes subsequent reimbursement for an initial residential health care facility visit and vice versa.

2. Reimbursement for an initial office visit or initial residential health care facility visit will be disallowed if a preventive medicine service, EPSDT examination, or office consultation was billed within a twelve month period by a physician, group, shared health care facility, or practitioner sharing a common record.

(c) If the setting is a nursing facility or hospital, the initial visit concept shall still apply when considered for reimbursement purposes despite CPT reference to the terms initial hospital care as applying to a new or established patient. Subsequent readmissions to the same facility may be designated as initial visits (as long as a time interval of 30 days or more has elapsed between admissions).

(d) Reimbursement for an initial hospital visit shall be disallowed to the same physician, practitioner, group of physicians/practitioners, or shared health care facility sharing a common record who submit a claim for a consultation and transfer the patient to their service. "Consultation" and "Initial Hospital Visit" shall not be billed for the same provider on the same patient on the same day of service.

(e) In order to receive reimbursement for an initial visit, the documentation requirements set forth in *N.J.A.C. 10:54-2.6* through *2.12* shall be met, regardless of where the examination was performed.

History

HISTORY:

Recodified from *N.J.A.C. 10:54-4.3* by R.1998 d.154, effective February 27, 1998 (operative March 1, 1998; to expire August 31, 1998).

See: *30 N.J.R. 1060(a)*.

Former *N.J.A.C. 10:54-4.4*, Use of HCPCS codes for establishing patient visits, recodified to *N.J.A.C. 10:54-4.5*.

Adopted concurrent proposal, R.1998 d.487, effective August 28, 1998.

See: *30 N.J.R. 1060(a)*, *30 N.J.R. 3519(a)*.

Readopted the provisions of R.1998 d.154 without change.

Amended by R.2001 d.51, effective February 5, 2001.

See: *32 N.J.R. 3929(a)*, *33 N.J.R. 555(a)*.

In (b)1, substituted "beneficiary" for "recipient" preceding "is seen by the same physician,".

Amended by R.2012 d.124, effective July 2, 2012.

See: *43 N.J.R. 1477(a)*, *44 N.J.R. 1884(a)*.

In the introductory paragraph of (b), inserted "the" preceding and "/NJ FamilyCare program" following "Medicaid".

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N.J.A.C. 10:54-4.5

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 56 No. 3, February 5, 2024

§ 10:54-4.5 Use of HCPCS codes for established patient visits

(a) This rule applies to office, inpatient or outpatient services to established patients (excluding preventive health care for patients through 20 years of age).

(b) "Routine visit" or "follow-up visit" means the care and treatment by a physician, which includes those procedures ordinarily performed during a health care visit, which is dependent upon the setting and the physician's discipline. The setting may be an office, hospital, nursing facility or residential health care facility.

1. In order to receive reimbursement for a routine visit or follow-up visit, the documentation requirements set forth in *N.J.A.C. 10:54-2.3* shall be met, regardless of where the examination was performed.

History

HISTORY:

Recodified from *N.J.A.C. 10:54-4.4* by R.1998 d.154, effective February 27, 1998 (operative March 1, 1998; to expire August 31, 1998).

See: *30 New Jersey Register 1060(a)*.

Former *N.J.A.C. 10:54-4.5*, Use of HCPCS codes for home visits and house calls, recodified to *N.J.A.C. 10:54-4.6*.

Adopted concurrent proposal, R.1998 d.487, effective August 28, 1998.

See: *30 New Jersey Register 1060(a)*, *30 New Jersey Register 3519(a)*.

Readopted the provisions of R.1998 d.154 without change.

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N.J.A.C. 10:54-4.6

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NJ - New Jersey Administrative Code* > *TITLE 10. HUMAN SERVICES* > *CHAPTER 54. PHYSICIAN SERVICES* > *SUBCHAPTER 4. BASIS OF PAYMENT

§ 10:54-4.6 Use of HCPCS codes for home visits and house calls

(a) "House call" means a physician visit limited to the provision of medical care to an individual who is too ill to go to a physician's office and/or is "home bound" due to his or her physical condition.

(b) The house call codes do not distinguish between specialist and non-specialist reimbursement. House call codes apply when a detailed history, detailed examination and medical decision making of high complexity is provided.

(c) The home visit codes shall apply when the provider visits in the home setting and the visit does not meet the criteria specified in (a) and (b) above.

(d) When billing for a second or subsequent patient treated during the same visit, the visit shall be billed as a home visit, no matter what the complexity of care.

(e) House call and home visit codes shall not apply to visits to a residential health care facility or a nursing facility setting.

(f) In order to receive reimbursement for a house call or home visit, the documentation requirements set forth in N.J.A.C. 10:54-2.8 and 2.9 shall be met.

History

HISTORY:

Recodified from N.J.A.C. 10:54-4.5 by R.1998 d.154, effective February 27, 1998 (operative March 1, 1998; to expire August 31, 1998).

See: 30 New Jersey Register 1060(a).

Former N.J.A.C. 10:54-4.6, Use of HCPCS codes for emergency department services, recodified to N.J.A.C. 10:54-4.7.

Adopted concurrent proposal, R.1998 d.487, effective August 28, 1998.

See: 30 New Jersey Register 1060(a), 30 New Jersey Register 3519(a).

Readopted the provisions of R.1998 d.154 without change.

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N.J.A.C. 10:54-4.7

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 56 No. 3, February 5, 2024

§ 10:54-4.7 Use of HCPCS codes for emergency department services

(a) When a physician sees his or her patient in the emergency room instead of his or her office, the physician shall use the same codes for the visit that would be used if the patient were seen in the physician's office (HCPCS 99211-99215 only). Records of the emergency room visit shall become part of the notes in the office chart.

(b) When a patient is seen by a hospital-based emergency room physician who is a Medicaid provider, then only the following "Visit" codes shall be used:

1. HCPCS 99281-99285.

History

HISTORY:

Recodified from *N.J.A.C. 10:54-4.6* by R.1998 d.154, effective February 27, 1998 (operative March 1, 1998; to expire August 31, 1998).

See: *30 N.J.R. 1060(a)*.

Former *N.J.A.C. 10:54-4.7*, Use of HCPCS codes for critical care services, recodified to *N.J.A.C. 10:54-4.8*.

Adopted concurrent proposal, R.1998 d.487, effective August 28, 1998.

See: *30 N.J.R. 1060(a)*, *30 N.J.R. 3519(a)*.

Readopted the provisions of R.1998 d.154 without change.

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N.J.A.C. 10:54-4.8

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§ 10:54-4.8 Use of HCPCS codes for critical care services

(a) For critical care services to be covered by the Program, the HCPCS codes 99291 and 99292 shall be used and the service shall be consistent with the following requirement in order to be reimbursed:

1. The patient's situation requires constant physician attendance which is given by the physician to the exclusion of his or her other patients and duties and, therefore, for him or her, represents what is beyond usual service. This shall be verified by the applicable records, as defined by the setting. The records shall show, in the physician's handwriting, the time of onset and time of completion of the service.

(b) HCPCS codes 99291 and 99292 may be used in all settings, such as office, hospital, home, residential health care facility and nursing facility.

(c) HCPCS codes 99291 and 99292 shall not be used simultaneously with procedure codes that pay a reimbursement for the same time or type of service. (See *N.J.A.C. 10:54-9.8* for procedure codes that must not be billed with Critical Care Service codes.)

History

HISTORY:

Recodified from *N.J.A.C. 10:54-4.7* by R.1998 d.154, effective February 27, 1998 (operative March 1, 1998; to expire August 31, 1998).

See: *30 New Jersey Register 1060(a)*.

Former *N.J.A.C. 10:54-4.8*, Use of HCPCS codes for neonatal intensive care, recodified to *N.J.A.C. 10:54-4.9*.

Adopted concurrent proposal, R.1998 d.487, effective August 28, 1998.

See: *30 New Jersey Register 1060(a)*, *30 New Jersey Register 3519(a)*.

Readopted the provisions of R.1998 d.154 without change.

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N.J.A.C. 10:54-4.9

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 56 No. 3, February 5, 2024

§ 10:54-4.9 Use of HCPCS codes for neonatal intensive care

(a) For neonatal intensive care services to be covered by the Program, the codes HCPCS 99295-99297 shall be used and the service shall be consistent with the narrative in the CPT and with the following, in order to be reimbursed:

1. The patient's situation requires constant physician attendance which shall be given by the physician to the exclusion of his or her other patients and duties and, therefore, for him or her, represents what is beyond usual service. This must be verified by the applicable records, as defined by the setting. The records shall show in the physician's handwriting the time of onset and time of completion of the service.

(b) HCPCS codes 99295-99297 shall not be used simultaneously with procedure codes that pay a reimbursement for the same time or type of service.

History

HISTORY:

Recodified from *N.J.A.C. 10:54-4.8* by R.1998 d.154, effective February 27, 1998 (operative March 1, 1998; to expire August 31, 1998).

See: *30 New Jersey Register 1060(a)*.

Former *N.J.A.C. 10:54-4.9*, Use of HCPCS codes for neonatal intensive care; well baby, recodified to *N.J.A.C. 10:54-4.10*.

Adopted concurrent proposal, R.1998 d.487, effective August 28, 1998.

See: *30 New Jersey Register 1060(a)*, *30 New Jersey Register 3519(a)*.

Readopted the provisions of R.1998 d.154 without change.

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N.J.A.C. 10:54-4.10

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§ 10:54-4.10 Use of HCPCS codes for neonatal care; well baby

For routine hospital newborn care for a well baby, the HCPCS code 99431 requires documentation, for reimbursement purposes, of minimum routine newborn care by a physician/practitioner other than the physician(s)/practitioner(s) rendering maternity service, complete initial and discharge physical examination, conference(s) with the patient(s).

History

HISTORY:

Recodified from N.J.A.C. 10:54-4.9 by R.1998 d.154, effective February 27, 1998 (operative March 1, 1998; to expire August 31, 1998).

See: 30 New Jersey Register 1060(a).

Former N.J.A.C. 10:54-4.10, Use of HCPCS codes for neonatal intensive care; sick newborn, recodified to N.J.A.C. 10:54-4.11.

Adopted concurrent proposal, R.1998 d.487, effective .

See: 30 New Jersey Register 1060(a), 30 New Jersey Register 3519(a).

Readopted the provisions of R.1998 d.154 without change.

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N.J.A.C. 10:54-4.11

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 56 No. 3, February 5, 2024

§ 10:54-4.11 Use of HCPCS codes for neonatal care; sick newborn

For sick newborns in a hospital inpatient setting, HCPCS code 99221 shall be used for initial hospital care. HCPCS codes 99231, 99232, and 99233 shall be used for all other hospital care. If a prolonged period of hospital inpatient care is applicable, HCPCS codes 99356 and 99357 shall be used.

History

HISTORY:

Recodified from *N.J.A.C. 10:54-4.10* by R.1998 d.154, effective February 27, 1998 (operative March 1, 1998; to expire August 31, 1998).

See: *30 New Jersey Register 1060(a)*.

Former *N.J.A.C. 10:54-4.11*, Physician reimbursement in special situations, recodified to *N.J.A.C. 10:54-4.12*.

Adopted concurrent proposal, R.1998 d.487, effective August 28, 1998.

See: *30 New Jersey Register 1060(a)*, *30 New Jersey Register 3519(a)*.

Readopted the provisions of R.1998 d.154 without change.

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N.J.A.C. 10:54-4.12

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 56 No. 3, February 5, 2024

§ 10:54-4.12 Physician reimbursement in special situations

(a) A hospital-based physician who is salaried and whose services are reimbursed as part of the hospital's cost shall not bill fee-for-service to the New Jersey Medicaid/NJ FamilyCare program.

(b) A physician practicing in a hospital outpatient department whose reimbursement is not part of the hospital's cost may bill fee-for-service to the New Jersey Medicaid/NJ FamilyCare program, independent of the hospital charges for professional services, if the physician's arrangement with the hospital permits it.

(c) If a patient receives care from more than one member of a partnership or corporation in the same discipline, the maximum fee allowance shall be the same as that for a single attending physician.

(d) Reimbursement shall not be made for, and beneficiaries shall not be asked to pay for, broken appointments.

(e) Reimbursement shall be made for injections (intradermal, subcutaneous, intramuscular, intravenous) which are administered by the physician according to *N.J.A.C. 10:54-9.4* and *N.J.A.C. 10:54-9.8*.

> **1.** Reimbursement for immunization services will be based on the formula of Average Wholesale Price (AWP) of the drug plus 15 percent, plus $ 2.00 for physician's cost of dispensing the immunization. For specific qualifiers for immunizations, see *N.J.A.C. 10:54-9.8(a)* and (i) and *N.J.A.C. 10:54-9.10(f)*.

(f) Reimbursement for psychiatric consultation or shock therapy shall be considered as inclusive of all psychiatric services that day.

(g) Reimbursement for Early and Periodic Screening, Diagnosis and Treatment shall be made in accordance with *N.J.A.C. 10:54-5.5*, *N.J.A.C. 10:54-9.4* and *9.10*(*l*)4.

(h) Reimbursement for HealthStart services shall be made in accordance with N.J.A.C. 10:54-6 and *N.J.A.C. 10:54-9.10(k)*.

History

HISTORY:

Recodified from *N.J.A.C. 10:54-4.11* by R.1998 d.154, effective February 27, 1998 (operative March 1, 1998; to expire August 31, 1998).

See: *30 N.J.R. 1060(a)*.

Former *N.J.A.C. 10:54-4.12*, HCPCS codes for surgical procedures; general, recodified to *N.J.A.C. 10:54-4.13*.

Adopted concurrent proposal, R.1998 d.487, effective August 28, 1998.

See: *30 N.J.R. 1060(a)*, *30 N.J.R. 3519(a)*.

Readopted the provisions of R.1998 d.154 without change.

Amended by R.2001 d.51, effective February 5, 2001.

See: *32 N.J.R. 3929(a)*, *33 N.J.R. 555(a)*.

In (d), substituted "beneficiaries" for "recipients" preceding "shall not be asked".

Amended by R.2012 d.124, effective July 2, 2012.

See: *43 N.J.R. 1477(a)*, *44 N.J.R. 1884(a)*.

In (a) and (b), inserted "/NJ FamilyCare".

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§ 10:54-4.13 HCPCS codes for surgical procedures; general

(a) The New Jersey Medicaid/NJ FamilyCare program shall reimburse for surgical services based on a surgical package concept, which includes the following components:

1. Pre-operative care, which shall include any consultations and/or evaluations performed within 48 hours prior to surgery by the surgeon performing the surgery and routine visits (office or hospital) on the day of surgery, except that:

i. Initial hospital visits may be reimbursed on the day of surgery, unless the surgery involves certain obstetrical delivery codes (see *N.J.A.C. 10:54-9.10* for a listing of these delivery codes); and

ii. When the patient is undergoing same day surgery (hospital outpatient) or surgery in an ambulatory surgical center (independent clinic), the pre-surgical history, physical examination, and risk evaluation provided on the same day may be billed by the physician. (See also *N.J.A.C. 10:54-9.4*.)

2. The performance of the operation (surgical procedure) itself;

3. Anesthesia services, when rendered by the operating surgeon (that is, local anesthesia or nerve blocks); and

4. Normal post-operative care.

i. A listing of surgical codes, with corresponding follow-up days, is provided in *N.J.A.C. 10:54-9.4*. During the corresponding follow-up days, normal follow-up post-operative care (that is, office visits) shall not be billed separately from the all inclusive operative fee. No additional reimbursement shall be made to the provider for routine care during the follow-up period.

History

HISTORY:

Recodified from *N.J.A.C. 10:54-4.12* by R.1998 d.154, effective February 27, 1998 (operative March 1, 1998; to expire August 31, 1998).

See: *30 N.J.R. 1060(a)*.

Former *N.J.A.C. 10:54-4.13*, Pre-surgery consultation and evaluation, recodified to *N.J.A.C. 10:54-4.14*.

Adopted concurrent proposal, R.1998 d.487, effective August 28, 1998.

See: *30 N.J.R. 1060(a)*, *30 N.J.R. 3519(a)*.

Readopted the provisions of R.1998 d.154 without change.

Amended by R.2012 d.124, effective July 2, 2012.

See: *43 N.J.R. 1477(a)*, *44 N.J.R. 1884(a)*.

In the introductory paragraph of (a), inserted "/NJ FamilyCare".

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N.J.A.C. 10:54-4.14

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§ 10:54-4.14 Pre-surgery consultation and evaluation

Consultation and evaluation services provided prior to surgery by specialists other than the surgeon performing the procedure may be separately reimbursed from the payment for surgical procedures when provided within 48 hours prior to surgery.

History

HISTORY:

Recodified from *N.J.A.C. 10:54-4.13* by R.1998 d.154, effective February 27, 1998 (operative March 1, 1998; to expire August 31, 1998).

See: *30 New Jersey Register 1060(a)*.

Former *N.J.A.C. 10:54-4.14*, Simultaneous visit and other procedures, recodified to *N.J.A.C. 10:54-4.15*.

Adopted concurrent proposal, R.1998 d.487, effective August 28, 1998.

See: *30 New Jersey Register 1060(a)*, *30 New Jersey Register 3519(a)*.

Readopted the provisions of R.1998 d.154 without change.

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N.J.A.C. 10:54-4.15

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§ 10:54-4.15 Simultaneous visit and other procedures

(a) If the physician bills for an office/outpatient visit at the time of the surgical procedure, reimbursement may be made for either the surgical procedure, at 100 percent of the Medicaid/NJ FamilyCare maximum fee allowance, or for the office/hospital outpatient visit.

(b) The following situations are exceptions to (a) above:

1. Venipuncture (HCPCS 36415) may be billed once per patient visit in addition to an office/hospital outpatient visit when the visit fulfills requirements of a visit and the sample is sent to an outside laboratory for processing;

2. Aspiration or injection into joints (HCPCS 20600-20610) may be billed with an office/hospital outpatient visit;

3. Medication injected into tendon sheaths, ligament trigger points or ganglion cysts (HCPCS 20550) may be billed with an office/hospital outpatient visit; and

4. Procedure codes listed in N.J.A.C. 10:54-9.4.

(c) In order to be properly reimbursed for the surgical procedure, the physician shall bill for the surgical procedure, rather than for the office or outpatient visit, in those instances where the surgical procedure fee exceeds the office or outpatient visit.

History

HISTORY:

Recodified from N.J.A.C. 10:54-4.14 by R.1998 d.154, effective February 27, 1998 (operative March 1, 1998; to expire August 31, 1998).

See: 30 N.J.R. 1060(a).

Former N.J.A.C. 10:54-4.15, Multiple surgical procedures; same session, recodified to N.J.A.C. 10:54-4.16.

Adopted concurrent proposal, R.1998 d.487, effective August 28, 1998.

See: 30 N.J.R. 1060(a), 30 N.J.R. 3519(a).

Readopted the provisions of R.1998 d.154 without change.

Amended by R.2012 d.124, effective July 2, 2012.

See: 43 N.J.R. 1477(a), 44 N.J.R. 1884(a).

In (a), inserted "/NJ FamilyCare".

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N.J.A.C. 10:54-4.16

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§ 10:54-4.16 Multiple surgical procedures; same session

(a) Multiple surgical procedures during the same operative session shall be reimbursed as follows:

1. The primary surgical procedure shall be reimbursed at 100 percent of the Maximum Fee Allowance;

2. The secondary surgical procedure(s) shall be reimbursed at 50 percent of the Maximum Fee Allowance; and

3. The maximum reimbursement threshold for any operative procedure is 200 percent of the amount of the Maximum Fee Allowance of the primary surgical procedure.

(b) Incidental surgical procedures shall not be reimbursed in addition to any primary and/or secondary surgical procedure(s). A list of those procedure codes considered by the New Jersey Medicaid/NJ FamilyCare program to be incidental procedures is located in N.J.A.C. 10:54-9.11(b).

History

HISTORY:

Recodified from N.J.A.C. 10:54-4.15 by R.1998 d.154, effective February 27, 1998 (operative March 1, 1998; to expire August 31, 1998).

See: 30 N.J.R. 1060(a).

Former N.J.A.C. 10:54-4.16, Repeat or revisitation of the surgical procedure, recodified to N.J.A.C. 10:54-4.17.

Adopted concurrent proposal, R.1998 d.487, effective August 28, 1998.

See: 30 N.J.R. 1060(a), 30 N.J.R. 3519(a).

Readopted the provisions of R.1998 d.154 without change.

Amended by R.2012 d.124, effective July 2, 2012.

See: 43 N.J.R. 1477(a), 44 N.J.R. 1884(a).

In (a)1 and (a)2, substituted "Maximum Fee Allowance" for "Medicaid Maximum Allowable Fee"; in (a)3, substituted "Allowance" for "Schedule"; and in (b), inserted "/NJ FamilyCare".

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N.J.A.C. 10:54-4.17

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§ 10:54-4.17 Repeat or revisitation of the surgical procedure

If the beneficiary is returned to the operative suite for a repeat or revisitation of the operation, by the same surgeon on the same day, the billing for the operative procedure shall include the "WB" modifier for the reimbursement for the second operative session. The use of this "WB" modifier permits separate reimbursement for the second operative session.

History

HISTORY:

Recodified from N.J.A.C. 10:54-4.16 by R.1998 d.154, effective February 27, 1998 (operative March 1, 1998; to expire August 31, 1998).

See: 30 New Jersey Register 1060(a).

Former N.J.A.C. 10:54-4.17, Litigation or transection of fallopian tubes, recodified to N.J.A.C. 10:54-4.18.

Adopted concurrent proposal, R.1998 d.487, effective August 28, 1998.

See: 30 New Jersey Register 1060(a), 30 New Jersey Register 3519(a).

Readopted the provisions of R.1998 d.154 without change.

Amended by R.2001 d.51, effective February 5, 2001.

See: 32 New Jersey Register 3929(a), 33 New Jersey Register 555(a).

Substituted "beneficiary" for "recipient" preceding "is returned".

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N.J.A.C. 10:54-4.18

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 56 No. 3, February 5, 2024

NJ - New Jersey Administrative Code > TITLE 10. HUMAN SERVICES > CHAPTER 54. PHYSICIAN SERVICES > SUBCHAPTER 4. BASIS OF PAYMENT

§ 10:54-4.18 Ligation or transection of fallopian tubes

(a) Ligation or transection of fallopian tube(s), when done at the operative session (time) of a Caesarean Section or intra-abdominal surgery, shall be reimbursed by the New Jersey Medicaid/NJ FamilyCare program for additional reimbursement from the primary surgical procedure (Caesarean Section) or intra-abdominal surgery. The physician shall use HCPCS 58611 when billing for the ligation/transection of fallopian tube(s) done at the same operative session as the Caesarean Section or intra-abdominal surgery. Multiple surgery pricing shall not apply.

(b) The physician shall use HCPCS codes 58600 or 58605, when the ligation or transection of the fallopian tube(s) are not done at the same time as the operative session for intra-abdominal surgery. Multiple surgery pricing shall apply.

History

HISTORY:

Recodified from *N.J.A.C. 10:54-4.17* by R.1998 d.154, effective February 27, 1998 (operative March 1, 1998; to expire August 31, 1998).

See: *30 N.J.R. 1060(a)*.

Former *N.J.A.C. 10:54-4.18*, Anesthesiology, recodified to *N.J.A.C. 10:54-4.19*.

Adopted concurrent proposal, R.1998 d.487, effective August 28, 1998.

See: *30 N.J.R. 1060(a)*, *30 N.J.R. 3519(a)*.

Readopted the provisions of R.1998 d.154 without change.

Amended by R.2012 d.124, effective July 2, 2012.

See: *43 N.J.R. 1477(a)*, *44 N.J.R. 1884(a)*.

In (a), inserted "/NJ FamilyCare".

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N.J.A.C. 10:54-4.19

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 56 No. 3, February 5, 2024

§ 10:54-4.19 Anesthesiology

(a) Anesthesiologists shall be reimbursed for anesthesia services provided to a Medicaid/NJ FamilyCare program beneficiary for the total of the anesthesia base units (ABUs) plus anesthesia time.

(b) The use of a HCPCS procedure code which has anesthesia base units (ABUs) assigned requires that the "AA" modifier be utilized to allow the claim to be processed to adjudication. The physician shall enter the HCPCS procedure code and the "AA" modifier in FIELD 24D on the claim form.

(c) An "AA" modifier shall be used for either:

1. Services performed by an anesthesiologist; or

2. Services performed by a Certified Nurse Anesthetist (CRNA) personally and directly supervised by an anesthesiologist.

(d) "Anesthesia time (A.T.)" means that period which includes:

1. Those professional activities of the anesthesiologist directly related to the pre-operative preparation of the patient in the operating room or pre-induction room preceding the proposed surgery;

2. Introduction of the anesthetic agent;

3. Continuous supervision during the surgery; and

4. Continuous supervision during the immediate post-operative period until release of the patient in a satisfactory physiological state to a competent recovery room staff.

(e) Anesthesia time shall be reported in 15 minute quantities (one unit equals 15 minutes). The anesthesiologist shall convert the anesthesia time into units and the number of unit(s) shall be entered in FIELD 24F on the claim form. Do not enter the time (hours and/or minutes) in the "units" field. The anesthesia time (hours and/or minutes) shall be entered at the bottom of "FIELD 24D-Description".

(f) Reimbursement for anesthesia shall be determined by the following, unless otherwise noted:

1. The anesthesia base units assigned to the HCPCS procedure code will be automatically added to the number of the units entered by the anesthesiologist in FIELD 24F at the time the claim is processed. The total of ABUs plus the number of units in FIELD 24F will be multiplied by the Medicaid fee per unit for the total Medicaid allowance. (Do not add anesthesia base unit(s) to the unit(s) of service reported in FIELD 24F.)

2. When multiple surgical procedures are rendered during the same operative session, only the one procedure code with the highest anesthesia base unit value shall be used in calculating and billing the anesthesia allowance.

Example: For multiple surgery reimbursement calculation, if multiple surgeries are performed in one operative session within the time span of the surgery (or anesthesia time (A.T.) listed as 2 hours and 45 minutes), the reimbursement should be calculated as follows: (B.U.V.) = 7 plus (A.T.) of 11 units = 18 units multiplied by dollar amount for specialist or non-specialist = Total Anesthesia Reimbursement.

3. A list of procedure codes which do not require the AA modifier when the physician's professional services are rendered by the anesthesiologist is located under anesthesia in *N.J.A.C. 10:54-9.4*, HCPCS.

4. The New Jersey Medicaid Management Information system (NJMMIS) does not recognize the CPT-4 anesthesia codes (00100-01999) as valid on the procedure code file. Therefore, claims submitted using these anesthesia codes, including automatic crossover claims from the Medicare Carrier will be suspended or denied. If a new CMS 1500 claim form with an Explanation of Medicare Benefits (EOMB) notice attached is submitted, claims will be processed.

(g) Reimbursement for anesthesia services provided by an Advanced Practice Nurse specializing in anesthesia shall be made, provided:

1. He or she is employed by a physician who is a specialist in anesthesia who is:

i. An approved provider in the New Jersey Medicaid/NJ FamilyCare program; and

ii. The person who submits the claim for services rendered; and

2. The APN/Anesthesia's services were performed under the personal direction of the employer anesthesiologist throughout the period of anesthesia. (See *N.J.A.C. 10:54-2.2(a)* and (b) for rules related to personal direction of the APN/Anesthesia, as applicable).

(h) The New Jersey Medicaid/NJ FamilyCare program shall not reimburse an APN/Anesthesia directly, nor shall it reimburse charges submitted by an anesthesiologist for services rendered by an APN/Anesthesia who is not in his or her employ, but is in the employ of a health care facility.

History

HISTORY:

Recodified from *N.J.A.C. 10:54-4.18* by R.1998 d.154, effective February 27, 1998 (operative March 1, 1998; to expire August 31, 1998).

See: *30 N.J.R. 1060(a)*.

Former *N.J.A.C. 10:54-4.19*, Radiology; general, recodified to *N.J.A.C. 10:54-4.20*.

Adopted concurrent proposal, R.1998 d.487, effective August 28, 1998.

See: *30 N.J.R. 1060(a)*, *30 N.J.R. 3519(a)*.

Readopted the provisions of R.1998 d.154 without change.

Amended by R.2001 d.51, effective February 5, 2001.

See: *32 N.J.R. 3929(a)*, *33 N.J.R. 555(a)*.

In (a), substituted "beneficiary" for "recipient" preceding "for the total".

Amended by R.2012 d.124, effective July 2, 2012.

See: *43 N.J.R. 1477(a)*, *44 N.J.R. 1884(a)*.

In (a), inserted "/NJ FamilyCare program"; in (f)4, substituted "CMS" for "HCFA"; in the introductory paragraph of (g), substituted "an Advanced Practice Nurse specializing in anesthesia" for "Certified Registered Nurse Anesthetists (CRNA)"; in (g)1i and (h), inserted "/NJ FamilyCare"; in (g)2, substituted "APN/Anesthesia's" for "CRNA's" and "APN/Anesthesia" for "CRNA"; and in (h), substituted "an APN/Anesthesia" for "a CRNA" twice.

Annotations

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N.J.A.C. 10:54-4.20

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 56 No. 3, February 5, 2024

§ 10:54-4.20 Radiology; general

Radiological services shall ordinarily be provided only by a physician who is a specialist in radiology, nuclear medicine, and/or radiation oncology. However, a physician, other than one of those listed above, who is a specialist may provide radiological services which are related and limited to his or her own specialty field. (See *N.J.A.C. 10:54-9.6*, HCPCS for specific procedure codes and qualifiers for radiological services and the CPT.)

History

HISTORY:

Recodified from *N.J.A.C. 10:54-4.19* by R.1998 d.154, effective February 27, 1998 (operative March 1, 1998; to expire August 31, 1998).

See: *30 New Jersey Register 1060(a)*.

Former *N.J.A.C. 10:54-4.20*, Radiology; diagnostic imaging and ultrasound, recodified to *N.J.A.C. 10:54-4.21*.

Adopted concurrent proposal, R.1998 d.487, effective August 28, 1998.

See: *30 New Jersey Register 1060(a)*, *30 New Jersey Register 3519(a)*.

Readopted the provisions of R.1998 d.154 without change.

Amended by R.2001 d.51, effective February 5, 2001.

See: *32 New Jersey Register 3929(a)*, *33 New Jersey Register 555(a)*.

Amended the N.J.A.C. reference and substituted "CPT" for "CPT-4".

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§ 10:54-4.21 Radiology; diagnostic imaging and ultrasound

(a) Reimbursement for radiological services provided by a physician(s) other than those physicians listed in *N.J.A.C. 10:54-4.19* shall be limited to diagnostic radiology of long bones and/or radiological chest examination, in emergency situations to the physician's own patients, in his or her own office.

(b) The fees for routine diagnostic radiology shall include usual contrast media, equipment, materials, consultation, and written reports to the referring physician.

1. For special high risk patients who require the use of low osmolar contrast material to prevent adverse reactions, reimbursement shall be based on the volume of contrast injected, as specified in *N.J.A.C. 10:54-9.6*, HCPCS.

(c) For diagnostic radiology when combined procedure codes are indicated, specific procedure codes shall not be reimbursed separately when performed in conjunction with other procedure codes and shall be denied if billed together, as follows:

1. Esophagus X-rays shall not be eligible for separate reimbursement when performed in conjunction with a gastrointestinal or small bowel series.

2. Pelvic X-rays shall not be eligible for separate reimbursement when performed in conjunction with complete lumbosacral spine X-rays.

3. Bilateral hip X-rays code (HCPCS 73520) shall be used instead of separate HCPCS codes for each hip (HCPCS 73500 or 73510).

(d) The CPT narrative shall be used to define the permitted number of views to be taken in order to justify the reimbursement for any given radiological procedure.

(e) Reimbursement for radiological services (HCPCS 70000-79999) includes two components, the professional component and the technical component. (See *N.J.A.C. 10:54-9.6*, HCPCS):

1. The professional component (PC) (see N.J.A.C. 10:54-9) includes the services performed by the physician for Supervision and Interpretation (S & I) of the study, as well as writing the required report. (Use modifier "26" following the CPT code and specify the correct place of service on the claim form.)

2. The technical component (TC) includes the use of the equipment, supplies, routine contrast material, and the technician's time. (Specify the correct place of service on the claim form.)

3. When both the professional and technical components of the service are provided, do not use modifier "TC" or "26" with the HCPCS.

(f) Injection codes related to diagnostic radiologic services should be billed by either the radiologists or other specialists using specific HCPCS codes, as appropriate.

(g) The fee schedule for all radiological services performed in a hospital setting (as indicated in the column in the HCPCS codes) represents the professional component (PC) for those radiologists whose reimbursement is on a fee-for-service basis and not part of hospital costs. In this case, the radiologist shall bill the Medicaid/NJ FamilyCare program directly.

(h) Physician radiological services to both hospital inpatients and outpatients, for which the physician is customarily reimbursed directly by the hospital under contractual or other arrangements, shall be a reimbursable hospital cost and shall be billed by the hospital and not directly to the Medicaid/NJ FamilyCare program by the physician.

(i) No radiological services shall be provided in the outpatient hospital setting without the referral of a physician or other licensed medical practitioner, acting within his or her scope of practice.

History

HISTORY:

Recodified from N.J.A.C. 10:54-4.20 by R.1998 d.154, effective February 27, 1998 (operative March 1, 1998; to expire August 31, 1998).

See: 30 N.J.R. 1060(a).

Former N.J.A.C. 10:54-4.21, Radiology; Computerized Tomography (CT), Magnetic Resonance Imaging (MRI) and Ultrasound, recodified to N.J.A.C. 10:54-4.22.

Adopted concurrent proposal, R.1998 d.487, effective August 28, 1998.

See: 30 N.J.R. 1060(a), 30 N.J.R. 3519(a).

Readopted the provisions of R.1998 d.154 without change.

Amended by R.2001 d.51, effective February 5, 2001.

See: 32 N.J.R. 3929(a), 33 N.J.R. 555(a).

In (b)1 and (e) introductory paragraph, amended the N.J.A.C. reference.

Amended by R.2012 d.124, effective July 2, 2012.

See: 43 N.J.R. 1477(a), 44 N.J.R. 1884(a).

In (g) and (h), inserted "the" preceding and "/NJ FamilyCare program" following "Medicaid".

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This file includes all Regulations adopted and published through the New Jersey Register, Vol. 56 No. 3, February 5, 2024

§ 10:54-4.22 Radiology; Computerized Tomography (CT), Magnetic Resonance Imaging (MRI) and Ultrasound

(a) For documented, necessary, combined abdominal and pelvic body scans (CT and/or MRI), reimbursement for the second or subsequent procedures shall be limited to an additional 50 percent of the payment for the first procedure.

(b) For computerized tomography scan (CT) guidance (monitoring) performed in conjunction with biopsy, aspiration, puncture, injection of contrast material, or placement of a tube, drain, or other medically necessary device, the HCPCS codes with modifier for Reduced Services "-52" shall be used for billing purposes.

(c) Magnetic resonance imaging (MRI) shall be considered a covered service when provided in an inpatient or outpatient hospital setting, in an MRI consortium or in a physician's office. Reimbursement shall be contingent upon the provider of service and place of service.

1. When a hospital submits a claim for charges for an MRI service provided to an inpatient or outpatient, the technical component (TC) shall be separated from the professional component (PC).

i. The charge for the technical component (TC) provided to a hospital inpatient shall be billed by the hospital where the patient is registered as an inpatient, irrespective of where the MRI service is performed. When a hospital is providing an MRI service to an inpatient of another hospital, the hospital providing the service bills the charge to the referring hospital for reimbursement and the referring (inpatient) hospital bills the "rebundled charge" to the Medicaid/NJ FamilyCare program.

ii. The technical component (TC) provided to a hospital outpatient shall be billed by the hospital. The charge is subject to the Medicaid/NJ FamilyCare cost-to-charge ratio. (See *N.J.A.C. 10:52*.)

iii. For both hospital inpatients and outpatients, the professional component shall be billed on the CMS 1500 claim form, either by the physician or by the MRI-based hospital on behalf of the physician, and not on any other form.

2. MRI services provided by a consortium to a hospital inpatient shall be billed as follows:

i. For reimbursement of the "TC", the consortium shall bill charges to the hospital where the patient is registered as an inpatient, using the "TC" modifier. For reimbursement of the "PC", the consortium shall bill the amount in the "PC" column of the Medicaid maximum fee allowance, using the modifier "26."

ii. For reimbursement for MRI services provided to other than a hospital inpatient by a consortium, the professional component (PC) and technical component (TC) shall not be split. The composite (global) rate listed in *N.J.A.C. 10:54-9.6* in the last column, entitled "Maximum fee allowance," shall be billed to Medicaid, using the CMS 1500 claim form.

3. For reimbursement for MRI services provided by a physician in an office setting to a beneficiary who is not a hospital inpatient, the technical component (TC) and the professional component (PC) shall not

be split. The composite (global) rate shall be billed to the Medicaid/NJ FamilyCare program, using the CMS 1500 claim form.

4. For the limitations on the use of procedure codes for ultrasound services to a beneficiary who is pregnant (using the HCPCS 76805, 76810, and 76815 for billing) refer to the qualifier section of *N.J.A.C. 10:54-9.8*.

History

HISTORY:

Recodified from *N.J.A.C. 10:54-4.21* by R.1998 d.154, effective February 27, 1998 (operative March 1, 1998; to expire August 31, 1998).

See: *30 N.J.R. 1060(a)*.

Former *N.J.A.C. 10:54-4.22*, Nuclear medicine; diagnostic and therapeutic radiopharmaceuticals, recodified to *N.J.A.C. 10:54-4.23*.

Adopted concurrent proposal, R.1998 d.487, effective August 28, 1998.

See: *30 N.J.R. 1060(a)*, *30 N.J.R. 3519(a)*.

Readopted the provisions of R.1998 d.154 without change

Amended by R.2001 d.51, effective February 5, 2001.

See: *32 N.J.R. 3929(a)*, *33 N.J.R. 555(a)*.

In (c)3 and 4, substituted "beneficiary" for "recipient" and in (c)4 amended the N.J.A.C. reference.

Amended by R.2012 d.124, effective July 2, 2012.

See: *43 N.J.R. 1477(a)*, *44 N.J.R. 1884(a)*.

In the introductory paragraph of (c), deleted a comma following the second occurrence of "service"; in (c)1i and (c)3, inserted "the" preceding and "/NJ FamilyCare program" following "Medicaid"; in (c)1ii, inserted "/NJ FamilyCare"; and in (c)1iii, (c)2ii and (c)3, substituted "CMS" for "HCFA".

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N.J.A.C. 10:54-4.23

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§ 10:54-4.23 Nuclear medicine; diagnostic and therapeutic radiopharmaceuticals

(a) Nuclear medicine, diagnostic and therapeutic radiopharmaceuticals shall be reimbursed separately when provided by a physician in an office setting, as applicable. (See HCPCS 78990 and 79900.)

1. Lung ventilation and perfusion study combined codes shall be used when both these studies are done on the same day, instead of the individual code for each study.

History

HISTORY:

Recodified from *N.J.A.C. 10:54-4.22* by R.1998 d.154, effective February 27, 1998 (operative March 1, 1998; to expire August 31, 1998).

See: *30 New Jersey Register 1060(a)*.

Former *N.J.A.C. 10:54-4.23*, Radiation oncology; treatment planning and therapy, recodified to *N.J.A.C. 10:54-4.24*.

Adopted concurrent proposal, R.1998 d.487, effective August 28, 1998.

See: *30 New Jersey Register 1060(a)*, *30 New Jersey Register 3519(a)*.

Readopted the provisions of R.1998 d.154 without change.

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N.J.A.C. 10:54-4.24

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§ 10:54-4.24 Radiation oncology; treatment planning and therapy

(a) The treatment planning process shall include interpretation of special testing, tumor localization, treatment volume determination, treatment time/dosage determination, choice of treatment ports, selection of appropriate treatment devices and other procedures. Consultation services in conjunction with treatment planning shall not be separately reimbursed.

(b) Tele-radiotherapy treatment shall include the use of X-ray and other high energy modalities (such as betatron, or linear accelerator) radium, cobalt, and other radioactive substances, unless otherwise specified.

1. Reimbursement for treatment of malignancies and non-malignancies shall include 90 days follow-up care, unless otherwise specified.

2. Reimbursement for tele-radiotherapy shall include concomitant office visits, but shall not include concomitant surgical, diagnostic, radiological, or laboratory procedures.

3. Reimbursement of radium and radioisotopes shall include dosage calculation, preparation and planning of the treatment.

4. Reimbursement for radioactive drugs for treatment shall not be included in the therapeutic radiology reimbursement. Preliminary and follow-up diagnostic tests shall not be included in the reimbursement, and may be billed separately. (See the designation of particular HCPCS codes in *N.J.A.C. 10:54-9.6*.)

History

HISTORY:

Recodified from *N.J.A.C. 10:54-4.23* by R.1998 d.154, effective February 27, 1998 (operative March 1, 1998; to expire August 31, 1998).

See: *30 New Jersey Register 1060(a)*.

Former *N.J.A.C. 10:54-4.24*, Radiology; portable and mobile diagnostic, recodified to *N.J.A.C. 10:54-4.25*.

Adopted concurrent proposal, R.1998 d.487, effective August 28, 1998.

See: *30 New Jersey Register 1060(a)*, *30 New Jersey Register 3519(a)*.

Readopted the provisions of R.1998 d.154 without change.

Amended by R.2001 d.51, effective February 5, 2001.

See: *32 New Jersey Register 3929(a)*, *33 New Jersey Register 555(a)*.

In (b)4, amended the N.J.A.C. reference.

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N.J.A.C. 10:54-4.25

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 56 No. 3, February 5, 2024

§ 10:54-4.25 Radiology; portable and mobile diagnostic

(a) Portable and mobile diagnostic radiological services shall be provided only by a physician who is a specialist in radiology.

(b) Portable and mobile diagnostic radiological services may be provided to Medicaid patients in long term care settings, in an emergency situation, or in a situation in which it is not medically practical to provide such services other than by bringing equipment and personnel to the patient for whom these services are indicated. No portable or mobile diagnostic radiological services provided in a boarding home or independent clinical laboratory shall be reimbursed by Medicaid.

(c) Portable and mobile diagnostic radiological services shall conform with Federal, State and local laws and regulations.

(d) Portable radiological services shall be rendered only on the written order of a licensed health professional within the limits of his or her licensure. The physician/practitioner ordering the service shall:

1. Define the body area to be radiologically examined;

2. Provide the diagnosis(es) indicating the reason for the order;

3. Indicate the current clinical status of the patient; and

4. Indicate dates and types of previous radiological examinations within past year.

(e) Regardless of who retains the radiology film(s) after the service has been rendered (attending physician or portable radiological services);

1. Retention of such film(s) and written record(s) shall be consistent with State law.

2. Release of such film(s) and record(s) to other health professionals and/or facilities, who may subsequently be responsible for the patient's care, shall be allowed only with the written consent of the patient (or his or her legal representative) and the physician who ordered the study.

(f) Portable and mobile diagnostic radiology service records shall consist of, as a minimum:

1. Date(s) of examination;

2. Type of examination with radiologic findings and diagnosis (description of procedures ordered and performed);

3. Name of patient;

4. Place of examination;

5. Name and title of technician who performed the examination;

6. Name of radiologist who interpreted the film;

7. Name of referring physician;

8. Date report sent to referring physician; and

9. Whether film studies were retained by the service or forwarded to the referring physician with date forwarded.

(g) The professional component and technical component charges shall be combined, billed and reimbursed as one lump sum unless otherwise specified for portable X-rays. Transportation and setting up charges for portable X-rays is allowed for the first person only for an examination at a home or long term care settings. Reimbursement shall be limited to a single fee per trip at home or facility regardless of the number of persons X-rayed and shall include return for retakes due to technical errors.

(h) Reimbursement shall be made according to the Medicaid maximum fee allowance schedule for radiological services, contained N.J.A.C. 10:54-9.

(i) Reimbursement shall be all inclusive, in accordance with the schedule of allowances, and shall be payable only to the approved provider. Any subsequent arrangement for apportionment between the provider and personnel shall be consistent with standard practice of the medical profession.

(j) The provider shall identify the radiologist who interpreted the film in order to receive payment on the physician claim form (CMS 1500) on Item 24. If the provider is a radiologist, the physician referring the patient shall also be identified on the claim form (CMS 1500) on Item 17 and 17a.

History

HISTORY:

Recodified from *N.J.A.C. 10:54-4.24* by R.1998 d.154, effective February 27, 1998 (operative March 1, 1998; to expire August 31, 1998).

See: *30 N.J.R. 1060(a)*.

Former *N.J.A.C. 10:54-4.25*, Consultation services; general, recodified to *N.J.A.C. 10:54-4.26*.

Adopted concurrent proposal, R.1998 d.487, effective August 28, 1998.

See: *30 N.J.R. 1060(a)*, *30 N.J.R. 3519(a)*.

Readopted the provisions of R.1998 d.154 without change.

Amended by R.2001 d.51, effective February 5, 2001.

See: *32 N.J.R. 3929(a)*, *33 N.J.R. 555(a)*.

In (j), substituted "17 and 17a" for "24" in the second sentence.

Amended by R.2012 d.124, effective July 2, 2012.

See: *43 N.J.R. 1477(a)*, *44 N.J.R. 1884(a)*.

In (j), substituted "CMS" for "HCFA" twice.

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N.J.A.C. 10:54-4.26

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 56 No. 3, February 5, 2024

§ 10:54-4.26 Consultation services; general

(a) A consultation shall include a personal examination of the patient with a written report of the history, physical findings, diagnosis, and recommendations of the consultant for future management.

(b) When a consultation is requested from an approved State agency, a letter of agreement between the appropriate State agency and the New Jersey Medicaid/NJ FamilyCare program shall be made and the request shall be consistent with good medical practice. If there is a referral by a State agency with an appropriate contract with the New Jersey Medicaid/NJ FamilyCare program, the report shall be sent to the appropriate State agency and payment for a consultation may be reimbursed.

(c) If the consultation is performed in an emergency room setting and the patient is admitted within 24 hours to the consultant's service as an inpatient, either a consultation or initial visit may be billed. The Medicaid/NJ FamilyCare program will reimburse for only one, as appropriate. Continuing visits by the physician who has assumed the care of the patient shall be billed as subsequent hospital visits.

(d) If the patient is seen by another physician and admitted/transferred to that other physician's service, then the initial physician may continue to follow the patient and shall be reimbursed by the Medicaid/NJ FamilyCare program for concurrent care, if concurrent care can be justified as medically necessary. When a consultant assumes the continuing care of the patient, any subsequent services provided by him or her shall no longer be considered consultation, and these visits shall be billed as routine or follow-up visits. (See *N.J.A.C. 10:54-4.7* for regulations on concurrent care.)

History

HISTORY:

Recodified from *N.J.A.C. 10:54-4.25* by R.1998 d.154, effective February 27, 1998 (operative March 1, 1998; to expire August 31, 1998).

See: *30 N.J.R. 1060(a)*.

Former *N.J.A.C. 10:54-4.26*, Consultation; limited, recodified to *N.J.A.C. 10:54-4.27*.

Adopted concurrent proposal, R.1998 d.487, effective August 28, 1998.

See: *30 N.J.R. 1060(a)*, *30 N.J.R. 3519(a)*.

Readopted the provisions of R.1998 d.154 without change.

Amended by R.2012 d.124, effective July 2, 2012.

See: *43 N.J.R. 1477(a)*, *44 N.J.R. 1884(a)*.

In (b), (c) and (d), inserted "/NJ Family Care" throughout; and in (b), substituted the first and second occurrence of "State" for "state".

Annotations

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N.J.A.C. 10:54-4.27

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 56 No. 3, February 5, 2024

§ 10:54-4.27 Consultation; limited

"Consultation (Limited)" refers, generally, to a single body system review and physical examination. While a limited consultation is not necessarily limited to a single body system, it does not include a complete, total, all inclusive history and complete, total, all inclusive physical examination. A written report which includes diagnosis and recommendations of future management shall be provided to the referring physician.

History

HISTORY:

Recodified from *N.J.A.C. 10:54-4.26* by R.1998 d.154, effective February 27, 1998 (operative March 1, 1998; to expire August 31, 1998).

See: *30 New Jersey Register 1060(a)*.

Former *N.J.A.C. 10:54-4.27*, Consultation; comprehensive, recodified to *N.J.A.C. 10:54-4.28*.

Adopted concurrent proposal, R.1998 d.487, effective August 28, 1998.

See: *30 New Jersey Register 1060(a)*, *30 New Jersey Register 3519(a)*.

Readopted the provisions of R.1998 d.154 without change.

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N.J.A.C. 10:54-4.28

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 56 No. 3, February 5, 2024

NJ - New Jersey Administrative Code > TITLE 10. HUMAN SERVICES > CHAPTER 54. PHYSICIAN SERVICES > SUBCHAPTER 4. BASIS OF PAYMENT

§ 10:54-4.28 Consultation; comprehensive

"Consultation (Comprehensive)" means a total body system evaluation by history and physical examination, including a total body systems review and total body system physical examination. If the total body system evaluation is not performed, reimbursement for comprehensive consultation may be made, provided evidence is documented on the medical record and accompanied by a statement that the consultation utilized one or more hours of the consulting physician's personal time in performance of the consultation.

History

HISTORY:

Recodified from *N.J.A.C. 10:54-4.27* by R.1998 d.154, effective February 27, 1998 (operative March 1, 1998; to expire August 31, 1998).

See: *30 New Jersey Register 1060(a)*.

Former *N.J.A.C. 10:54-4.28*, Consultation; follow-up, recodified to *N.J.A.C. 10:54-4.29*.

Adopted concurrent proposal, R.1998 d.487, effective August 28, 1998.

See: *30 New Jersey Register 1060(a)*, *30 New Jersey Register 3519(a)*.

Readopted the provisions of R.1998 d.154 without change.

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N.J.A.C. 10:54-4.29

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 56 No. 3, February 5, 2024

§ 10:54-4.29 Consultation; follow-up

"Consultation (Follow-up)" means the monitoring of progress, recommending management modifications or advising on a new plan of care in response to changes in the patient's status. If the physician consultant has initiated treatment at the initial consultation and participates thereafter in the patient's management, the codes for subsequent hospital care shall be used (99231-99233). Consultation (Follow-up) codes (99261-99263) shall be used for follow-up consultations provided to hospital inpatients and nursing facility residents only. For consultative services provided in other settings, the codes for office or other outpatient consultations shall be used (99241-99245).

History

HISTORY:

Recodified from *N.J.A.C. 10:54-4.28* by R.1998 d.154, effective February 27, 1998 (operative March 1, 1998; to expire August 31, 1998).

See: *30 New Jersey Register 1060(a)*.

Former *N.J.A.C. 10:54-4.29*, Consultation; use of all consultation codes, recodified to *N.J.A.C. 10:54-4.30*.

Adopted concurrent proposal, R.1998 d.487, effective August 28, 1998.

See: *30 New Jersey Register 1060(a)*, *30 New Jersey Register 3519(a)*.

Readopted the provisions of R.1998 d.154 without change.

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N.J.A.C. 10:54-4.30

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§ 10:54-4.30 Consultation; use of all consultation codes

(a) Except where medical necessity dictates or where a hospital policy, state law or regulation dictates otherwise, multiple and simultaneous consultations in the same specialty for the same disease, illness or condition, whether in or out of a hospital, shall not be reimbursed.

(b) If there is no referring physician (such as, when the patient either makes an appointment on his own or when care is recommended by another physician who does not request a report of the specialist findings) or there is not an appropriate state agency referral, the appropriate initial office visit procedure code should be utilized rather than the code for consultation.

(c) If a consultation is performed in a nursing facility and the patient is then transferred to the service of the consultant, then the consultant shall bill for one of the consultation procedure codes or a COMPREHENSIVE NURSING FACILITY ASSESSMENTS (NEW or ESTABLISHED) for that visit and reimbursement will be for one, not both of these codes.

(d) If proper documentation is not forthcoming on the medical record, the consultation visit may be denied. One of the following statements shall be included on the medical record to indicate that a comprehensive consultation was performed by the physician.

1. "I personally performed a total (all) systems evaluation by history and physical examination"; or

2. "This consultation utilized one hour or more of my personal time."

(e) When consultative services are performed in the physician's office or the beneficiary home, the name and individual Medicaid/NJ FamilyCare Provider Service Number (MPSN) of the referring physician or the name of the person from the State agency making the referral must be included on the claim form.

(f) When reporting consultative services, the provider shall specify whether the consultation was Limited, Comprehensive or Follow-up Consultation. Limited, Comprehensive and/or Follow-up Consultation shall be denied if performed in an office, a residential health care facility, or home setting, if the consultation has been requested by, between, or among members of the same groups, shared health care facility, or physicians sharing common records. (See *N.J.A.C. 10:54-9.4* for consultation HCPCS codes.)

(g) If a prior claim for comprehensive consultation visit has been made within the preceding 12 months, then a repeat claim for this code shall be denied if made by the same physician, physician group, or shared health care facility using a common record, except in those instances where the consultation required the utilization of one hour or more of the physician's personal time. Otherwise, the applicable codes shall be the limited consultation codes, if those criteria are met.

(h) In the case of a consultation, the physician is entitled to payment for services provided, subject to the limitations listed in (a) through (g) above. If, after a consultation, a transfer of patient care is made, reimbursement for services shall only be made to the current physician.

(i) A physician may bill for a consultation initiated by an APN, whether the APN is employed as part of a group or whether the APN is employed independently. However, the collaborating physician of the APN shall not bill for consultation services provided to the APN. When it becomes necessary to admit a patient

for inpatient hospital care, or to prescribe controlled drugs, the collaborating physician may bill for concurrent care limited to a single visit for each episode.

(j) An APN-initiated consultation with another health care professional, excluding the collaborating physician and another APN, will be allowed under the following conditions:

1. Where a medical condition requires evaluation from more than one perspective, discipline or specialty;

2. Where significant medical necessity exists; and

3. Where, subsequent to the consultation, the primary practitioner will either resume sole responsibility or transfer the patient to the consultant.

History

HISTORY:

Recodified from *N.J.A.C. 10:54-4.29* by R.1998 d.154, effective February 27, 1998 (operative March 1, 1998; to expire August 31, 1998).

See: *30 N.J.R. 1060(a)*.

Former *N.J.A.C. 10:54-4.30*, Concurrent care; physicians, recodified to *N.J.A.C. 10:54-4.31*.

Adopted concurrent proposal, R.1998 d.487, effective August 28, 1998.

See: *30 N.J.R. 1060(a)*, *30 N.J.R. 3519(a)*.

Readopted the provisions of R.1998 d.154 without change.

Amended by R.2001 d.51, effective February 5, 2001.

See: *32 N.J.R. 3929(a)*, *33 N.J.R. 555(a)*.

In (e), substituted "beneficiary" for "recipient's" preceding "home".

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

See: *36 N.J.R. 312(a)*, *36 N.J.R. 4136(a)*.

Amended by R.2012 d.124, effective July 2, 2012.

See: *43 N.J.R. 1477(a)*, *44 N.J.R. 1884(a)*.

In (e), inserted "/NJ FamilyCare".

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N.J.A.C. 10:54-4.31

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 56 No. 3, February 5, 2024

§ 10:54-4.31 Concurrent care; physicians

(a) Concurrent care shall be reimbursed where medical necessity requires the services of more than one physician of the same or differing discipline or specialty, in addition to the primary or attending physician, for example:

1. A critically ill patient with diverse medical condition requiring the services of two or more internists, that is, diabetic specialist and cardiologist; or

2. A patient requires an orthopedist for a fractured leg, a neurosurgeon for a head injury, and a general surgeon for a ruptured abdominal viscus, plus an internist for the stabilization of uncontrolled diabetes.

(b) Whether the physician is operating in a group setting or as an individual in solo practice, if concurrent care is requested, a clear demonstration of significant medical necessity must exist both for the primary and attending physician's and/or the other practitioner's services rendering the additional care.

(c) At such time as the patient's condition permits, the attending physician shall either assume sole responsibility or transfer to the practitioner supplying additional (concurrent) care.

(d) Concurrent care shall not be reimbursed in the case of an inappropriate admission to the service of an attending physician who is supplying no significant portion of the management of a patient, but acts only as a vehicle for the patient to receive the necessary services of another physician. The Medicaid/NJ FamilyCare program shall deny payment of the claim submitted by the physician whose services were deemed inappropriate. (See N.J.A.C. 10:54-1.2 for the definition of concurrent care.)

History

HISTORY:

Recodified from N.J.A.C. 10:54-4.30 by R.1998 d.154, effective February 27, 1998 (operative March 1, 1998; to expire August 31, 1998).

See: 30 N.J.R. 1060(a).

Former N.J.A.C. 10:54-4.31, Concurrent care/collaboration with a CNP/CNS, recodified to N.J.A.C. 10:54-4.32.

Adopted concurrent proposal, R.1998 d.487, effective August 28, 1998.

See: 30 N.J.R. 1060(a), 30 N.J.R. 3519(a).

Readopted the provisions of R.1998 d.154 without change.

Amended by R.2012 d.124, effective July 2, 2012.

See: 43 N.J.R. 1477(a), 44 N.J.R. 1884(a).

In (d), inserted "/NJ FamilyCare".

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N.J.A.C. 10:54-4.32

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§ 10:54-4.32 Concurrent care/collaboration with an APN

(a) This rule applies when a physician is providing concurrent care with an advanced practice nurse whether employed as part of a group, or if the physician provides collaboration to the APN.

(b) When an APN is employed by a physician/practitioner group, the Medicaid/NJ FamilyCare program shall not reimburse both an APN visit and, on the same day, a visit to an MD or DO within the same billing entity, except when specific circumstances require two same-day visits. In such case, the provider entity shall document the medical necessity for the second visit (see concurrent care below).

(c) If a patient receives care from more than one member of a group practice, a partnership or corporation in the same specialty, the maximum fee allowance (total) would be the same as that for a single practitioner.

(d) APN and physician concurrent care will be reimbursed under the following circumstances:

1. If concurrent care is provided, it shall be clearly documented that significant medical necessity exists for more than one clinician's services, as defined at *N.J.A.C. 10:54-1.2*, and

2. At such time as the patient's condition permits, the primary practitioner/physician shall either resume sole responsibility or transfer the patient to the practitioner/physician supplying additional (concurrent) care.

(e) An APN and his or her collaborating physician shall not bill for concurrent care except when the concurrent care is necessary for admitting a patient for inpatient hospital care, treating a medical emergency, or arranging for prescriptions for controlled drugs. Such concurrent care is normally limited to a single visit.

(f) When a Division review of the documentation of a consultation fails to demonstrate medical necessity, reimbursement will be denied to the physician rendering the consultation.

History

HISTORY:

Recodified from *N.J.A.C. 10:54-4.31* by R.1998 d.154, effective February 27, 1998 (operative March 1, 1998; to expire August 31, 1998).

See: *30 New Jersey Register 1060(a)*.

Adopted concurrent proposal, R.1998 d.487, effective August 28, 1998.

See: *30 New Jersey Register 1060(a)*, *30 New Jersey Register 3519(a)*.

Readopted the provisions of R.1998 d.154 without change.

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

See: *36 New Jersey Register 312(a)*, *36 New Jersey Register 4136(a)*.

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N.J.A.C. 10:54-4.33

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 56 No. 3, February 5, 2024

§ 10:54-4.33 Services provided in a birthing center

A physician may bill the Medicaid/NJ FamilyCare program directly for medical care provided in a birth center. These services may include assistance or consultation related to the delivery or pediatric medical care or a pediatric consultation to the infant. All services provided must meet all applicable requirements for the procedure billed as otherwise required in this subchapter.

History

HISTORY:

New Rule, R.1998 d.209, effective May 4, 1998.

See: 30 N.J.R. 57(a), 30 N.J.R. 1613(a).

Amended by R.2012 d.124, effective July 2, 2012.

See: 43 N.J.R. 1477(a), 44 N.J.R. 1884(a).

Inserted "/NJ FamilyCare" and deleted a comma following "delivery".

Annotations

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N.J.A.C. 10:54-5.1

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 56 No. 3, February 5, 2024

§ 10:54-5.1 Apnea monitors; home

(a) The New Jersey Medicaid/NJ FamilyCare program shall reimburse durable medical service providers for the use of home apnea monitors under the provisions of *N.J.A.C. 10:59* and 10:54-5.2 and 5.3.

(b) When an order or prescription for a home apnea monitor is received by the durable medical equipment (DME) provider, the DME provider shall complete and the prescribing physician shall sign a "Home Apnea Monitor Certification" form (FD-287) and the DME provider shall forward it along with the CMS 1500 claim form to the appropriate Medical Assistance Customer Center (MACC) for the initial prior authorization.

1. Each request by a physician shall include written medical data for the medical necessity of the monitor based on the recent evaluation by the physician.

2. Durable medical equipment (DME) providers may use their own Medical Necessity forms in place of, or in conjunction with, the FD-287 as long as all information required on the FD-287 form appears on the Medical Necessity forms.

3. In an urgent situation requiring immediate action, the DME provider may supply the home apnea monitor. However, this action shall be documented in the written request for authorization, which shall be submitted to the MACC no later than 10 working days following the receipt of the physician's order or prescription.

4. Prior authorization shall be issued for up to three months. Failure to obtain prior authorization will result in administrative denial.

(c) When it is anticipated by the physician that the need for home apnea monitoring will exceed the period of current authorization, the prescribing physician caring for the infant's apnea problem must complete and sign the recertification portion of the FD-287 and the DME provider shall complete and submit a new CMS 1500 claim form with this recertification portion to the MACC. The physician should sign this recertification portion in the course of the follow-up and reassessment of the infant's need for continued apnea monitoring. It is the DME provider's responsibility to inform the infant's parent/guardian of the recertification requirement and to remind them, in the course of the follow-up of the need to take the infant to the physician for reassessment.

(d) The physician shall obtain the FD-287 from the DME provider.

(e) The required information for recertification shall include:

1. Progress of the patient's current status;

2. Number of real alarms and treatment;

3. Pneumogram results, if any; and

4. Any additional information as requested by the Division medical consultant, such as a copy of the daily logs.

(f) The durable medical equipment (DME) provider shall report to the (MACC) any monitored infant who has not had a physician's visit in three months.

(g) Durable medical equipment (DME) providers have certain responsibilities related to training pertinent to the use of the apnea monitor for the family, caregiver, and/or relief personnel of which the physician should be aware.

(h) Physicians who are responsible for the follow-up and treatment of the infant's apnea problem shall receive monitoring reports on at least a monthly basis from the DME provider.

History

HISTORY:

Amended by R.2001 d.51, effective February 5, 2001.

See: *32 N.J.R. 3929(a)*, *33 N.J.R. 555(a)*.

In (b), (c) and (f), substituted references to MACC for references to MDO throughout.

Amended by R.2012 d.124, effective July 2, 2012.

See: *43 N.J.R. 1477(a)*, *44 N.J.R. 1884(a)*.

In (a), inserted "/NJ FamilyCare" and deleted "N.J.A.C." preceding "10:54-5.2"; in the introductory paragraph of (b), substituted "DME" for the second occurrence of "durable medical equipment (DME)", and substituted "CMS" for "HCFA"; and in (c), substituted "CMS 1500 claim form" for "Health Insurance Claim form (HCFA 1500)".

Annotations

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N.J.A.C. 10:54-5.2

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 56 No. 3, February 5, 2024

NJ - New Jersey Administrative Code* > *TITLE 10. HUMAN SERVICES* > *CHAPTER 54. PHYSICIAN SERVICES* > *SUBCHAPTER 5. POLICIES AND PROCEDURES FOR PROVISION OF SERVICES PRESCRIBED OR RENDERED BY A PHYSICIAN

§ 10:54-5.2 Clinical laboratory services

(a) "Clinical laboratory services" means professional and technical laboratory services performed by a clinical laboratory certified by CMS in accordance with the Clinical Laboratory Improvement Act (CLIA) and ordered by a physician or other licensed practitioner (including the certified nurse midwife and advanced practice nurse), within the scope of his or her practice as defined by the laws of the State of New Jersey or of the state in which the physician or practitioner practices.

(b) Clinical laboratory services are furnished by clinical laboratories and by physician office laboratories (POLs) that meet the Centers for Medicare and Medicaid Services regulations pertaining to clinical laboratory services defined in the Clinical Laboratory Improvement Amendments (CLIA) of 1988, section 1902(a)(9) of the Social Security Act, *42 U.S.C. § 1396(a)(9)*, and as indicated at *N.J.A.C. 10:61-1.2*, the Medicaid/NJ FamilyCare program's Independent Clinical Laboratory Services chapter, and *N.J.A.C. 8:44* and 8:45.

(c) All independent clinical laboratories and other entities performing clinical laboratory testing shall possess one of the following certificates:

1. Certificate of Registration or Registration Certificate;

2. Certificate of Waiver;

3. Certificate for Provider-Performed Microscopy (PPM) Procedures;

4. Certificate of Compliance; or

5. Certificate of Accreditation.

(For certification information, contact the Centers for Medicare and Medicaid Services, CLIA Program, P.O. Box 26689, Baltimore, MD 21207-0489.)

(d) A physician/practitioner may claim reimbursement for clinical laboratory services performed for his or her own patients within his or her own office, subject to the following:

1. A physician/practitioner shall not include in his or her claim any charges for laboratory services not performed on-site (that is, when the laboratory procedures have been performed by a clinical or hospital laboratory), except that:

i. A physician/practitioner may claim reimbursement for laboratory services when he or she has a Certificate of Registration or Registration Certificate, Certificate of Waiver, a Certificate of Provider-performed Microscopy (PPM) Procedures; a Certificate of Compliance; or a Certificate of Accreditation.

2. When clinical laboratory tests are performed on site, the venipuncture is not reimbursable as a separate procedure; its cost is included within the reimbursement for the laboratory procedure.

3. When the physician refers a laboratory test to an independent reference laboratory, the clinical laboratory shall be certified under the CLIA as described in (a), (b) and (c) above to perform the

required laboratory test(s) and comply with the other requirements of N.J.A.C. 10:61. The physician shall not be reimbursed for laboratory work performed by the reference laboratory.

(e) Profiles are comprised of those components of a test or series of tests which are frequently performed or automated. Examples of identifiable laboratory profiles or studies are as follows:

1. The components of an SMA (Sequential Multichannel Automated Analysis) 12/60 or other automated laboratory study; or

2. Inclusion of an MCH (Mean Corpuscular Hemoglobin), MCV (Means Corpuscular Volume), and so forth, as a component of a CBC (Complete Blood Count).

(f) If the components of a profile are billed separately, reimbursement for the components of the profile (panel) shall not exceed the maximum fee allowance for the profile itself.

(g) Rebates by reference laboratory, service laboratories, physicians or other utilizers or providers of laboratory service are prohibited under the Medicaid/NJ FamilyCare program. This refers to rebates in the form of refunds, discounts or kickbacks, whether in the form of money, supplies, equipment or other things of value. Laboratories shall not rent space from, or provide personnel or other considerations to, a physician or other practitioner, whether or not a rebate is involved.

History

HISTORY:

Amended by R.2001 d.51, effective February 5, 2001.

See: 32 N.J.R. 3929(a), 33 N.J.R. 555(a).

In (b), substituted "chapter" for "manual" following "Clinical Laboratory Services".

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

See: 36 N.J.R. 312(a), 36 N.J.R. 4136(a).

Amended by R.2012 d.124, effective July 2, 2012.

See: 43 N.J.R. 1477(a), 44 N.J.R. 1884(a).

In (a), substituted "CMS" for "HCFA"; in (b) and in the paragraph following (c)5, substituted "Centers for Medicare and Medicaid Services" for "Health Care Financing Administration"; in (b) and (g), inserted "/NJ FamilyCare"; in (b), substituted "42 U.S.C. § 1396(a)(9)" for "42 U.S.C. § 1396(a)(9)" and deleted "N.J.A.C." preceding "8:45"; and in (f), substituted "maximum" for "Medicaid".

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N.J.A.C. 10:54-5.3

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 56 No. 3, February 5, 2024

§ 10:54-5.3 Cosmetic surgery

(a) Cosmetic surgery means that surgery, which is performed solely for the purpose of beautifying an individual and which has no significant redeeming medical necessity. For purposes of the New Jersey Medicaid/NJ FamilyCare program, cosmetic surgery is not a covered or reimbursable service, except as specified in (b) below.

(b) If significant redeeming medical necessity can be demonstrated, the medical consultant in the Medical Assistance Customer Center (MACC) will consider a request from a physician for prior authorization to perform such surgery. Such requests shall be submitted in writing and shall include photographs, when indicated, to support the request. The physician shall obtain prior authorization from the Medical Assistance Customer Center before this service is rendered. (See directory of Medical Assistance Customer Centers at *N.J.A.C. 10:49*, Appendix.)

(c) Repair or reconstruction of changes due to trauma, infection or surgery whose need for correction demonstrates a significant medical necessity is not considered cosmetic surgery within the intent of the New Jersey Medicaid/NJ FamilyCare program and therefore would not require prior authorization.

History

HISTORY:

Amended by R.2001 d.51, effective February 5, 2001.

See: *32 N.J.R. 3929(a)*, *33 N.J.R. 555(a)*.

In (b), substituted references to the Medical Assistance Customer Center for references to the Medicaid District Office throughout.

Amended by R.2012 d.124, effective July 2, 2012.

See: *43 N.J.R. 1477(a)*, *44 N.J.R. 1884(a)*.

In (a), inserted a comma following the second occurrence of "surgery"; and in (a) and (c), inserted "/NJ FamilyCare".

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N.J.A.C. 10:54-5.4

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 56 No. 3, February 5, 2024

§ 10:54-5.4 Diagnostic endoscopic procedures; general

Payment for endoscopic procedures shall be made in accordance with *N.J.A.C. 10:54-5.5*, *5.6*, and *5.9*.

Annotations

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N.J.A.C. 10:54-5.5

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 56 No. 3, February 5, 2024

§ 10:54-5.5 Diagnostic endoscopic procedure; without biopsies

(a) For diagnostic endoscopic procedures which do not involve biopsy(ies), if an endoscopic procedure is performed as a single procedure, the maximum reimbursement shall be 100 percent of the HCPCS code.

(b) Reimbursement shall be made for either the endoscopic procedure or the office or outpatient visit, but not for both.

(c) Nasal endoscopy (HCPCS 31231-31235) without the 22 modifier (without biopsy) shall not be reimbursed in combination with other diagnostic endoscopies involving the respiratory system performed by the same physician at the same session.

(d) If two or more diagnostic endoscopic procedures are performed by the same physician during a single session and each procedure involves a different body system (as outlined in the CPT-4 classification system) each endoscopic procedure may be billed and may be reimbursed at 100 percent of the Medicaid/NJ FamilyCare Maximum Fee Allowance.

(e) Except as specified in (f) below, if two or more diagnostic endoscopic procedures involving the same body system (as outlined in the CPT classification system) are performed by the same physician during a single session, the physician shall claim and may be reimbursed for the endoscopic procedure involving only the "deepest penetration." (Often, but not always, the higher HCPCS code number in the CPT corresponds to the endoscopic procedure that has the "deeper penetration.") In this situation, only this one endoscopic procedure shall be reimbursed.

(f) When certain multiple (two or more) endoscopic procedures are defined as complex and/or involve another, different anatomical site necessitating the use of a different scope and the initiation of an independent procedure, the physician shall request reimbursement for each procedure separately at 100 percent of the Medicaid/NJ FamilyCare Maximum Fee Allowance. (See *N.J.A.C. 10:54-9.4* on HCPCS for a list of these procedures.)

History

HISTORY:

Amended by R.2001 d.51, effective February 5, 2001.

See: *32 N.J.R. 3929(a)*, *33 N.J.R. 555(a)*.

In (e), substituted "CPT" for "CPT-4" throughout.

Amended by R.2012 d.124, effective July 2, 2012.

See: *43 N.J.R. 1477(a)*, *44 N.J.R. 1884(a)*.

In (d) and (f), inserted "/NJ FamilyCare"; and in (d), deleted "Allowable" preceding "Fee" and inserted "Allowance".

Annotations

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N.J.A.C. 10:54-5.6

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§ 10:54-5.6 Diagnostic endoscopic procedures; with biopsy

(a) For diagnostic endoscopic procedures with biopsies, the pricing logic for multiple surgical procedures applies (see N.J.A.C. 10:54-4.15). In some instances, there is a specific CPT (HCPCS) code associated with that procedure which includes the biopsy and that HCPCS code must be used when requesting reimbursement.

(b) The modifier 22 shall be used with the HCPCS which designates the diagnostic endoscopic procedures with a biopsy when the code does not specifically designate a biopsy. The multiple procedure surgical pricing logic does apply to the reimbursement of these codes. (See also N.J.A.C. 10:54-9.5 under each specific code.)

History

HISTORY:

Amended by R.2001 d.51, effective February 5, 2001.

See: 32 New Jersey Register 3929(a), 33 New Jersey Register 555(a).

In (a), substituted "CPT" for "CPT-4"; in (b), amended the N.J.A.C. reference.

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N.J.A.C. 10:54-5.7

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 56 No. 3, February 5, 2024

§ 10:54-5.7 Early and Periodic Screening, Diagnosis and Treatment (EPSDT); general

(a) Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program is a comprehensive health program for Medicaid/NJ FamilyCare program beneficiaries under 21 years of age. The goal of the program is to assess the beneficiaries health needs through initial and periodic examinations (screenings); to provide health education and guidance; and to assure that health problems are prevented; or diagnosed and treated at the earliest possible time.

(b) For the certification criteria that a physician must meet in providing services to children under 21 years of age, see N.J.A.C. 10:54-1.

History

HISTORY:

Amended by R.2001 d.51, effective February 5, 2001.

See: *32 N.J.R. 3929(a)*, *33 N.J.R. 555(a)*.

In (a), substituted "beneficiaries" for "recipients" throughout.

Amended by R.2012 d.124, effective July 2, 2012.

See: *43 N.J.R. 1477(a)*, *44 N.J.R. 1884(a)*.

In (a), inserted "/NJ FamilyCare program" and substituted "under 21" for "from birth through 20".

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N.J.A.C. 10:54-5.8

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 56 No. 3, February 5, 2024

§ 10:54-5.8 EPSDT; conditions of participation

(a) As a condition of participation in Medicaid/NJ FamilyCare, all ambulatory care facilities (including hospital outpatient departments) providing primary care to children and adolescents from birth through 20 years of age, shall participate in the EPSDT program and shall provide, at a minimum, the required EPSDT screening services.

(b) EPSDT screening services, vision services, dental services, and hearing services shall be provided at defined intervals as recommended by the appropriate professional organizations.

History

HISTORY:

Amended by R.2012 d.124, effective July 2, 2012.

See: *43 N.J.R. 1477(a)*, *44 N.J.R. 1884(a)*.

In (a), inserted "/NJ FamilyCare".

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N.J.A.C. 10:54-5.9

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 56 No. 3, February 5, 2024

§ 10:54-5.9 EPSDT; services

(a) The required EPSDT services include the following:

1. Screening services (see (f) below for components of screening services);

2. Vision services;

3. Dental services;

4. Hearing services; and,

5. Other medically necessary health care, diagnostic services and treatment and other measures to correct or ameliorate defects and physical and mental illnesses and conditions discovered by the screening services.

i. For requirements for prior authorization for organ procurement and transplant services in general, see *N.J.A.C. 10:54-5.32(a)* and (d). For requirements for prior authorization for organ procurement and transplantation services for Medicaid/NJ FamilyCare program beneficiaries of EPSDT services, see *N.J.A.C. 10:54-5.32(d)*.

(b) EPSDT Screening Services shall include the following components:

1. A comprehensive health and developmental history, including an assessment of both physical and mental health development;

2. A developmental assessment, which should be culturally sensitive and valid. The parameters used in assessing the beneficiary's developmental level and behavior must be appropriate for the age. While no specific test instrument is endorsed, it is expected that an evaluation of a young child would, at a minimum, address the gross and fine motor coordination, language/vocabulary and adaptive behavior including self-help and self-care skills and social emotional development. An assessment of a school age child should include school performance; peer relationships; social activity and/or behavior; physical and/or athletic aptitude; and sexual maturation;

3. A comprehensive unclothed physical examination including vision and hearing screening, dental inspection and nutritional assessment;

4. Appropriate immunizations according to age and health history;

5. Appropriate laboratory tests, including:

i. Hemoglobin or hemotocrit;

ii. Urinalysis;

iii. Tuberculin skin test (Mantoux), intradermal, administered annually and when medically indicated;

iv. Lead screening using blood lead level determinations between 6 and 12 months, at 2 years of age, and annually up to 6 years of age. At all other visits, screening shall consist of verbal risk assessment and blood level testing, as indicated.

v. Additional laboratory tests which may be appropriate and medically indicated (for example, for ova and parasites) shall be obtained, as necessary.

6. Health education including anticipatory guidance.

7. Referral for further diagnosis and treatment or follow-up of all correctable abnormalities, uncovered or suspected. Referral may be made to the provider conducting the screening examination or to another provider, as appropriate.

8. Referral to the Special Supplemental Food program for Women, Infants and Children (WIC) for children under five years of age and for pregnant or lactating women.

History

HISTORY:

Amended by R.2001 d.51, effective February 5, 2001.

See: *32 N.J.R. 3929(a)*, *33 N.J.R. 555(a)*.

In (a)5i, substituted "beneficiaries" for "recipients" preceding "of EPSDT services,"; in (b)2, substituted "beneficiary's" for "recipient's" preceding "developmental level".

Amended by R.2012 d.124, effective July 2, 2012.

See: *43 N.J.R. 1477(a)*, *44 N.J.R. 1884(a)*.

In (a)5i, inserted "/NJ FamilyCare program".

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§ 10:54-5.10 EPSDT screening periodicity schedule

(a) EPSDT screening services shall be provided periodically according to the following schedule which reflects the age of the child:

1. Under six weeks; two months; four months; six months; nine months; 12 months; 15 months; 18 months; 24 months; and annually through age 20 years.

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N.J.A.C. 10:54-5.11

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§ 10:54-5.11 EPSDT vision screening

(a) Vision screening shall include the following:

1. A newborn examination including general inspection of the eyes, visualization of the red reflex and evaluation of ocular motility;

2. An appropriate medical and family history;

3. An evaluation, by age six months, of eye fixation preference, muscle imbalance, and pupillary light reflex; and

4. A third examination with visual acuity testing by age three or four years.

(b) Vision testing for school aged children shall be performed at the following grades/ages:

1. Kindergarten or first grade (five or six years);

2. Second grade (seven years);

3. Fifth grade (10/11 years);

4. Eighth grade (13/14 years); and

5. Tenth or eleventh grades (15/17 years).

(c) Children should be referred for vision testing if they:

1. Cannot read the majority of the 20/40 line before their fifth birthday;

2. Have a two-line difference of visual acuity between the eyes;

3. Have suspected strabismus; or

4. Have an abnormal light or red reflex.

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§ 10:54-5.12 EPSDT dental screening

(a) Dental screening shall include the following:

1. An intraoral examination which is an integral part of a general physical examination meaning observation of tooth eruption, occlusion pattern, and presence of caries or oral infection;

2. A formal referral to a dentist is recommended at one year of age; it is mandatory for children three years of age and older; and

3. Dental inspection and prophylaxis that should be carried out every six months until 17 years of age, then annually.

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N.J.A.C. 10:54-5.13

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§ 10:54-5.13 EPSDT hearing screening

(a) An individual hearing screening should be administered annually to all children through age eight and to all childen at risk of hearing impairment; and

(b) In addition to what is required in (a) above, after eight years of age, children shall be screened every other year.

(c) A hearing screening shall include, at a minimum, an observation of an infant's response to auditory stimuli. Speech and hearing assessment shall be part of each preventive visit for an older child. An objective audiometric test, such as a pure tone screening test, if performed as part of an EPSDT screening examination, is eligible for separate reimbursement.

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N.J.A.C. 10:54-5.14

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§ 10:54-5.14 EPSDT and pediatric HealthStart

(a) EPSDT providers may apply to the New Jersey Department of Health and Senior Services for certification as Pediatric HealthStart providers.

(b) HealthStart is a program of enhanced maternity care and preventive health care for children under 2 years of age. Certified Pediatric HealthStart providers agree to assure continuity of care by following up on referrals and missed appointments, making available 24 hour telephone access and sick care, either directly or by formal arrangement with another pediatric provider.

(c) Pediatric HealthStart providers are approved for a higher reimbursement for preventive child health examinations (screening) than other EPSDT providers, in accordance with the requirements of N.J.A.C. 10:54-6.

(d) EPSDT/HealthStart screening services are billed on the Report and Claim for EPSDT/HealthStart Screening and Related Procedure Form using HealthStart specific procedure codes as listed in *N.J.A.C. 10:54-9.4*, *N.J.A.C. 10:54-9.10(l)*, and *N.J.A.C. 10:54-9.10(k)*.

(e) EPSDT/HealthStart claims shall be submitted within 30 days of the date of service.

History

HISTORY:

Amended by R.2001 d.51, effective February 5, 2001.

See: *32 New Jersey Register 3929(a)*, *33 New Jersey Register 555(a)*.

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N.J.A.C. 10:54-5.15

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§ 10:54-5.15 Family planning services

(a) Payment shall be made for medically necessary family planning services, including medical history and physical examination (including pelvis and breast), diagnostic and laboratory tests, drugs and biologicals, medical supplies and devices, counseling, continuing medical supervision, continuity of care and genetic counseling.

(b) Services provided primarily for the diagnosis and treatment of infertility, including sterilization reversals and related office visit, drugs, laboratory services, radiological and diagnostic services and surgical procedures are not covered by the New Jersey Medicaid/NJ FamilyCare program, except:

1. When a service is provided that is ordinarily considered an infertility service, but is provided for another purpose. In such case, the physician shall submit the claim with supporting documentation for medical review and approval of payment to the Division of Medical Assistance and Health Services, Office of Utilization Management, PO Box 712, Mail Code #14, Trenton, New Jersey 08625-0712.

History

HISTORY:

Amended by R.2001 d.51, effective February 5, 2001.

See: *32 N.J.R. 3929(a)*, *33 N.J.R. 555(a)*.

In (b)1, substituted "Utilization Management" for "Health Services Administration" in the second sentence; in (c)5, substituted "beneficiary" for "recipient" preceding "are permitted".

Amended by R.2012 d.124, effective July 2, 2012.

See: *43 N.J.R. 1477(a)*, *44 N.J.R. 1884(a)*.

In the introductory paragraph of (b), deleted a comma following "reversals" and the second occurrence of "services", and inserted "/NJ FamilyCare"; and deleted (c).

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N.J.A.C. 10:54-5.16

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§ 10:54-5.16 Home Care Services; general

(a) The following groups or programs of services or programs are included under Home Care Services:

1. Home Health Services (HH);

2. Personal Care Assistant Services (PCA); and

3. Home and Community-Based Services Waiver programs, including:

i. Global Options for Long-Term Care (GO), operated by the Department of Health and Senior Services (DHSS);

ii. AIDS Community Care Alternatives program (ACCAP), operated by the Division of Disability Services (DDS);

iii. Community Resources for People with Disabilities (CRPD), operated by DDS;

iv. Home and Community-Based Services Waiver for Persons with Traumatic Brain Injury Program (TBI), operated by DDS; and

v. Home and Community-Based Services Waiver for Mentally Retarded/Developmentally Disabled (CCW) operated by the Division of Developmental Disabilities (DDD).

(b) Services under the Home and Community Based Services Waiver programs and some other home care services require certification of the medical necessity for services by an attending physician as indicated in *N.J.A.C. 10:54-5.16* through *5.28*.

History

HISTORY:

Amended by R.2012 d.124, effective July 2, 2012.

See: *43 N.J.R. 1477(a)*, *44 N.J.R. 1884(a)*.

In (a)2, inserted "and" at the end; rewrote (a)3i and (a)3iii; in (a)3ii, inserted ", operated by the Division of Disability Services (DDS)"; in (a)3iv, substituted ", operated by DDS; and" for a period at the end; deleted former (a)3v; recodified former (a)3vi as (a)3v; in (a)3v, substituted "operated" for "administered" and substituted a period for "; and" at the end; and deleted (a)4.

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§ 10:54-5.17 Home Care Services; Home Health Services (HH)

(a) Medicaid reimbursement shall be limited to home health services provided by Medicare-certified, New Jersey State Department of Health and Senior Services-licensed home health agency that is a participating provider in the New Jersey Medicaid/NJ FamilyCare program. (See N.J.A.C. 8:42 and 10:60-1.2.)

(b) Home Health services shall be prescribed by a physician and shall be directed toward rehabilitation and/or restoration of the beneficiary to the optimal level of physical and/or mental functioning, self-care and independence; or directed toward maintaining the present level of functioning.

(c) Home Health services include the following: professional nursing visits; home health aide services; physical therapy; occupational therapy; speech-language pathology and audiological services; medical social work services; nutritional services; certain medical supplies and equipment; and personal care assistant services.

History

HISTORY:

Amended by R.2001 d.51, effective February 5, 2001.

See: 32 N.J.R. 3929(a), 33 N.J.R. 555(a).

In (b), substituted "beneficiary" for "recipient" preceding "to the optimal level".

Amended by R.2012 d.124, effective July 2, 2012.

See: 43 N.J.R. 1477(a), 44 N.J.R. 1884(a).

In (a), substituted "Medicare-certified" for "Medicare certified" and "Services-licensed" for "Services licensed", inserted "/NJ FamilyCare", and deleted "N.J.A.C." preceding "10:60-1.2".

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N.J.A.C. 10:54-5.18

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§ 10:54-5.18 Home Care Services; Personal Care Assistant Services (PCA)

(a) Personal care assistant services may be provided by a Medicare-certified, licensed home health agency or by an accredited proprietary or voluntary non-profit homemaker agency approved to participate as a provider of services in the New Jersey Medicaid/NJ FamilyCare program, in accordance with N.J.A.C. 10:60-1.2.

(b) Personal care assistant services are health related tasks performed in a beneficiary's home, prescribed by a physician in accordance with the patient's written plan of care, and provided by an individual who is:

1. Certified as a homemaker/home health aide by the New Jersey State Board of Nursing; and
2. Supervised by a registered professional nurse; and
3. Not a member of the patient's family.

(c) The purpose of personal care assistant services is to accommodate long-term chronic or maintenance health care, as opposed to the short-term skilled care required for some acute illnesses.

History

HISTORY:

Amended by R.2001 d.51, effective February 5, 2001.

See: 32 N.J.R. 3929(a), 33 N.J.R. 555(a).

In (b), substituted "beneficiary's" for "recipient's" preceding "home," in the introductory paragraph.

Amended by R.2012 d.124, effective July 2, 2012.

See: 43 N.J.R. 1477(a), 44 N.J.R. 1884(a).

In (a), substituted "Medicare-certified" for "Medicare certified" and inserted "/NJ FamilyCare".

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§ 10:54-5.19 Home Care Services; Home and Community-Based Services Waiver programs eligibility

(a) Financial eligibility for Medicaid for Home and Community-Based Services Waiver programs will be determined by either the county welfare agency (CWA) or by the Social Security Administration.

(b) Clinical eligibility for Medicaid for Home and Community-Based Services Waiver programs will be determined by the professional staff designated by the Department of Health and Senior Services (DHSS), based on a comprehensive needs assessment that demonstrates that the beneficiary requires, at a minimum, basic nursing facility services as described in *N.J.A.C. 8:85*, Long-Term Care Services.

History

HISTORY:

Amended by R.2001 d.51, effective February 5, 2001.

See: *32 N.J.R. 3929(a)*, *33 N.J.R. 555(a)*.

In (a), substituted "County Board of Social Services (CBOSS)" for "County Welfare Agency (CWA)" preceding "or by the Social Security Administration"; in (b), substituted "Medical Assistance Customer Center (MACC)" for "Medical District Office (MDO)" preceding "for the appropriate level of care designation.".

Amended by R.2012 d.124, effective July 2, 2012.

See: *43 N.J.R. 1477(a)*, *44 N.J.R. 1884(a)*.

In (a), substituted "county welfare agency (CWA)" for "County Board of Social Services (CBOSS)"; and rewrote (b).

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N.J.A.C. 10:54-5.20

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§ 10:54-5.20 Home Care Services; Home and Community-Based Services Waiver programs; general

(a) Individuals served in the Home and Community-Based Services Waiver program shall be medically in need of nursing facility care, as determined by the professional staff designated by the Department of Health and Senior Services but elect to remain at home with community-based services.

(b) The cost of providing home care services for a beneficiary enrolled in a Home and Community-Based Waiver shall not exceed the cost of institutional care.

(c) Home and Community-Based Waiver services are provided within a case managed delivery system, as follows:

1. "Case/Care Management" means a system in which a social worker or professional nurse is responsible for the planning, locating, coordinating and monitoring of a group of services designed to meet the health needs of the Medicaid beneficiaries being served. The case manager is responsible for the initial and ongoing assessment of the need for home care services and is the pivotal person in establishing a service plan to meet those needs.

(d) Each program targets specific groups to be served, such as the blind, the disabled, the elderly, children or those with Acquired Immune Deficiency Disease (AIDS) or survivors of traumatic brain injuries.

1. Each program has distinct parameters relative to the operation of the specific waiver program. These include, but are not limited to, beneficiary eligibility and enrollment criteria; target populations; available services, including any limitation on those services; cost caps; program policies; and operational procedures. These parameters are contained in the waiver document approved by the Centers for Medicare and Medicaid Services (CMS) and maintained by the Department of Human Services or agency responsible for the operation of the specific waiver. See *N.J.A.C. 10:54-5.16(a)*.

(e) Certain aspects of Medicaid financial eligibility are waived, in accordance with *N.J.A.C. 10:49*.

History

HISTORY:

Amended by R.2001 d.51, effective February 5, 2001.

See: *32 N.J.R. 3929(a)*, *33 N.J.R. 555(a)*.

In (c)1, substituted "beneficiaries for "recipients".

Amended by R.2012 d.124, effective July 2, 2012.

See: *43 N.J.R. 1477(a)*, *44 N.J.R. 1884(a)*.

In (a), substituted "professional staff designated by the Department of Health and Senior Services" for "Medical Assistance Customer Center (MACC)" and inserted "community-based"; in (b), inserted "providing" and "for a beneficiary enrolled in a Home and Community-Based Waiver"; in the introductory paragraph of (c), substituted "Home and Community-Based Waiver" for "Expanded services and/or variation of"; in (c)1, inserted "/Care" and "and ongoing", and deleted a comma following "coordinating" and the second occurrence of "services"; in the introductory paragraph of (d), deleted a comma following "children" and "(AIDS)"; and added (d)1.

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N.J.A.C. 10:54-5.21

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§ 10:54-5.21 Home Care Services; Community Resources for People with Disabilities (CRPD) Waiver Services

(a) Community Resources for People with Disabilities (CRPD) Waiver Services offer all New Jersey (Title XIX) Medicaid services except nursing facility services. In addition to all regular Medicaid services, the following services may be offered as part of CRPD services:

1. Case/care management;

2. Private duty nursing;

3. Environmental/vehicular modifications;

4. Personal emergency response system (PERS); and

5. Community transitional services (CTS).

History

HISTORY:

Repeal and New Rule, R.2012 d.124, effective July 2, 2012.

See: *43 N.J.R. 1477(a)*, *44 N.J.R. 1884(a)*.

Section was "Home Care Services; Home and Community-Based Waiver Services for blind and disabled children and adults (Model Waivers I, II, and III)".

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N.J.A.C. 10:54-5.22

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§ 10:54-5.22 Home Care Services; AIDS Community Care Alternatives Program (ACCAP)

(a) The AIDS Community Care Alternatives Program (ACCAP) offers all New Jersey (Title XIX) Medicaid services, except nursing facility services to children and adults with the AIDS diagnosis and to children up to the age of five who are HIV positive. In addition to all regular Medicaid services, the following services are offered as part of ACCAP:

1. Case management;

2. Private duty nursing;

3. Specialized group foster home care for children;

4. Specialized medical day care;

5. Expanded hours of personal care assistant services;

6. Certain narcotic and drug abuse treatment at home;

7. Hospice care; and

8. Intensive supervision to children who reside in Division of Youth and Family Service (DYFS) supervised foster care homes.

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§ 10:54-5.23 Home Care Services; Global Options for Long-Term Care (GO)

(a) The Global Options (GO) waiver program offers all New Jersey (Title XIX) Medicaid services, to eligible adults age 65 years of age and older and to adults between the ages of 21-64, who are permanently physically disabled. In addition to all regular Medicaid services, a GO participant will receive care/case management services and a minimum of one of the additional waiver services listed below:

1. Assisted living;

2. Adult family care;

3. Attendant care;

4. Caregiver/participant training;

5. Chore service;

6. Community transition services;

7. Environmental Accessibility Adaptations (EAA);

8. Home-Based Supportive Care (HBSC);

9. Home-delivered meals;

10. Personal Emergency Response System (PERS);

11. Respite care;

12. Specialized medical equipment and supplies;

13. Social adult day care;

14. Transitional care management; and

15. Transportation.

(b) The Medicaid/NJ FamilyCare program will not reimburse Personal Care Assistant (PCA) services (see *N.J.A.C. 10:54-5.18*) and Home Based Supportive Care (HBSC) services for the same beneficiary on the same date of service. A GO participant must choose only one of these services.

History

HISTORY:

Repeal and New Rule, R.2012 d.124, effective July 2, 2012.

See: *43 N.J.R. 1477(a)*, *44 N.J.R. 1884(a)*.

Section was "Home Care Services; Community Care Program for the Elderly and Disabled (CCPED)".

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N.J.A.C. 10:54-5.24

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§ 10:54-5.24 Home Care Services; Home and Community-Based Services Waiver Program for persons with traumatic brain injuries (TBI)

(a) The Home and Community-Based Services Waiver for Persons with Traumatic Brain Injuries (TBI) offers home and community-based services to a beneficiary with an acquired traumatic brain injury to help him or her remain in the community, or return to the community rather than be cared for in a nursing facility. All regular Medicaid services, except nursing facility services, are offered as part of TBI program. In addition, the following services are offered:

1. Case management;

2. Personal care assistant;

3. Respite care;

4. Environmental modification;

5. Transportation;

6. Chore services;

7. Companion services;

8. Therapy services (including physical and occupational therapy, speech-language pathology and cognitive therapy services);

9. Community residential services;

10. Night supervision services;

11. Structured and supported day program services;

12. Counseling; and

13. Behavioral program services.

History

HISTORY:

Amended by R.2001 d.51, effective February 5, 2001.

See: *32 New Jersey Register 3929(a)*, *33 New Jersey Register 555(a)*.

In (a), substituted "beneficiary" for "recipient" in the introductory paragraph.

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N.J.A.C. 10:54-5.25

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 56 No. 3, February 5, 2024

§ 10:54-5.25 (Reserved)

History

HISTORY:

Repealed by R.2012 d.124, effective July 2, 2012.

See: *43 N.J.R. 1477(a)*, *44 N.J.R. 1884(a)*.

Section was "Home Care Services; Home and Community-Based Waiver for Medically Fragile Children (ABC Program)".

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This file includes all Regulations adopted and published through the New Jersey Register, Vol. 56 No. 3, February 5, 2024

§ 10:54-5.26 Home Care Services; Home and Community-Based Waiver for Mentally Retarded/Developmentally Disabled (CCW)

The Home and Community-Based Care Waiver for Mentally Retarded/Developmentally Disabled (CCW) offers all New Jersey (Title XIX) Medicaid services, except nursing facility services, to eligible mentally retarded individuals receiving services from the Division of Developmental Disabilities (DDD). Additionally, DDD-CCW offers case management, personal care, habilitation and respite care. DDD has the responsibility for the overall administration of the program.

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N.J.A.C. 10:54-5.27

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 56 No. 3, February 5, 2024

§ 10:54-5.27 (Reserved)

History

HISTORY:

Repealed by R.2012 d.124, effective July 2, 2012.

See: *43 N.J.R. 1477(a)*, *44 N.J.R. 1884(a)*.

Section was "Home Care Services; Home Care Expansion Program (HCEP)".

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N.J.A.C. 10:54-5.28

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 56 No. 3, February 5, 2024

§ 10:54-5.28 Home Care Services; private duty nursing for EPSDT

For the policy related to private duty nursing services in a home setting for Medicaid/NJ FamilyCare program beneficiaries of EPSDT services, see Home Care Services, *N.J.A.C. 10:60-1.3(b)* and *1.12(b)* and (c).

History

HISTORY:

Amended by R.2001 d.51, effective February 5, 2001.

See: *32 N.J.R. 3929(a)*, *33 N.J.R. 555(a)*.

Substituted "beneficiaries" for "recipients" preceding "of EPSDT services,".

Amended by R.2012 d.124, effective July 2, 2012.

See: *43 N.J.R. 1477(a)*, *44 N.J.R. 1884(a)*.

Inserted "/NJ FamilyCare program", and deleted "*N.J.A.C. 10:60*-" preceding "1.12(b)".

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N.J.A.C. 10:54-5.29

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 56 No. 3, February 5, 2024

§ 10:54-5.29 Hospice services; general

(a) The New Jersey Medicaid/NJ FamilyCare program provides hospice services under N.J.A.C. 10:60-2.15(a)7 and 3.16(a)7, the AIDS Community Care Alternatives Program (ACCAP) and N.J.A.C. 10:53A-3.4, hospice services to other Medicaid beneficiaries.

(b) Hospice care under the ACCAP program shall be approved by the attending physician and available to ACCAP beneficiaries on a 24-hour a day basis, as needed, in accordance with the beneficiary's plan of care, by a Medicaid/NJ FamilyCare approved, Medicare certified hospice agency. Reimbursement shall be at an established fee paid on a per diem basis to the hospice. Hospice services under ACCAP include only:

1. Services within the home;

2. Skilled nursing visits;

3. Hospice agency medical director services;

4. Medical social service visits;

5. Occupational therapy, physical therapy and speech-language pathology services;

6. Intravenous therapy;

7. Durable medical equipment;

8. Medication related to symptom control of the terminal illness; and

9. Case management as part of the hospice service.

(c) The requirements of this rule apply to hospice services available under N.J.A.C. 10:53A and shall not apply to those services under ACCAP. The attending physician shall certify:

1. The applicant's terminal illness; and

2. That hospice services are reasonable and necessary for the palliation and management of the terminal illness or related conditions.

(d) The attending physician, who must be a doctor of medicine (M.D.) or osteopathy (D.O.), must be the physician identified by the Medicaid/NJ FamilyCare applicant at the time the applicant elects to receive hospice services as the primary physician in the determination and the delivery of the applicant's medical care.

(e) The written "Physician Certification/Recertification for Hospice Benefits Form, FD-385 (6/92)" for the first period of hospice coverage (see N.J.A.C. 10:53A) shall be obtained by the hospice from the attending physician within two calendar days after hospice care is initiated.

1. If the hospice does not obtain written certification from the attending physician within two days after the initiation of hospice care, a verbal certification may be obtained within these two days and a written

certification no later than eight calendar days after care is initiated. If these requirements are not met, no payment can be made for any days prior to the certification.

2. The signing of the written form shall be done by the hospice Medical Director, or physician of the interdisciplinary team and the attending physician (if the applicant has an attending physician), and shall include the statement that the applicant's medical prognosis is such that the life expectancy is six months or less.

(f) If the hospice beneficiary revokes hospice benefit package and then reenters the hospice in any subsequent period, the hospice shall obtain, no later than seven calendar days after the beginning of that period, a written "Physician Certification/Recertification for Hospice Benefits Form, FD-385 (6/92)" prepared by the Medical Director of the hospice or the physician member of the hospice's interdisciplinary group.

(g) For subsequent recertifications, a written recertification shall be obtained no later than two business days after the period begins (after the first 90-day benefit period, after the next 90-day benefit period, and after the third 30-day period). The Medical Director of the hospice or physician member of the interdisciplinary team shall recertify that the individual is terminally ill and that hospice services are reasonable and necessary for the palliation and management of the terminal illness or related condition, and, in addition, recertify the necessity of the continuing need for hospice services.

(h) In addition, the individual's attending physician is required to recertify the terminal illness for the fourth, and unlimited, benefit period, as described below:

1. An additional "Physician Certification/Recertification for Hospice Benefits Form, FD-385 (6/92)" shall be obtained by the hospice from the attending physician prior to the fourth unlimited period, but no later than two days after the period begins.

(i) Individuals requesting or initiating hospice eligibility should be referred to a Medicaid approved hospice to complete the hospice medical eligibility requirements for hospice services.

(j) For those cases in which the disability determination for Medicaid eligibility is within the jurisdiction of the Disability Review Section, Division of Medical Assistance and Health Services, the determination of disability for the first six months of hospice services will be based solely on a physician's certification of terminal illness. (See also *N.J.A.C. 10:71-3.11* through *N.J.A.C. 10:71-3.13*.)

(k) To ensure the continuity of hospice services after six months, the agency responsible for eligibility determination (for example, the County Board of Social Services (CBOSS)) shall inform the Disability Review Section of the beneficiary's eligibility for hospice services based upon the physician's certification of terminal illness and the determination of financial eligibility.

(l) After the initial six-month period, if it appears that a beneficiary will require, and elects to continue to receive, hospice services, the Disability Review Section of the Division shall be provided with, in addition to the Hospice Benefits Form (FD-385), medical documentation to validate the disability status, based on terminal illness as part of the medical recertification. The required additional documentation consists of the following:

1. A statement from the attending physician of the diagnosis(es), prognosis and the stage of illness;

2. Copies of laboratory test results, biopsy and/or pathology reports, Magnetic Resonance Imaging (MRI) and Computerized Axial Tomography (CAT) results; and

3. Copies of any other objective medical documentation which supports the diagnosis(es).

(m) Individuals who are over 65 years of age, or receiving Medicare, or receiving Social Security Disability Insurance Benefits under Title II or Supplemental Security Income (SSI) under Title XVI, or who are on Aid to Families with Dependent Children (AFDC) are not required to be evaluated by the Medicaid Disability Review Section for hospice services.

(n) The Disability Review Section will identify and track individuals who are required to be evaluated for continuing disability and will contact the provider to initiate the enhanced recertification process.

(o) The New Jersey Medicaid/NJ FamilyCare program shall reimburse the hospice provider for direct patient care services furnished to Medicaid/NJ FamilyCare hospice beneficiaries by a hospice physician employee, and for physician services furnished under arrangements made by the hospice, unless the physician services were provided on a volunteer basis.

(p) The administrative and general supervisory activities performed by physicians who are employees of or working under arrangements with the hospice provider, would generally be performed by the medical director and/or the physician member of the hospice interdisciplinary group.

1. Interdisciplinary group activities include participation in the establishment of plans of care, supervision of care and services, periodic review and updating of plans of care, and the establishment of governing policies. These costs are included in the per diem rate, and shall not be billed separately.

(q) Physician services furnished on a volunteer basis shall be excluded from Medicaid/NJ FamilyCare reimbursement. The hospice may bill for services that are not provided on a volunteer basis, but the physician shall treat Medicaid/NJ FamilyCare beneficiaries on the same basis as other individuals in the hospice. For example, a physician shall not designate all physician services rendered to non-Medicaid/NJ FamilyCare individuals as volunteered and at the same time seek payment from the hospice for all physician services rendered to Medicaid/NJ FamilyCare hospice beneficiaries.

(r) The hospice shall directly bill the fiscal agent of the New Jersey Medicaid/NJ FamilyCare program on behalf of the physician, only for other direct personal care physician services (beyond interdisciplinary group activities, administration and/or supervision) furnished by hospice physician employees and for the same physician services under arrangements made by the hospice provider (unless the services are provided on a volunteer basis).

(s) In determining which hospice services are furnished on a volunteer basis and which services are not, a physician shall treat the Medicaid/NJ FamilyCare hospice beneficiary on the same basis as other individuals in the hospice.

(t) The hospice provider shall reimburse the physician for physician services described in (d) above. In this instance, the costs of the direct patient care of the attending physician, as an employee of the hospice agency, shall be billed on the CMS 1500 claim form by the hospice to the fiscal agent of the New Jersey Medicaid/NJ FamilyCare program.

(u) The attending physician, who is not an employee, or the hospice on behalf of the employee physician, shall bill only for direct personal care services and not for other cost of laboratory or X-rays, which are to be included in the hospice per diem rate.

(v) The costs of the attending physician services shall not be counted in determining whether the "hospice cap" has been exceeded, as these services are not part of the hospice services.

(w) The New Jersey Medicaid/NJ FamilyCare program shall reimburse for attending physician services and other specialty physician services (including physician consultation services) separate from the hospice per diem rates, under the following conditions:

1. The hospice shall notify the New Jersey Medicaid/NJ FamilyCare program by stating in the plan of care, the election of and the name of the physician who has been designated the attending physician, whenever the attending physician is not a hospice employee;

2. The attending physician shall not be a volunteer and/or shall not be part of the administrative staff or medical director of the hospice;

3. The attending physician shall provide direct patient care as an employee of the hospice or under arrangements with the hospice;

4. The attending physician services related or unrelated to the individual's terminal illness; and

5. Under the circumstances listed in (w)1 through 4 above, the attending physician or physician consultant shall submit the CMS 1500 claim form directly to the fiscal agent of the New Jersey Medicaid/NJ FamilyCare program and not through billing procedures of the hospice provider.

History

HISTORY:

Amended by R.2001 d.51, effective February 5, 2001.

See: 32 N.J.R. 3929(a), 33 N.J.R. 555(a).

Substituted references to beneficiary and beneficiaries for references to recipient and recipients throughout the section.

Amended by R.2012 d.124, effective July 2, 2012.

See: 43 N.J.R. 1477(a), 44 N.J.R. 1884(a).

Inserted "/NJ FamilyCare" throughout; in (a), deleted "N.J.A.C. 10:60-" preceding "3.16(a)7" and a comma following "(ACCAP)"; in (q), substituted "that" for "which"; in (t) and (w)5, substituted "CMS" for "HCFA"; in (w)1 through (w)3, deleted "and" from the end; in (w)4, substituted "; and" for a period at the end; and in (w)5, deleted a comma following "program".

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§ 10:54-5.30 Medical supplies and durable medical equipment (DME) services

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

1. Consumable, expendable, disposable or non-durable;

2. Prescribed by the physician or practitioner (See *N.J.A.C. 10:59-1.2* for further description); and

3. Medically necessary for use by a Medicaid/NJ FamilyCare program beneficiary (for example, suction catheters).

(b) "Durable medical equipment (DME)" means an item or apparatus, other than hearing aids and certain prosthetic and orthotic devices, which is:

1. Primarily and customarily used to serve a medical purpose and is medically necessary for the patient for whom it is requested; and

2. Generally not useful to a person in the absence of a disease, illness, injury, or handicap; and

3. Capable of withstanding repeated use (durable) and is non-expendable (for example, a hospital bed, oxygen equipment, wheelchair, walker, or suction equipment).

(c) Medical supplies and durable medical equipment that are essential for the patient's medical condition are allowable with the following limitations:

1. They are prescribed by a licensed practitioner and supplied by an approved Medicaid/NJ FamilyCare provider;

2. They are not reimbursable by the New Jersey Medicaid/NJ FamilyCare program when available at no charge from community resources (for example, the American Cancer Society or other service organizations); and

3. Environmental equipment, such as an air conditioner or an air filtering device, shall not be reimbursed under the New Jersey Medicaid/NJ FamilyCare program.

(d) The provider of medical supplies and durable medical equipment shall obtain prior authorization from the Medical Assistance Customer Center for the medical supplies and equipment listed in the Medical Supplier Chapter, *N.J.A.C. 10:59-1.6*, *1.9*, and *1.10*. For prior authorization for specific DME and other related services, see N.J.A.C. 10:59-2.

History

HISTORY:

Amended by R.2001 d.51, effective February 5, 2001.

See: 32 N.J.R. 3929(a), 33 N.J.R. 555(a).

In (a)3, substituted "beneficiary" for "recipient" preceding "for example,"; in (d), substituted "Medical Assistance Customer Center" for "Medicaid District Office" preceding "for the medical supplies".

Amended by R.2012 d.124, effective July 2, 2012.

See: 43 N.J.R. 1477(a), 44 N.J.R. 1884(a).

In the introductory paragraph of (a), inserted a comma preceding "which"; in (a)3, inserted "/NJ FamilyCare program"; in (c)1, (c)2 and (c)3, inserted "/NJ FamilyCare"; in (c)2, deleted a comma following "Society"; and in (c)3, inserted a comma following "equipment".

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Reimbursement for purchase of HEPA Air Cleaner prohibited as device is environmental equipment; judge's allowance of reimbursement by analogy to vaporizer reversed as N.J.A.C. 10:59-1.6 specifically prohibits electrostatic air filter reimbursement (Director's Final Decision). 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).

Determination whether easy chair lift constitutes environmental equipment. M.M. v. Division of Medical Assistance and Health Services, 2 N.J.A.R. 145 (1979).

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N.J.A.C. 10:54-5.31

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§ 10:54-5.31 Nursing facility services

(a) An attending physician shall prescribe, and certify in the medical record, the medical necessity for nursing facility services for a Medicaid/NJ FamilyCare program patient.

(b) When physician services are provided to a patient in a nursing facility (formerly known as a skilled nursing facility or an intermediate care facility), reimbursement will not be made to any physician or practitioner, or for therapy or services rendered by an owner, partner, administrator, officer, or stockholder of the company or corporation or anyone who otherwise has a direct or indirect financial interest in the institution; except that:

1. A medical director who is neither an owner, partner, official, stockholder of the company or corporation, but who is reimbursed a salary by the facility for administrative purposes, may bill on a fee-for-service basis for medical services rendered by him to patients in that facility.

(c) Annual Resident Reviews (ARR) for individuals identified as having mental illness, who reside in Medicaid certified nursing facilities shall be performed by the individual's attending physician and forwarded to the Office of Utilization Management, Mental Health Services, Division of Medical Assistance and Health Services, PO Box 712, Trenton, New Jersey 08635-0712, for final determination of the need for specialized services.

1. The MACC will send a nursing facility (NF) Reassessment List to the NF in the first week of every month. The reassessment date is based upon the month the individual was initially admitted to the NF. The attending physician completes the psychiatric form by the 15th of the following month on those individuals with mental illness.

2. The completed psychiatric evaluation form will be forwarded to the Division of Mental Health Services (DMHS) to be reviewed by the DMHS psychiatrists to determine the need for specialized services.

3. The results of the DMHS determination will be returned to the nursing facility to be incorporated in the patient's chart.

(d) A more detailed guideline of physician services performed in nursing facilities (NF) can be found in the Long Term Care Facility Services, *N.J.A.C. 10:63* (which is usually located in the facility). Assistance is also available to the physician, on a peer basis, from the Medical consultant in the Medical Assistance Customer Center. A director of Medical Assistance Customer Centers is located at *N.J.A.C. 10:49*, Appendix.

History

HISTORY:

Amended by R.2001 d.51, effective February 5, 2001.

See: *32 N.J.R. 3929(a)*, *33 N.J.R. 555(a)*.

In (c), substituted "Utilization Management" for "Health Services Administration" in the introductory paragraph; in (c)1 and (d), substituted references to MACCs for references to MDOs.

Amended by R.2012 d.124, effective July 2, 2012.

See: *43 N.J.R. 1477(a)*, *44 N.J.R. 1884(a)*.

In (a), inserted "/NJ FamilyCare program".

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N.J.A.C. 10:54-5.32

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 56 No. 3, February 5, 2024

§ 10:54-5.32 Organ procurement and transplantation services

(a) The Division covers services rendered and items dispensed or furnished in connection with organ procurement and transplantation services of kidney, heart, heart-lung, liver, bone marrow, cornea and other selected medically necessary organ transplants except those transplants categorized as experimental. (See (d) below for further information on organ procurement and transplantation.)

1. Payment for organ procurement and transplant services rendered to or items dispensed or furnished a donor will be considered a charge on behalf of the Medicaid beneficiary who is the transplant beneficiary.

(b) Federal organ procurement service requirements are listed in the Social Security Act, Section 1138 as amended by Section 9318(a) of the Omnibus Reconciliation Act of 1986 (*42 U.S.C. § 1320*).

1. Procurement services, with the exception of bone marrow transplant and cornea procurement services, shall be covered only when the Organ Procurement Organization (OPO) meets the requirements of Section 1138 of the Social Security Act (*42 U.S.C. § 1320(b)* 8 Note) and when the OPO is designated and certified by the Secretary of the Department of Health and Human Services as the OPO for that geographical area in which the hospital is located.

(c) The covered organ transplantation procedures shall also be performed in an organ transplant center approved or certified by a nationally recognized certifying or approving body, or one designated by the Federal government. In the absence of such a certification or approval of this nationally recognized body, the approval or certification, whichever applies, shall be obtained from the appropriate body so charged in the State in which the organ transplant center is located.

(d) The candidate for transplantation shall have been accepted for the procedure by the transplant center. Such acceptance shall precede a request for prior authorization from the medical staff in the Division's Office of Utilization Management, if applicable. All out-of-State hospitalizations for transplantations require prior authorization from the MACC serving the beneficiary's county of residence (see *N.J.A.C. 10:49-6.2*). Prior authorization shall be required for hospitalizations for organ procurement and transplantation for Medicaid/NJ FamilyCare beneficiaries for anatomical sites not explicitly listed in (a) above.

(e) Organ transplantations shall be medically necessary. Transplantations, with the exception of cornea transplantations, shall be performed only to avert a potentially life-threatening situation for the patient.

1. If all factors pertinent to decision-making concerning the site of performance of a transplant procedure are essentially equal, preference shall be given to a New Jersey transplant center. However, Medicaid/NJ FamilyCare policy of equitable access also applies (see *42 CFR 431.52(c)*).

History

HISTORY:

Amended by R.2001 d.51, effective February 5, 2001.

See: 32 N.J.R. 3929(a), 33 N.J.R. 555(a).

In (a)1, substituted "beneficiary" for "recipient" throughout; in (d), substituted "Utilization Management" for "Health Services Administration" preceding ", if applicable.", substituted "MACC" for "MDO" in the third sentence and substituted references to beneficiaries for references to recipients throughout.

Amended by R.2012 d.124, effective July 2, 2012.

See: 43 N.J.R. 1477(a), 44 N.J.R. 1884(a).

In (d) and (e)1, inserted "/NJ FamilyCare"; and in (e)1, substituted "42 CFR" for "42CFR".

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N.J.A.C. 10:54-5.33

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NJ - New Jersey Administrative Code > TITLE 10. HUMAN SERVICES > CHAPTER 54. PHYSICIAN SERVICES > SUBCHAPTER 5. POLICIES AND PROCEDURES FOR PROVISION OF SERVICES PRESCRIBED OR RENDERED BY A PHYSICIAN

§ 10:54-5.33 Orthopedic footwear services

(a) For purposes of the New Jersey Medicaid/NJ FamilyCare program, "an orthopedic shoe" means footwear, with or without accompanying appliances, used to prevent or correct gross deformities of the feet, which is properly fitted as to length and width, and consists of the following basic parts:

1. Correct straight last line;

2. Heels with sufficient bearing surface;

3. Toe with ample room for function;

4. Sole of sufficient weight for foot protection;

5. Rigid shank;

6. Properly fitting upper;

7. Smooth and protective lining; and

8. Snug fitting heel counter.

(b) Except as provided at *N.J.A.C. 10:49-2.3*, orthopedic footwear shall be reimbursed under the New Jersey Medicaid/NJ FamilyCare program when prior authorized in accordance with *N.J.A.C. 10:55-1.5(c)* and prescribed under the following conditions:

1. When attached to a brace or bar;

2. When part of the normal (customary, usual) post-operative or post-fracture treatment program; and/or

3. When used to correct or adapt to gross foot deformities.

(c) Services for flat foot conditions (regardless of the underlying etiology and encompassing all phases of services in connection with flat feet) shall be reimbursed as a Medicaid/NJ FamilyCare program covered service only under the following circumstances:

1. Treatment which is an integral part of post-fracture or post-operative treatment plan;

2. Supportive devices (for example, arch supports, specific additions to shoes and the like) prescribed to palliate pain and other symptoms associated with the condition;

3. Treatment where the talo-crural joint is involved; or

4. Treatment where there may be attachment of supportive device to a brace or bar.

(d) Orthopedic footwear and foot orthotics require a personally signed and dated order (prescription) by the prescribing physician for prosthetic and orthotic appliances, repair and replacement of parts for custom-made prosthetic and orthotic appliances, and orthopedic footwear. The prescription shall include the following:

1. Patient's name, age, address and Health Benefits Identification (HBID) Number;

2. Relevant diagnosis(es) (including the ICD-9-CM code(s) for dates of service before October 1, 2015, and the ICD-10-CM code(s) for dates of service on or after October 1, 2015) supporting the need for the orthopedic footwear and/or foot orthotics; and

3. Detailed description of the prosthetic and orthotic appliance order. Terminology such as "leg brace", "artificial limbs", or "orthopedic shoes" on a prescription is unacceptable.

(e) Prior authorization for all orthopedic footwear and foot orthotics shall be obtained by the provider of the services from the Office of Utilization Management, Division of Medical Assistance and Health Services, Mail Code #15, PO Box 712, Trenton, New Jersey 08625-0712, except for all components of orthopedic footwear attached to a bar or brace (including the bar, brace and/or shoe) which must be obtained from the appropriate Medical Assistance Customer Center. (For a directory of the (MACCs), see *N.J.A.C. 10:49*, Appendix K.) (See also *N.J.A.C. 10:55*, Prosthetic and Orthotics Services Chapter, for other prosthetic and orthotic services.)

History

HISTORY:

Amended by R.2001 d.51, effective February 5, 2001.

See: *32 N.J.R. 3929(a)*, *33 N.J.R. 555(a)*.

In (e), substituted "Utilization Management" for "Health Services Administration", substituted "Medical Assistance Customer Service Center" for "Medicaid District Office" and substituted "MACCs" for "MDOs".

Amended by R.2012 d.124, effective July 2, 2012.

See: *43 N.J.R. 1477(a)*, *44 N.J.R. 1884(a)*.

In the introductory paragraph of (a) and (b), inserted "/NJ FamilyCare"; in (b)1, deleted "and/or" from the end; in the introductory paragraph of (c), inserted "/NJ FamilyCare program"; in (c)3, inserted "or"; in the introductory paragraph of (d), deleted a comma following the second occurrence of "appliances"; and rewrote (d)1.

Amended by R.2016 d.051, effective June 6, 2016.

See: *47 N.J.R. 2041(a)*, *48 N.J.R. 962(b)*.

In the introductory paragraph of (d), inserted a comma following the second occurrence of "appliances"; and rewrote (d)2.

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N.J.A.C. 10:54-5.34

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§ 10:54-5.34 Prosthetic and orthotic services (P & O)

(a) Custom-made prosthetic and orthotic appliances (required to replace, support or strengthen parts of the body) are allowable when prescribed by a licensed physician. For purpose of the New Jersey Medicaid/NJ FamilyCare program, "custom-made" means a device or appliance fabricated (constructed and/or assembled) in an approved facility under the specific direction of a prescribing physician and designed to fit and perform a useful function solely for that specific individual for whom it was ordered.

1. Custom-made appliances must be fabricated by a person certified as a prosthetist and/or orthotist by the American Board for Certification in Orthotics, Prosthetics and Pedorthics, incorporated and fabricated in a facility accredited by the same certification board. The facility must be approved by the New Jersey Medicaid/NJ FamilyCare program to provide either prosthetic or orthotic (P & O) services or both to Medicaid/NJ FamilyCare program beneficiaries. The physician may contact the Medical Assistance Customer Center to determine which P & O dealers are eligible under the program. The P & O provider must obtain prior authorization from the Medical Assistance Customer Center to provide these services. For a listing of Medical Assistance Customer Centers, see the end of *N.J.A.C. 10:49*, Administration Manual, or the list can be downloaded free of charge from the Division of Medical Assistance and Health Services' website: *http://www.state.nj.us/humanservices/dmahs/home/index.html*.

(b) Prosthetic and orthotic appliances shall require a personally signed and dated order (prescription) by the prescribing physician, which includes the following:

1. Patient's name, age, address, H.S.P. (Medicaid) Case and Person Number; and

2. Relevant diagnosis(es) (including the ICD-9-CM code(s) for dates of service before October 1, 2015, and the ICD-10-CM code(s) for dates of service on or after October 1, 2015) supporting need for custom-made prosthetic and orthotic appliances; and

3. Detailed (meaningful) description of the prosthetic and orthotic appliance order. Terminology such as "leg brace", "artificial limbs", "orthopedic shoes", and so forth, on a prescription is unacceptable.

(c) The approved prosthetic and orthotic provider, upon receipt of an acceptable prescription, shall request prior authorization from the appropriate Medical Assistance Customer Center or the Podiatric Consultant, as appropriate, on a "Prior Authorization Form for Prosthetic and Orthotic Services (FD-357)."

1. In the event that a physician's prescription does not contain the prosthetic and orthotic nomenclature accepted by this Division, the facility shall transform the original prescription to conform to the accepted nomenclature. This does not imply that the physician's prescription will in any way be altered.

History

HISTORY:

Amended by R.2001 d.51, effective February 5, 2001.

See: *32 N.J.R. 3929(a)*, *33 N.J.R. 555(a)*.

In (a)1, substituted "beneficiaries" for "recipients" in the second sentence and substituted references to Medical Assistance Customer Centers for references to Medicaid District Offices throughout; in (c), substituted "Medical Assistance Customer Center" for "Medicaid District Office" preceding "or the Podiatric Consultant,".

Amended by R.2012 d.124, effective July 2, 2012.

See: *43 N.J.R. 1477(a)*, *44 N.J.R. 1884(a)*.

In the introductory paragraph of (a), inserted "/NJ FamilyCare"; rewrote (a)1; and deleted (a)1i.

Amended by R.2016 d.051, effective June 6, 2016.

See: *47 N.J.R. 2041(a)*, *48 N.J.R. 962(b)*.

Rewrote (b)2.

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N.J.A.C. 10:54-5.35

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 56 No. 3, February 5, 2024

§ 10:54-5.35 Rehabilitative services; general

(a) Rehabilitative services include physical therapy, occupational therapy, and speech-language pathology and audiology, including the use of such supplies and equipment as are necessary in the provision of such services. Rehabilitative services and other restorative services are provided for the purpose of attaining maximum reduction of physical or mental disability and restoration of a Medicaid/NJ FamilyCare beneficiary to his or her best functional level. Rehabilitative services shall be made available to Medicaid/NJ FamilyCare beneficiaries as an integral part of a comprehensive medical program.

(b) In a physician's office, rehabilitative services shall be provided by or under the direction of a physical therapist, occupational therapist, speech-language pathologist or audiologist employed by or under contract to the physician. Each of these therapy services are discussed at *N.J.A.C. 10:54-5.36*, *5.37* and *5.38*, respectively.

1. Physical therapy, occupational therapy, speech-language pathology and audiology services shall be reimbursed directly to the physician only when provided in the physician's office.

2. Physical therapy and speech-language therapy treatments shall be individual and shall consist of a minimum of 30 minutes.

3. Audiology services shall be reimbursed only when services are provided in an office of an Ear, Nose and Throat Specialist.

(c) A plan of treatment shall be completed during the Medicaid/NJ FamilyCare beneficiary's initial evaluation visit and retained on file.

1. The plan of treatment shall be definitive as to the type, amount, frequency, and duration of the rehabilitative services that are to be furnished and shall include the beneficiary's diagnosis and the anticipated goal(s) of the treatment.

History

HISTORY:

Amended by R.2001 d.51, effective February 5, 2001.

See: *32 New Jersey Register 3929(a)*, *33 New Jersey Register 555(a)*.

In (a) and (c), substituted references to beneficiaries for references to recipients throughout.

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

See: *34 New Jersey Register 3183(a)*, *35 New Jersey Register 888(a)*.

In (a), substituted "Medicaid/NJ FamilyCare" for "Medicaid" throughout; In (b), inserted "occupational therapy," following "Physical therapy," in 1, and deleted 4.

Annotations

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N.J.A.C. 10:54-5.36

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 56 No. 3, February 5, 2024

NJ - New Jersey Administrative Code > TITLE 10. HUMAN SERVICES > CHAPTER 54. PHYSICIAN SERVICES > SUBCHAPTER 5. POLICIES AND PROCEDURES FOR PROVISION OF SERVICES PRESCRIBED OR RENDERED BY A PHYSICIAN

§ 10:54-5.36 Rehabilitative services; physical therapy

(a) Physical therapy is a service prescribed by a physician and provided to a Medicaid/NJ FamilyCare beneficiary by or under the direction of a qualified physical therapist. Physical therapy does not include therapy which is purely palliative, such as the application of heat in any form; massage, routine calisthenics; group exercises; assistance in any activity; use of a simple mechanical device; or other services not requiring the special skill of a licensed physical therapist.

1. A qualified physical therapist is an individual who is:

i. Licensed by the State of New Jersey as a physical therapist in accordance with *N.J.A.C. 13:39A*; and

ii. A graduate of a program of physical therapy approved by both the Committee on Allied Health Education and Accreditation of the American Medical Association and the American Physical Therapy Association or its equivalent.

2. If treatment or services are provided in a state other than New Jersey, the physical therapist shall meet the requirements of that state, including licensure if applicable, and all applicable Federal requirements.

History

HISTORY:

Amended by R.2001 d.51, effective February 5, 2001.

See: *32 New Jersey Register 3929(a)*, *33 New Jersey Register 555(a)*.

In (a), substituted "beneficiary" for "recipient" preceding "by or under" in the introductory paragraph.

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

See: *34 New Jersey Register 3183(a)*, *35 New Jersey Register 888(a)*.

In (a), substituted "Medicaid/NJ FamilyCare" for "Medicaid" in the introductory paragraph.

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N.J.A.C. 10:54-5.37

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 56 No. 3, February 5, 2024

§ 10:54-5.37 Rehabilitative services; occupational therapy

(a) Occupational therapy is a service prescribed by a physician and provided to a Medicaid/NJ FamilyCare beneficiary by or under the direction of a qualified occupational therapist and includes the necessary supplies and equipment.

1. A qualified occupational therapist is an individual who is:

i. Registered by the American Occupational Therapy Certification Board (AOTCB); or

ii. A graduate of a program in occupational therapy approved by the Committee on Allied Health Education of the American Medical Association and engaged in the supplemental clinical experience required before registration by the American Occupational Therapy Association (AOTA).

2. If treatment or services are provided in a state other than New Jersey, the occupational therapist shall meet the requirements of that state, including licensure if applicable, and all applicable Federal requirements.

(b) Occupational therapy shall be reimbursed when provided in a physician's office or settings other than a physician's office.

History

HISTORY:

Amended by R.2001 d.51, effective February 5, 2001.

See: *32 New Jersey Register 3929(a)*, *33 New Jersey Register 555(a)*.

In (a), substituted "beneficiary" for "recipient" following "provided to a Medicaid" in the introductory paragraph.

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

See: *34 New Jersey Register 3183(a)*, *35 New Jersey Register 888(a)*.

In (a), inserted "Medicaid/NJ FamilyCare" for "Medicaid" throughout; in (b), inserted "a physician's office or" preceding "settings".

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N.J.A.C. 10:54-5.38

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 56 No. 3, February 5, 2024

§ 10:54-5.38 Rehabilitative services; speech-language pathology and audiology

(a) Speech-language pathology services and audiology services are diagnostic, screening, preventive, or corrective services prescribed by a physician and provided to a Medicaid/NJ FamilyCare beneficiary by or under the direction of a speech-language pathologist or audiologist. They include necessary supplies and equipment.

1. A speech-language pathologist or audiologist is an individual who is licensed by the State of New Jersey as a speech-language pathologist or audiologist, in accordance with N.J.A.C. 13:44C, and who meets all applicable Federal requirements including:

i. A certificate of clinical competence in Speech-Language Pathology or Audiology from the American Speech-Language-Hearing Association; or

ii. Completion of the equivalent educational requirements and work experience necessary for the certificate(s); or

iii. Completion of the academic program and is in the process of acquiring supervised work experience in order to qualify for the certificate(s).

2. If treatment or services are provided in a state other than New Jersey, the speech-language pathologist or audiologist shall meet the requirements of that state, including licensure if applicable, and all applicable Federal requirements.

History

HISTORY:

Amended by R.2001 d.51, effective February 5, 2001.

See: 32 New Jersey Register 3929(a), 33 New Jersey Register 555(a).

In (a), substituted "beneficiary" for "recipient" following "provided to a Medicaid" in the introductory paragraph.

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

See: 34 New Jersey Register 3183(a), 35 New Jersey Register 888(a).

In (a), substituted "Medicaid/NJfamilyCare" for "Medicaid in the introductory paragraph.

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N.J.A.C. 10:54-5.39

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 56 No. 3, February 5, 2024

§ 10:54-5.39 Rehabilitative services; separation of therapy and office visit reimbursement

(a) No portion of the time spent on therapy treatments may be considered as part of the time parameters of an office visit. Office visits billed during the same day shall clearly and separately meet the time and other parameters described in the applicable HCPCS procedure codes, N.J.A.C. 10:54-9.

(b) When the same type of rehabilitative service is performed on a Medicaid/NJ FamilyCare beneficiary more than once on the same day, for example, two physical therapy services, reimbursement shall be made for one service only. Likewise, when the treatment performed on a Medicaid/NJ FamilyCare beneficiary is merely a different modality within the same type of rehabilitative service, reimbursement shall be made for only one service per beneficiary per day.

History

HISTORY:

Amended by R.2001 d.51, effective February 5, 2001.

See: *32 New Jersey Register 3929(a)*, *33 New Jersey Register 555(a)*.

In (b), substituted "beneficiary" for "recipient" throughout.

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

See: *34 New Jersey Register 3183(a)*, *35 New Jersey Register 888(a)*.

In (b), substituted "Medicaid/NJ FamilyCare" for "Medicaid" throughout the paragraph.

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N.J.A.C. 10:54-5.40

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 56 No. 3, February 5, 2024

§ 10:54-5.40 Second opinion program for elective surgical procedures--hospital inpatient and ambulatory surgical centers (ASC) services

(a) A second opinion shall be required for the elective surgical procedures listed under (b) below. The outcome of the second opinion will have no bearing on payment. Once the second opinion is rendered, the patient will retain the right to decide whether or not to proceed with the surgery; however, failure to obtain a second opinion for these procedures will result in a denial of the surgeon's claim. (See *N.J.A.C. 10:54-9.11(c)* and (d) for the list of HCPCS codes that require a second opinion.)

1. A second opinion shall be required for the surgery indicated below when the surgical procedure is elective. If the operating physician determines that the need for surgery is urgent or is an emergency, no opinion is required. Urgent or emergency (for second opinion purposes) includes any situation in which a delay in performing surgery in order to meet the second opinion requirement could result in a significant threat to the patient's health or life.

i. If the patient is hospitalized or admitted to an ASC, a second opinion is not required if the procedure becomes urgent or an emergency during the course of the hospitalization or admission, regardless of the patient's admitting diagnosis.

ii. Reimbursement for urgent or emergency surgery shall be made only if a specific statement is attached to the claim form by the operating physician certifying that the second opinion requirement was not met and substantiating the urgent or emergency nature of the surgery.

2. A second opinion shall be required for any of the elective procedures whenever the New Jersey Medicaid/NJ FamilyCare program is to be billed for any portion of the physician claim. Therefore, if a Medicaid patient is covered by other insurance (except when Medicare coverage is involved) which makes only partial payment on the claim, the New Jersey Medicaid/NJ FamilyCare program shall not make supplementary payment unless the second opinion requirement has been met. However, the New Jersey Medicaid/NJ FamilyCare program shall make payment on the claim if the operating physician receives documentation that a second opinion was arranged and paid by another insurer. A copy of this documentation must be attached to the claim.

3. A second opinion shall be required for any of the four procedures to be done on an elective basis, even if the recommendation for surgery is made during the inpatient hospital stay or ASC admission. In this case, the patient should be discharged and the regular process for obtaining a second opinion should be followed. If the patient decides to have surgery, he or she can then be scheduled for readmission since the case would have been elective in nature.

(b) The following elective surgical procedures require a second opinion by a physician under the Medicaid Second Opinion program:

1. Hernia Repair (common abdominal wall type);

i. A second opinion shall be required for any herniorrhaphy involving an adult (over 18 years of age).

ii. A second opinion shall not be required for herniorrhaphy involving a child or young adult 18 years of age or under.

2. Hysterectomy (see also *N.J.A.C. 10:54-5.16(h)* through (k));

3. Laminectomy;

4. Spinal fusion;

i. A second opinion shall not be required for spinal fusion for scoliosis in a child or young adult 18 years of age or under.

(c) The Medicaid Second Opinion program shall not require a second opinion for the following circumstances:

1. New Jersey Medicaid beneficiaries with HSP (Medicaid) Case Numbers with the first and second digits of 90 or the third and fourth digits of 60 who are residing out-of-State at the discretion of the New Jersey Department of Human Services.

2. Dually eligible Medicare/Medicaid beneficiaries, unless a second opinion is also mandatory under Medicare regulations.

(d) Medicare/Medicaid beneficiaries may optionally, (that is, on a voluntary basis) seek "second opinions" and the cost of the service shall be reimbursed by the New Jersey Medicaid program if not covered for reimbursement by Medicare.

(e) A second opinion shall be arranged through the fiscal agent's Medicaid Second Opinion Referral Center.

1. A consultation ordered by a physician shall not, by itself, meet the program's definition of a second opinion and no "Authorization for Payment" shall be granted based on such consultation. Second opinions arranged and paid for by other third party payers, in accordance with (a)2 above, will be considered second opinions by Medicaid.

2. All second opinion providers shall be Board Certified or Board Eligible by the appropriate American specialty board or osteopathic specialty board. The Referral Center shall ensure that the second opinion physician is a Board Certified or Board Eligible Specialist in the appropriate field (General Surgery, Pediatrics, Neurology, Neurosurgery, Obstetrics/Gynecology, or Orthopedics), and has signed a Medicaid Second Opinion Provider Agreement.

i. To become approved as a Medicaid Second Opinion provider and receive a Second Opinion Provider Agreement application, contact the Medicaid Second Opinion Referral Center at the fiscal agent of the New Jersey Medicaid program.

3. The physician shall agree when completing the Second Opinion Provider Agreement not to perform surgery on the individual to whom he has given a second opinion, and not to make a referral unless requested by the patient, and then only to a surgeon with whom the second opinion has no financial involvement.

4. A second opinion shall be required, regardless of the setting in which the procedure is to be performed (inpatient hospital, outpatient hospital, independent clinic, Ambulatory Surgical Center, or physician's office).

5. In order to prevent claim denial as a result of a situation where one of the elective surgical procedures is scheduled and performed before the second opinion requirements are met, it is suggested that the elective surgery not be scheduled until after the second opinion has been rendered.

(f) At the time a recommendation for surgery is made, the first opinion physician or the patient's operating surgeon will give the patient a bilingual Medicaid Second Opinion program brochure which explains the program and the steps for obtaining a second opinion. The physician should check the appropriate box on

the brochure to indicate the procedure being recommended. Copies of the brochure are available from the fiscal agent of the New Jersey Medicaid program.

1. The patient shall then follow the instructions outlined in the brochure to contact the Medicaid Second Opinion Referral Center and obtain a second opinion.

2. At the time the second opinion is rendered, the second opinion physician may contact the first opinion physician or the patient's operating surgeon to discuss the patient's medical history and the result of the previous diagnostic studies.

3. The second opinion physician will document the results of the second opinion on the Medicaid Second Opinion Referral Form. A copy of this report shall be forwarded by the Medicaid Second Opinion Referral Center to the referring physician.

4. If the patient wishes to proceed with surgery after a second opinion is received, the operating physician shall contact the Referral Center to receive an "Authorization for Payment" prior to proceeding with the surgery.

i. A copy of the Second Opinion Report, as well as authorization for physician payment will then be sent to the operating physician. At the time the patient's hospital, independent clinic, or ambulatory surgical center (ASC) admission is arranged, the operating physician shall give the hospital or independent clinic or ASC its copy of the "Authorization for Payment". The second opinion is valid for one year from the date the second opinion is rendered.

(g) The physician claim associated with one of the second opinion procedures shall not be paid unless attached to the hard copy of the claim is:

1. An "Authorization for Payment", or

2. Documentation of a second opinion arranged through another insurer; or

3. A specific statement from the operating physician certifying that the second opinion requirement was not met and substantiating the urgent or emergency nature of the surgery.

(h) Reimbursement will not be made for a second opinion rendered to a patient who is not Medicaid eligible. The issuance of a "Medicaid Second Opinion Referral Form" to the patient by the Medicaid Second Opinion Referral Center does not guarantee the patient's eligibility on the date of the second opinion or subsequent surgery. The patient's eligibility must be verified by checking the patient's current New Jersey Medicaid Validation Form before rendering any service. (See *N.J.A.C. 10:49-1.2*, Administration on "How to identify a Medicaid beneficiary."

(i) Third opinion: If as a result of the second opinion, the patient is given a conflicting opinion regarding the need for the elective surgery, the patient may contact the Medicaid Second Opinion Referral Center and arrange for a third opinion. (For third opinion billing, see *N.J.A.C. 10:54-9.4* under procedure code 99274 ZZ.)

(j) For physician claim submission, the operating surgeon, upon receipt of the Second Opinion "Authorization of Payment" shall go through the normal process for arranging the surgery, ensuring the hospital, independent clinic or ASC receives its copy of the authorization.

1. If the patient should change physicians after the authorization has been released, the newly designated operating physician may contact the Medicaid Referral Center for a copy.

2. Once the surgery is performed, the physician must attach to the Physician's claim form (CMS 1500) either the operating physician's copy of the "Authorization of Payment" or a statement certifying as to the urgent or emergency nature of the procedure.

3. No Second Opinion authorization or certification shall be required for the anesthesiologist or assistant surgeon claims.

History

HISTORY:

Amended by R.2001 d.51, effective February 5, 2001.

See: 32 N.J.R. 3929(a), 33 N.J.R. 555(a).

In (c)1, (c)2, (d) and (h), substituted "beneficiaries" for "recipients" throughout; in (h), substituted "beneficiary" for "recipient" preceding "identify a Medicaid".

Amended by R.2012 d.124, effective July 2, 2012.

See: 43 N.J.R. 1477(a), 44 N.J.R. 1884(a).

In (a)2, inserted "/NJ FamilyCare" three times; in the introductory paragraph of (j), deleted a comma following "clinic"; and in (j)2, substituted "CMS" for "HCFA".

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N.J.A.C. 10:54-5.41

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§ 10:54-5.41 Sterilization; general

(a) The Division covers sterilization procedures performed on Medicaid/NJ FamilyCare program beneficiaries based on Federal regulations (*42 CFR 441.250* through *441.258*) and related requirements outlined in this section and in the billing instructions. For sterilization policy and procedures, see (b) through (e) below. Billing instructions are outlined in the Fiscal Agent Billing Supplement.

(b) "Sterilization" means any surgical procedure, treatment, or operation, for the purpose of rendering an individual permanently incapable of reproducing. Surgical sterilization procedures are those whose primary purpose is to render an individual incapable of reproducing. Surgical sterilization procedures require the completion of the Federal "Consent Form" for sterilization.

(c) In accordance with *42 CFR 441.258* Appendix to Subpart F (Specific Requirements for Use), the following requirements shall be met and/or documented on the Consent Form prior to the sterilization of an individual:

1. The individual is at least 21 years of age at the time the consent is obtained;

2. The individual is not mentally incompetent. "Mentally incompetent individual" means an individual who has been declared mentally incompetent by a Federal, state, or local court of competent jurisdiction for any purpose, unless the individual has been declared competent for purposes which include the ability to consent to sterilization;

3. The individual is not institutionalized. "Institutionalized individual" means an individual who is:

i. Involuntarily confined or detained, under a civil or criminal statute, in a correctional or rehabilitative facility, including a mental hospital or other facility for the care and treatment of mental illness; or

ii. Confined, under a voluntary commitment, in a mental hospital or other facility for the care and treatment of mental illness;

4. The individual has voluntarily given informed consent;

5. At least 30 days, but not more than 180 days, have passed between the date of informed consent and the date of sterilization, except in the case of emergency abdominal surgery or premature delivery;

i. In the case of emergency abdominal surgery at least 72 hours shall have passed between the date he or she gave informed consent and the date of sterilization;

ii. In the case of premature delivery, informed consent shall have been given at least 30 days before the expected date of delivery and at least 72 hours have passed between the date of informed consent and the date of premature delivery.

6. In the case where a patient desires to be sterilized at the time of delivery, the Consent Form shall be signed by the patient no earlier than the 5th month of pregnancy to minimize the possibility of exceeding the 180 day limit.

(d) An individual is considered to have given informed consent for sterilization only if:

1. The person who obtained consent for the sterilization procedure offered to answer any questions the individual to be sterilized may have had or has concerning the procedure, provided a copy of the Consent Form, and provided orally all of the following information or advice to the individual to be sterilized:

i. Advice that the individual is free to withhold or withdraw consent to the procedure at any time before sterilization without affecting the right to future care or treatment and without loss or withdrawal of any federally funded program benefits to which the individual might be otherwise entitled; and

ii. A description of available alternative methods of family planning birth control; and

iii. Advice that the sterilization procedure is considered to be irreversible; and

iv. A thorough explanation of the specific sterilization procedure to be performed; and

v. A full description of the discomfort and risks that may accompany or follow the performing of the procedure, including an explanation of type and possible effects of any anesthetic to be used; and

vi. A full description of the benefits or advantages that may be expected as a result of the sterilization; and

vii. Advice that the sterilization will not be performed for at least 30 days except for emergency abdominal surgery or premature delivery.

2. Suitable arrangements were made to insure that the information specified by this rule was effectively communicated to any individual who is blind, deaf, or otherwise handicapped; and

3. An interpreter was provided if the individual to be sterilized did not understand the language used on the Consent Form or the language used by the person obtaining consent;

4. The individual to be sterilized was permitted to have a witness of his or her own choice present when consent was obtained;

5. The requirements of the Consent Form were met, such as, its contents, certification, and signatures (see (e) below).

Note: The Consent Form currently in use by the Division is a replica of the form contained in the Federal Regulations and is to be utilized by providers when submitting claims. No other consent form is permitted unless approved by the Secretary, United States Department of Health and Human Services. The form is available from the fiscal agent.

(e) In addition to completing all information (name of doctor or clinic the patient received information from, name of the operation to be performed, the patient's birth date, name of the patient, name of the physician who will perform the sterilization, the method, the language used by an interpreter, name and address of the facility the person obtaining consent is associated with, the date of the sterilization and the specific type of operation) in the appropriate spaces provided, the form must be signed and dated by hand as specified below:

1. "Consent to Sterilization" shall be signed and dated by the individual to be sterilized, prior to the sterilization operation (in accordance with the time frames specified in *N.J.A.C. 10:54-5.41(c)*5.

2. "Interpreter's Statement" shall be signed and dated by the interpreter, if one was provided prior to the sterilization operation. The interpreter shall certify by signing and dating the "consent form" that:

i. He or she translated the information presented orally and read the Consent Form and explained its contents to the individual to be sterilized; and

ii. To the best of the interpreter's knowledge and belief, the individual understood what the interpreter told him or her.

3. "Statement of Person Obtaining Consent" shall be signed and dated by the person who obtained the consent, prior to the sterilization operation. The person securing the Consent Form shall certify, by signing and dating the Consent Form that:

i. Before the individual signed the "consent form", he or she advised the individual to be sterilized that no Federal benefits may be withdrawn because of the decision not to be sterilized; and

ii. He or she explained orally the requirements for informed consent as set forth on the Consent Form; and

iii. To the best of his or her knowledge and belief, the individual to be sterilized appeared mentally competent and knowingly and voluntarily consented to be sterilized. The name and address of the facility or physician's office with which the person obtaining consent is associated must be completed in the space provided on the form.

4. "Physician's Statement" shall be signed and dated by the physician who performed the sterilization operation, after the surgery has been performed. (A date prior to surgery is not acceptable.) The physician performing the sterilization shall certify, by signing and dating the Consent Form, that within 24 hours before the performance of the sterilization operation:

i. The physician advised the individual to be sterilized that no Federal benefits may be withdrawn from the patient because of the decision not to be sterilized; and

ii. The physician explained orally the requirements for informed consent as set forth on the Consent Form; and

iii. To the best of the physician's knowledge and belief, the individual appeared mentally competent, and knowingly and voluntarily consented to be sterilized; and

iv. That at least 30 days have passed between the date of the individual's signature on the Consent Form and certified the date upon which the sterilization was performed, except in the case of emergency abdominal surgery or premature delivery; and

v. In the case of emergency abdominal surgery or premature delivery performed within 30 days of consent, the physician must certify that the sterilization was performed less than 30 days, but not less than 72 hours after informed consent was obtained, and in the case of abdominal surgery must describe the emergency, or in the case of premature delivery, must state the expected date of delivery.

5. Any additional requirement of State or local law for obtaining consent, except a requirement for spousal consent, was followed.

6. Informed consent may not be obtained while the individual to be sterilized is:

i. In labor or childbirth; or

ii. Seeking to obtain or obtaining an abortion; or

iii. Under the influence of alcohol or other substances that affect the individual's state of awareness.

(f) Any New Jersey physician with electronic billing capabilities shall submit a "hard copy" of the CMS 1500 claim form (including for inpatient and outpatient services) for all sterilization claims with the "Consent Form" attached to the CMS 1500 claim form and must not submit the claim through EMC claim processing.

History

HISTORY:

Amended by R.2001 d.51, effective February 5, 2001.

See: 32 N.J.R. 3929(a), 33 N.J.R. 555(a).

In (a), substituted "beneficiaries" for "recipients" following "performed on Medicaid".

Amended by R.2012 d.124, effective July 2, 2012.

See: 43 N.J.R. 1477(a), 44 N.J.R. 1884(a).

In the introductory paragraph of (a), inserted "/NJ FamilyCare program" and deleted "42 CFR" preceding "441.258"; and in (f), substituted "CMS" for "HCFA" twice.

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N.J.A.C. 10:54-5.42

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§ 10:54-5.42 Hysterectomy

(a) The Division will cover hysterectomy procedures performed on Medicaid beneficiaries based on Federal regulation (*42 CFR 441.250* through *42 CFR 441.258*) and related requirements outlined in the billing instructions. For billing instructions, see Fiscal Agent Billing Supplement, Appendix B.

(b) "Hysterectomy" means an operation for the purpose of removing the uterus.

1. A hysterectomy shall not be performed solely for the purpose of rendering an individual permanently incapable of reproducing. A hysterectomy shall be covered as a surgical procedure if performed primarily for the purpose of removing a pathological organ.

(c) Certain hysterectomy procedures require the completion of the "Hysterectomy Receipt of Information Form (FD-189, Rev. 7/83) or, under certain conditions, (see (d)1iii, below) a physician certification.

(d) The specific requirements to be met and/or documented on the Hysterectomy Receipt of Information Form (FD-189, Rev. 7/83) or, under certain conditions, a physician certification are:

1. A hysterectomy on a female of any age may be performed when medically necessary for a pathological indication provided the person who secured authorization to perform the hysterectomy has:

i. Informed the individual and her representative (if any), both orally and in writing, that the hysterectomy will render the individual permanently incapable of reproducing; and

ii. Ensured that the "Hysterectomy Receipt of Information" (FD-189, Rev. 7/83) is completed and the individual or her representative has signed and dated a written acknowledgement of receipt of that information utilizing the "Hysterectomy Receipt of Information Form" (FD-189, Rev. 7/83); or

iii. The physician who performed the hysterectomy certifies, in writing, that the individual:

(1) Was sterile before the hysterectomy (include cause of sterility);

(2) Required a hysterectomy because of a life-threatening emergency in which the physician determined that prior acknowledgement was not possible (include description of the nature of the emergency); or

(3) Was operated on during a period of the person's retroactive Medicaid/NJ FamilyCare program eligibility (see *N.J.A.C. 10:49-2.7*) and the individual was informed, before the operation, that the hysterectomy would make her permanently incapable of reproducing or one of the conditions described in (1) or (2) above was applicable (include a statement that the individual was informed or describe which condition was applicable).

(e) Although a physician certification is acceptable for situations described in (d)1iii above, the Division recommends that the Hysterectomy Receipt of Information Form (FD-189) be used whenever possible.

(f) There is no 30 day waiting period required before a medically necessary hysterectomy may be performed. The standard procedure for surgical consent forms will prevail.

(g) Any New Jersey physician with electronic billing capabilities shall submit a "hard copy" of the CMS 1500 claim form for all hysterectomy claims with the FD-189 form attached to the claim form and must not submit the claim through the EMC claims processing.

History

HISTORY:

Amended by R.2001 d.51, effective February 5, 2001.

See: 32 N.J.R. 3929(a), 33 N.J.R. 555(a).

In (a), substituted "beneficiaries" for "recipients" following "performed on Medicaid".

Amended by R.2012 d.124, effective July 2, 2012.

See: 43 N.J.R. 1477(a), 44 N.J.R. 1884(a).

In (d)1iii(1), deleted "or" from the end; in (d)1iii(3), inserted "/NJ FamilyCare program"; and in (g), substituted "CMS" for "HCFA".

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N.J.A.C. 10:54-5.43

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 56 No. 3, February 5, 2024

§ 10:54-5.43 Termination of pregnancy

(a) The Division shall reimburse for medically necessary termination of pregnancy procedures on Medicaid/NJ FamilyCare program beneficiaries when performed by a physician in accordance with *N.J.A.C. 13:35-4.2*, of the rules of the New Jersey State Department of Law and Safety, Division of Consumer Affairs, Board of Medical Examiners.

(b) A physician may take the following factors into consideration in determining whether a termination of pregnancy is medically necessary on a Medicaid/NJ FamilyCare program beneficiary:

1. To save the life of the mother;

2. That the pregnancy was the result of an act of rape;

3. That the pregnancy was the result of an act of incest; or

4. That in the physician's professional judgment, the termination was medically necessary and consistent with the Federal court ruling that a physician may take the following factors into consideration in determining whether a termination of pregnancy is medically necessary:

i. Physical, emotional and psychological factors;

ii. Family reasons; and

iii. Age.

(c) The determination of medical necessity shall be subject to review by the Medicaid/NJ FamilyCare program in accordance with existing rules and regulations of the Medicaid/NJ FamilyCare program and consistent with the New Jersey State Department of Law and Safety, Division of Consumer Affairs, Board of Medical Examiners, *N.J.A.C. 13:35-4.2*.

(d) A "Physician Certification" (Form FD-179) shall be attached to the hospital's Medicaid claim form, either for inpatient or outpatient services, if any of the procedures on the claim relate to a voluntary elective abortion.

1. A copy of the completed FD-179 shall also be attached to:

i. The physician's Medicaid/NJ FamilyCare claim form, as appropriate; and

ii. The anesthesiologist's Medicaid/NJ FamilyCare claim form.

(e) Any New Jersey physician with electronic billing capabilities must submit a "hard copy" of the CMS 1500 claim form (for inpatient or outpatient services) for all termination of pregnancy claims with the "Physician Certification" attached to the claim form and must not submit the claim through EMC claim processing.

History

HISTORY:

Amended by R.2001 d.51, effective February 5, 2001.

See: 32 N.J.R. 3929(a), 33 N.J.R. 555(a).

In (a), substituted "beneficiaries" for "recipients" preceding "when performed by a physician"; in (b), substituted "beneficiary" for "recipient" at the end of the introductory paragraph.

Amended by R.2012 d.124, effective July 2, 2012.

See: 43 N.J.R. 1477(a), 44 N.J.R. 1884(a).

In (a) and the introductory paragraph of (b), inserted "/NJ FamilyCare program"; in (b)1 and (b)2, deleted "or" from the end"; in the introductory paragraph of (b)4, substituted "judgment" for "judgement"; in (b)4i, deleted a comma following "emotional"; in (b)4ii, deleted a comma from the end; in (c), inserted "the" preceding and inserted "/NJ FamilyCare program" following the first occurrence of "Medicaid" and "/NJ FamilyCare" following the second occurrence of "Medicaid"; in (d)1i and (d)1ii, inserted "/NJ FamilyCare"; in (d)1i, deleted a comma from the end; and in (e), substituted "CMS" for "HCFA".

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§ 10:54-6.1 Purpose

The purpose of HealthStart shall be to provide comprehensive maternity and child health care services for all pregnant women (including those determined to be presumptively eligible) and for children (under two years of age) in the State of New Jersey who are eligible for Medicaid benefits.

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N.J.A.C. 10:54-6.2

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 56 No. 5, March 4, 2024

§ 10:54-6.2 Scope of services

(a) HealthStart maternity care services shall include all medical services recommended by the American College of Obstetricians and Gynecologists (ACOG) and the American College of Nurse Midwives (ACNM), as well as a program of health support services. HealthStart pediatric care services shall include the nine preventive visits recommended by the American Academy of Pediatrics and all of the necessary immunizations. This subchapter includes provisions for provider participation, standards for service delivery, procedure codes from the CMS Healthcare Common Procedure Coding System (HCPCS) and directions for submitting claims.

(b) HealthStart Comprehensive Maternity Care includes two components; Maternity Medical Care Services and Health Support Services as follows:

1. Maternity Medical Care Services include, but are not limited to:

i. Ambulatory prenatal services;

ii. Admission arrangements for delivery;

iii. Obstetrical delivery services; and

iv. Postpartum medical services.

2. Health Support Services include, but are not limited to:

i. Case coordination services, including the follow-through on Medicaid eligibility determination on the mother and infant, and informing a Medicaid eligible pregnant woman about the availability of Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services for the newborn;

ii. Health education assessment and counseling services;

iii. Home visitation;

iv. Nutrition education assessment and counseling services;

v. Outreach, referral and follow-up services;

vi. Social-psychological assessment and counseling services.

(c) HealthStart Comprehensive Pediatric Care includes nine preventive child health visits, all the recommended immunizations, case coordination and continuity of care including, but not limited to, the provision or arrangement for sick care, 24-hour telephone access, and referral and follow-up for complex or extensive medical, social, psychological, and nutritional needs.

History

HISTORY:

Amended by R.2012 d.124, effective July 2, 2012.

See: *43 N.J.R. 1477(a)*, *44 N.J.R. 1884(a)*.

In (a), substituted "CMS Healthcare" for "HCFA", and deleted a comma following "(HCPCS)".

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N.J.A.C. 10:54-6.3

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 56 No. 5, March 4, 2024

§ 10:54-6.3 HealthStart provider participation criteria

(a) Providers that are eligible to participate as HealthStart providers shall be: independent clinics (including local health departments meeting the New Jersey Department of Health and Senior Services Improved Pregnancy Outcome criteria); hospital outpatient departments; Federally Qualified Health Centers; physicians; certified nurse midwives; advanced practice nurses (APNs); and physician and/or practitioner groups, approved as providers in the New Jersey Medicaid/NJ FamilyCare program in accordance with *N.J.A.C. 10:49* and 10:54-6.3.

(b) In addition to New Jersey Medicaid program rules applicable to provider participation, HealthStart providers shall:

1. Sign an Addendum to the New Jersey Medicaid Program Provider Agreement;

2. Have a valid "HealthStart Maternity Care Certificate" or a "HealthStart Maternity Medical Care Certificate" and/or a Pediatric Care Certificate; and

3. Provide maternity medical care and/or health support services, if applicable, or pediatric care services, in accordance with the requirements for issuance of "HealthStart Comprehensive Maternity Care Certificate" or "HealthStart Maternity Medical Care Certificate," and/or a "HealthStart Pediatric Care Certificate," and in accordance with the New Jersey State Department of Health and Senior Services Guideline for HealthStart Maternity Care Providers and HealthStart Pediatric Care Providers at N.J.A.C. 10:66-3.

4. Shall participate in program evaluation and training activities, including, but not limited to, site monitoring, agency and patient record review, and submission of required summary information on each patient according to the "New Jersey State Department of Health and Senior Services Guidelines for HealthStart Providers," as delineated in N.J.A.C. 10:66-3; and

5. Determine presumptive eligibility for the New Jersey Medicaid program, if approved to perform such determinations by the Division of Medical Assistance and Health Services.

(c) In addition to (a) and (b) above, HealthStart Comprehensive Maternity Care providers with more than one care site or more than one maternity clinic at the same site that uses different staff, shall apply for a separate HealthStart Comprehensive Maternity Care Certificate for each separate site. Within an agency, only those sites which hold a certificate shall be reimbursed for HealthStart services.

(d) In addition to (a) and (b) above, HealthStart Pediatric Care Providers shall:

1. Participate in program evaluation and training activities, including but not limited to, submission of Pediatric Preventive Child Health forms and documentation of outreach and follow-up activities in the patient's record; and

2. Enroll eligible children in Early and Periodic Screening, Diagnosis and Treatment (EPSDT). Hospital outpatient departments shall be excluded from this requirement.

3. Provide all components of the Child Health screening services within one clinic when the HealthStart Pediatric Care Provider is the outpatient department of a hospital. Referral to other clinics for screening shall be prohibited.

(e) An applicant's ability to meet the standards for HealthStart certificates in appropriate areas and to provide services in accordance with the "New Jersey State Department of Health and Senior Services Guidelines for HealthStart Providers" (N.J.A.C. 10:66-3) in appropriate areas will be assessed via a site review.

(f) HealthStart Provider Certificates will be reviewed by the New Jersey State Department of Health and Senior Services at least every 18 months from the date of issuance.

(g) Applications for HealthStart Provider Certificates are available from:

HealthStart Program

New Jersey State Department of Health and Senior Services

PO Box 360

Trenton, NJ 08625-0360

(h) Applications for New Jersey Medicaid HealthStart Provider agreements are available from:

Unisys Corporation

Provider Enrollment Unit

PO Box 4804

Trenton, New Jersey 08650-4804

History

HISTORY:

Amended by R.2001 d.51, effective February 5, 2001.

See: *32 New Jersey Register 3929(a)*, *33 New Jersey Register 555(a)*.

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

See: *36 New Jersey Register 312(a)*, *36 New Jersey Register 4136(a)*.

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N.J.A.C. 10:54-6.4

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 56 No. 5, March 4, 2024

§ 10:54-6.4 Termination of HealthStart certificate

(a) The New Jersey State Department of Health and Senior Services will be responsible for enforcement of its requirements for HealthStart Provider Certificates and for evaluation and enforcement of its requirements within the Standards and Guidelines for HealthStart providers.

1. Failure to comply with HealthStart Certificate Standards shall be cause for termination of the HealthStart provider certificate. Providers who are terminated shall have the right to request a hearing pursuant to the procedures in N.J.A.C. 10:49-10.10.

History

HISTORY:

Amended by R.2001 d.51, effective February 5, 2001.

See: 32 New Jersey Register 3929(a), 33 New Jersey Register 555(a).

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§ 10:54-6.5 Standards for a HealthStart comprehensive maternity care provider certificate

(a) HealthStart maternity care services shall be integrated and coordinated.

(b) HealthStart Maternity Care providers shall provide for comprehensive maternity care services, that is, maternity medical and health support services, as follows:

1. Providers shall provide directly or through approved agreements, at one contiguous site, the following services:

i. Ambulatory prenatal and postpartum care;

ii. Case coordination services;

iii. Nutrition assessment;

iv. Guidance and counseling services;

v. Health education assessment and instruction; and

vi. Social-psychological assessment, guidance and counseling.

2. Providers may provide just the Maternity Medical Care component as long as they have entered into a written agreement with a single HealthStart provider who shall provide the HealthStart Health Support services component. This agreement shall delineate which party shall take primary responsibility for the provision of all HealthStart services.

3. Independent clinics, hospital outpatient departments, home health agencies, and local health departments may provide just the HealthStart Health Support services component only when they have entered into a written agreement with a private practitioner(s) who shall provide the HealthStart Maternity Medical services component. This agreement shall delineate which party shall take primary responsibility for provision of all HealthStart services.

4. A separate certificate for each component will be issued by the New Jersey State Department of Health and Senior Services.

5. Two sites may be utilized only when one site for the provision of services is not feasible.

i. If two sites are utilized, a summary report, including pertinent findings, identification of problem(s), follow-up needs and amendments to the Plan of Care shall be communicated and documented between the case coordinator and obstetrical provider following each visit and postpartum.

ii. A case conference on each patient, including, but not limited to, the maternity medical care provider and case coordinator, shall occur whenever there is a change in the Plan of Care, but at least once a trimester.

(c) In addition to (a) and (b) above, the provider shall also:

1. Provide, or arrange for,the admission of patients to the hospital or birthing center which reflects the appropriate level for all obstetrical care delivery services;

2. Provide or arrange for all necessary laboratory services;

3. Coordinate and/or provide prenatal and postpartum home visits for each high risk patient when determined appropriate by the case coordinator, maternity medical care provider, and/or appropriate practitioner. These visits may be arranged through another provider under a purchase arrangement, or a letter of agreement but with no additional cost to the Division. The HealthStart Health Support services provider shall document the reports of the visits;

4. Adopt procedures and policies which assure the delivery of coordinated, integrated and comprehensive care;

5. Provide or arrange for the appropriate level of care for all obstetrical and medical services;

6. Provide and document referral and follow-up services, which shall include but not be limited to, referral for skilled nursing care services; specialized evaluation, counseling and treatment for extensive social, psychological, nutrition and medical needs; and

7. Be responsible for linking the mother and newborn infant to a pediatric care provider. If feasible, the linkage shall be with a HealthStart Pediatric Care provider.

History

HISTORY:

Amended by R.2001 d.51, effective February 5, 2001.

See: *32 New Jersey Register 3929(a)*, *33 New Jersey Register 555(a)*.

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N.J.A.C. 10:54-6.6

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 56 No. 5, March 4, 2024

§ 10:54-6.6 HealthStart maternity care certificate; physicians or nurse midwives in private practice

(a) Physicians and certified nurse midwives in private practice shall meet the requirements in *N.J.A.C. 10:54-6.5*, except they may provide just the medical care component as long as they have entered into a written agreement with a single HealthStart provider who shall provide the HealthStart Health Support Services component. This agreement shall delineate which party shall take primary responsibility for the provision of all HealthStart services.

1. Separate certificates for each component shall be issued.

2. Two sites may be utilized only when one site for the provision of services is not feasible.

(b) If two sites are utilized, a case conference on each patient, including but not limited to, the medical practitioner and case coordinator, shall occur whenever there is a change in the Care Plan, but at least once a trimester.

(c) Additionally, if two sites are utilized, following each visit, a summary report, including pertinent findings, identification of problem(s), follow-up needs and amendments to the Care Plan shall be communicated and documented between the case coordinator and obstetrical provider.

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N.J.A.C. 10:54-6.7

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 56 No. 5, March 4, 2024

§ 10:54-6.7 Access to service

(a) All HealthStart services shall be accessible to patients.

(b) HealthStart Maternity Care providers shall facilitate patient access to services by scheduling appointments for the HealthStart enrollment visit, the initial antepartum maternity medical care and other health support assessments within two weeks of the patient's first request for services. The initial antepartum maternity medical care visit shall be completed within two weeks of the patient's first visit and shall include, at a minimum, the following:

1. The medical history;

2. A risk assessment;

3. Collection of laboratory specimens;

4. A plan for continuing services;

5. A comprehensive physical examination; and

6. Routine counseling and treatment.

(c) HealthStart Maternity Care and Maternity Medical Care providers shall provide or arrange for 24 hour access to case coordination and medical services for emergency situations.

(d) HealthStart Maternity Care providers shall provide or arrange for language translation and/or interpretation services on site during clinic times to assure that patients understand the care and the treatment plan.

(e) HealthStart Maternity Care providers may implement presumptive eligibility determinations if they are approved by the Division of Medical Assistance and Health Services to institute this process. (See also N.J.A.C. 10:49-2.) At the onset of presumptive eligibility determination, the provider shall inform the applicant of the importance of applying for Medicaid eligibility at the County Board of Social Services (CBOSS) to ensure that her Medicaid eligibility extends beyond the limited presumptive eligibility period.

(f) HealthStart Maternity Care providers shall undertake community outreach activities to encourage women to seek early prenatal care and increase awareness of the availability of maternity care services.

History

HISTORY:

Amended by R.2001 d.51, effective February 5, 2001.

See: *32 New Jersey Register 3929(a)*, *33 New Jersey Register 555(a)*.

In (e), substituted "County Board of Social Services (CBOSS)" for "County Welfare Agency (CWA)".

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N.J.A.C. 10:54-6.8

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 56 No. 5, March 4, 2024

§ 10:54-6.8 Plan of care

(a) Definition: A Plan of Care is a written document available to and used by all providers for the purpose of assuring the provision of comprehensive and coordinated care. The Plan of Care documents: the identified patient needs for medical, nutritional, social/psychological services (including financial assessment/Medicaid eligibility status); and health education services. It also shall document what services are to be provided and by whom; when the services are to be provided; and document when the services are completed.

(b) A Plan of Care shall be initiated during the first visit. The initial Plan of Care shall be completed after a case conference by the case coordinator and no later than one month after the initial maternity medical care visit.

(c) A Plan of Care shall include but not be limited to: identification of risk conditions and/or problems; prioritization of needs; outcome objectives; planned interventions; time frames; referrals and follow-up activities; and the identification of staff persons responsible for the services and for executing the Plan of Care.

(d) The Plan of Care shall be developed and maintained by the case coordinator for each patient in consultation with the patient and staff providing services.

(e) The Plan of Care shall be reviewed, updated and revised throughout the pregnancy, but at least once during each trimester and in the postpartum period.

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N.J.A.C. 10:54-6.9

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 56 No. 5, March 4, 2024

§ 10:54-6.9 HealthStart Maternity Medical Care Services

(a) Maternity medical care services shall include antepartum, intra-partum and postpartum care provided by the obstetrical care practitioner(s) in accordance with the "New Jersey State Department of Health and Senior Services Guidelines for HealthStart Maternity Care Providers."

(b) Prenatal services are as follows:

1. The frequency of prenatal visits for an uncomplicated pregnancy shall be every four weeks during the first 28 weeks; then every two weeks until 36 weeks; and weekly thereafter; or in accordance with the standards recommended by the American College of Obstetrics and Gynecologists (ACOG) and/or the American College of Nurse Midwives (ACNM). Additional prenatal visits for complications should be scheduled as needed.

2. Initial prenatal visit content shall include, but not be limited to, the following:

i. History;

ii. Review of systems;

iii. Comprehensive physical examination;

iv. Risk assessment;

v. Patient counseling;

vi. Routine laboratory tests;

vii. Development of the Plan of Care;

viii. Special tests and/or procedures as medically indicated; and

ix. Determination of and arrangements for the delivery site.

3. Subsequent prenatal visit content shall include, but not be limited to, the following:

i. Review and revision of the patient Plan of Care;

ii. Interim history;

iii. Physical examination;

iv. Patient counseling and treatment;

v. Laboratory tests;

vi. Special tests and/or procedures which are medically indicated;

vii. Identification of new or developing problems;

viii. Management, including the transfer of any new or persistent problems;

ix. Review and update of the arrangements for the delivery site.

4. Transfer of prenatal records to the labor and delivery unit no later than 34 weeks gestation.

(c) Obstetrical delivery services shall include, but not be limited to, the following:

1. Attendance at or provision for obstetrical delivery by a qualified physician or certified nurse midwife;
2. Medical treatment during the postpartum stay; and,
3. Completion of the hospital discharge summary.

(d) A postpartum visit shall be provided by the 60th day after delivery, and shall include but not be limited to the:

1. History;
2. Review of the prenatal, labor and delivery record;
3. Physical examination;
4. Patient counseling and treatment;
5. Parent/infant assessment;
6. Referral/consultation, as indicated; and
7. Procedures/tests, as indicated.

(e) All HealthStart Maternity Care providers shall have policies and protocols consistent with national standards regarding consultation, and/or transfer of medically high risk patients to tertiary level maternity care facilities or specialists, and to genetic counseling and testing facilities.

History

HISTORY:

Amended by R.2001 d.51, effective February 5, 2001.

See: *32 New Jersey Register 3929(a)*, *33 New Jersey Register 555(a)*.

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N.J.A.C. 10:54-6.10

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 56 No. 5, March 4, 2024

NJ - New Jersey Administrative Code > TITLE 10. HUMAN SERVICES > CHAPTER 54. PHYSICIAN SERVICES > SUBCHAPTER 6. HEALTHSTART--MATERNITY AND PEDIATRIC CARE SERVICES

§ 10:54-6.10 HealthStart health support services

(a) Case coordination services shall facilitate the delivery of continuous, coordinated and comprehensive services for each patient in accordance with the "New Jersey State Department of Health and Senior Services Guidelines for HealthStart Maternity Care Providers," as follows:

1. A permanent case coordinator shall be assigned to each patient no later than two weeks after the HealthStart enrollment visit.

2. Prenatal case coordination responsibilities shall be clearly defined and shall include the accountability of the case coordinator for the provision of all services. These responsibilities shall include, but not be limited to, the following:

i. Orienting the patient to all services;

ii. Developing, maintaining and coordinating the Plan of Care in consultation with the patient and appropriate medical practitioners;

iii. Coordinating and monitoring the delivery of all services and referrals;

iv. Monitoring and facilitating the patient entry into and continuation with maternity services;

v. Facilitating and providing advocacy for obtaining referral services;

vi. Reinforcing health teachings and providing support;

vii. Providing vigorous follow-up for missed appointments and referrals;

viii. Arranging home visits;

ix. Meeting with the patient and coordinating patient care conferences;

x. Reviewing, monitoring and updating the patient's complete record;

xi. Vigorous follow-up for referrals; and

xii. Vigorous follow-up for final Medicaid eligibility determination.

3. Postpartum case coordination activities shall include, but not be limited to, the following:

i. Arranging and coordinating the postpartum visit and any home visit;

ii. Arranging with the obstetrical care provider to obtain the labor, delivery and postpartum hospital summary record information no later than two weeks after delivery;

iii. Linking the patient to appropriate service agencies including: the Special Supplemental Food Program for Woman, Infants and Children Program (WIC), pediatric care (preferably with a HealthStart Pediatric Care provider), future family planning, Special Child Health Services County Case Management Unit and other health and social agencies, if needed;

iv. Arranging for the transfer of pertinent information and records to the pediatric care and/or future family planning service providers when authorized by the patient;

v. Coordinating referrals and following up on missed appointments and referrals; and

vi. Reinforcing health instruction for mother and baby.

4. The case coordinator shall complete at the time of the termination of services and submit a Maternity Services Summary Data form to the New Jersey State Department of Health and Senior Services, HealthStart Program, per beneficiary for each pregnancy. Copies of this form are available from the New Jersey State Department of Health and Senior Services, HealthStart Program.

(b) Nutrition assessment and basic guidance services shall be provided to orient and educate patients to nutritional needs during pregnancy and to educate patient to good dietary practices during pregnancy, at least initially, and at intervals of each trimester and postpartum. The results of the nutritional assessment and basic guidance services shall be integrated into the Plan of Care. Specialized nutrition assessment and counseling shall be provided to women with additional needs. Services shall be provided as follows:

1. Initial assessment services which shall include, but are not limited to, the following:

i. Review of patient's chart and plotting of the weight;

ii. Identification of dental problems which may interfere with nutrition;

iii. Nutrition history;

iv. Current nutritional status;

v. Determination of participation in the Special Supplement Food Program for Women, Infants and Children (WIC) or other food supplement programs;

vi. Provision of, or arrangement for, specialized nutrition counseling and intervention services identified through assessment; and

vii. Development of the nutrition component of the Plan of Care.

2. Subsequent nutrition assessment which shall include, but not be limited to, the following:

i. Monitoring and plotting of weight gain/loss;

ii. Identification of special dietary needs;

iii. Identification of need for specialized nutrition counseling services; and

iv. Integration of the nutritional component into the Plan of Care.

3. Prenatal nutrition basic guidance which shall include, but not be limited to, the following:

i. Basic instruction on nutritional needs during pregnancy including balanced diet, vitamins and recommended daily allowances;

ii. Review and reinforcement of other nutrition and dietary counseling services the patient may be receiving;

iii. Instruction on food purchase, storage and preparation;

iv. Instruction on food substitutions, as indicated;

v. Discussion of infant feeding and nutritional needs; and

vi. Referral to food supplementation programs through the case coordinator.

4. Specialized nutrition assessment and counseling which shall be provided to those women with additional needs.

5. Referral for extensive specialized nutritional services which shall be initiated by the medical care provider or the nutritionist under the supervision of the medical care provider in coordination with the case coordinator; and

6. Postpartum nutrition assessment and basic guidance services which shall include, but not be limited to, the following:

i. Review and reinforcement of good dietary practices;

ii. Review of instruction on dietary requirement changes; and,

iii. Instruction on breast feeding and/or formula preparation and feeding.

(c) Social-psychological assessment and basic guidance services shall be provided to all patients, initially, each trimester, and postpartum, and the results shall be integrated into the Plan of Care to assist the patient in resolving social-psychological needs, in accordance with the "New Jersey State Department of Health and Senior Services Guidelines for HealthStart Maternity Care Providers." Specialized social-psychological assessment and short-term counseling shall be provided to those women with additional needs. Services shall be provided as follows:

1. Initial social-psychological assessment services which shall include, but are not limited to, the following:

i. Determining financial resources and living conditions;

ii. Determining the patient's personal support system;

iii. Determining the patient's attitudes and concerns regarding the pregnancy;

iv. Ascertaining present and prior involvement by the patient with other social programs or agencies and current social service needs;

v. Ascertaining educational and/or employment status and needs; and

vi. Identifying the need for specialized social-psychological and/or mental health evaluation and counseling services.

2. Subsequent social-psychological assessment services which shall include, but not be limited to the following:

i. Determining patient's reaction to pregnancy;

ii. Ascertaining the reaction of family, friend and actual support person(s) to the pregnancy;

iii. Identifying the need for social service interventions and advocacy; and

iv. Identifying the need for specialized social-psychological and/or mental health evaluation and counseling.

3. Basic social-psychological guidance which shall include, but not be limited to, the following:

i. Orientation and information on available community resources;

ii. Orientation regarding stress and stress reduction during pregnancy; and

iii. Assistance with arrangements for transportation, child care and financial needs.

4. Specialized, short-term social-psychological counseling, which shall be provided to women who are identified through assessment or basic counseling as having need for more intense service.

5. Referral for extensive specialized social-psychological services, which shall be initiated by the maternity medical care provider or by the social worker under the supervision of the maternity medical care provider and in coordination with the case coordinator.

6. Postpartum social-psychological assessment and guidance, which shall include, but not be limited to, the following:

i. Review of prenatal, labor, delivery and postpartum course;

ii. Assessment of patient's current social-psychological status, including mother and infant bonding and father/family acceptance of the infant, as applicable;

iii. Identification of the need for additional social-psychological services;

iv. Review of available community resources for mother and infant, as applicable;

v. Counseling regarding fetal loss or infant death, if applicable;

vi. Counseling regarding school and employment planning.

(d) Health education assessment and instruction shall be provided to all patients at intervals throughout the pregnancy, based on patients needs and as described in the "New Jersey State Department of Health and Senior Services Guidelines for HealthStart Maternity Care Providers." Services shall be provided as follows:

1. Initial assessment of health educational needs, which shall include, but not be limited to, the following:

i. Identification of general educational background;

ii. Identification of patient's health education needs; and,

iii. Identification of previous education and experience concerning pregnancy, birth and infant care.

2. Health education instruction, which shall be provided for all patients based on their identified health education needs shall include at least, the following:

i. Normal course of pregnancy;

ii. Fetal growth and development;

iii. Warning signs, such as signs of pre-term labor, and identification of emergency situations;

iv. Personal hygiene;

v. Exercise and activity;

vi. Child birth preparation, including management of labor and delivery;

vii. Preparation for hospital admission;

viii. Substance/occupational/environmental hazards;

ix. Need for continuing medical and dental care;

x. Future family planning;

xi. Parenting, basic infant care and development;

xii. Availability of pediatric and family medical care in the community; and,

xiii. Normal postpartum physical and emotional changes.

3. Health education services, which shall include guidance in decision making and in the implementation of decisions concerning pregnancy, birth and infant care.

4. Postpartum assessment of health education needs shall be conducted.

(e) Providers shall provide, or arrange for, one or more home visits for each high risk patient, as described in the "New Jersey State Department of Health and Senior Services Guidelines for HealthStart Maternity Care Providers" (N.J.A.C. 10:66-3).

(f) One face-to-face preventive health care contact shall be provided or arranged for during the time after hospital discharge and prior to the required medical postpartum visit in accordance with the "New Jersey State Department of Health and Senior Services Guidelines for HealthStart Maternity Care Providers," as follows:

1. This contact shall include, but not be limited to, the following:

i. Review of the mother's health status;

ii. Review of the infant's health status;

iii. Review of mother and infant interaction;

iv. Status of the basic nutrition of mother and infant;

v. An assessment of social-psychological and counseling services for referral;

vi. Revision of the Plan of Care; and

vii. Provision of additional services, including referrals, indicated.

(g) HealthStart Maternity Care providers must utilize existing community services to enhance the maternity care services.

(h) HealthStart Maternity Care Providers shall have written procedures which identify specific agencies or practitioners and criteria for referral of patients requiring services which are extensive, complex or expected to extend beyond the pregnancy. These shall include but are not limited to: nutrition and food supplementation services, substance abuse treatment facilities, mental health services, county/local social and welfare agencies, parenting and child care educational programs, future family planning services, fetal alcohol syndrome and AIDS counseling services.

History

HISTORY:

Amended by R.2001 d.51, effective February 5, 2001.

See: *32 New Jersey Register 3929(a)*, *33 New Jersey Register 555(a)*.

In (a)4, substituted "beneficiary" for "recipient" in the first sentence.

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This file includes all Regulations adopted and published through the New Jersey Register, Vol. 56 No. 5, March 4, 2024

§ 10:54-6.11 Professional staff requirements for HealthStart comprehensive maternity services

(a) All HealthStart Maternity Care services shall be delivered through an integrated approach by qualified professionals.

(b) Physicians and/or certified nurse midwives shall be Medicaid providers and have obstetrical admitting privileges at a licensed maternity care facility.

(c) Case coordinators shall have, as a minimum, a license as a registered nurse; or a Bachelor's degree in social work, health, or a behavioral science.

(d) Case coordinators shall discharge their responsibilities as defined in the "New Jersey State Department of Health and Senior Services Guidelines for HealthStart Maternity Care Providers" (N.J.A.C. 10:66-3).

(e) Health professionals shall have a valid license to practice their professions as required by the State.

(f) All other professionals, for whom no license to practice is required, shall meet generally accepted professional standards for qualification.

(g) Paraprofessionals must be familiar with the local community, have knowledge and/or skill in maternal and child health services and work under the direction of a health professional.

(h) Prenatal, delivery, and postpartum medical services must be delivered by physicians and/or certified nurse midwives.

(i) Nutrition, social-psychological and health education assessment and portions of the Plan of Care must be completed by the appropriate professionals in each of the specialty areas, or by case coordinators or maternity medical care professionals in accordance with the "New Jersey State Department of Health and Senior Services Guidelines for HealthStart Maternity Care Providers" (N.J.A.C. 10:66-3).

(j) Nutrition and social-psychological basic counseling shall be provided by case coordinators with at least one year experience providing care to maternity patients or by an appropriate specialist in each of the areas, or by registered nurses, or obstetrical care providers.

(k) Short-term specialized social-psychological and nutrition counseling services shall be provided by social workers and nutritionists, respectively. Social workers and nutritionists shall be available on site during patient visits.

(l) There shall be adequate professional, paraprofessional and clerical staff to provide, in a timely manner, maternity care services as described herein. Maternity medical care services which meet the needs of the patients shall be provided in accordance with the "New Jersey State Department of Health and Senior Services Guidelines for HealthStart Maternity Care Providers."

History

HISTORY:

Amended by R.2001 d.51, effective February 5, 2001.

See: *32 New Jersey Register 3929(a)*, *33 New Jersey Register 555(a)*.

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N.J.A.C. 10:54-6.12

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 56 No. 5, March 4, 2024

NJ - New Jersey Administrative Code > TITLE 10. HUMAN SERVICES > CHAPTER 54. PHYSICIAN SERVICES > SUBCHAPTER 6. HEALTHSTART--MATERNITY AND PEDIATRIC CARE SERVICES

§ 10:54-6.12 Records: documentation, confidentiality and informed consent for HealthStart maternity care providers

(a) HealthStart Maternity Medical Care providers must have policies and procedures which protect patient confidentiality, provide for informed consent and document prenatal, labor, delivery and postpartum services in accordance with the "New Jersey State Department of Health and Senior Services Guidelines for HealthStart Maternity Care Providers" (N.J.A.C. 10:66-3).

(b) An individual record must be maintained for each patient throughout the pregnancy.

(c) Each record must be confidential and must include at least the following: history and physical examination findings; assessment; a Plan of Care; treatment services; laboratory reports; counseling and health instructions; documentation of referral and follow-up services; and the Medicaid eligibility status, including presumptive eligibility determination and follow-up, as appropriate.

(d) There shall be policies and procedures for appropriate informed consent for all HealthStart services.

History

HISTORY:

Amended by R.2001 d.51, effective February 5, 2001.

See: *32 New Jersey Register 3929(a)*, *33 New Jersey Register 555(a)*.

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N.J.A.C. 10:54-6.13

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 56 No. 5, March 4, 2024

§ 10:54-6.13 Standards for HealthStart pediatric care certificate

(a) Pediatric care services shall be comprehensive, integrated and coordinated.

(b) HealthStart Pediatric Care providers shall be Medicaid providers and shall:

1. Directly provide preventive, well-child care, maintenance of complete patient history, outreach for preventive care, initiation of referrals for appropriate medical, educational, social, psychological and nutrition services, and follow-up of referrals and sick care.

2. Directly provide or arrange for non-emergency room based, 24-hour physician telephone access to patients.

3. Directly provide or arrange for sick care and emergency care.

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N.J.A.C. 10:54-6.14

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 56 No. 5, March 4, 2024

§ 10:54-6.14 Professional requirements for HealthStart pediatric care providers

(a) HealthStart Pediatric Care Providers shall be primary care physicians or have a physician on staff who possesses a knowledge of pediatrics. This may be demonstrated by eligibility for board certification by the American Academy of Pediatrics, and/or having hospital admitting privileges in pediatrics, or by documentation of a formal arrangement with a physician who is board certified in pediatrics or family practice.

(b) Any HealthStart advanced practice nurse pediatric provider shall be a primary care provider who possesses a certificate as an APN with a specialization in pediatrics issued by the New Jersey State Board of Nursing, and by having hospital admitting privileges in pediatrics, or by the documentation of a formal arrangement with a physician who is board certified in pediatrics or family practice.

History

HISTORY:

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

See: *36 New Jersey Register 312(a)*, *36 New Jersey Register 4136(a)*.

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N.J.A.C. 10:54-6.15

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 56 No. 5, March 4, 2024

§ 10:54-6.15 Preventive care services for HealthStart pediatric care providers

(a) HealthStart Pediatric Care Providers shall provide preventive health visits in accordance with the recommended guidelines of the American Academy of Pediatrics and the New Jersey State Department of Health and Senior Services Guidelines for HealthStart Pediatric Care (N.J.A.C. 10:66-3). The schedule shall include a two to four week visit, two month visit, four month visit, six month visit, nine month visit, 12 month visit, 15 month visit, 18 month visit and 23 to 24 month visit. Each visit shall include, at a minimum, medical, family and social history, unclothed physical examination, developmental and nutritional assessment, vision and hearing screening, dental assessment, assessment of behavior and social environment, anticipatory guidance, age appropriate laboratory examinations, and immunizations. Referrals shall be made as appropriate. The HealthStart Child Health Preventive Visit form shall be completed for each HealthStart preventive visit.

(b) Each provider shall provide or arrange for sick care and twenty-four hour telephone physician access during non-office hours. If not directly provided by the HealthStart provider, sick care and twenty-four hour telephone access shall be provided for each child by a single designated provider via a documented agreement. Information on care given shall be communicated to the primary HealthStart pediatric care provider. Telephone access provided exclusively via emergency room staff shall not be permitted. Referral to the emergency room shall occur only for emergency medical care or urgent care.

(c) Case coordination outreach and follow-up services shall include letter and/or telephone call reminders to the child's parent or guardian for preventive well-child visits and letters and/or telephone follow-up of missed appointments. Referrals for home visit services for follow-up shall be made when appropriate. For all referrals and follow-up visits, the provider shall document the completion of such referrals and/or visits. If the referral is not completed, a letter or phone call to the child's parent or guardian and/or to the referred agency shall be sent or made, encouraging the follow through of the referral. All of the activity shall be recorded on the patient's chart.

History

HISTORY:

Amended by R.2001 d.51, effective February 5, 2001.

See: *32 New Jersey Register 3929(a)*, *33 New Jersey Register 555(a)*.

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N.J.A.C. 10:54-6.16

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 56 No. 5, March 4, 2024

§ 10:54-6.16 Referral services for HealthStart pediatric care providers

All HealthStart Pediatric Care providers shall make provision for consultation for specialized health and other pediatric services. Services shall include medical services, as well as social, psychological, educational and nutrition services. This may include, but is not limited to: the Supplemental Special Food Program for Women, Infants and Children program (WIC), the Division of Youth and Family Services, Special Child Health Services Case Management Units and Child Evaluation Centers, the early intervention programs, County Welfare Agencies/Board of Social Services, certified home health agencies, community mental health centers, local and county health departments.

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N.J.A.C. 10:54-6.17

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 56 No. 5, March 4, 2024

§ 10:54-6.17 Records; documentation; confidentiality and informed consent for HealthStart pediatric care providers

(a) HealthStart Pediatric Care providers shall have policies which protect patient confidentiality, provide for informed consent and document comprehensive care services in accordance with New Jersey State Department of Health and Senior Services Guidelines for HealthStart Pediatric Care Providers.

(b) An individual record shall be maintained for each patient.

(c) Each record shall be confidential and shall include at least the following: history and physical examination, results of required assessments, Care Plan, treatment services, laboratory reports, counseling and health instruction provided and documentation of referral and follow-up services.

(d) There shall be policies and procedures for appropriate informed consent for all HealthStart pediatric services.

History

HISTORY:

Amended by R.2001 d.51, effective February 5, 2001.

See: *32 New Jersey Register 3929(a)*, *33 New Jersey Register 555(a)*.

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N.J.A.C. 10:54-6.18

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 56 No. 5, March 4, 2024

§ 10:54-6.18 Policy for reimbursement for HealthStart providers

(a) The HealthStart HCPCS procedure codes listed in this subchapter are governed by the same policies and rules that appear in the HCPCS subchapter of each chapter concerning non-institutional provider services. (See the Chapters on Independent Clinic Services, (*N.J.A.C. 10:66*), Physician Services, (*N.J.A.C. 10:54*)) and the Nurse Midwivery Services, (*N.J.A.C. 10:58*). The maximum fee allowance schedule and reimbursement requirements for HCPCS HealthStart Maternity Codes (Medical Care and Health Support Services) and HCPCS HealthStart Pediatric Codes are listed under N.J.A.C. 10:49-8.19 and 8.20 respectively.

(b) A HealthStart Provider shall submit the same claim form presently in use for the type of service provided.

Physician services CMS 1500 Claim Form

Nurse Midwifery services CMS 1500 Claim Form

Independent clinics CMS 1500 Claim Form

Local Health Departments CMS 1500 Claim Form

Hospital Outpatient Departments--Use present procedure for billing except for HealthStart Health Support Services (W9040-W9043) and the HealthStart Pediatric Continuity of Care (W9070), which are billed on the CMS 1500 Claim Form.

History

HISTORY:

Amended by R.2012 d.124, effective July 2, 2012.

See: *43 N.J.R. 1477(a)*, *44 N.J.R. 1884(a)*.

In the table in (b) and in the paragraph following the table in (b), substituted "CMS" for "HCFA" throughout; and in the paragraph following the table in (b), inserted a comma following "(W9070)" and substituted "Claim Form" for "claim form".

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N.J.A.C. 10:54-6.19

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 56 No. 5, March 4, 2024

§ 10:54-6.19 HealthStart maternity care code requirements

(a) HealthStart Maternity Care code requirements are as follows:

1. Separate reimbursement shall be available for Maternity Medical Care Services and Maternity Health Support Services;

2. Maternity Medical Care Services shall be billed as a total obstetrical package, when feasible, but may be billed as separate procedures;

3. The enhanced reimbursement for the delivery and postpartum care may be claimed only for a patient who had received at least one antepartum HealthStart Maternity Medical or Health Support Service;

4. The modifier "WM" in the HCPCS list of procedure codes refers to those services provided by certified nurse midwives who shall include the modifier at the end of each code; and

5. Laboratory and other diagnostic procedures and all necessary medical consultations shall be eligible for separate reimbursement.

(b) HealthStart Maternity Medical Care procedure codes are provided in *N.J.A.C. 10:54-9.10(k)* and (*l*), Centers for Medicare and Medicaid Services Healthcare Common Procedure Coding System (HCPCS).

History

HISTORY:

Amended by R.2012 d.124, effective July 2, 2012.

See: *43 N.J.R. 1477(a)*, *44 N.J.R. 1884(a)*.

In (a)1, (a)2 and (a)3, substituted a semicolon for a period at the end; in (a)4, substituted "; and" for a period at the end; and in (b), substituted "Centers for Medicare and Medicaid Services Healthcare" for "Health Care Financing Administration".

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N.J.A.C. 10:54-7.1

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 56 No. 5, March 4, 2024

NJ - New Jersey Administrative Code > TITLE 10. HUMAN SERVICES > CHAPTER 54. PHYSICIAN SERVICES > SUBCHAPTER 7. PHYSICIAN SERVICES PROVIDED IN HOSPITALS AND NURSING FACILITIES

§ 10:54-7.1 Pre-admission screening for nursing facility (NF) placement

(a) The following words and terms, when used in this section, shall have the following meanings, unless the context clearly indicates otherwise.

"Pre-admission screening" (PAS) means that process by which all Medicaid/NJ FamilyCare program beneficiaries and individuals who may become Medicaid/NJ FamilyCare program beneficiaries within six months following admission to a Medicaid certified nursing facility (NF), who are seeking admission to a Medicaid certified NF, receive pre-admission screening by professional staff designated by the New Jersey Department of Health and Senior Services (DHSS) to determine the appropriateness of placement prior to admission to an NF, pursuant to *N.J.S.A. 30:4D-17.10*. (P.L. 1988, c. 97.)

"Pre-admission screening and resident review (PASRR)" means that process by which mentally ill (MI) or mentally retarded (MR) individuals, applying for admission or continued stay are screened to determine the need for specialized services and for appropriateness of NF services.

"PASRR Level I" means the identification of individuals diagnosed with a serious mental illness (MI) or mental retardation (MR).

"PASRR Level II" is the function of evaluating and determining whether nursing facility (NF) services and specialized services are needed.

"PASRR specialized services for mentally ill individuals" means requiring inpatient psychiatric care.

"Nursing facility (NF)" means an institution (or distinct part of an institution) certified by the State Department of Health and Senior Services for participation in Title XIX Medicaid and primarily engaged in providing:

1. Nursing care and related services for beneficiaries who require medical, nursing care, and social services;

2. Rehabilitative services for the rehabilitation of injured, disabled, or sick; or,

3. Health related care and services on a regular basis to beneficiaries who, because of mental or physical condition, require care and services above the level of room and board; and for the care and treatment of mental disease.

"Regional Staff Nurse (RSN)" means a registered professional nurse employed by the Department of Health and Senior Services or the Department of Human Services who performs health needs assessments as required by the regulations contained in this chapter.

"Service Authorization (SA) and Interim Plan of Care (IPOC)" means the plans and documents that have replaced what was formerly called the Health Service Delivery Plan (HSDP).

1. The Service Authorization (SA) reflects the level of care determination and authorization or denial for services authorized by DHSS professional staff upon completion of the Pre-Admission Screen (PAS) assessment process.

2. The Interim Plan of Care (IPOC) is an initial plan of care prepared by professional staff designated by DHSS during the PAS assessment process. The IPOC reflects the potential service

options discussed and identifies next steps by the consumer in order to access services. The SA and IPOC shall be forwarded to the authorized care setting and are to be attached to the beneficiary's medical record.

"Track of care" means the setting and scope of Medicaid/NJ FamilyCare program services approved by the RSN or other professional staff designated by the DHSS following assessment of the Medicaid/NJ FamilyCare program beneficiary or potential beneficiary, as follows:

1. "Track I" means long-term NF care;

2. "Track II" means short-term NF care; and

3. "Track III" means long-term care services in a community setting.

(b) The determination of the necessity of NF services shall be performed through the Pre-admission Screening (PAS) as mandated by *N.J.S.A. 30:4D-17.10*. Pre-admission Screening (PAS) authorization is required prior to admission to a Medicaid certified NF for a Medicaid/NJ FamilyCare program beneficiary or an individual who may become a Medicaid/NJ FamilyCare program beneficiary within six months following placement in a Medicaid certified NF and for individuals identified as meeting PASRR Level I criteria. The Regional Staff Nurse (RSN) or other professional staff designated by the DHSS shall assess each individual need for long-term care services, evaluate the appropriate setting for the delivery of services and authorize appropriate placement (Track of Care).

(c) PAS authorization shall be required for the Pre-admission Screening and Resident Review (PASRR) of individuals identified as having mental illness or mental retardation. The PASRR assessment and authorization process shall be subsumed within the State's PAS protocols. (See *N.J.A.C. 10:52-1.9(d)*)

History

HISTORY:

Amended by R.2001 d.51, effective February 5, 2001.

See: *32 N.J.R. 3929(a)*, *33 N.J.R. 555(a)*.

In "Pre-admission screening", substituted "Medical Assistance Customer Center" for "Medicaid District Office"; and substituted references to beneficiary and beneficiaries for references to recipient and recipients throughout.

Amended by R.2012 d.124, effective July 2, 2012.

See: *43 N.J.R. 1477(a)*, *44 N.J.R. 1884(a)*.

In definition "Pre-admission screening", in the introductory paragraph of definition "Track of care" and in (b), inserted "/NJ FamilyCare Program"; in definition "Pre-admission screening", substituted "professional staff designated by the New Jersey Department of Health and Senior Services (DHSS)" for "the Medical Assistance Customer Center" and "c. 97" for "c.97"; substituted definition "Pre-admission screening and resident review (PASRR)" for definition "Pre-admission screening and annual resident review (PASARR)", definition "PASRR Level I" for definition "PASARR Level I", definition "PASRR Level II" for definition "PASARR Level II" and definition "PASRR specialized services for mentally ill individuals" for definition "PASARR specialized services for mentally ill individuals"; deleted definition "Health Services Delivery Plan (HSDP)"; rewrote definition "Regional Staff Nurse (RSN)"; added definition "Service Authorization (SA) and Interim Plan of Care (IPOC)"; in definition "Track of care", in the introductory paragraph, inserted "or other professional staff designated by the DHSS" and deleted "Medicaid" following "potential", and in paragraph 2, deleted a comma from the end; in (b) and (c), substituted "PASRR" for "PASARR" throughout; in (b), substituted the second occurrence of "The" for "the Medicaid" and "long-term" for "long term", inserted "or other professional staff designated by the DHSS" and deleted a comma following the third occurrence of "services"; and in (c), deleted "Annual" preceding "Resident" and deleted a period at the end.

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N.J.A.C. 10:54-7.2

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§ 10:54-7.2 Pre-admission Screening and Resident Review (PASRR); Level I

(a) PASRR Level I Identification Screens shall be required for individuals diagnosed as mentally ill, mentally retarded or with related conditions.

(b) An individual is considered to have a mental illness if he or she has a "serious mental illness such as: schizophrenia; mood disorder; paranoia; panic or other severe anxiety disorder;" listed in the Diagnostic and Statistical Manual, Fourth Edition (DSM-IV), incorporated by reference herein, as amended and supplemented, which leads to a chronic disability and which meet the PASRR requirements on Diagnosis, Level of Impairment and Duration of Illness found in the PASRR Identification Criteria for Serious Mental Illness (SMI) and MR at *N.J.A.C. 10:54-7.3*.

1. An individual is considered to have dementia if he or she has a primary diagnosis of dementia, as described in the Diagnostic and Statistical Manual of Mental Disorders (Latest Edition).

(c) An individual is considered to have mental retardation if he or she has a level of retardation (mild, moderate, severe or profound) described in the "American Association on Mental Deficiency's, Manual on Classification in Mental Retardation (1983)" or a related condition as defined by and pursuant to Section 1905(d) of the Social Security Act (Omnibus Budget Reconciliation Act of 1987--P.L. 100-203); *42 U.S.C. § 1396(d)*. An individual with a diagnosis of MR or a related condition, as described in (d) below, and a diagnosis of dementia, shall receive a PASRR Level II Screen.

(d) "Persons with related conditions" means individuals who have severe, chronic disability that:

1. Is attributable to cerebral palsy or epilepsy; or any other condition (other than mental illness) found to be closely related to mental retardation (developmentally disabled) because this condition (the mental and/or physical impairment) results in impairment of general intellectual functioning or adaptive behavior similar to that of mentally retarded persons, and requires treatment or services similar to those required for these persons;

2. Is manifested before the person reaches the age 22 years;

3. Is likely to continue indefinitely; and

4. Results in substantial functional limitations in three or more of the following areas of major life activity:

i. Self-care;

ii. Understanding and use of language;

iii. Learning;

iv. Mobility;

v. Self-direction;

vi. Capacity for independent living; and,

vii. Economic self-sufficiency.

(e) All forms required for PASRR evaluations may be downloaded free of charge at: *http://www.state.nj.us/humanservices/dmhs/home/forms.html*.

History

HISTORY:

Amended by R.2012 d.124, effective July 2, 2012.

See: *43 N.J.R. 1477(a)*, *44 N.J.R. 1884(a)*.

Section was "Pre-admission Screening and Annual Resident Review (PASARR); Level I". Substituted "PASRR" for "PASARR" throughout; in the introductory paragraph of (b), substituted "Fourth" for "Third" and "(DSM-IV), incorporated by reference herein, as amended and supplemented" for "revised in 1987 (DSM-III-R)"; in (c), inserted "§ "; and added (e).

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N.J.A.C. 10:54-7.3

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§ 10:54-7.3 PASRR Level I; PASRR Identification criteria for serious mental illness (SMI) and mental retardation

(a) The criteria for serious mental illness includes:

1. A diagnosis of a mental illness that may lead to chronic disability, such as, schizophrenia, mood disorder, paranoia, panic or other severe anxiety disorder, somataform disorder, personality disorder, or other psychotic disorder.

2. A disability showing that within the past 3 to 6 months, mental disorder has resulted in functional limitations in major life activities that would be appropriate for the client's developmental stage.

3. During the past two years and due to a mental illness, either or both of the following have occurred:

i. There were two or more treatment episodes of greater intensity than outpatient services, such as, inpatient, emergency or partial hospitalization care (include also single episodes lasting three months or more); and/or

ii. The normal living situation has been disrupted to the point that supportive services were required to maintain that client in that home or residence, or housing or law enforcement officials intervened.

NOTE: Psychotic drug use no longer constitutes a mandatory criteria for a PASRR Screen.

(b) The criteria for mental retardation or related conditions includes:

1. The individual has a diagnosis of mental retardation or other developmental disability, such as, cerebral palsy, epilepsy, autism, spinal bifida, head injury or other neurological impairment; and

2. The individual's history or past records show that the onset of the mental retardation or related conditions occurred prior to age 22; and

3. The individual's disability is severe and chronic in nature.

History

HISTORY:

Amended by R.2012 d.124, effective July 2, 2012.

See: *43 N.J.R. 1477(a)*, *44 N.J.R. 1884(a)*.

Section was "PASARR Level I; PASARR Identification criteria for serious mental illness (SMI) and mental retardation". In the NOTE following (a)3ii, substituted "PASRR" for "PASARR".

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N.J.A.C. 10:54-7.4

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 56 No. 5, March 4, 2024

§ 10:54-7.4 PASRR Level II Screens

(a) PASRR Level II screens shall be conducted for mentally ill or mentally retarded individuals only if the RSN's assessment or the assessment by the professional staff designated by the DHSS results in authorization for NF placement.

(b) Level II screens require that a psychiatric examination be performed by a Medicaid/NJ FamilyCare participating psychiatrist to determine the need for specialized services. (See *N.J.A.C. 10:52-1.9(e)*.)

(c) Level II screens for mentally retarded individuals will be performed by the Division of Developmental Disabilities (DDD) to determine the need for specialized services. (See *N.J.A.C. 10:52-1.9(d)*.)

History

HISTORY:

Amended by R.2012 d.124, effective July 2, 2012.

See: *43 N.J.R. 1477(a)*, *44 N.J.R. 1884(a)*.

Section was "PASARR Level II Screens". In (a), substituted "PASRR" for "PASARR" and inserted "or the assessment by the professional staff designated by the DHSS"; and in (b), inserted "NJ FamilyCare".

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N.J.A.C. 10:54-7.5

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 56 No. 5, March 4, 2024

§ 10:54-7.5 PASRR Level II; Readmission following psychiatric hospitalization

Readmission of an individual to a nursing facility following hospitalization in a psychiatric unit of an acute care hospital or from a psychiatric hospital for treatment of an acute episode of a serious mental illness is exempt from preadmission NF and Specialized Services screens. If the Minimum Data Set (MDS), which must be completed on admission, indicates a significant change in the resident's mental or behavioral status, the NF must immediately secure a resident review. If the resident's mental condition is stabilized, the resident review may be performed in the normal 12 cycle. In addition, if a resident is transferred from one NF to another, the discharging NF must forward to the admitting facility a copy of the most recent MDS, a copy of the most recent PASRR NF authorization letter and Specialized Services determination outcome.

History

HISTORY:

Amended by R.2012 d.124, effective July 2, 2012.

See: *43 N.J.R. 1477(a)*, *44 N.J.R. 1884(a)*.

Section was "PASARR Level II; Readmission following psychiatric hospitalization". Substituted the first occurrence of "a resident review" for "an ARR screen", the second occurrence of "a resident review" for "ARR" and "PASRR" for "PASARR".

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N.J.A.C. 10:54-7.6

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 56 No. 5, March 4, 2024

§ 10:54-7.6 PASRR Level II; Alzheimer's or related dementias

For individuals diagnosed with Alzheimer's or related dementias, documentation must be provided to the admitting Medicaid certified nursing facility for the individual's clinical record on the history, physical examination and diagnostic workup to support the diagnosis of dementia, Alzheimer's disease or related dementias.

History

HISTORY:

Amended by R.2012 d.124, effective July 2, 2012.

See: *43 N.J.R. 1477(a)*, *44 N.J.R. 1884(a)*.

Section was "PASARR Level II; Alzheimer's or related dementias". Deleted a comma following "examination".

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N.J.A.C. 10:54-7.7

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 56 No. 5, March 4, 2024

§ 10:54-7.7 PASRR and PAS Screens; Necessity for nursing facility services

(a) The determination of the necessity for NF services shall be performed through Pre-admission Screening (PAS) as mandated by *N.J.S.A. 30:4D-17.10*. The Regional Staff Nurse (RSN) or other professional staff designated by the DHSS shall determine the necessity for nursing facility services for Medicaid/NJ FamilyCare program beneficiaries and for individuals who may become Medicaid/NJ FamilyCare program beneficiaries within six months following admission to a Medicaid certified facility and for individuals identified as meeting PASRR Level I criteria.

(b) The PASRR Level II Screen prior to NF admission shall be performed by a psychiatrist and forwarded to the Division of Mental Health Services (DMHS) for final determination of the need for specialized services.

1. The hospital discharge planning unit and/or social services department shall immediately arrange through the individual's attending physician, a consultation by a board eligible or board certified hospital staff psychiatrist, who shall also be a Medicaid/NJ FamilyCare participating provider, to conduct the active treatment review and complete the "Psychiatric Evaluation" form. (The "Psychiatric Evaluation" form is not to be completed until such time as the RSN or other professional staff designated by the DHSS has approved placement in an NF.)

2. Within 48 hours of the psychiatrist's review of the beneficiary or potential Medicaid/NJ FamilyCare program beneficiary, the completed "Psychiatric Evaluation" form shall be sent to the Division of Mental Health Services, PO Box 727, Trenton, New Jersey 08625-0727, Attention: PASRR Coordinator.

i. A supply of the "Psychiatric Evaluation" form may be ordered from the PASRR Coordinator in the Division of Mental Health Services or downloaded from the Department's website. (See *N.J.A.C. 10:54-7.2(e)*)

(c) Annual Resident Reviews (ARR) for individuals identified as having mental illness residing in Medicaid certified nursing facilities shall be performed by the individual's attending physician and forwarded to the Division of Mental Health Services for final determination of the need for specialized services.

1. The MACC will send an NF PASRR Reassessment List to the NF in the first week of every month. The reassessment date is based upon the month the individual was initially admitted to the NF. The attending physician completes the psychiatric evaluation form by the 15th of the following month on those individuals with mental illness.

2. The completed psychiatric evaluation form will be forwarded to the DMHS to be reviewed by DMHS psychiatrists to determine the need for specialized services.

3. The results of the DMHS determination will be returned to the nursing facility to be incorporated in the patient's chart.

History

HISTORY:

Amended by R.2001 d.51, effective February 5, 2001.

See: 32 N.J.R. 3929(a), 33 N.J.R. 555(a).

In (c)1, substituted "MACC" for "MDO" in the first sentence; and substituted references to beneficiary and beneficiaries for references to recipient and recipients throughout.

Amended by R.2012 d.124, effective July 2, 2012.

See: 43 N.J.R. 1477(a), 44 N.J.R. 1884(a).

Section was "PASARR and PAS Screens; Necessity for nursing facility services". In (a) and (b)2, inserted "/NJ FamilyCare program" throughout; in (a), the introductory paragraph of (b) and (b)2, and in (b)2i, substituted "PASRR" for "PASARR"; in (a) and (b)1, inserted "or other professional staff designated by the DHSS"; in (a), deleted "Medicaid" preceding "Regional"; in (b)1, inserted "/NJ FamilyCare" and substituted "an" for "a" preceding "NF"; in (b)2i, substituted "or downloaded from the Department's website. (See N.J.A.C. 10:54-7.2(e))" for a period at the end; and in (c)1, substituted "an NF PASRR" for "a NF PASARR" and "15th" for "fifteenth".

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§ 10:54-7.8 Physician services to the hospital patients

(a) Physician services that are rendered to a patient registered in the hospital outpatient department that are reimbursed as part of hospital costs shall not be billed directly by the physician to the Medicaid/NJ FamilyCare program. Any arrangement, contractual, employment, grant or otherwise, for payment of the physician(s) providing a service(s) to such a registered clinic patient is between the hospital and the physician(s). Physician services provided in the hospital outpatient department to Medicaid/NJ FamilyCare program beneficiaries that are not included in hospital costs may be billed by the physician directly to the New Jersey Medicaid/NJ FamilyCare program.

(b) For the hospital based physician providing services to an ambulatory non-registered (private) patient, the following applies:

1. This type of patient shall be considered to be the private ambulatory patient of a physician who has referred the patient to the hospital for the services provided, in part or whole, by a hospital based physician (for example, radiologist, pathologist, electrocardiographer, and so forth);

2. Such specific services are considered hospital costs when provided by the physician who is customarily reimbursed directly by the hospital, contractually or otherwise, and are not reimbursable directly to the referring physician.

(c) Direct patient care physician services which are considered the professional component of hospital care, (that is, for some emergency room physicians, radiologists, pathologists, and electrocardiographers), may be reimbursed when the physician bills directly by the fiscal agent under the following circumstances:

1. The physician shall be under contract with the individual hospital for the performance of the specific services;

2. The services are not part of the hospital costs; and

3. The professional component of the services are not reimbursed to the physician in whole or in part by the hospital.

History

HISTORY:

Amended by R.2001 d.51, effective February 5, 2001.

See: *32 N.J.R. 3929(a)*, *33 N.J.R. 555(a)*.

In (a), substituted "beneficiaries" for "recipients".

Amended by R.2012 d.124, effective July 2, 2012.

See: *43 N.J.R. 1477(a)*, *44 N.J.R. 1884(a)*.

In (a), inserted "/NJ FamilyCare" following the first and third occurrences of "Medicaid", and inserted "/NJ FamilyCare program" following the second occurrence of "Medicaid".

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N.J.A.C. 10:54-7.9

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 56 No. 5, March 4, 2024

§ 10:54-7.9 Psychiatric services; inpatient services

(a) The New Jersey Medicaid/NJ FamilyCare program recognizes as a covered service, a medically necessary inpatient service that is provided to a Medicaid/NJ FamilyCare program beneficiary in an approved private psychiatric hospital or the psychiatric section of an approved general hospital with the following limitation. (See *N.J.A.C. 10:49-2.3(b)* for the Medically Needy program and the Hospital Services Chapter, *N.J.A.C. 10:52-1.15*, *2.9* and *4.2* for policies and procedures for hospital outpatient psychiatric services).

1. Reimbursement for either a psychiatric consultation, individual psychotherapy, family or group psychotherapy, or shock therapy shall be considered as inclusive for all psychiatric services performed on that day.

(b) When hospitalization is out-of-State, prior authorization is required for elective psychiatric hospitalizations but not for emergency hospitalizations.

1. When prior authorization is required, the request shall be submitted from the referring physician to the Office of Utilization Management, Mental Health Services, Division of Medical Assistance and Health Services, Mail Code #18, PO Box 712, Trenton, New Jersey 08625-9712, attached to the claim form.

2. The request shall include the following:

i. The diagnosis, as set forth in the Diagnostic and Statistical Manual of the American Psychiatric Association (Latest edition);

ii. A brief history and present clinical status;

iii. A treatment proposal;

iv. A summary of previous treatment and hospitalizations;

v. The anticipated length of hospitalization; and

vi. Evidence that suitable placement within New Jersey and/or within a reasonable distance of the patient's home is not available.

3. A request for retroactive authorization will be considered only when the request has been delayed by circumstances beyond the control of the hospital.

4. When the request for authorization is approved, both the request letter and the provider's claim form will be returned to the provider. When a claim is submitted for reimbursement, the provider must attach the request for approval and the approval to the UB-92 (CMS-1450), the hospital claim form.

5. If request for prior authorization is denied, the physician and/or hospital shall be notified of the reason, in writing, by the Central Office, Mental Health Services Unit, Office of Utilization Management, Division of Medical Assistance and Health Services, PO Box 712, Trenton, New Jersey 08625-0712.

History

HISTORY:

Amended by R.2001 d.51, effective February 5, 2001.

See: *32 N.J.R. 3929(a)*, *33 N.J.R. 555(a)*.

In (a) introductory paragraph, substituted "beneficiary" for "recipient"; and in (b)1 and (b)5, substituted "Utilization Management" for "Health Services Administration".

Amended by R.2012 d.124, effective July 2, 2012.

See: *43 N.J.R. 1477(a)*, *44 N.J.R. 1884(a)*.

In the introductory paragraph of (a), inserted "/NJ FamilyCare" following the first occurrence of "Medicaid", "/NJ FamilyCare program" following the second occurrence of "Medicaid", and substituted "that" for "which"; and in (b)4, substituted "CMS" for "HCFA".

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N.J.A.C. 10:54-7.10

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 56 No. 5, March 4, 2024

§ 10:54-7.10 Psychiatric services (including prior authorization); hospital outpatient and other settings

(a) The following policies and procedures were developed to help ensure the appropriate utilization of hospital outpatient psychiatric services. These include the role of the evaluation team in relation to the patient's treatment regimen, with emphasis placed on intake evaluation, development of a Plan of Care (PoC), performance of periodic review for evaluation purposes, and supportive documentation for services rendered. (See *N.J.A.C. 10:52-2.3* Recordkeeping and *N.J.A.C. 10:66-2.5* for more specific policies and procedures for psychiatric (mental health services).

(b) Psychiatric services that are medically necessary rendered in an approved hospital outpatient department or in other settings, to a registered patient who is a Medicaid/NJ FamilyCare program beneficiary, shall not require prior authorization, except in the following situations:

1. Authorization for partial hospitalization and/or acute partial hospitalization services shall be provided in accordance with *N.J.A.C. 10:52A*, Psychiatric Adult Acute Partial Hospital and Partial Hospital Services.

2. Prior authorization is required for mental health services exceeding $ 900.00 in reimbursement to the physician rendered to a Medicaid/NJ FamilyCare program beneficiary in any 12-month service year, commencing with the patient's initial visit, when provided in other than an inpatient hospital setting. Reimbursement shall not be paid by the program for physician psychiatric services rendered to a registered hospital outpatient.

3. Prior authorization shall be required for mental health services exceeding $ 400.00 in payments in any 12-month service year rendered to a Medicaid/NJ FamilyCare program beneficiary residing in either a nursing facility or a residential health care facility.

(c) The request for authorization shall include the diagnosis, as set forth in the ICD-9 for dates of service before October 1, 2015, or the ICD-10 for dates of service on or after October 1, 2015, and also must include the treatment plan and progress report in detail. No post facto authorization will be granted.

1. For those Medicaid/NJ FamilyCare program beneficiaries who do not reside in a nursing facility and live in a community setting, including a residential health care facility, or for those receiving mental health services in the outpatient department of a hospital, an independent clinic or a physician's office, the request for prior authorization shall be submitted directly to Office of Utilization Management, Mental Services Unit, Division of Medical Assistance and Health Services, PO Box 712, Mail Code #18, Trenton, New Jersey 08625-0712 on the "Authorization of Mental Health Services (FD-07)" form.

2. For a Medicaid/NJ FamilyCare program beneficiary residing in a nursing facility, the request for prior authorization shall be submitted directly to the appropriate Medical Assistance Customer Center that serves that nursing facility on the "Authorization of Mental Health Services and/or Mental Health Rehabilitation Services (FD-07)" and the "Request for Prior Authorization: Supplemental Information (FD-07A)" forms.

3. When approved by the New Jersey Medicaid/NJ FamilyCare program, each authorization may be granted for a maximum period of one year. Additional authorizations may be requested.

4. The Division shall not reimburse the physician and/or hospital for both mental health services provided in the office and/or hospital or any other setting and medical day care center services provided to the same beneficiary on the same day. The Division shall also not reimburse the physician and/or hospital for both mental health services and partial hospitalization services provided to the same patient on the same day.

History

HISTORY:

Amended by R.2001 d.51, effective February 5, 2001.

See: 32 N.J.R. 3929(a), 33 N.J.R. 555(a).

In (c)1, substituted "Utilization Management" for "Health Services Administration"; in (c)2, substituted "Medical Assistance Customer Center" for "Medicaid District Office"; and substituted references to beneficiary and beneficiaries for references to recipient and recipients throughout.

Amended by R.2003 d.182, effective May 5, 2003.

See: 34 N.J.R. 4303(a), 35 N.J.R. 1901(a).

Rewrote (c)2.

Amended by R.2012 d.124, effective July 2, 2012.

See: 43 N.J.R. 1477(a), 44 N.J.R. 1884(a).

Inserted "/NJ FamilyCare program" throughout; in the introductory paragraph of (b), substituted "that" for "which"; rewrote (b)1; in (c)1, substituted "08625-0712" for "08635-0712"; in (c)3, inserted "/NJ FamilyCare" and deleted "except as listed in (c)3i and ii below"; and deleted (c)3i and (c)3ii.

Amended by R.2016 d.051, effective June 6, 2016.

See: 47 N.J.R. 2041(a), 48 N.J.R. 962(b).

In the introductory paragraph of (c), substituted "for dates of service before October 1, 2015, or the ICD-10 for dates of service on or after October 1, 2015" for "(latest revision)".

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N.J.A.C. 10:54-8.1

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 56 No. 5, March 4, 2024

§ 10:54-8.1 Pharmaceutical; conditions for participation as provider of pharmaceutical services

(a) All covered pharmaceutical services shall be provided under the New Jersey Medicaid program shall be provided to Medicaid/NJ FamilyCare program beneficiaries within the scope of *N.J.A.C. 10:49*, Administration; 10:51, Pharmaceutical Services; and this subchapter.

(b) All drugs shall be prescribed.

1. "Prescribed drugs" means simple or compound substances or mixtures of substances prescribed for the cure, mitigation, or prevention of disease, or for health maintenance, that are:

i. Prescribed by a practitioner licensed or authorized by the State of New Jersey, or the state in which he or she practices, to prescribe drugs and medicine within the scope of his or her license and practice;

ii. Dispensed by licensed pharmacists in accordance with rules promulgated by the New Jersey Board of Pharmacy, *N.J.A.C. 13:39*; and

iii. Dispensed by licensed pharmacists on the basis of a written prescription that is maintained in the pharmacist's records.

History

HISTORY:

Amended by R.2001 d.51, effective February 5, 2001.

See: *32 N.J.R. 3929(a)*, *33 N.J.R. 555(a)*.

In (a), substituted "beneficiaries" for "recipients".

Amended by R.2012 d.124, effective July 2, 2012.

See: *43 N.J.R. 1477(a)*, *44 N.J.R. 1884(a)*.

In (a), inserted "/NJ FamilyCare program", deleted "N.J.A.C." preceding "10:51" and substituted "this subchapter" for "N.J.A.C. 10:54-8, Physician Services"; in (b)1i, substituted a semicolon for a colon at the end; and (b)1ii, substituted "rules" for "regulations".

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§ 10:54-8.2 Pharmaceutical; program restrictions affecting payment for prescribed drugs

(a) The choice of prescribed drugs shall be at the discretion of the prescriber within the limits of applicable laws. However, the prescriber's discretion is limited for certain drugs. Reimbursement may be denied if the requirements of the following rules are not met:

1. Covered and non-covered pharmaceutical services as listed in the Pharmaceutical Services chapter, *N.J.A.C. 10:51-1.11* and *1.13*, respectively, incorporated herein by reference;

2. Pharmaceutical services requiring prior authorization (see *N.J.A.C. 10:51-1.14*, incorporated herein by reference);

3. Quantity of medication (see *N.J.A.C. 10:51-1.15*, incorporated herein by reference);

4. Dosage and directions (see *N.J.A.C. 10:51-1.16*, incorporated herein by reference);

5. Telephone-rendered original prescriptions (see *N.J.A.C. 10:51-1.17*, incorporated herein by reference);

6. Changes or additions to the original prescription (see *N.J.A.C. 10:51-1.18*, incorporated herein by reference);

7. Prescription refill (see *N.J.A.C. 10:51-1.19*, incorporated herein by reference);

8. Prescription Drug Price and Quality Stabilization Act (*N.J.S.A. 24:6E-1* et seq.) (see *N.J.A.C. 10:51-1.20*, incorporated herein by reference).

i. Products listed in the current New Jersey Drug Utilization Review Council (DURC) Formulary, (hereafter referred to as "the Formulary"), and all subsequent revisions, distributed to all prescribers and pharmacists.

ii. Non-proprietary or generic dispensing (see *N.J.A.C. 10:51-1.9*, incorporated herein by reference);

9. Federal regulations (*42 CFR 447.301*, 331-333) that set the aggregate upper limits on payment for certain multi-source drugs if Federal Financial Participation (FFP) is to be made available. The limit applies to all "maximum allowable cost" drugs (see *N.J.A.C. 10:51-1.5*, Basis of payment, incorporated herein by reference);

10. Drug Efficacy Study Implementation (DESI): "Less than effective drugs" subject to a Notice of Opportunity for Hearing (NOOH) by the Federal Food and Drug Administration (see *N.J.A.C. 10:51-1.21* and listing of DESI drugs in Appendix A of *N.J.A.C. 10:51*, incorporated herein by reference);

11. Drug Manufacturers' Rebate Agreement with the Centers for Medicare and Medicaid Services (CMS) of the United States Department of Health and Human Services (see *N.J.A.C. 10:51-1.22*, incorporated herein by reference);

12. Medical exception process (MEP) (see *N.J.A.C. 10:54-8.3*);

13. In addition, diabetic testing materials, including blood glucose reagent strips, urine monitoring strips, tapes, tablets and lancets. Electronic blood glucose monitoring devices or other devices used in the monitoring of blood glucose levels are considered medical supplies and are covered services by Medicaid/NJ FamilyCare. These services may require prior authorization from the Medical Assistance Customer Center (MACC) (See *N.J.A.C. 10:59*, Medical Supplier Services); and

14. For claims with service dates on or after July 1, 1999, the pharmacist shall be reimbursed for the least expensive, therapeutically effective nutritional supplement or specialized infant formula, at the time of dispensing unless the prescriber indicates, in his or her own handwriting on each written prescription, or follow-up written prescription to a telephone rendered prescription, the phrase "Brand Medically Necessary."

History

HISTORY:

Amended by R.1999 d.232, effective July 19, 1999 (operative September 1, 1999).

See: *31 N.J.R. 245(a)*, *31 N.J.R. 1956(a)*.

In (a), inserted a new 12, and recodified former 12 as 13.

Amended by R.2001 d.51, effective February 5, 2001.

See: *32 N.J.R. 3929(a)*, *33 N.J.R. 555(a)*.

In (a)13, substituted "Medical Assistance Customer Center (MACC)" for "Medicaid District Office (MDO)".

Amended by R.2001 d.124, effective April 16, 2001.

See: *32 N.J.R. 4392(a)*, *33 N.J.R. 1201(a)*.

In (a), substituted "Quantity" for "Quality" in 3, added 14 through 16, and amended N.J.A.C. references throughout.

Amended by R.2012 d.124, effective July 2, 2012.

See: *43 N.J.R. 1477(a)*, *44 N.J.R. 1884(a)*.

In the introductory paragraph of (a)8, substituted a period for a semicolon at the end; in (a)8i, substituted a period for "; and" at the end; in (a)8ii, substituted a semicolon for a period at the end; in (a)11, substituted "Centers for Medicare and Medicaid Services (CMS)" for "Health Care Financing Administration (HCFA)"; in (a)13, deleted a comma following "tablets", inserted "/NJ FamilyCare", ", Medicaid Supplier Services" and the third occurrence of "and", and substituted "Medical Assistance Customer Center (MACC) (See" for "Medicaid District Office (MDO) (See Medical Supplier Services,"; deleted former (a)14 and (a)15; and recodified (a)16 as (a)14.

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N.J.A.C. 10:54-8.3

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§ 10:54-8.3 Medical exception process (MEP)

(a) For pharmacy claims with service dates on or after September 1, 1999, which exceed prospective drug utilization review (PDUR) standards recommended by the New Jersey Drug Utilization Review Board (NJ DURB) and approved by the Commissioners of the Department of Human Services (DHS) and the Department of Health and Senior Services (DHSS), the Division of Medical Assistance and Health Services has established a medical exception process (MEP). (See *N.J.A.C. 10:51*, Pharmaceutical Services)

(b) The MEP shall be administered by a contractor, referred to as the MEP contractor, under a contract with the Department of Human Services.

(c) The MEP shall apply to all pharmacy claims, regardless of claim media, unless there is a recommended exemption by the NJ DURB, which has been approved by the Commissioners of DHS and DHSS, in accordance with the rules of those Departments.

(d) The MEP is as follows:

1. The MEP contractor shall contact prescribers of conflicting drug therapies, or drug therapies that exceed established PDUR standards, to request written justification to determine medical necessity for continued drug utilization.

i. The MEP contractor shall send a Medical Necessity Form (MNF), which includes, but may not be limited to, the beneficiary name, Health Benefits Identification (HBID) number, dispense date, drug quantity and drug description. The prescriber shall be requested to provide the reason for the medical exception, diagnosis, expected duration of therapy and expiration date for medical exception.

ii. The prescriber shall provide information requested on the MNF to the MEP contractor.

2. Following review and approval of a prescriber's written justification, if appropriate, the MEP contractor shall override existing PDUR edits through the issuance of a prior authorization number.

3. The MEP contractor shall notify the pharmacy and prescriber of the results of the review and include, at a minimum, the beneficiary's name, mailing address, HBID number, the reviewer, service description, service date and prior authorization number, if approved, the length of the approval and the appeals process if the pharmacist does not agree with the results of the review.

4. Prescribers may request a fair hearing to appeal decisions rendered by the MEP contractor concerning denied claims (see N.J.A.C. 10:49-10, Notices, Appeals and Fair Hearings.)

5. Claims subject to the medical exception process which have not been justified by the prescriber within 30 calendar days shall not be authorized by the MEP contractor and shall not be covered by the Medicaid/NJ FamilyCare programs.

History

HISTORY:

New Rule, R.1999 d.232, effective July 19, 1999 (operative September 1, 1999).

See: 31 N.J.R. 245(a), 31 N.J.R. 1956(a).

Former N.J.A.C. 10:54-8.3, Pharmaceutical; Physician-administered drugs, recodified to N.J.A.C. 10:54-8.4.

Amended by R.2006 d.237, effective July 3, 2006.

See: 38 N.J.R. 907(a), 38 N.J.R. 2803(a).

Substituted "FamilyCare" for "KidCare" in (d)5.

Amended by R.2012 d.124, effective July 2, 2012.

See: 43 N.J.R. 1477(a), 44 N.J.R. 1884(a).

Rewrote (a) and (d)1i; in (b) and (c), substituted "MEP" for "medical exception process"; in (c), substituted "NJ DURB," for "New Jersey DUR Board"; in the introductory paragraph of (d), substituted "MEP" for "medical exception process (MEP)"; in the introductory paragraph of (d)1, substituted "that" for "which"; in (d)1ii, substituted "MNF" for "Prescriber Notification"; and in (d)3, substituted "HBID" for "HSP" and deleted a comma following "date".

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N.J.A.C. 10:54-8.4

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 56 No. 5, March 4, 2024

§ 10:54-8.4 Pharmaceutical; Physician-administered drugs

(a) The New Jersey Medicaid/NJ FamilyCare program shall reimburse physicians for certain approved drugs administered by inhalation, intradermally, subcutaneously, intramuscularly or intravenously in the office, home or independent clinic setting according to the following reimbursement methodologies:

1. Physician-administered medications shall be reimbursed directly to the physician. For this methodology, the physician is required to bill the appropriate "J" code in conjunction with the appropriate HCPCS procedure code as described below.

i. A "J" code may be billed in conjunction with an office, home, or independent clinic visit when the criteria for an office or home visit is met and the procedure code for the method of drug administration. The HCPCS 90799 may be billed for intradermal, subcutaneous, intramuscular, or intravenous drug administration. Other HCPCS procedure codes may be billed for the administration of allergy, chemotherapy or inhalation drugs.

ii. The New Jersey Medicaid/NJ FamilyCare program has assigned HCPCS procedure codes and Medicaid maximum fee allowances to certain, selected drugs for which reimbursement to the physician is based on the Average Wholesale Price (AWP) of a single dose of an injectable or inhalation drug or the physician's acquisition cost, whichever is less.

iii. Unless otherwise indicated in Subchapter 8 or under the exception listed in (a)2 and 3 below, the Medicaid maximum fee allowance is determined based on the AWP per unit which equals one cubic centimeter (cc) or milliliter (ml) of drug volume for each unit. For drug vials with a volume equal to one cubic centimeter (cc) or milliliter (ml), the Medicaid maximum fee allowance shall be based on the cost per vial.

iv. When a physician office, home, or independent clinic visit is for the sole purpose of administering a drug, the reimbursement shall include the cost of the drug and administration. In these situations, there is no reimbursement for a physician office, home, or independent clinic visit. If, in addition to the physician administration of a drug, the criteria of an office, home, or independent clinic visit is met, the cost of the drug and administration may, if medically indicated, be reimbursed in addition to the visit.

v. No reimbursement will be made for vitamins, liver or iron injections or combination thereof; except in laboratory-proven deficiency states requiring parenteral therapy.

vi. No reimbursement will be made for placebos or any injections containing amphetamines or derivatives thereof.

vii. No reimbursement will be made for injection given as a preoperative medication or as a local anesthetic which is part of an operative or surgical procedure, since this injection would normally be included in the prescribed fee for such a procedure.

2. The second method of reimbursement shall be limited to situations where a drug required for administration has not been assigned a "J" code. In these situations, the drug shall be prescribed and

obtained from a pharmacy which directly bills the New Jersey Medicaid/NJ FamilyCare program. In this situation, the physician shall bill only for the administration of the drug using HCPCS 90799.

3. Separate reimbursement shall be available for the administration of drug(s) in accordance with the appropriate procedure codes listed in the Physician's Current Procedural Terminology (CPT).

(b) The drug administered shall be consistent with the diagnosis and conform to accepted medical and pharmacological principles in respect to dosage frequency and route of administration.

(c) In order for physician-administered drugs to be reimbursed by the Medicaid/NJ FamilyCare program, manufacturers must have in effect all rebate agreements required or directed pursuant to all applicable State and Federal laws and regulations. To confirm that a manufacturer has complied with such rebate provisions and that a particular drug manufactured by the manufacturer is eligible for reimbursement, a physician may consult the Medicaid/NJ FamilyCare program's fiscal agent website at: *https://www.njmmis.com/ndcLookup.aspx*.

(d) Physicians shall report the 11-digit National Drug Code (NDC), quantity of the drug administered or dispensed, and a two-digit qualifier identifying the unit of measure for the medication on the claim when requesting reimbursement. The labeler code and drug product code of the actual product dispensed must be reported on the claim form.

1. The package size code (that is, positions No. 10 and 11 of the NDC) reported may differ from the stock package size used to fill the prescription. Acceptable units of measure are limited to: F2 (international unit); GM (gram); ML (milliliter); and UN (unit/each).

History

HISTORY:

Recodified from *N.J.A.C. 10:54-8.3* by R.1999 d.232, effective July 19, 1999 (operative September 1, 1999).

See: *31 N.J.R. 245(a)*, *31 N.J.R. 1956(a)*.

Amended by R.2012 d.124, effective July 2, 2012.

See: *43 N.J.R. 1477(a)*, *44 N.J.R. 1884(a)*.

In the introductory paragraph of (a), (a)1ii and (a)2, inserted "/NJ FamilyCare program"; in the introductory paragraph of (a), deleted a comma following "home"; rewrote the introductory paragraph of (a)1; in (a)1ii, deleted a comma following "drug"; in (a)2, deleted ", Level III HCPCS procedure code" following "code"; and added (c) and (d).

Annotations

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N.J.A.C. 10:54-8.5

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 56 No. 5, March 4, 2024

§ 10:54-8.5 New Jersey Vaccines for Children program

(a) The New Jersey Vaccines for Children (VFC) program provides free vaccines for administration to beneficiaries under 19 years of age who are eligible for New Jersey Medicaid and NJ FamilyCare-Children's Program services. Medicaid and NJ FamilyCare-Children's Program will not provide reimbursement to providers for administering these vaccines exclusive of the VFC program.

1. The Center for Disease Control (CDC) is expected to periodically add vaccines to the approved list for the VFC program. This list, "VFC Resolutions," effective March 9, 2009, is hereby incorporated by reference, as amended and supplemented. The VFC Resolutions lists the vaccines provided by the VFC Program for individuals under age 19. The Medicaid/NJ FamilyCare-Children's Program shall not reimburse for any vaccine so added to the VFC Resolutions that are not obtained from the VFC Program. Providers can access the VFC Resolutions on the CDC website at *http://www.cdc.gov/vaccines/*.

i. Any change to the reimbursement amount for the administration of vaccines administered under the VFC Program and/or the reimbursement amounts for such vaccines that are also appropriate for and administered to individuals who are not under age 19 and are, therefore, ineligible to receive them under the VFC Program, will be made by rulemaking in accordance with the Administrative Procedure Act, *N.J.S.A. 52:14B-1* et seq.

2. Providers shall receive an administration fee for the administration of vaccines ordered directly from the VFC Program. The Medicaid/NJ FamilyCare program shall not provide reimbursement to providers for administering vaccines that are not obtained from the VFC Program.

(b) The vaccines described in (a)1 above may be provided to any child without health insurance and those children who are American Indian or an Alaskan Native.

(c) Providers shall bill the HCPCs procedure code 90471, 90472, 90473 or 90474 to receive reimbursement for administering vaccines under this program, as appropriate. See *N.J.A.C. 10:58A-4.5(c)*.

(d) Vaccines administered to beneficiaries 19 years of age and older shall be billed with the appropriate procedure code. See *N.J.A.C. 10:54-9.4*.

History

HISTORY:

New Rule, R.2001 d.51, effective February 5, 2001.

See: *32 N.J.R. 3929(a)*, *33 N.J.R. 555(a)*.

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

See: *36 N.J.R. 312(a)*, *36 N.J.R. 4136(a)*.

Amended by R.2006 d.237, effective July 3, 2006.

See: 38 N.J.R. 907(a), 38 N.J.R. 2803(a).

In introductory paragraph of (a), substituted "FamilyCare-Children's Program" for "KidCare"; and substituted "FamilyCare-Children's Program will" for "KidCare programs shall" throughout.

Amended by R.2012 d.124, effective July 2, 2012.

See: 43 N.J.R. 1477(a), 44 N.J.R. 1884(a).

Rewrote (a) and (c); and in (b), substituted "described" for "listed".

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N.J.A.C. 10:54-9.1

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 56 No. 5, March 4, 2024

§ 10:54-9.1 Introduction

(a) The New Jersey Medicaid program utilizes the Federal Centers for Medicare & Medicaid Services' (CMS) Healthcare Common Procedure Coding System (HCPCS), incorporated herein by reference, as amended and supplemented. Revisions to the Healthcare Common Procedure Coding System made by the CMS (code additions, code deletions and replacement codes) will be reflected in this chapter through publication of a notice of administrative change in the New Jersey Register. Revisions to existing reimbursement amounts specified by the Division and specification of new reimbursement amounts for new codes will be made through rulemaking in accordance with the Administrative Procedure Act, *N.J.S.A. 52:14B-1* et seq. HCPCS follows the American Medical Association's Physician's Current Procedural Terminology architecture, employing a five-position code and as many as two 2-position modifiers. Unlike the CPT numeric design, the CMS assigned codes and modifiers contain alphabetic characters. HCPCS was developed as a three-level coding system.

1. Level I Codes: The narratives for these codes are found in CPT-4. CPT-4 is a listing of descriptive terms and numeric identifying codes and modifiers for reporting medical services and procedures performed by physicians.

2. Level II Codes: The narratives for Level II codes are found in *N.J.A.C. 10:54-9.10*. These codes are not found in the CPT-4 and are assigned by HCFA for use by physicians and other practitioners.

3. Level III Codes: The narratives for Level III codes are found in *N.J.A.C. 10:54-9.10*. These codes are assigned by the Division of Medical Assistance and Health Services to be used for those services which are unique to the New Jersey Medicaid program.

(b) General policies regarding the use of HCPCS for procedures and services are listed below:

1. The responsibilities of physicians when rendering specific services is located in N.J.A.C. 10:54-1 through N.J.A.C. 10:54-8.

2. When filing a claim, the HCPCS procedure codes, including modifiers and qualifiers, must be used in accordance with the narratives in the CPT and the narratives and descriptions listed in this Subchapter 9, whichever is applicable.

3. The use of a procedure code, which describes the service, will be interpreted by the New Jersey Medicaid program, as evidence that the physician or practitioner personally furnished, as a minimum, the stated service. He or she will sign the claim as the servicing provider with the Medicaid Servicing Provider Number (MSPN) as evidence of the validity of the use of the procedure code reflecting the service provided.

4. Listed in the following sections are specific policies of the New Jersey Medicaid program relevant to HCPCS. This is to specifically call to the attention of physicians and practitioners the uniqueness of the policies in this subchapter and the need to incorporate these instructions when filing a claim for services provided to Medicaid recipients. (See also the Fiscal Agent Billing Supplement.)

5. Additional requirements of the provider when rendering specific services and requesting reimbursement are listed in the subchapters on prior authorization, recordkeeping, basis of payment, EPSDT, and other specific services.

History

HISTORY:

Amended by R.2006 d.237, effective July 3, 2006.

See: *38 N.J.R. 907(a)*, *38 N.J.R. 2803(a)*.

Rewrote (a); in (b)2, substituted "the CPT" for "CPT-4".

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N.J.A.C. 10:54-9.2

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 56 No. 5, March 4, 2024

§ 10:54-9.2 Elements of HCPCS procedure codes which require attention

(a) The lists of HCPCS procedure code for use of physicians and other practitioners are arranged in tabular form with specific information for a code given under columns with titles such as "IND", "HCPCS CODES", "MOD", "DESCRIPTION", "FOLLOW-UP DAYS", "MAXIMUM FEE ALLOWANCE" and "ANES BASIC UNITS". The information given under each column is summarized below:

Column	Title
"IND"	(Indicator-Qualifier) Lists alphabetic symbols used to refer
	provider to information concerning the New Jersey Medicaid
	program's qualifications and requirements when a HCPCS procedure
	code is used. Explanation of indicators and qualifiers used in
	this column are given below:
"A"	preceding any procedure code indicates that these tests can be
	and are frequently done as groups and combinations (profiles) on
	automated equipment.
"C"	preceding any procedure code indicates that cosmetic surgery is
	not payable by Medicaid unless prior authorization is received by
	the provider. (See also N.J.A.C. 10:54-5.3 and 9.8(g).)
"E"	preceding any procedure code indicates that these procedures are
	excluded from multiple surgery pricing and, as such, should be
	reimbursed at 100 percent of the Medicaid maximum fee allowance
	even if the procedure is done on the same patient by the same
	surgeon at the same operative session. (See N.J.A.C. 10:54-9.11(f).)
"F"	preceding any procedure code indicates that this code, when used
	primarily for the diagnosis and treatment of infertility, is not
	covered by the New Jersey Medicaid program.
"I"	preceding any procedure code indicates that certain surgical
	procedures when performed incidental to other surgical procedures

Column	Title
	by the operating surgeon or assistant are covered in the reimbursement allowance for the primary procedure. (See N.J.A.C. 10:54-9.11(b).)
"L"	preceding any procedure code indicates that the complete narrative for the code is located in N.J.A.C. 10:54-9.9 of this chapter.
"M"	preceding any procedure code indicates that this service is medically necessary under the Medical Justification Program. (See N.J.A.C. 10:54-3.1 and 9.8(f).)
"N"	preceding any procedure code means that qualifiers are applicable to that code. (See N.J.A.C. 10:54-9.8 for qualifiers.)
"S"	preceding any procedure code indicates that a second opinion by another physician is required for this procedure. (See N.J.A.C. 10:54-9.11(d).)
"HCPCS CODES" -- Lists the HCPCS procedure code numbers	
"MOD"	Lists alphabetic and numeric symbols. Services and procedures may be modified under certain circumstances. When applicable, the modifying circumstance should be identified by the addition of alphabetic and/or numeric characters affixed to the procedure code. The New Jersey Medicaid/NJ FamilyCare program's recognized modifier codes are listed in N.J.A.C. 10:54-9.3.

"DESCRIPTION" -- Lists the code narrative for Level II and III procedure codes. Narratives for Level I are in the CPT.

"FOLLOW-UP DAYS" -- Lists the number of days for follow-up care.

"MAXIMUM FEE ALLOWANCE" -- Lists New

Jersey Medicaid/NJ FamilyCare program's maximum fee allowance schedule. If the symbol "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 report to the claim form. If the symbol "N.A." (Not Applicable) is listed instead of a dollar amount, it means that service is not reimbursable.

"ANES BASIC UNITS" -- B.U.V. (Basic Unit Value) + A.T. (Anesthesia Time per Unit) $9.30 (specialist) or $8.10 (non-specialist) equals reimbursement. For purposes of ANES BASIC UNITS calculation, one unit equals 15 minutes.

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

i. These symbols and/or letters must not be ignored because in certain instances requirements are created in addition to the narrative which accompanies the HCPCS code as described in the CPT. THE PROVIDER WILL THEN BE SUBJECT TO THE ADDITIONAL REQUIREMENTS AND NOT JUST THE CPT/HCPCS CODE NARRATIVE. These requirements must be fulfilled in order to receive reimbursement.

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

(b) The following statements are requirements for billing and for using HCPCS:

1. When filing a claim, the appropriate HCPCS Codes must be used in conjunction with modifiers, when applicable.

2. The use of a procedure code will be interpreted by the New Jersey Medicaid program as evidence that the physician or practitioner personally furnished, as a minimum, the service for which it stands.

3. For purposes of reimbursement, a physician, practitioner, physicians' group, shared health care facility or physicians sharing a common record are considered a single provider.

4. When billing, the provider must enter a CPT/HCPCS code into the procedure code column field 24-D of the CMS 1500 claim form.

5. Date(s) of service(s) must be indicated on the claim form and in the physician's own record for each service billed.

6. When submitting a claim, the physician or practitioner must always use his/her usual and customary fee. The fees designated for the HCPCS procedure codes represent the New Jersey Medicaid program's maximum payment for the given procedure.

7. All references to time parameters shall mean the physician's or practitioner's personal time in reference to the service rendered unless it is otherwise indicated.

i. Reimbursement will be made for an assistant surgeon when the service is medically necessary and when a duly qualified surgical resident or house physician is unavailable, and when the primary procedure performed has a procedure code specialist fee of at least $142.00. The allowance permitted is a maximum of 15 percent of the listed specialist fee. The minimum payment is $27.00.

ii. When billing for assistant surgery services, affix to the appropriate procedure code the modifier "80" which identifies surgical assistant services.

8. Certain listed procedures are commonly carried out as an integral part of a total service, and, as such, do not warrant a separate charge. Concerning the terminology "separate procedures" when attached to a HCPCS/CPT description, when a procedure is carried out as a separate entity not immediately related to other services, the indicated value for "separate procedure" is applicable.

9. Additional charges on a fee-for-service basis may be reimbursed for complications or other circumstances requiring additional or unusual services concurrent with the procedure(s) or during the listed period of normal follow-up care with a "22" modifier, if so designated with additional documentation accompanying to the claim form.

History

HISTORY:

Amended by R.2006 d.237, effective July 3, 2006.

See: 38 N.J.R. 907(a), 38 N.J.R. 2803(a).

In introductory paragraph of (a), substituted "and" for "AND" and updated table ; in (a)1i and (b)8, deleted "-4" following "CPT"; in (b)4, substituted "the CMS" for "HCFA"; and in (b)7i, substituted "$142.00" for "$142" and "$27.00" for "$27".

Annotations

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N.J.A.C. 10:54-9.3

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 56 No. 5, March 4, 2024

§ 10:54-9.3 Definitions of modifiers

(a) Services and procedures may be modified under certain circumstances. When applicable, the modifying circumstance should be identified by the addition of alphabetic and/or numeric characters at the end of the code. The New Jersey Medicaid/NJ FamilyCare program's recognized modifier codes are:

Modifier	Code
22	Unusual Services: When the service(s) provided is greater than that usually required for the listed procedure, it may be identified by adding modifier '22' to the usual procedure number. A report with additional documentation must accompany the claim form to justify the greater services, unusual services or complications.
26	Professional Component: Certain procedures are a combination of a physician and a technical component. When the physician component is reported separately, the service may be identified by adding the modifier '26' to the usual procedure number. If a professional component type service is keyed without a '26' modifier and a manual pricing edit is received, resolve the edit by adding a 26 modifier.
50	Bilateral Procedures: When bilateral procedures are provided at the same operative session, the first major procedure may be reported as listed. The second (bilateral) procedure may be identified by adding the modifier '50' to the usual procedure

Modifier	Code
	number(s).
51	Multiple Procedures: When multiple procedures are performed on the same day or at the same session, the major procedure or service may be reported as listed. The secondary additional, or lesser procedure(s) or service(s) may be identified by adding the modifier '51' to the secondary procedure or service code(s). This modifier may be used to report multiple medical procedures performed at the same session, as well as a combination of medical and surgical procedures, or several surgical procedures performed at the same operative session.
52	Reduced Services: Under certain circumstances a service or procedure is partially reduced at the physician's election. Under these circumstances the service provided can be identified by its usual procedure number and the addition of the modifier '52', signifying that the service is reduced. This provides a means of reporting reduced services without disturbing the identification of the basic service.
62	Two Surgeons: Under certain circumstances the skills of two surgeons (usually with different skills) may be required in the management of a specific surgical procedure. Under such circumstances the services of each may be identified by adding the modifier '62' to the procedure number used by each surgeon for reporting his services.
66	Surgical Team: Under some circumstance, highly complex procedures (requiring the concomitant services of several physicians, often of different specialties, plus other highly skilled, specially trained personnel and various types of complex equipment) are carried out under the 'surgical team' concept. Such circumstance may be identified by each participating physician with the

§ 10:54-9.3 Definitions of modifiers

Modifier	Code
	addition of the modifier '66' to the basic procedure number used for reporting services.
76	Repeat Procedure by Same Physician: The physician may need to indicate that a procedure or service was repeated subsequent to the original service. This may be reported by adding the modifier '76' to the procedure code of the repeated service.
77	Repeat Procedure by Another Physician: The physician may need to indicate that a basic procedure performed by another physician had to be repeated. This may be reported by adding the modifier '77' to the procedure code of the repeated service.
80	Assistant Surgeon: Surgical assistant services may be identified by adding the modifier '80' to the basic procedure code. See N.J.A.C. 10:54-9.2(b).
AA	Anesthesia services personally rendered by anesthesiologist.
AP	Determination of refractive state was not performed in course of diagnostic ophthalmological examination.
AV	Advanced Practice Nurse.
QW	CLIA waived
TC	Technical component: When applicable, a charge may be made for the technical component alone. Under those circumstances the technical component charge is identified by adding the modifier 'TC' to the usual procedure code.
WB	Second surgical session performed on the same day as an earlier surgical session.
WF	Family planning.
WM	Midwifery.
WT	Early and Periodic Screening, Diagnosis and Treatment (EPSDT).
WY	Legal abortion-1st trimester.
WZ	Legal abortion-2nd trimester.

Modifier	Code
YY	Second surgical opinion consultation.
ZZ	Third surgical opinion consultation.

History

HISTORY:

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

See: 36 N.J.R. 312(a), 36 N.J.R. 4136(a).

Amended by R.2006 d.237, effective July 3, 2006.

See: 38 N.J.R. 907(a), 38 N.J.R. 2803(a).

Updated table in (a).

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§ 10:54-9.4 HCPCS procedure codes and maximum fee schedule for medicine

IND$JCode $JMod$JS $J$$JNS$J Units				
N	99183		27.00	NA
N	99190		45.00	NA
N	99191		33.75	NA
N	99192		22.50	NA
	99195		28.00	28.00
	99199		BR	BR
N	99201		16.00	14.00
N	99202		16.00	14.00
N	99203		22.00	17.00
N	99204		22.00	17.00
N	99205		22.00	17.00
E N	99211		16.00	14.00
	99211	WM	NA	11.20
E N	99212		16.00	14.00
	99212	WM	NA	11.20
E N	99213		16.00	14.00
	99213	WM	NA	11.20
E N	99214		16.00	14.00
	99214	WM	NA	11.20
E N	99215		16.00	14.00
E N	99215	WM	NA	11.20
N	99217		16.00	14.00
N	99221		22.00	17.00

§ 10:54-9.4 HCPCS procedure codes and maximum fee schedule for medicine

IND$JCode $JMod$JS $J$$JNS$J Units				
N	99222		22.00	17.00
N	99223		22.00	17.00
N	99231		16.00	14.00
N	99232		16.00	14.00
N	99233		16.00	14.00
	99238		16.00	14.00
N	99241		44.00	NA
N	99242		44.00	NA
N	99243		44.00	NA
N	99244		62.00	NA
N	99245		62.00	NA
N	99251		44.00	NA
N	99252		44.00	NA
N	99253		44.00	NA
N	99254		62.00	NA
N	99255		62.00	NA
N	99261		16.00	14.00
N	99262		16.00	14.00
N	99263		16.00	14.00
N	99271		44.00	NA
N	99272		44.00	NA
N	99273		44.00	NA
N	99274		62.00	NA
N	99274	YY	50.00	NA
N	99274	ZZ	50.00	NA
N	99275		62.00	NA
N	9928		19.00	7.00
N	99282		9.00	7.00
N	99283		9.00	7.00
N	99284		9.00	7.00
N	99285		9.00	7.00
N	99291		45.00	40.00
N	99292		22.50	20.00

IND$JCode $JMod$JS $J$$JNS$J Units					
	99293		435.10		369.90
	99294		198.50		169.10
	99299		60.00		51.00
N	99301		22.00		17.00
N	99302		22.00		17.00
N	99303		22.00		17.00
E N	99311		16.00		14.00
E N	99312		16.00		14.00
E N	99313		16.00		14.00
N	99321		22.00		17.00
N	99322		22.00		17.00
N	99323		22.00		17.00
E N	99331		16.00		14.00
E N	99332		16.00		14.00E
N	99333		16.00		14.00
N	99341		16.00		14.00
N	99341	WM	NA		11.20
N	99342		16.00		14.00
N	99342	WM	NA		11.20
N	99343		35.00		35.00
N	99351		16.00		14.00
N	99351	WM	NA		11.20
N	99352		16.00		14.00
N	99352	WM		NA	11.20
N	99353		35.00		35.00
N	99354		45.00		40.00
N	99355		22.50		20.00
N	99356		45.00		40.00
N	99357		22.50		20.00
N	99382		22.00		17.00
N	99383		22.00		17.00
N	99384		22.00		17.00
N	99385		22.00		17.00

§ 10:54-9.4 HCPCS procedure codes and maximum fee schedule for medicine

IND$JCode $JMod$JS $J$$JNS$J Units				
N	99386		22.00	17.00
N	99387		22.00	17.00
N	99391		16.00	14.00
N	99392		22.00	17.00
N	99393		22.00	17.00
N	99394		22.00	17.00
N	99395		22.00	17.00
N	99396		22.00	17.00
N	99397		22.00	17.00
N	99431		27.00	23.00
	99499		BR	BR
	99600		BR	BR
L	H5025		8.00	6.00
N	J0690		1.92	1.92
N	J0696		10.24	10.24
N	J1100		0.80	0.80
N	J1200		0.55	0.55
N	J2550		0.42	0.42
N	J2680		9.50	9.50
N	J2790		20.40	20.40
N	J2790	22	72.07	72.07
	J3395			Average Wholesale Price (AWP)
N	J9000		42.00	42.00
N	J9010		195.50	195.50
N	J9020		50.36	50.36
N	J9031		152.13	152.13
N	J9040		255.08	255.08
N	J9045		72.01	72.01
N	J9060		30.33	30.33
N	J9070		4.91	4.91
N	J9100		6.72	6.72

IND$JCode $JMod$JS $J$$JNS$J Units					
N	J9130		12.00		12.00
N	J9190		0.18		0.18
N	J9217		451.25		451.25
N	J9230		10.10		10.10
N	J9240		9.05		9.05
N	J9240	22	31.50		31.50
N	J9260		4.75		4.75
N	J9280		119.08		119.08
N	J9360		3.25		3.25
N	J9370		27.50		27.50
L	W9025		72.00		69.00
L	W9025	WM	NA		67.00
L	W9026		22.00		21.00
L	W9026	WM	NA		19.00
L	W9027		465.00		418.00
L	W9027	WM		371.00	
L	W9028		22.00		21.00
L	W9028	WM		19.00	
L	W9029		487.00		439.00
L	W9029	WM		390.00	
L	W9030		867.00		802.00
L	W9030	WM		723.00	
L	W9031		595.00		531.00
L	W9040		30.00		30.00
L	W9041		120.00		120.00
L	W9042		50.00		50.00
L	W9043		100.00		100.00
L	W9050		27.00		27.00
L	W9055		27.00		27.00
L	W9060		31.00		26.00
L	W9060	WT	23.00		18.00
L	W9061		31.00		26.00
L	W9061	WT	23.00		18.00

IND$JCode $JMod$JS $J$$JNS$J Units				
L	W9062		31.00	26.00
L	W9062	WT	23.00	18.00
L	W9063		31.00	26.00
L	W9063	WT	23.00	18.00
L	W9064		31.00	26.00
L	W9064	WT	23.00	18.00
L	W9065		31.00	26.00
L	W9065	WT	23.00	18.00
L	W9066		31.00	26.00
L	W9066	WT	23.00	18.00
L	W9067		31.00	26.00
L	W9067	WT	23.00	18.00
L	W9068		31.00	26.00
L	W9068	WT	23.00	18.00
L	W9095		6.60	6.60
L	W9096		17.46	17.46
L	W9096	22	32.79	32.79
L	W9096	52	2.50	2.50
L	W9097		17.46	17.46
L	W9097	52	2.50	2.50
L	W9098		32.79	32.79
L	W9098	52	2.50	2.50
L	W9099		63.57	63.57
L	W9099	52	2.50	2.50
L	W9170		13.00	13.00
L	W9200		12.00	NA
L	W9205		70.00	NA
L	W9210		70.00	NA
L	W9215		9.00	NA
L	W9220		16.00	NA
L	W9310		51.00	NA
L	W9333		27.88	27.88
L	W9333	52	2.50	2.50

IND$JCode $JMod$JS $J$$JNS$J Units					
L	W9334		27.88	27.88	
L	W9334	52		2.50	2.50
L	W9335		62.09	62.09	
L	W9335	52	2.50	2.50	
L	W9336		36.90	36.90	
L	W9337		2.34	2.34	
L	W9338		30.27	30.27	
L	W9339		360.63	360.63	
L	W9343		451.25	451.25	
L	W9344		811.25	811.25	
L	W9345		902.50	902.50	
L	W9378		16.00	NA	
L	W9382		16.00	NA	
L	W9384		16.00	NA	
L	W9385		16.00	NA	
L	W9386		16.00	NA	
L	W9387		16.00	NA	
L	W9388		16.00	NA	
L	W9450		100.00	NA	
L	W9450		2633.00	NA	
L	W9820		23.00	18.00	
L	W9840		150.00	150.00	
L	W9847		63.00	NA	
L	W9848		28.00	30.00	
L	W9849		28.00	30.00	
L	Z0250	WM	NA	40.00	
L	Z0300		7.00	7.00	
L	Z0310		45.00	45.00	

History

HISTORY:

Amended by R.2004 d.51, effective February, 2, 2004.

See: 35 N.J.R. 3027(a), 36 N.J.R. 664(b).

Deleted HCPS Code 92599 and inserted codes 92601 through 92700, 93580 through 93581, 95990, 96920 through 96922, 99293 through 99299 and 99600.

Amended by R.2006 d.26, effective February 6, 2006.

See: 37 N.J.R. 3538(a), 38 N.J.R. 966(a).

Added the HCPCS procedure code J3395.

Annotations

Notes

Chapter Notes

NEW JERSEY ADMINISTRATIVE CODE
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End of Document

N.J.A.C. 10:54-9.5

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 56 No. 5, March 4, 2024

NJ - New Jersey Administrative Code > TITLE 10. HUMAN SERVICES > CHAPTER 54. PHYSICIAN SERVICES > SUBCHAPTER 9. HEALTH CARE FINANCING ADMINISTRATION (HCFA) COMMON PROCEDURE CODING SYSTEM (HCPCS)

§ 10:54-9.5 HCPCS procedure codes and maximum fee schedule for surgery

			Follow	Maximum Fee			Anes.
	HCPCS		Up	Allowance			Basic
IND	Code	Mod	Days	S	$	NS	Units
N	10040		B10	18.00		16.00	3
	10060		B10	13.00		11.00	3
	10061		30	48.00		42.00	3
	10080		B10	30.00		26.00	3
	10081		B10	45.00		38.00	3
	10120		B10	18.00		16.00	3
	10121		30	34.00		29.00	3
	10140		B10	18.00		16.00	3
	10160		B10	13.00		11.00	3
	10180		14	100.00		85.00	3
	11000		110	13.00		11.00	3
	11001		110	6.00		5.00	3
	11040		110	13.00		11.00	3
	11041		110	13.00		11.00	3
	11042		110	16.00		14.00	3
	11043		110	16.00		14.00	3
	11044		110	48.00		42.00	3
	11050		110	13.00		11.00	3
	11051		110	18.00		15.00	3
	11052		110	23.00		20.00	3
	11100		7	13.00		11.00	3
	11101		110	5.00		4.00	3
	11200		120	18.00		14.00	3

11201	7	9.00	7.00	3
11300	15	18.00	16.00	3
11301	15	22.00	20.00	3
11302	15	27.00	24.00	3
11303	1130	32.00	27.00	3
11305	15	18.00	16.00	3
11306	15	22.00	20.00	3
11307	15	27.00	24.00	3
11308	15	32.00	27.00	3
11310	15	18.00	16.00	3
11311	15	22.00	20.00	3
11312	15	27.00	24.00	3
11313	30	32.00	27.00	3
11400	15	18.00	16.00	3
11401	15	22.00	20.00	3
11402	15	27.00	24.00	3
11403	15	32.00	27.00	3
11404	15	32.00	27.00	3
11406	15	32.00	27.00	3
11420	15	18.00	16.00	3
11421	15	22.00	20.00	3
11422	15	27.00	24.00	3
11423	15	32.00	27.00	3
11424	15	32.00	27.00	3
11426	15	32.00	27.00	3
11440	15	18.00	16.00	5
11441	15	22.00	20.00	5
11442	15	27.00	24.00	5
11443	15	32.00	27.00	5
11444	15	32.00	27.00	5
11446	15	32.00	27.00	5
11450	15	91.00	78.00	5
11451	15	136.00	115.00	5
11462	15	91.00	78.00	5
11463	15	136.00	115.00	5
11470	15	91.00	78.00	5

	11471		15	136.00	115.00	5
	11600		90	37.00	32.00	3
	11601		90	47.00	42.00	3
	11602		90	61.00	53.00	3
	11603		90	70.00	61.00	3
	11604		90	80.00	70.00	3
	11606		90	92.00	80.00	3
	11620		90	61.00	53.00	3
	11621		90	90.00	79.00	3
	11622		90	121.00	105.00	3
	11623		90	140.00	121.00	3
	11624		90	162.00	139.00	3
	11626		90	186.00	160.00	3
	11640		90	90.00	79.00	5
	11641		90	121.00	105.00	5
	11642		90	150.00	131.00	5
	11643		90	175.00	152.00	5
	11644		90	201.00	175.00	5
	11646		90	228.00	198.00	5
E	11700	170		13.00	11.00	3
E	11701	170		6.00	6.00	3
E	11710	710		13.00	11.00	3
E	11711		0	6.00	6.00	3
	11730	730		10.00	10.00	3
	11731		0	5.00	5.00	3
	11732		0	3.00	3.00	3
	11740	740		16.00	14.00	3
	11750		30	42.00	37.00	3
	11752		30	59.00	50.00	3
	11755		0	25.00	20.00	3
	11760	1760		42.00	37.00	3
	11762		90	69.00	59.00	3
	11765		60	21.00	18.00	3
	11770		30	151.00	131.00	5
	11771		60	151.00	131.00	5
	11772		60	151.00	131.00	4

E	11900		190		16.00	14.00	3
E	11901		190		16.00	14.00	3
	11960			90	250.00	213.00	6
	11970			90	250.00	213.00	6
	11971			60	250.00	213.00	6
N	11975			30	100.00	85.00	3
N	11975	22		30	465.00	450.00	3
N	11976			90	100.00	85.00	3
N	11977			90	200.00	170.00	3
N	11977	22		90	565.00	535.00	3
	12001		120		18.00	16.00	3
	12002		120		24.00	21.00	3
	12004		120		30.00	26.00	3
	12005			7	46.00	39.00	3
	12006			7	57.00	48.00	3
	12007		007		82.50	70.00	3
	12011		120		18.00	16.00	5
	12013		120		24.00	21.00	5
	12014			7	30.00	26.00	5
	12015			7	46.75	40.00	5
	12016			7	82.50	70.00	5
	12017		017		99.00	84.00	5
	12018			7	143.00	122.00	5
	12020			7	57.00	48.00	5
	12021			7	57.00	48.00	5
	12031			30	30.00	26.00	3
	12032			30	48.00	42.00	3
	12034			30	57.00	48.00	3
	12035			30	66.00	56.00	3
	12036			30	99.00	84.00	3
	12037			30	175.00	149.00	3
	12041			30	30.00	26.00	3
	12042			30	67.00	59.00	4
	12044			30	82.50	70.00	4
	12045			30	99.00	84.00	4
	12046			30	110.00	94.00	4

12047		30	143.00	120.00	4
12051		30	38.00	33.00	4
12052		30	67.00	59.00	4
12053		30	110.00	94.00	4
12054		30	121.00	103.00	4
12055		30	143.00	122.00	4
12056		30	171.00	145.00	4
12057		30	200.00	170.00	4
13100		30	34.00	29.00	4
13101		30	68.00	63.00	4
13120		30	48.00	42.00	4
13121		30	106.00	92.00	4
13131		30	67.00	59.00	4
13132		30	145.00	126.00	4
13150		30	38.00	33.00	4
13151		30	82.00	71.00	4
13152		30	193.00	168.00	4
13160		30	121.00	103.00	3
13300	1330		242.00	210.00	4
14000		60	97.00	84.00	4
14001		60	145.00	126.00	3
14020		60	145.00	126.00	4
14021		60	193.00	168.00	3
14040		60	193.00	168.00	4
14041		60	242.00	210.00	4
14060	4060		242.00	210.00	4
14061		60	290.00	252.00	4
14300		60	242.00	210.00	4
14350		60	193.00	168.00	3
15000		60	70.50	60.00	3
15050		30	30.00	26.00	4
15100		45	121.00	105.00	3
15101		45	61.00	53.00	4
15120		45	182.00	158.00	4
15121		45	61.00	53.00	4
15200		45	90.00	79.00	4

	15201	30	45.00	39.00	3
	15220	45	151.00	131.00	4
	15221	30	76.00	65.00	3
	15240	45	151.00	131.00	4
	15241	30	76.00	65.00	3
	15260	45	206.00	179.00	4
	15261	45	103.00	90.00	3
	15350	45	68.00	54.00	3
	15400	45	68.00	54.00	3
	15570	45	217.00	185.00	3
	15572	45	217.00	185.00	3
	15574	45	217.00	185.00	5
	15576	45	217.00	185.00	5
	15580	30	182.00	158.00	3
	15600	45	61.00	53.00	4
	15610	45	89.00	77.00	4
	15620	45	121.00	105.00	4
	15625	45	121.00	105.00	3
	15630	45	150.00	129.00	4
	15650	30	81.00	68.00	3
	15732	90	499.00	424.00	4
	15734	90	452.00	384.00	3
	15736	90	452.00	384.00	3
	15738	90	452.00	384.00	3
	15740	90	452.00	384.00	4
	15750	90	452.00	384.00	4
	15755	90	452.00	384.00	4
	15760	45	113.00	99.00	4
	15770	60	203.00	177.00	4
C	15780	90	135.00	119.00	4
C	15781	90	30.00	26.00	4
C	15782	90	30.00	26.00	4
C	15783	90	30.00	26.00	4
C	15786	30	16.00	14.00	5
C	15787	30	11.00	9.00	5
C	15788	60	135.00	119.00	5

C	15789		60	135.00	119.00	5
C	15792		60	30.00	26.00	5
C	15793		60	30.00	26.00	5
C	15819		60	225.00	191.00	5
C	15820		60	271.00	236.00	5
C	15821		60	271.00	236.00	5
C	15822		30	181.00	158.00	5
C	15823		60	181.00	158.00	5
C	15824		60	226.00	197.00	5
C	15826		30	181.00	158.00	5
C	15831		60	434.00	369.00	3
	15840		90	452.00	394.00	5
	15841		90	452.00	394.00	5
	15842		90	452.00	394.00	5
	15845		90	542.00	473.00	5
	15850	850		35.00	35.00	3
	15851		0	35.00	35.00	3
	15852		0	35.00	35.00	3
	15920		90	182.00	158.00	5
	15922		90	242.00	211.00	5
	15931		90	123.00	107.00	5
	15933		90	151.00	132.00	5
	15934		90	242.00	211.00	5
	15935		90	272.00	237.00	5
	15936		90	302.00	263.00	5
	15937		90	333.00	290.00	5
	15940		90	123.00	107.00	5
	15941		90	151.00	132.00	5
	15944		90	242.00	211.00	5
	15945		90	272.00	237.00	5
	15946		90	454.00	395.00	5
	15950		60	123.00	107.00	5
	15951		60	151.00	132.00	5
	15952		90	242.00	211.00	5
	15953		90	272.00	237.00	5
	15956		90	454.00	395.00	5

15958		90	484.00	421.00	5
15999		0	BR	BR	0
16000	160		16.00	14.00	5
16010	160		35.00	35.00	3
16015	160		100.00	85.00	3
16020	160		16.00	14.00	0
16025	160		24.00	20.00	0
16030	160		32.00	27.00	0
16035	160		16.00	14.00	3
16040	160		21.00	18.00	3
16041	160		38.00	30.00	3
16042	160		54.00	45.00	3
17000	170		16.00	14.00	3
17001	170		8.00	7.00	3
17002	170		4.00	3.00	3
17010	170		42.00	36.00	3
17100	710		18.00	15.00	3
17101	710		6.00	5.00	3
17102	710		4.00	3.00	3
17104	710		76.00	59.00	3
17105	710		100.00	85.00	3
17106	710		111.75	95.00	3
17107	710		212.80	180.90	3
17108	710		322.85	274.40	3
17110	110		16.00	14.00	3
17200	720		16.00	14.00	3
17201	720		8.00	7.00	3
17250	250		16.00	14.00	3
17260		15	26.26	22.50	3
17261		15	33.60	28.55	3
17262		15	46.50	39.52	3
17263		15	52.86	47.78	3
17264		15	57.60	48.94	3
17266		15	69.64	59.20	3
17270		15	29.20	24.81	3
17271		15	43.74	37.20	3

	17272			15	52.20	44.36	3
	17273			15	61.48	52.26	3
	17274			15	76.81	65.30	3
	17276			15	94.27	80.15	3
	17280			15	33.60	28.55	3
	17281			15	50.55	42.97	3
	17282			15	60.34	51.28	3
	17283			15	78.44	66.67	3
	17284			15	102.42	87.06	3
	17286			15	133.07	113.11	3
	17304		730		100.00	85.00	3
	17305		730		25.00	21.00	3
	17306		730		25.00	21.00	3
	17307		730		25.00	21.00	3
	17310		310		15.00	13.00	3
	17340		340		18.00	15.00	3
	17360		360		16.00	14.00	3
	17380		380		8.00	6.00	3
	17999			0	BR	BR	3
	19000		190		13.00	11.00	3
	19001		190		8.00	7.00	3
	19020			14	61.00	53.00	3
E	19030		190		16.00	14.00	3
	19100		910		21.00	NA	3
I	19101		910		61.00	NA	3
	19110			30	57.00	49.00	3
	19112			30	69.00	59.00	3
	19120			30	103.00	89.00	3
	19120	50		30	121.00	105.00	3
	19125			30	144.00	122.00	3
	19126			30	72.00	61.00	3
	19140			60	103.00	89.00	3
	19140	50		60	121.00	105.00	3
	19160		9160		103.00	89.00	3
	19160	50	9160		121.00	105.00	3
	19162			60	275.00	234.00	3

	19180			60	163.00	142.00	3
	19180	50		60	219.00	186.00	3
	19182			60	275.00	234.00	3
	19200			90	362.00	315.00	5
	19220			120	416.00	354.00	13
	19240			60	332.00	289.00	5
	19260			90	332.00	289.00	5
	19271			120	473.00	413.00	13
	19272			120	568.00	482.00	13
	19290		290		12.00	NA	0
	19291			0	6.00	NA	0
	19316			90	171.00	145.00	5
C	19318			90	178.00	142.00	5
C	19318	50		90	242.00	210.00	5
C	19324			90	105.00	90.00	5
C	19325			90	121.00	105.00	5
C	19325	50		90	160.00	142.00	4
	19328			90	105.00	90.00	5
	19330			90	163.00	142.00	5
	19340			90	91.00	79.00	5
	19342			90	242.00	210.00	5
	19350			90	91.00	79.00	5
	19357			90	473.00	413.00	5
	19357	50		90	710.00	620.00	5
	19361			90	665.00	563.00	5
	19361	50		90	BR	BR	5
	19364			90	473.00	413.00	5
	19366			90	473.00	413.00	5
	19367			90	698.00	593.00	5
	19368			90	865.00	736.00	5
	19369			90	809.00	688.00	5
	19370			90	95.00	80.00	5
	19371			90	118.00	101.00	5
	19380			90	355.00	310.00	5
	19396			90	12.00	10.00	5
	19499			0	BR	BR	0

	20000		B20		18.00	16.00	3
	20005		B20		45.00	40.00	4
	20200		B20		30.00	26.00	3
	20205		B20		61.00	53.00	3
	20206		B20		29.00	25.00	3
	20220		B20		45.00	40.00	3
	20225		B20		45.00	40.00	3
	20240		B20		30.00	26.00	3
	20245		B20		90.00	79.00	6
	20250		B20		90.00	79.00	6
	20251		B20		90.00	79.00	6
E	20500		B20		16.00	14.00	3
E	20501		B20		16.00	14.00	3
	20520			7	51.00	45.00	3
	20525			7	102.00	90.00	4
E	20550		B20		13.00	11.00	5
E	20600		B20		13.00	11.00	3
E	20605		B20		13.00	11.00	3
E	20610		B20		13.00	11.00	3
	20612		B20		29.00	25.00	3
	20612	26	B20		13.00	11.00	0
	20615		B20		80.00	68.00	3
	20650		B20		55.00	47.00	4
	20660		B20		18.00	13.00	3
	20661		B20		109.00	95.00	3
	20662		B20		109.00	95.00	3
	20663		B20		109.00	95.00	3
	20665		B20		16.00	14.00	3
	20670		B20		24.00	21.00	3
	20680			21	121.00	105.00	4
	20680	52		21	61.00	53.00	4
	20690		B20		61.00	53.00	5
	20692			21	211.75	180.00	3
	20693			21	136.15	115.00	3
	20694			21	60.50	51.00	3
	20802			90	600.00	NA	4

20804		90	600.00	NA	4
20805		90	600.00	NA	4
20806		90	600.00	NA	4
20808		90	750.00	NA	4
20812		90	750.00	NA	4
20816		45	150.00	NA	4
20820		45	120.00	NA	4
20822		45	113.00	NA	4
20823		45	88.00	NA	4
20824		45	120.00	NA	4
20826		45	120.00	NA	4
20827		45	88.00	NA	4
20828		45	88.00	NA	4
20832		90	600.00	NA	4
20834		90	600.00	NA	4
20838		90	400.00	NA	4
20840		90	400.00	NA	4
20900		30	113.00	96.00	3
20902		30	226.00	192.00	3
20910		90	226.00	192.00	3
20912		60	316.00	269.00	5
20920		30	90.00	77.00	3
20922		30	181.00	154.00	3
20924		60	452.00	384.00	4
20926		60	509.00	432.00	4
20950	B20		45.00	45.00	3
20955		60	678.00	576.00	4
20960	0960		678.00	576.00	4
20962		60	904.00	768.00	4
20969		60	904.00	768.00	4
20970		60	759.00	645.00	4
20971		60	759.00	645.00	4
20972		60	678.00	576.00	4
20973		60	678.00	576.00	4
20999	B20		BR	BR	0
21010		30	182.00	155.00	4

	21010	50		30	272.00	231.00	4
	21015			90	120.00	102.00	7
	21025			60	454.00	386.00	5
	21026			30	151.00	129.00	4
	21029			90	165.00	140.25	5
	21030			60	121.00	105.00	4
	21031			90	102.00	86.79	5
	21032			90	90.00	76.50	5
	21034			60	242.00	206.00	4
	21040			30	151.00	129.00	4
	21044			90	411.00	350.00	4
	21045			90	616.00	525.00	6
	21046			90	481.00	409.00	5
	21047			90	694.00	590.00	5
	21048			90	500.00	425.00	5
	21049			90	666.00	566.00	5
	21050			90	301.00	263.00	5
	21060			90	362.00	315.00	5
	21070			90	362.00	308.00	5
	21070	50		90	543.00	472.00	5
E	21079		210		BR	BR	0
E	21080		210		BR	BR	0
E	21081		210		BR	BR	0
E	21082		210		BR	BR	0
E	21083		210		BR	BR	0
E	21084		210		BR	BR	0
E	21085		210		BR	BR	0
E	21086		210		BR	BR	0
E	21087		210		BR	BR	0
E	21088		210		BR	BR	0
	21089		210		BR	BR	0
	21100		110		40.00	34.00	3
	21110			30	160.00	136.00	3
	21116			0	16.00	14.00	3
C	21120			90	202.00	176.00	5
C	21121			90	259.00	220.00	5

C	21122	90	337.00	286.00	5
C	21123	90	389.00	330.00	5
C	21125	90	221.00	187.00	5
C	21127	90	297.00	252.00	5
C	21137	90	297.00	252.00	5
C	21138	90	389.00	330.00	5
C	21139	90	415.00	352.00	5
C	21144	90	489.00	416.00	5
C	21145	90	562.00	477.00	5
C	21146	90	648.00	551.00	5
C	21147	90	709.00	602.00	5
C	21150	90	173.00	147.00	5
C	21151	90	245.00	208.00	5
C	21154	90	276.00	235.00	5
C	21155	90	363.00	308.00	5
C	21159	90	986.00	838.00	5
C	21160	90	1072.00	911.00	5
C	21172	90	692.00	588.00	5
C	21175	90	830.00	705.00	5
C	21179	90	605.00	514.00	5
C	21180	90	709.00	602.00	5
C	21181	90	224.00	190.00	5
C	21182	90	726.00	617.00	5
C	21183	90	778.00	660.00	5
C	21184	90	813.00	690.00	5
C	21188	90	605.00	514.00	5
C	21193	90	519.00	440.00	7
C	21194	90	730.00	620.00	7
C	21195	90	622.00	528.00	7
C	21196	90	657.00	558.00	7
C	21198	90	328.00	278.00	7
	21206	90	690.00	587.00	7
	21208	90	225.00	191.00	5
	21209	90	250.00	213.00	7
	21210	90	149.00	130.00	7
	21215	90	332.00	289.00	7

21230		90	261.00	226.00	7
21235		90	200.00	170.00	5
21240		90	362.00	308.00	5
21242		90	484.00	411.00	5
21243		90	484.00	411.00	5
21244		90	545.00	463.00	7
21245		90	575.00	489.00	7
21246		90	632.00	540.00	7
21247		90	575.00	489.00	5
21248		90	575.00	489.00	7
21249		90	605.00	515.00	7
21255		90	503.00	427.50	5
21256		90	640.00	544.00	5
21260		90	375.00	319.00	7
21261		90	500.00	425.00	7
21263		90	600.00	510.00	7
21267		90	500.00	425.00	7
21268		90	600.00	510.00	7
21270		90	500.00	425.00	7
21275		90	375.00	319.00	7
21280		90	225.00	191.00	4
21282		30	150.00	128.00	4
21295		30	150.00	128.00	3
21296		30	100.00	85.00	4
21299		0	BR	BR	5
21300	130		42.00	35.00	5
21310	310		30.00	26.00	5
21315		30	30.00	26.00	3
21320		90	61.00	53.00	4
21325		90	90.00	79.00	5
21330		90	145.00	126.00	5
21335		90	216.00	189.00	5
21336		90	90.00	79.00	5
21337		0	30.00	26.00	3
21338		30	125.00	106.00	4
21339		60	200.00	170.00	4

21340	60	250.00	213.00	4
21343	90	100.00	85.00	5
21344	90	100.00	85.00	5
21345	60	200.00	170.00	4
21346	90	182.00	158.00	5
21347	90	236.00	205.00	5
21348	60	182.00	158.00	5
21355	30	42.00	37.00	3
21356	90	121.00	105.00	5
21360	90	121.00	105.00	5
21365	90	235.00	205.00	5
21366	90	235.00	205.00	5
21385	60	271.00	236.00	5
21386	60	298.00	253.00	5
21387	90	352.00	299.00	5
21390	1390	325.00	276.00	5
21395	90	379.00	322.00	11
21400	140	40.00	24.00	4
21401	30	100.00	85.00	4
21406	30	150.00	128.00	4
21407	60	200.00	170.00	4
21408	60	200.00	170.00	4
21421	90	121.00	105.00	5
21422	60	250.00	213.00	4
21423	60	250.00	213.00	4
21431	30	150.00	128.00	4
21432	60	250.00	213.00	5
21433	90	300.00	255.00	4
21435	90	325.00	276.00	5
21436	90	325.00	276.00	5
21440	440	30.00	26.00	3
21445	7	50.00	43.00	3
21450	450	20.00	18.00	3
21451	0	20.00	18.00	3
21452	0	20.00	18.00	3
21453	7	50.00	43.00	3

21454		90	145.00	126.00	5
21461		90	121.00	105.00	5
21462		90	242.00	210.00	5
21465		60	250.00	213.00	5
21470		90	375.00	319.00	5
21480	480		18.00	16.00	3
21485		90	54.00	48.00	5
21490	1490		180.00	160.00	5
21493		30	100.00	85.00	5
21494		30	125.00	106.00	5
21495		30	175.00	149.00	5
21499		0	BR	BR	0
21501		30	131.00	114.00	3
21502		30	164.00	140.00	3
21510		30	90.00	75.00	4
21550	550		13.00	11.00	4
21555	B215		18.00	16.00	3
21556		30	131.00	114.00	3
21557		60	325.00	276.00	6
21600	2160		90.00	79.00	4
21610		30	163.00	138.00	5
21615		60	228.00	193.00	5
21616		60	293.00	249.00	5
21620		60	211.00	184.00	4
21627		30	182.00	155.00	4
21630		90	422.00	394.00	6
21632		90	390.00	332.00	4
21700		60	211.00	184.00	5
21705		60	272.00	236.00	6
21720		60	151.00	131.00	5
21725		60	151.00	131.00	5
21740		90	585.00	497.00	11
21742		90	BR	BR	13
21743		90	BR	BR	13
21750		90	480.00	408.00	6
21800		30	24.00	21.00	3

21805	60	130.00	111.00	3
21810	90	390.00	332.00	5
21820	30	24.00	21.00	3
21825	60	195.00	166.00	4
21899	0	BR	BR	0
21920	30	27.00	23.00	4
21925	30	65.00	55.00	3
21930	1930	65.00	55.00	3
21935	60	260.00	221.00	3
22100	60	228.00	NA	3
22101	60	228.00	NA	3
22102	60	228.00	NA	3
22105	60	325.00	NA	7
22106	60	325.00	NA	7
22107	60	325.00	NA	7
22110	60	228.00	NA	8
22112	60	228.00	NA	8
22114	60	228.00	NA	8
22140	90	650.00	NA	11
22141	90	650.00	NA	11
22142	90	650.00	NA	11
22145	90	195.00	NA	11
22148	30	130.00	NA	3
22150	90	780.00	NA	11
22151	90	715.00	NA	11
22152	90	715.00	NA	11
22210	90	780.00	NA	11
22212	90	780.00	NA	11
22214	90	780.00	NA	11
22220	90	780.00	NA	11
22222	90	975.00	NA	11
22224	90	780.00	NA	11
22230	90	234.00	NA	11
22305	2230	50.00	NA	8
22310	90	75.00	NA	3
22315	90	200.00	NA	5

	22325	90	483.00	NA	8
	22326	90	483.00	NA	8
	22327	90	483.00	NA	8
	22505	250	61.00	53.00	5
S	22548	90	716.00	NA	8
S	22554	90	573.00	NA	8
S	22556	90	1003.00	NA	11
S	22558	90	716.00	NA	7
S	22585	90	716.00	NA	7
S	22590	2590	715.00	NA	8
S	22595	90	645.00	NA	8
S	22600	90	645.00	NA	8
S	22610	90	645.00	NA	8
S	22612	90	645.00	NA	8
S	22625	90	716.00	NA	8
S	22630	90	716.00	NA	8
S	22650	90	172.00	NA	3
S	22800	90	936.00	NA	7
S	22802	90	1080.00	NA	8
S	22810	90	1008.00	NA	13
S	22812	90	1267.20	NA	13
	22820	90	456.00	388.00	8
S	22830	90	550.00	NA	9
S	22840	90	936.00	NA	10
S	22842	90	1000.00	NA	10
S	22845	90	1350.00	NA	10
S	22849	90	936.00	NA	10
	22850	90	720.00	NA	8
	22852	90	720.00	NA	8
	22855	90	1350.00	NA	10
	22899	0	BR	BR	0
	22900	30	100.00	85.00	4
	22999	0	BR	BR	0
	23000	60	151.00	131.00	4
	23020	90	270.00	230.00	8
	23030	B230	130.00	111.00	3

23031	230	13.00	11.00	3
23035	60	325.00	276.00	4
23040	60	200.00	173.00	5
23044	60	200.00	173.00	5
23065	230	13.00	11.00	4
23066	7	33.00	28.00	3
23075	B230	75.00	64.00	3
23076	B230	100.00	85.00	3
23077	60	260.00	211.00	3
23100	60	200.00	173.00	5
23101	60	200.00	173.00	5
23105	60	200.00	173.00	5
23106	60	200.00	173.00	5
23107	60	200.00	173.00	5
23120	60	134.00	117.00	4
23125	60	249.00	217.00	4
23130	60	228.00	NA	3
23140	60	260.00	NA	4
23145	60	228.00	NA	3
23146	60	293.00	NA	3
23150	60	260.00	NA	4
23155	60	325.00	NA	3
23156	60	390.00	NA	3
23170	30	90.00	75.00	4
23172	30	90.00	75.00	4
23174	30	90.00	75.00	4
23180	60	163.00	NA	4
23182	60	163.00	NA	4
23184	60	211.00	184.00	4
23190	60	211.00	184.00	4
23195	60	195.00	NA	4
23200	90	423.00	NA	5
23210	90	650.00	NA	6
23220	90	650.00	NA	6
23221	90	422.00	394.00	6
23222	90	780.00	NA	6

23330	330	18.00	16.00	3
23331	7	65.00	55.00	3
23332	90	910.00	NA	6
23350	350	18.00	16.00	3
23395	90	520.00	NA	3
23397	90	650.00	NA	3
23400	90	274.00	260.00	6
23405	30	195.00	NA	3
23406	30	293.00	NA	3
23410	90	272.00	236.00	5
23412	90	423.00	NA	5
23415	90	163.00	NA	3
23420	90	295.00	280.00	5
23430	90	228.00	NA	5
23440	90	228.00	NA	5
23450	90	308.00	276.00	5
23455	90	362.00	315.00	5
23460	90	520.00	NA	5
23462	90	488.00	NA	5
23465	90	455.00	NA	5
23466	90	455.00	NA	5
23470	90	520.00	NA	5
23472	90	910.00	NA	10
23480	90	182.00	158.00	5
23485	90	325.00	NA	5
23490	60	184.00	NA	3
23491	60	295.00	NA	4
23500	30	41.00	35.00	3
23505	90	61.00	53.00	4
23515	90	151.00	131.00	5
23520	0	30.00	26.00	3
23525	90	61.00	53.00	4
23530	60	260.00	221.00	4
23532	90	293.00	249.00	5
23540	540	30.00	26.00	3
23545	3545	61.00	53.00	4

23550		60	260.00	221.00	5
23552		90	338.00	287.00	5
23570		30	41.00	35.00	3
23575		30	65.00	55.00	3
23585		90	358.00	NA	4
23600		30	61.00	53.00	3
23605		90	121.00	105.00	3
23615		90	211.00	184.00	4
23620		7	52.00	44.00	3
23625		10	78.00	66.00	3
23630		60	228.00	NA	3
23650	650		26.00	23.00	0
23655		45	61.00	53.00	4
23660		90	242.00	210.00	5
23665		10	78.00	66.00	3
23670		90	358.00	NA	5
23675		30	104.00	NA	3
23680		90	390.00	NA	5
23700	370		61.00	53.00	4
23800		90	393.00	341.00	5
23802		90	585.00	NA	5
23900	2390		483.00	420.00	10
23920		90	362.00	315.00	8
23921		30	104.00	88.00	3
23929		0	BR	BR	0
23930	3930		130.00	111.00	3
23931		0	13.00	11.00	3
23935		30	227.00	193.00	3
24000		60	285.00	242.00	3
24006		60	368.00	312.00	3
24065	240		13.00	11.00	4
24066		10	65.00	55.00	3
24075		10	65.00	55.00	3
24076		30	98.00	83.00	3
24077		60	260.00	NA	3
24100		60	250.00	213.00	3

24101		60	200.00	173.00	3
24102		90	200.00	173.00	3
24105		60	90.00	79.00	3
24110		60	200.00	170.00	4
24115		60	250.00	213.00	4
24116		60	200.00	170.00	4
24120		60	200.00	170.00	4
24125		60	200.00	170.00	4
24126		60	200.00	170.00	4
24130		60	134.00	117.00	3
24134		30	90.00	75.00	4
24136		30	90.00	75.00	4
24138		30	90.00	75.00	4
24140		60	211.00	184.00	4
24145		60	211.00	184.00	4
24147		30	125.00	106.00	4
24150		60	228.00	194.00	4
24151		90	570.00	485.00	6
24152		90	570.00	485.00	6
24153		90	570.00	485.00	6
24155		90	300.00	255.00	6
24160		30	125.00	106.00	3
24164		30	100.00	85.00	3
24200		7	35.00	30.00	3
24201		30	100.00	85.00	3
24220	220		18.00	16.00	3
24301		60	285.00	242.00	4
24305		90	151.00	131.00	4
24310		30	242.00	210.00	3
24320		90	302.00	263.00	4
24330		90	121.00	105.00	3
24331		90	121.00	105.00	3
24340		90	242.00	210.00	3
24342		90	342.00	291.00	3
24350		30	114.00	97.00	3
24351		30	143.00	122.00	3

24352	30	154.00	131.00	3
24354	30	171.00	146.00	3
24356	60	200.00	170.00	3
24360	90	332.00	289.00	3
24361	90	684.00	582.00	3
24362	90	513.00	437.00	3
24363	90	604.00	NA	3
24365	60	228.00	194.00	3
24366	60	285.00	243.00	3
24400	90	242.00	210.00	5
24410	90	211.00	184.00	3
24420	90	570.00	485.00	5
24430	90	399.00	340.00	5
24435	90	500.00	425.00	4
24470	60	200.00	170.00	3
24495	60	228.00	194.00	3
24498	60	228.00	194.00	5
24500	60	80.00	70.00	3
24505	90	121.00	105.00	3
24515	90	211.00	184.00	4
24516	90	211.00	184.00	4
24530	4530	92.00	79.00	3
24535	90	103.00	89.00	3
24538	60	228.00	194.00	3
24545	90	211.00	184.00	4
24546	90	211.00	184.00	4
24560	7	70.00	60.00	3
24565	30	114.00	97.00	3
24566	90	211.00	184.00	3
24575	90	211.00	184.00	4
24576	30	40.00	35.00	3
24577	90	72.00	63.00	3
24579	90	211.00	184.00	4
24582	90	211.00	184.00	3
24586	90	456.00	388.00	4
24587	90	456.00	388.00	4

24600	460		61.00	53.00	0
24605		30	90.00	77.00	3
24615		90	242.00	210.00	3
24620		90	121.00	105.00	3
24635		90	211.00	184.00	4
24640		30	18.00	16.00	3
24650		90	61.00	53.00	3
24655		60	61.00	53.00	3
24665		90	151.00	131.00	3
24666		60	257.00	219.00	4
24670		30	44.00	41.00	3
24675		30	114.00	97.00	3
24685		90	151.00	131.00	3
24800		90	400.00	340.00	3
24802		90	456.00	388.00	3
24900	2490		211.00	184.00	4
24920		90	160.00	138.00	4
24925		0	32.00	27.00	3
24930		60	211.00	184.00	4
24931		60	285.00	243.00	4
24935		30	143.00	122.00	3
24940		90	431.00	367.00	4
24999		0	BR	BR	0
25000		30	114.00	97.00	3
25020		30	200.00	170.00	3
25023		30	200.00	170.00	3
25028		30	114.00	97.00	3
25031	250		16.00	14.00	3
25035		30	200.00	170.00	3
25040		60	120.00	104.00	3
25065	250		16.00	14.00	3
25066	250		57.00	49.00	3
25075		30	57.00	49.00	3
25076		30	86.00	74.00	3
25077		30	228.00	194.00	3
25085		60	182.00	158.00	3

25100	60	182.00	158.00	3
25101	60	182.00	158.00	3
25105	30	228.00	194.00	3
25107	30	171.00	146.00	3
25110	30	90.00	79.00	3
25111	30	90.00	79.00	3
25112	30	90.00	79.00	3
25115	60	226.00	197.00	3
25116	60	257.00	219.00	3
25118	90	211.00	184.00	3
25119	60	228.00	194.00	3
25120	60	228.00	194.00	3
25125	60	285.00	243.00	4
25126	60	285.00	243.00	4
25130	60	143.00	122.00	4
25135	60	200.00	170.00	4
25136	60	200.00	170.00	4
25145	30	90.00	75.00	4
25150	60	211.00	184.00	4
25151	60	211.00	184.00	4
25170	90	371.00	316.00	6
25210	60	151.00	131.00	3
25215	60	257.00	219.00	3
25230	60	143.00	122.00	3
25240	60	143.00	122.00	3
25246	0	18.00	16.00	3
25248	30	102.00	90.00	3
25250	90	456.00	388.00	3
25251	90	456.00	388.00	3
25260	30	121.00	105.00	3
25263	15	46.00	40.00	3
25265	15	57.00	49.00	3
25270	30	90.00	79.00	3
25272	30	143.00	122.00	3
25274	30	171.00	146.00	3
25280	90	151.00	131.00	4

25290	30	86.00	74.00	3
25295	60	113.00	99.00	3
25300	60	257.00	219.00	3
25301	60	228.00	194.00	3
25310	60	228.00	194.00	3
25312	60	257.00	219.00	4
25315	60	257.00	219.00	3
25316	60	314.00	267.00	3
25320	60	285.00	243.00	3
25330	90	332.00	289.00	3
25331	90	798.00	679.00	3
25332	90	570.00	485.00	3
25335	90	570.00	485.00	5
25337	120	335.00	285.00	3
25350	90	206.00	179.00	3
25355	90	206.00	179.00	3
25360	90	182.00	158.00	3
25365	90	342.00	291.00	3
25370	90	211.00	184.00	3
25375	90	428.00	364.00	3
25390	5390	242.00	210.00	3
25391	90	428.00	364.00	4
25392	90	371.00	316.00	4
25393	90	570.00	485.00	4
25400	90	342.00	291.00	3
25405	90	242.00	210.00	4
25415	90	456.00	388.00	3
25420	90	513.00	437.00	3
25425	60	342.00	291.00	3
25426	90	428.00	364.00	3
25440	60	342.00	291.00	3
25441	30	171.00	146.00	3
25442	30	171.00	146.00	3
25443	30	200.00	170.00	3
25444	30	200.00	170.00	3
25445	30	200.00	170.00	3

25446	90	604.00	NA	10
25447	30	220.00	187.00	3
25449	30	200.00	170.00	4
25450	30	143.00	122.00	3
25455	30	200.00	170.00	3
25490	30	200.00	170.00	3
25491	30	228.00	194.00	3
25492	60	321.00	273.00	4
25500	30	54.00	50.00	3
25505	90	72.00	63.00	3
25515	90	151.00	131.00	3
25530	5530	46.00	39.00	3
25535	90	61.00	53.00	3
25545	90	151.00	131.00	3
25560	30	97.00	82.00	3
25565	90	121.00	105.00	3
25574	90	211.00	184.00	3
25575	90	211.00	184.00	3
25600	30	59.00	50.00	3
25605	90	72.00	63.00	3
25611	90	113.00	99.00	3
25620	90	151.00	131.00	3
25622	7	35.00	30.00	3
25624	7	57.00	49.00	3
25628	90	182.00	158.00	3
25630	5630	72.00	63.00	3
25635	30	72.00	63.00	3
25645	30	200.00	170.00	3
25650	30	175.00	149.00	3
25660	660	61.00	53.00	3
25670	30	225.00	191.00	3
25675	0	61.00	53.00	3
25676	90	182.00	158.00	3
25680	30	143.00	122.00	3
25685	60	285.00	243.00	3
25690	30	126.00	108.00	3

25695	60	285.00	243.00	3
25800	90	272.00	236.00	3
25805	90	400.00	340.00	3
25810	90	400.00	340.00	3
25820	90	342.00	291.00	3
25825	90	400.00	340.00	3
25830	120	348.00	296.00	3
25900	2590	182.00	158.00	3
25905	2590	160.00	138.00	4
25907	590	32.00	27.00	3
25909	2590	182.00	158.00	4
25915	90	342.00	291.00	6
25920	90	228.00	194.00	3
25922	30	69.00	59.00	3
25924	90	228.00	194.00	0
25927	90	228.00	194.00	3
25929	30	69.00	59.00	3
25931	90	228.00	194.00	3
25999	0	BR	BR	0
26010	260	18.00	16.00	3
26011	260	42.00	37.00	3
26020	260	24.00	21.00	3
26025	30	145.00	126.00	3
26030	6030	217.00	189.00	3
26034	30	103.00	88.00	3
26035	30	285.00	243.00	3
26037	30	285.00	243.00	3
26040	B260	61.00	53.00	3
26045	B260	182.00	158.00	3
26055	30	121.00	105.00	3
26060	260	24.00	21.00	3
26070	30	171.00	146.00	3
26075	30	171.00	146.00	3
26080	30	86.00	74.00	3
26100	30	171.00	146.00	3
26105	30	171.00	146.00	3

26110		30	86.00	74.00	3
26115		30	35.00	30.00	3
26116		30	70.00	60.00	3
26117		60	228.00	194.00	3
26121		90	285.00	243.00	3
26123		90	371.00	316.00	3
26125		90	371.00	316.00	3
26130		60	171.00	146.00	3
26135		60	200.00	170.00	3
26140		60	171.00	145.00	3
26145		60	200.00	170.00	3
26160		30	61.00	53.00	3
26170		30	103.00	88.00	3
26180		30	103.00	88.00	3
26200		30	143.00	122.00	4
26205		60	200.00	170.00	4
26210		30	143.00	122.00	4
26215		60	200.00	170.00	4
26230	6230		143.00	122.00	4
26235		30	143.00	122.00	4
26236		30	143.00	122.00	4
26250		90	371.00	315.00	6
26255		90	400.00	340.00	6
26260		90	257.00	219.00	6
26261		90	371.00	315.00	6
26262		90	371.00	315.00	6
26320		30	171.00	146.00	3
26350		30	171.00	146.00	3
26352		60	285.00	243.00	3
26356		60	200.00	170.00	3
26357		60	200.00	170.00	3
26358		60	228.00	194.00	3
26370		30	171.00	146.00	3
26372		60	200.00	170.00	3
26373		30	171.00	146.00	3
26390		30	171.00	146.00	3

26392	60	228.00	194.00	3
26410	30	78.00	68.00	3
26412	30	171.00	146.00	3
26415	30	171.00	146.00	3
26416	60	228.00	194.00	3
26418	30	78.00	68.00	3
26420	30	171.00	146.00	3
26426	30	171.00	146.00	3
26428	60	228.00	194.00	3
26432	30	57.00	49.00	3
26433	30	69.00	59.00	3
26434	30	86.00	74.00	3
26437	60	228.00	194.00	3
26440	30	143.00	121.00	3
26442	30	143.00	121.00	3
26445	30	143.00	121.00	3
26449	60	228.00	194.00	3
26450	30	86.00	74.00	3
26455	30	86.00	74.00	3
26460	30	69.00	59.00	3
26471	30	171.00	146.00	3
26474	30	143.00	122.00	3
26476	30	171.00	146.00	3
26477	30	171.00	146.00	3
26478	30	171.00	146.00	3
26479	30	171.00	146.00	3
26480	60	228.00	194.00	3
26483	60	228.00	194.00	3
26485	60	228.00	194.00	3
26489	60	228.00	194.00	3
26490	60	228.00	194.00	3
26492	60	285.00	243.00	3
26494	60	285.00	243.00	3
26496	60	285.00	243.00	3
26497	60	285.00	243.00	3
26498	60	285.00	243.00	3

26499		60	285.00	243.00	3
26500		30	86.00	74.00	3
26502		30	86.00	74.00	3
26504		30	86.00	74.00	3
26508		30	183.00	156.00	3
26510		90	85.00	74.00	3
26516		30	160.00	136.00	3
26517		60	228.00	194.00	3
26518		60	285.00	243.00	3
26520		60	200.00	170.00	3
26525		60	200.00	170.00	3
26530	6530		171.00	146.00	3
26531		60	200.00	170.00	3
26535		30	171.00	146.00	3
26536		60	200.00	170.00	3
26540		60	200.00	170.00	3
26541		60	257.00	219.00	3
26542		60	200.00	170.00	3
26545		60	200.00	170.00	3
26548		60	200.00	170.00	3
26550		90	600.00	510.00	5
26552		90	600.00	510.00	5
26555		90	600.00	510.00	5
26557		90	428.00	364.00	3
26558		30	143.00	122.00	3
26559		60	285.00	243.00	3
26560	6560		200.00	170.00	3
26561		60	257.00	218.00	3
26562		90	302.00	263.00	3
26565		30	171.00	145.00	3
26567		30	113.00	100.00	3
26568		60	257.00	219.00	7
26580		90	684.00	582.00	5
26585		60	285.00	243.00	5
26587		45	61.00	53.00	3
26590		60	285.00	243.00	5

26591		60	285.00	243.00	3
26593		60	285.00	243.00	3
26596		60	228.00	194.00	4
26597		60	228.00	194.00	4
26600		30	30.00	26.00	3
26605		30	60.00	52.00	3
26607		30	180.00	156.00	3
26608		30	192.00	163.00	3
26615		90	90.00	79.00	3
26641		0	30.00	26.00	3
26645		30	86.00	73.00	3
26650		30	143.00	122.00	3
26665		60	228.00	194.00	3
26670	670		30.00	26.00	0
26675		30	65.00	55.00	3
26676		30	100.00	85.00	3
26685		90	121.00	105.00	3
26686		30	171.00	146.00	3
26700	670		30.00	26.00	0
26705		30	65.00	55.00	3
26706		30	100.00	85.00	3
26715		30	121.00	105.00	3
26720		30	22.00	19.00	3
26725		45	48.00	42.00	3
26727		30	96.00	82.00	3
26735		60	90.00	79.00	3
26740	740		29.00	25.00	0
26742		30	57.00	49.00	3
26746		30	114.00	97.00	3
26750		30	29.00	25.00	3
26755		30	57.00	49.00	3
26756		30	100.00	84.00	3
26765		45	72.00	63.00	3
26770	770		20.00	17.00	0
26775		0	55.00	47.00	3
26776		30	100.00	85.00	3

26785			90	61.00	53.00	3
26820			60	228.00	194.00	3
26841			90	151.00	131.00	3
26842			60	228.00	194.00	3
26843			60	200.00	170.00	3
26844			60	228.00	194.00	3
26850			30	171.00	146.00	3
26852			60	217.00	185.00	3
26860			90	151.00	131.00	3
26861			30	57.00	44.00	3
26862			30	171.00	146.00	3
26863			30	86.00	74.00	3
26910			90	121.00	105.00	3
26951			45	61.00	53.00	3
26952			45	61.00	53.00	3
26989			0	BR	BR	0
26990			30	114.00	97.00	3
26991			7	21.00	8.00	3
26992			30	114.00	97.00	3
27000			30	121.00	105.00	3
27001			30	121.00	105.00	3
27001	50		30	182.00	158.00	3
27003			30	182.00	158.00	3
27003	50		60	273.00	237.00	3
27005			30	171.00	145.00	3
27006			30	171.00	145.00	3
27025			60	228.00	198.00	3
27025	50		60	328.00	285.00	3
27030			90	242.00	210.00	6
27033			90	242.00	210.00	6
27035			90	399.00	340.00	3
27040		270		18.00	15.00	3
27041			15	57.00	49.00	3
27047		B27		52.00	44.00	4
27048			30	86.00	74.00	3
27049			60	228.00	194.00	3

27050		30	143.00	122.00	3
27052		90	399.00	340.00	3
27054		90	455.00	387.00	5
27060		30	171.00	146.00	3
27062		60	121.00	105.00	3
27065		60	211.00	184.00	4
27066		60	211.00	184.00	4
27067		60	285.00	243.00	4
27070		30	114.00	97.00	4
27071		30	114.00	97.00	4
27075		90	342.00	291.00	5
27076		90	342.00	291.00	5
27077		90	342.00	291.00	5
27078		90	342.00	291.00	5
27079		90	399.00	340.00	5
27080		90	121.00	105.00	4
27086	270		18.00	16.00	3
27087		15	29.00	25.00	3
27090	7090		342.00	291.00	6
27091		90	798.00	679.00	6
27093	270		18.00	16.00	0
27095	270		18.00	16.00	3
27097		30	171.00	146.00	3
27098		30	171.00	146.00	3
27100		90	354.00	301.00	5
27105		90	377.00	321.00	5
27110		90	428.00	364.00	5
27111		90	354.00	301.00	5
27120		90	570.00	485.00	5
27122		90	570.00	485.00	5
27125		90	483.00	420.00	6
27130		90	845.00	735.00	6
27132		90	884.00	752.00	10
27134		90	845.00	735.00	10
27137		90	743.00	632.00	10
27138		90	743.00	632.00	10

27140	60	285.00	243.00	6
27146	90	570.00	485.00	5
27147	90	570.00	485.00	6
27151	90	570.00	485.00	6
27156	90	627.00	573.00	6
27158	90	570.00	485.00	6
27161	90	570.00	485.00	5
27165	90	483.00	420.00	6
27170	90	570.00	485.00	4
27175	30	151.00	131.00	3
27176	90	456.00	388.00	6
27177	90	362.00	315.00	6
27178	90	362.00	315.00	6
27179	90	453.00	385.00	6
27181	90	453.00	385.00	6
27185	60	249.00	212.00	6
27187	90	362.00	315.00	6
27193	30	86.00	74.00	3
27194	30	103.00	88.00	3
27200	30	36.00	30.00	3
27202	30	114.00	97.00	3
27215	60	428.00	364.00	4
27216	30	81.00	58.00	3
27217	60	428.00	364.00	4
27218	60	428.00	364.00	4
27220	30	48.00	42.00	3
27222	90	314.00	267.00	3
27226	60	302.00	263.00	4
27227	90	570.00	485.00	6
27228	90	570.00	485.00	6
27230	60	200.00	170.00	4
27232	90	246.00	216.00	4
27235	90	456.00	388.00	6
27236	90	456.00	388.00	6
27238	30	171.00	146.00	4
27240	60	257.00	218.00	4

27244		90	456.00	388.00	6
27245		90	456.00	388.00	6
27246		30	114.00	97.00	4
27248		30	171.00	146.00	6
27250		90	121.00	105.00	0
27252		30	150.00	128.00	4
27253		90	332.00	289.00	6
27254		90	485.00	412.00	6
27256		0	55.00	47.00	3
27257		45	109.00	95.00	4
27258		90	332.00	289.00	6
27259		90	570.00	485.00	6
27265		90	121.00	105.00	0
27266		0	150.00	128.00	4
27275		0	69.00	60.00	3
27280		90	342.00	291.00	6
27282		90	570.00	485.00	6
27284		90	570.00	485.00	6
27286		90	627.00	533.00	6
27290	7290		604.00	525.00	15
27295		90	483.00	420.00	10
27299		0	BR	BR	0
27301	2730		90.00	77.00	3
27303	2730		114.00	97.00	3
27305	2730		171.00	146.00	3
27306	2730		86.00	74.00	3
27307	2730		171.00	146.00	3
27310		60	285.00	243.00	3
27315		60	257.00	219.00	3
27320		60	257.00	219.00	3
27323		0	16.00	14.00	3
27324		0	29.00	25.00	3
27327		0	29.00	25.00	3
27328		30	57.00	49.00	3
27329		60	228.00	194.00	3
27330		60	285.00	243.00	3

27331		60	285.00	243.00	3
27332		60	284.00	243.00	3
27333		90	456.00	388.00	3
27334		90	332.00	289.00	3
27335		90	332.00	289.00	3
27340		60	90.00	79.00	3
27345		60	182.00	158.00	4
27350		90	211.00	184.00	3
27355		60	228.00	194.00	4
27356		90	342.00	291.00	3
27357		90	342.00	291.00	3
27358		90	456.00	388.00	3
27360	7360		211.00	184.00	4
27365		90	570.00	485.00	3
27370	370		18.00	16.00	3
27372		30	57.00	48.00	3
27380		60	242.00	210.00	3
27381		60	350.00	303.00	3
27385		60	242.00	210.00	3
27386		60	350.00	303.00	3
27390		45	151.00	131.00	3
27391		60	201.00	175.00	3
27392		60	302.00	262.00	3
27393		45	151.00	131.00	3
27394		60	201.00	175.00	3
27395		60	227.00	197.00	3
27396		90	371.00	316.00	3
27397		90	411.00	350.00	3
27400		90	371.00	316.00	3
27403		90	250.00	213.00	3
27405		90	277.00	240.00	3
27407		90	277.00	240.00	3
27409		90	378.00	329.00	3
27418		90	570.00	485.00	3
27420		90	302.00	263.00	3
27422		90	302.00	263.00	3

27424		90	302.00	263.00	3
27425		90	251.00	213.00	3
27427		90	360.00	306.00	3
27428		90	325.00	276.00	3
27429		90	425.00	361.00	3
27430		90	342.00	291.00	3
27435		90	211.00	184.00	3
27437		90	428.00	364.00	3
27438		90	485.00	413.00	3
27440		90	485.00	413.00	3
27441		90	485.00	413.00	3
27442		90	485.00	413.00	3
27443		90	485.00	413.00	3
27445		90	604.00	525.00	10
27446		90	485.00	413.00	3
27447		90	604.00	525.00	10
27448		90	393.00	341.00	5
27448	50	90	590.00	501.00	8
27450		90	590.00	501.00	8
27454		90	378.00	329.00	4
27455		90	272.00	236.00	4
27455	50	90	408.00	347.00	6
27457		90	272.00	236.00	4
27457	50	90	408.00	347.00	6
27465		90	332.00	289.00	5
27466		90	332.00	289.00	4
27468		90	604.00	525.00	4
27470		90	485.00	413.00	4
27472		90	332.00	289.00	4
27475		90	242.00	210.00	4
27477		90	242.00	210.00	4
27479		90	302.00	263.00	4
27485		90	197.00	172.00	3
27486		90	725.00	616.00	10
27487		90	750.00	638.00	10
27488		90	660.00	561.00	10

27495	90	456.00	388.00	5
27496	90	120.00	102.00	5
27497	90	211.00	179.00	5
27498	90	241.00	205.00	5
27499	90	330.00	280.00	5
27500	90	182.00	158.00	3
27501	90	182.00	158.00	3
27502	90	182.00	158.00	4
27503	90	182.00	158.00	3
27506	90	272.00	236.00	4
27507	90	272.00	236.00	4
27508	90	70.00	62.00	3
27509	90	70.00	62.00	5
27510	90	121.00	105.00	4
27511	90	272.00	236.00	4
27513	90	272.00	236.00	4
27514	90	342.00	291.00	5
27516	90	171.00	146.00	3
27517	90	171.00	146.00	3
27519	90	342.00	291.00	5
27520	30	62.00	57.00	3
27524	90	211.00	184.00	3
27530	7530	74.00	65.00	3
27532	90	121.00	105.00	3
27535	90	242.00	210.00	3
27536	90	242.00	210.00	3
27538	30	114.00	97.00	3
27540	90	314.00	267.00	5
27550	45	90.00	79.00	0
27552	45	90.00	79.00	3
27556	90	342.00	291.00	3
27557	90	371.00	316.00	3
27558	90	371.00	316.00	3
27560	560	72.00	63.00	0
27562	0	72.00	63.00	3
27566	90	211.00	184.00	3

27570	570	61.00	53.00	3
27580	90	393.00	341.00	3
27590	7590	272.00	236.00	4
27591	60	294.00	250.00	3
27592	90	182.00	158.00	4
27594	0	24.00	21.00	4
27596	90	272.00	236.00	4
27598	90	182.00	158.00	4
27599	0	BR	BR	0
27600	30	127.00	108.00	3
27601	30	127.00	108.00	3
27602	30	147.00	125.00	3
27603	30	114.00	97.00	3
27604	760	16.00	14.00	3
27605	15	29.00	25.00	0
27606	30	63.00	54.00	3
27607	30	228.00	194.00	3
27610	60	182.00	158.00	3
27612	30	182.00	158.00	3
27613	0	16.00	14.00	3
27614	0	29.00	25.00	3
27615	60	228.00	194.00	3
27618	0	29.00	25.00	3
27619	30	57.00	49.00	3
27620	60	182.00	158.00	3
27625	90	211.00	184.00	3
27626	60	228.00	194.00	3
27630	7630	90.00	79.00	3
27635	60	228.00	194.00	4
27637	60	285.00	243.00	4
27638	60	285.00	243.00	4
27640	60	211.00	184.00	4
27641	60	211.00	184.00	4
27645	90	342.00	291.00	4
27646	90	342.00	291.00	4
27647	90	371.00	316.00	4

27648	0	18.00	16.00	3
27650	90	227.00	197.00	4
27652	90	314.00	267.00	4
27654	90	314.00	267.00	4
27656	90	114.00	97.00	3
27658	90	121.00	105.00	3
27659	90	121.00	105.00	3
27664	90	90.00	79.00	3
27665	90	90.00	79.00	3
27675	30	171.00	146.00	3
27676	30	200.00	170.00	3
27680	30	143.00	122.00	3
27681	30	171.00	146.00	3
27685	90	151.00	131.00	4
27686	90	202.00	175.00	3
27687	30	171.00	146.00	3
27690	7690	182.00	158.00	3
27691	90	342.00	291.00	3
27692	30	29.00	25.00	3
27695	90	302.00	263.00	3
27696	90	342.00	291.00	3
27698	90	227.00	197.00	3
27700	90	249.00	216.00	3
27702	90	604.00	NA	10
27703	90	604.00	NA	10
27704	90	604.00	NA	10
27705	90	272.00	236.00	3
27707	90	113.00	100.00	3
27709	90	350.00	298.00	3
27712	90	288.00	251.00	3
27715	90	570.00	485.00	4
27720	90	399.00	340.00	3
27722	90	428.00	364.00	3
27724	90	570.00	485.00	4
27725	90	570.00	485.00	4
27727	90	570.00	485.00	4

27730		90	257.00	219.00	3
27732		30	143.00	122.00	3
27734		90	314.00	267.00	3
27740		90	302.00	263.00	3
27742		90	439.00	382.00	3
27745		60	200.00	170.00	3
27750		30	114.00	97.00	3
27752		90	121.00	105.00	3
27756		90	211.00	184.00	3
27758		90	314.00	267.00	3
27759		90	314.00	267.00	3
27760		90	79.00	68.00	3
27762		90	79.00	68.00	3
27766		90	151.00	131.00	3
27780	B27		45.00	39.00	3
27781		30	45.00	39.00	3
27784		90	121.00	105.00	3
27786		90	72.00	63.00	3
27788		90	79.00	68.00	3
27792		90	151.00	131.00	3
27808		30	100.00	85.00	3
27810		90	121.00	105.00	3
27814		90	211.00	184.00	3
27816		30	100.00	85.00	3
27818		90	121.00	105.00	3
27822		90	242.00	210.00	3
27823		90	242.00	210.00	3
27824		30	100.00	85.00	3
27825		90	121.00	105.00	3
27826		90	242.00	210.00	3
27827		90	242.00	210.00	3
27828		90	242.00	210.00	3
27829		90	305.00	263.00	3
27830	7830		60.00	51.00	3
27831		30	80.00	68.00	3
27832		90	164.00	142.00	3

27840		45	61.00	53.00	0
27842		45	61.00	53.00	3
27846		90	305.00	263.00	3
27848		60	275.00	233.00	3
27860	860		61.00	53.00	3
27870		90	302.00	263.00	3
27871		90	302.00	263.00	3
27880		90	242.00	210.00	3
27881		60	266.00	226.00	3
27882		90	155.00	137.00	4
27884		0	24.00	21.00	4
27886		90	242.00	210.00	3
27888		90	242.00	210.00	3
27889		60	242.00	210.00	3
27892		90	127.00	108.00	3
27893		90	127.00	108.00	3
27894		90	147.00	125.00	3
27899		0	BR	BR	0
28001	280		18.00	16.00	3
28002	280		36.00	32.00	3
28003		30	100.00	85.00	3
28005		30	150.00	128.00	3
28008		60	61.00	53.00	3
28010	280		24.00	21.00	3
28011	280		37.00	32.00	3
28020		60	109.00	95.00	3
28022		60	109.00	95.00	3
28024		60	37.00	32.00	3
28030	8030		143.00	122.00	3
28035		30	171.00	146.00	3
28043	280		29.00	25.00	3
28045	280		57.00	49.00	3
28046		60	228.00	194.00	3
28050		30	171.00	146.00	3
28052		30	103.00	88.00	3
28054		30	86.00	74.00	3

28060	30	143.00	122.00	3
28062	60	228.00	194.00	3
28070	30	171.00	146.00	3
28072	30	103.00	88.00	3
28080	30	121.00	105.00	3
28086	30	160.00	136.00	3
28088	30	114.00	97.00	3
28090	30	90.00	79.00	3
28092	30	61.00	53.00	3
28100	60	121.00	105.00	4
28102	60	200.00	170.00	3
28103	60	200.00	170.00	3
28104	30	143.00	122.00	4
28106	60	200.00	170.00	3
28107	60	200.00	170.00	3
28108	60	121.00	105.00	4
28110	30	69.00	59.00	3
28111	30	171.00	146.00	3
28112	30	103.00	88.00	3
28113	30	103.00	88.00	3
28114	90	242.00	210.00	3
28116	30	171.00	146.00	3
28118	30	143.00	122.00	3
28119	30	143.00	122.00	3
28120	60	90.00	79.00	4
28122	60	90.00	79.00	4
28124	60	90.00	79.00	4
28126	30	143.00	122.00	3
28130	90	211.00	184.00	3
28140	60	121.00	105.00	3
28150	90	90.00	79.00	3
28153	30	69.00	59.00	3
28160	90	90.00	79.00	3
28171	90	371.00	316.00	3
28173	90	371.00	316.00	3
28175	90	371.00	316.00	3

28190	190	18.00	16.00	3
28192	30	34.00	29.00	4
28193	30	34.00	29.00	4
28200	90	121.00	105.00	3
28202	30	161.00	137.00	3
28208	90	61.00	53.00	3
28210	30	103.00	88.00	3
28220	60	113.00	99.00	3
28222	60	139.00	119.00	3
28225	60	113.00	99.00	3
28226	60	139.00	119.00	3
28230	8230	42.00	37.00	3
28232	60	139.00	119.00	3
28234	60	139.00	119.00	3
28236	60	200.00	170.00	3
28238	30	171.00	146.00	3
28240	30	61.00	53.00	3
28250	30	143.00	122.00	3
28260	30	171.00	146.00	3
28261	60	200.00	170.00	3
28262	60	212.00	184.00	3
28264	60	285.00	243.00	3
28270	30	69.00	59.00	3
28272	30	29.00	25.00	3
28280	45	61.00	53.00	3
28285	90	90.00	79.00	3
28286	30	68.00	57.00	3
28288	21	72.00	63.00	3
28290	60	90.00	79.00	3
28292	90	139.00	121.00	3
28293	90	242.00	210.00	3
28294	90	141.00	123.00	3
28296	60	200.00	170.00	3
28297	60	200.00	170.00	3
28298	30	171.00	146.00	3
28299	60	200.00	170.00	3

28300		60	228.00	194.00	3
28302		60	317.00	185.00	3
28304	2830		171.00	146.00	3
28305		60	217.00	185.00	3
28306		90	113.00	100.00	3
28307		60	217.00	185.00	3
28308		90	113.00	100.00	3
28309		60	257.00	219.00	3
28310		30	69.00	59.00	3
28312		30	46.00	40.00	3
28313		90	90.00	79.00	3
28315		60	55.00	47.00	3
28320		60	200.00	170.00	3
28322		30	143.00	122.00	3
28340		90	90.00	79.00	3
28341		90	90.00	79.00	3
28344		45	42.00	37.00	3
28345		90	90.00	79.00	3
28400		30	68.00	59.00	3
28405		90	90.00	79.00	3
28406		60	228.00	194.00	3
28415		90	151.00	131.00	3
28420		90	300.00	255.00	3
28430	8430		82.00	72.00	3
28435		90	90.00	79.00	3
28436		30	175.00	149.00	3
28445		60	275.00	234.00	3
28450		30	41.00	36.00	3
28455		90	61.00	53.00	3
28456		30	121.00	103.00	3
28465		90	121.00	105.00	3
28470		30	18.00	16.00	3
28475		90	42.00	37.00	3
28476		30	82.00	70.00	3
28485		90	90.00	79.00	3
28490		30	18.00	16.00	3

28495	30	30.00	26.00	3
28496	30	60.00	51.00	3
28505	30	120.00	102.00	3
28510	30	18.00	16.00	3
28515	30	30.00	26.00	3
28525	30	90.00	77.00	3
28530	8530	18.00	16.00	3
28531	30	59.00	50.00	3
28540	45	61.00	53.00	0
28545	8545	61.00	53.00	3
28546	30	69.00	59.00	3
28555	90	211.00	184.00	3
28570	45	61.00	53.00	0
28575	45	61.00	53.00	3
28585	90	211.00	184.00	3
28600	45	61.00	53.00	0
28605	45	61.00	53.00	3
28606	30	69.00	59.00	3
28615	30	143.00	122.00	3
28630	45	61.00	53.00	0
28635	7	65.00	55.00	3
28645	90	121.00	105.00	3
28660	660	16.00	14.00	0
28665	0	35.00	30.00	3
28675	60	47.00	40.00	3
28705	90	361.00	307.00	3
28715	90	272.00	236.00	3
28725	90	182.00	158.00	3
28730	60	203.00	173.00	3
28735	60	226.00	192.00	3
28737	60	200.00	170.00	3
28740	90	166.00	126.00	3
28750	90	90.00	79.00	3
28755	90	90.00	79.00	3
28760	90	200.00	173.00	3
28800	90	211.00	184.00	3

	28805			90	211.00	184.00	3
	28810			90	121.00	105.00	3
	28820			45	42.00	37.00	3
	28820	50		45	63.00	56.00	3
	28820	51		45	63.00	56.00	3
	28825			45	42.00	37.00	3
	28825	50		45	63.00	56.00	3
	28825	51		45	63.00	56.00	3
	28899			0	BR	BR	0
E	29000		290		109.00	95.00	3
E	29010		290		79.00	68.00	3
E	29015		290		90.00	79.00	3
E	29020		290		79.00	68.00	3
E	29025		290		90.00	79.00	3
E	29035		290		79.00	68.00	3
E	29040		290		90.00	79.00	3
E	29044			3	79.00	68.00	3
E	29046			3	109.00	95.00	3
E	29049			3	30.00	26.00	3
E	29055		290		79.00	68.00	3
E	29058			3	40.00	34.00	3
E	29065		290		30.00	26.00	3
E	29075		290		18.00	16.00	3
E	29085		290		18.00	16.00	3
E	29105		910		24.00	21.00	3
E	29125			0	24.00	21.00	3
E	29126			0	24.00	21.00	3
E	29130		130		18.00	16.00	3
E	29131			0	18.00	16.00	3
E	29200		920		18.00	16.00	3
E	29220		220		24.00	21.00	3
E	29240		240		24.00	21.00	3
E	29260		260		18.00	16.00	3
E	29280		280		18.00	16.00	3
E	29305		930		79.00	68.00	3
E	29325			0	90.00	79.00	3

E	29345			0	53.00	42.00	3
E	29355			0	47.00	42.00	3
E	29358		2		41.00	34.85	3
E	29365			0	53.00	42.00	3
E	29405		940		42.00	37.00	3
E	29425			0	47.00	42.00	3
E	29435			0	66.00	53.00	3
E	29440		440		12.00	10.00	3
E	29445		2		71.00	60.00	3
E	29450		450		24.00	21.00	3
E	29450	9450	450		37.00	32.00	3
E	29505		950		48.00	42.00	3
E	29515			0	42.00	37.00	3
E	29520		520		24.00	21.00	3
E	29530		530		18.00	16.00	3
E	29540		540		18.00	16.00	3
E	29550		550		16.00	14.00	3
E	29580		580		18.00	16.00	3
E	29590		590		12.00	10.00	3
E	29700		970		14.00	12.00	3
E	29705		970		14.00	12.00	3
E	29710		710		18.00	16.00	3
E	29715			0	18.00	16.00	3
E	29720		720		26.00	21.00	3
E	29730		730		9.00	8.00	3
E	29740		740		9.00	8.00	3
E	29750		750		9.00	8.00	3
E	29750	9750	750		15.00	13.00	3
E	29799			0	BR	BR	0
	29800		980		BR	BR	3
	29804			60	BR	BR	3
	29815			0	75.00	65.00	3
	29819			30	100.00	85.00	3
	29820			60	200.00	170.00	4
	29821			60	264.00	224.00	4
	29822			30	120.00	102.00	3

29823		30	160.00	136.00	3
29825		60	200.00	170.00	3
29826		60	145.00	123.00	3
29827		90	445.00	378.00	4
29830		10	75.00	65.00	3
29834		30	100.00	85.00	3
29835		60	200.00	170.00	3
29836		60	264.00	224.00	3
29837		30	120.00	102.00	3
29838		30	160.00	136.00	3
29840	840		114.00	97.00	3
29843		60	114.00	97.00	3
29844		60	285.00	243.00	3
29845		60	167.00	142.00	3
29846		60	182.00	154.00	3
29847		30	114.00	97.00	3
29848		90	158.00	137.00	3
29850		90	314.00	267.00	5
29851		90	314.00	267.00	5
29855		90	242.00	210.00	3
29856		90	242.00	210.00	3
29870		10	75.00	65.00	3
29871		10	100.00	85.00	3
29873		90	190.00	162.00	3
29874		30	100.00	85.00	3
29875		60	200.00	170.00	4
29876		60	264.00	224.00	4
29877		60	120.00	102.00	3
29879		90	225.00	191.00	3
29880		60	284.00	247.00	3
29881		90	284.00	247.00	4
29882		60	170.00	128.00	3
29883		30	171.00	146.00	3
29884		90	200.00	170.00	3
29885		60	200.00	170.00	3
29886		90	200.00	170.00	3

	29887			90	200.00	170.00	3
	29888			60	225.00	191.00	3
	29889			60	225.00	191.00	3
	29894			30	100.00	85.00	3
	29895			90	200.00	170.00	4
	29897			60	100.00	85.00	3
	29898			60	150.00	128.00	3
	29899			90	BR	BR	3
	29909		990		BR	BR	0
	30000		B30		24.00	21.00	3
	30020		B30		30.00	26.00	3
	30100		B30		13.00	11.00	3
	30110			15	37.00	32.00	3
	30110	50		15	37.00	32.00	3
	30115		30		105.00	89.00	3
	30115	50	30		105.00	89.00	3
	30117		30		143.00	122.00	4
	30120			60	132.00	113.00	4
	30124		30		69.00	59.00	4
	30125			60	274.00	233.00	4
	30130			10	43.00	37.00	3
	30140			90	42.00	37.00	3
	30150			60	228.00	194.00	4
	30160			90	456.00	388.00	4
	30200		B30		16.00	14.00	5
	30210		B30		16.00	14.00	5
	30220		B30		16.00	14.00	5
	30300		B30		16.00	14.00	0
	30310			7	57.00	49.00	3
	30320		B30		32.00	26.00	4
C	30400			90	211.00	184.00	4
C	30410			90	362.00	315.00	4
C	30420			90	407.00	355.00	4
C	30430			45	66.00	59.00	4
C	30435		30		113.00	96.00	4
C	30450		30		182.00	158.00	4

C	30460			45	156.00	133.00	5
C	30462			45	312.00	265.00	5
C	30520			90	182.00	158.00	4
	30540			60	45.00	39.00	4
	30545			90	272.00	236.00	4
	30560		B30		18.00	16.00	3
	30580			90	135.00	118.00	4
	30600		30		90.00	79.00	3
	30620			90	182.00	158.00	4
	30630		30		182.00	158.00	4
	30801		B30		16.00	14.00	5
	30802		B30		16.00	14.00	5
	30901		B30		24.00	21.00	3
	30901	50	B30		61.00	53.00	3
	30903		B30		24.00	21.00	3
	30903	50	B30		61.00	53.00	3
	30905		B30		37.00	32.00	3
	30906		B30		24.00	21.00	3
	30915		30		182.00	158.00	5
	30920			60	228.00	198.00	5
	30930		30		30.00	26.00	4
	30999		B30		BR	BR	0
	31000		310		18.00	16.00	3
	31000	50	310		24.00	21.00	3
	31002		310		30.00	26.00	3
	31020		310		72.00	63.00	4
	31020	50		90	121.00	105.00	4
	31030			90	242.00	210.00	4
	31030	50		90	320.00	278.00	4
	31032			90	266.00	231.00	4
	31032	50		90	346.00	300.00	4
	31040			90	600.00	510.00	4
	31050			30	61.00	53.00	4
	31051			30	182.00	154.00	4
	31070			30	121.00	105.00	4
	31075			90	242.00	210.00	4

31080			90	242.00	210.00	4
31081			90	364.00	309.00	4
31084			90	364.00	309.00	4
31085			90	364.00	309.00	4
31086			90	364.00	309.00	4
31087			90	364.00	309.00	4
31090		1090		302.00	263.00	4
31200			90	121.00	105.00	4
31201			90	121.00	105.00	4
31205			90	121.00	105.00	4
31225			90	363.00	315.00	5
31230			90	363.00	315.00	5
31231			0	16.00	14.00	5
31233			0	86.00	74.00	5
31235			0	171.00	146.00	5
31237			15	86.00	74.00	5
31238			15	86.00	74.00	5
31239			15	272.00	236.00	5
31240			15	42.00	37.00	5
31246			90	79.00	67.00	5
31246	50		90	118.50	100.00	5
31254			90	171.00	146.00	5
31255			90	200.00	170.00	5
31256			90	86.00	74.00	5
31267			90	114.00	97.00	5
31276			90	425.00	361.00	5
31287			90	302.00	256.00	5
31288			90	182.00	154.00	5
31290		1290		570.00	485.00	11
31291			90	570.00	485.00	11
31292			90	570.00	485.00	11
31293			90	570.00	485.00	11
31294			90	570.00	485.00	11
31299			0	BR	BR	0
31300			90	332.00	289.00	6
31320			60	176.00	152.00	6

	31360		90	513.00	446.00	6
	31365		90	694.00	604.00	6
	31367		90	570.00	485.00	6
	31368		90	798.00	679.00	6
	31370		90	393.00	341.00	6
	31375		90	393.00	341.00	6
	31380		90	393.00	341.00	6
	31382		90	393.00	341.00	6
	31390	1390		798.00	679.00	6
	31395		90	912.00	776.00	6
	31400		90	254.00	221.00	6
	31420		90	332.00	289.00	6
	31500	150		42.00	37.00	6
	31502	150		28.00	23.80	6
	31505	150		16.00	14.00	5
	31510	510		36.00	31.00	6
	31511		0	45.00	35.00	6
	31512		30	63.00	49.00	6
	31513		30	120.00	102.00	6
	31515		0	61.00	53.00	3
E N	31520	520		48.00	42.00	6
E N	31525		0	48.00	42.00	6
	31526		0	48.00	42.00	6
	31527		0	80.00	68.00	6
	31528		0	80.00	68.00	6
	31529		0	80.00	68.00	6
	31530	1530		121.00	105.00	6
	31531		30	121.00	105.00	6
	31535		30	61.00	53.00	6
	31536		30	61.00	53.00	6
	31540		90	121.00	105.00	6
	31541		90	121.00	105.00	6
	31560		90	183.00	158.00	6
	31561		90	183.00	158.00	6
	31570		90	121.00	105.00	6
	31571		90	121.00	105.00	6

E N	31575		0	48.00	42.00	6
	31576		30	72.00	61.00	6
	31577		30	144.00	122.00	6
	31578		30	120.00	102.00	6
	31579		30	71.00	NA	6
	31580		90	454.00	393.00	6
	31582		90	504.00	437.00	6
	31584		90	504.00	437.00	6
	31585		30	86.00	74.00	6
	31586		30	114.00	97.00	6
	31587		90	405.00	NA	6
	31588		90	342.00	291.00	6
	31590	1590		342.00	291.00	6
	31595		90	428.00	364.00	6
	31599		0	BR	BR	0
I	31600		15	121.00	105.00	6
I	31601		15	121.00	105.00	6
I	31603		15	121.00	105.00	6
I	31605		30	114.00	97.00	6
I	31610		15	301.00	263.00	6
	31611		14	12.90	10.97	6
	31612		0	16.00	14.00	6
	31613		30	57.00	49.00	6
	31614		30	114.00	97.00	6
E N	31615		0	73.00	62.00	6
E N	31622		0	113.00	96.00	6
	31625		0	97.00	84.00	6
	31628		0	121.00	103.00	6
	31629		0	143.00	122.00	6
	31630	630		121.00	103.00	6
	31631		15	143.00	122.00	6
	31635		30	139.00	121.00	6
	31640		30	139.00	121.00	6
	31641		30	143.00	122.00	6
	31645		0	85.00	74.00	6
	31646		0	42.00	37.00	6

	31656		0	BR	BR	6
E	31700	170		57.00	49.00	6
E	31708	170		30.00	26.00	3
E	31710	710		36.00	32.00	3
	31715		0	30.00	26.00	3
	31717		0	23.00	20.00	3
E	31719		0	86.00	74.00	6
E	31720	720		23.00	20.00	3
	31725		0	35.00	30.00	6
	31730	730		86.00	74.00	6
	31750		90	271.00	236.00	6
	31755		90	428.00	364.00	8
	31760		90	271.00	236.00	11
	31766		90	183.00	158.00	15
	31770		90	361.00	315.00	11
	31775		90	361.00	315.00	11
	31780		90	428.00	364.00	15
	31781		90	570.00	485.00	15
	31785		90	428.00	364.00	15
	31786		90	570.00	485.00	15
	31800		90	271.00	236.00	11
	31805		90	271.00	236.00	11
	31820		90	90.00	79.00	6
	31825		30	143.00	122.00	8
	31830	1830		143.00	122.00	8
	31899		0	BR	BR	0
	32000	320		18.00	16.00	3
	32002	320		121.00	105.00	6
	32005	320		285.00	243.00	13
	32020	320		121.00	105.00	4
	32035		90	242.00	210.00	13
	32036		90	242.00	210.00	13
I	32095		60	285.00	243.00	13
I	32100		60	285.00	243.00	13
I	32110		90	428.00	363.00	13
I	32120		90	428.00	363.00	13

I	32124		90	428.00	363.00	13
I	32140		90	428.00	363.00	13
I	32141		90	513.00	437.00	13
I	32150		90	399.00	339.00	13
I	32151		90	428.00	363.00	13
I	32160		90	456.00	338.00	13
	32200		90	342.00	291.00	13
	32215		90	570.00	485.00	15
	32220		90	713.00	607.00	13
	32225		60	285.00	243.00	15
	32310		90	423.00	368.00	15
	32315		90	423.00	368.00	15
	32320		90	713.00	607.00	15
	32400	240		21.00	NA	0
	32402		60	285.00	243.00	15
	32405	240		42.00	NA	3
	32420	420		42.00	NA	3
	32440		90	604.00	525.00	13
	32442		90	763.00	648.00	15
	32445		90	725.00	616.00	15
	32480		90	604.00	525.00	13
	32482		90	604.00	525.00	15
	32484		90	604.00	525.00	15
	32486		90	660.00	561.00	15
	32485		90	604.00	525.00	15
	32488		90	763.00	648.00	15
	32500		90	483.00	420.00	15
	32520		90	906.00	770.00	15
	32522		90	906.00	770.00	15
	32525		90	906.00	770.00	15
	32540		90	153.00	436.00	15
	32601	260		126.00	107.00	6
	32602		15	135.00	114.00	6
	32603		15	158.00	136.00	6
	32604		15	158.00	136.00	6
	32605		15	158.00	136.00	6

32650		15	375.00	318.00	6
32651		15	388.00	329.00	6
32652		15	713.00	609.00	6
32653		15	399.00	339.00	6
32654		15	428.00	363.00	6
32655		15	513.00	437.00	6
32656		15	458.00	389.00	6
32657		15	633.00	538.00	6
32658		15	546.00	464.00	6
32659		15	546.00	464.00	6
32660		15	718.00	610.00	6
32661		15	546.00	464.00	6
32662		15	718.00	610.00	6
32663		15	718.00	610.00	6
32664		15	388.00	329.00	6
32665		15	483.00	420.00	6
32800		30	217.00	185.00	13
32810		90	362.00	308.00	13
32815		90	604.00	525.00	15
32820		90	604.00	525.00	15
32900	3290		332.00	289.00	10
32905	3290		362.00	308.00	15
32906	3290		604.00	525.00	15
32940		90	423.00	359.00	10
32960	960		30.00	26.00	3
32999		0	BR	BR	0
33010	330		25.00	NA	3
33011	330		25.00	NA	3
33015	B330		108.00	NA	6
33020		90	546.00	NA	20
33025		90	546.00	NA	20
33030		90	820.00	NA	20
33031		90	1092.00	NA	20
33050		90	546.00	NA	20
33120		90	1092.00	NA	20
33130		90	820.00	NA	20

	33200	90	546.00	NA	20
	33201	90	546.00	NA	20
	33206	90	410.00	NA	6
	33207	90	410.00	NA	6
	33208	90	464.00	NA	6
	33210	210	171.00	NA	6
	33211	7	171.00	145.00	0
	33212	30	151.00	NA	6
	33213	7	151.00	128.00	4
	33214	7	175.00	148.00	4
	33215	90	251.00	213.00	4
	33216	0	246.00	NA	6
	33217	15	246.00	209.00	4
	33218	30	205.00	NA	6
	33220	30	205.00	174.00	4
	33222	30	220.00	NA	6
	33223	30	220.00	187.00	4
	33224	90	293.00	249.00	224
+	33225	0	260.00	221.00	0
	33226	90	283.00	241.00	4
	33233	30	205.00	174.00	4
	33234	30	205.00	174.00	4
	33235	30	205.00	174.00	4
	33236	30	220.00	187.00	4
	33237	30	374.00	318.00	4
	33238	30	407.00	346.00	4
	33240	30	151.00	128.00	4
	33241	30	151.00	128.00	4
	33242	30	200.00	170.00	4
	33243	30	200.00	170.00	4
	33244	30	200.00	170.00	4
	33245	90	500.00	NA	20
	33246	90	481.00	NA	20
	33247	90	500.00	425.00	15
	33249	90	481.00	408.00	15

33250	90	446.00	NA	15
33251	90	481.00	NA	15
33260	90	410.00	NA	15
33261	90	510.00	NA	15
33300	90	513.00	NA	20
33305	90	820.00	NA	20
33310	90	512.00	NA	20
33315	90	874.00	NA	20
33320	90	492.00	NA	20
33321	90	809.00	NA	20
33322	90	820.00	NA	20
33330	90	820.00	NA	20
33332	90	170.00	NA	20
33335	90	1093.00	NA	20
33350	90	1530.00	NA	20
33400	90	1025.00	NA	20
33401	90	820.00	NA	15
33403	90	820.00	NA	20
33404	90	1025.00	NA	20
33405	90	1025.00	NA	20
33406	90	1120.00	NA	20
33411	90	1025.00	NA	20
33412	90	1025.00	NA	20
33413	90	1215.00	NA	15
33414	90	1048.00	NA	15
33415	90	984.00	NA	20
33416	90	984.00	NA	20
33417	90	984.00	NA	20
33420	90	820.00	NA	20
33422	90	1025.00	NA	20
33425	90	1025.00	NA	20
33426	90	1025.00	NA	20
33427	90	1025.00	NA	20
33430	90	1025.00	NA	20
33460	90	1025.00	NA	20
33463	90	1024.00	NA	15

	33464	90	1084.00	NA	15
	33465	90	1025.00	NA	20
	33468	90	1174.00	NA	20
	33470	90	820.00	NA	20
	33471	90	400.00	NA	6
	33472	90	820.00	NA	20
	33474	90	1025.00	NA	20
	33475	90	1024.00	NA	15
	33476	90	820.00	NA	20
	33478	90	1025.00	NA	20
	33500	90	925.00	NA	20
	33501	90	925.00	NA	20
	33502	90	546.00	NA	20
	33503	90	820.00	NA	20
	33504	90	1092.00	NA	20
	33505	90	977.00	NA	15
	33506	90	977.00	NA	15
+	33508	350	14.00	14.00	350
	33510	90	1025.00	NA	20
	33511	90	1310.00	NA	20
	33512	90	1560.00	NA	20
	33513	90	1560.00	NA	20
	33514	90	1560.00	NA	20
	33516	90	1560.00	NA	20
	33517	90	122.00	NA	20
	33518	90	230.00	NA	20
	33519	90	296.00	NA	20
	33521	90	325.00	NA	20
	33522	90	361.00	NA	20
	33523	90	369.00	NA	20
	33530	90	360.00	NA	20
	33533	90	1025.00	NA	20
	33534	90	1310.00	NA	20
	33535	90	1560.00	NA	20
	33536	90	1560.00	NA	20

33542	90	1025.00	NA	20
33545	90	1256.00	NA	20
33572	90	170.00	NA	20
33600	90	1048.00	NA	15
33602	90	1024.00	NA	15
33606	90	1072.00	NA	15
33608	90	1096.00	NA	15
33610	90	1072.00	NA	15
33611	90	1143.00	NA	15
33612	90	1167.00	NA	15
33615	90	1120.00	NA	15
33617	90	1179.00	NA	15
33619	90	1286.00	NA	15
33641	90	984.00	NA	20
33645	90	984.00	NA	20
33647	90	984.00	NA	20
33660	90	1025.00	NA	20
33665	90	1092.00	NA	20
33670	90	1256.00	NA	20
33681	90	820.00	NA	20
33684	90	1025.00	NA	20
33688	90	1202.00	NA	20
33690	3690	410.00	NA	20
33692	90	1150.00	NA	20
33694	90	1256.00	NA	20
33696	90	1394.00	NA	20
33697	90	1293.00	NA	15
33698	90	1333.00	NA	15
33702	90	1025.00	NA	20
33710	90	1092.00	NA	20
33720	90	1092.00	NA	20
33722	90	1124.00	NA	15
33730	90	1025.00	NA	20
33732	90	1045.00	NA	15
33735	90	820.00	NA	20
33736	90	810.00	NA	20

33737	90	984.00	NA	20
33750	90	615.00	NA	20
33755	90	615.00	NA	20
33762	90	820.00	NA	20
33764	90	820.00	NA	15
33766	90	820.00	NA	20
33767	90	852.00	NA	15
33770	90	1228.00	NA	15
33771	90	1280.00	NA	15
33774	90	906.00	NA	20
33775	90	1256.00	NA	20
33776	90	1312.00	NA	20
33777	90	1256.00	NA	20
33778	90	1256.00	NA	20
33779	90	1256.00	NA	20
33780	90	1312.00	NA	20
33781	90	1256.00	NA	15
33786	90	1256.00	NA	20
33788	90	820.00	NA	20
33800	90	490.00	NA	20
33802	90	615.00	NA	20
33803	90	615.00	NA	20
33813	90	1025.00	NA	15
33814	90	1025.00	NA	20
33820	60	546.00	NA	15
33822	60	546.00	NA	15
33824	60	546.00	NA	15
33840	90	820.00	NA	20
33845	90	984.00	NA	20
33851	90	825.00	NA	20
33852	90	875.00	NA	15
33853	90	1045.00	NA	20
33860	90	1150.00	NA	20
33861	90	1150.00	NA	15
33863	90	1217.00	NA	15
33870	90	1530.00	NA	20

33875		90	1150.00	NA	20
33877		90	1150.00	NA	20
33910		90	1204.00	NA	20
33915		90	656.00	NA	20
33916		90	875.00	NA	15
33917		90	852.00	NA	15
33918		90	908.00	NA	15
33919		90	1019.00	NA	20
33920		90	1009.00	NA	15
33922		90	828.00	NA	20
33930	930		400.00	NA	20
33935		90	2000.00	NA	20
33940	940		400.00	NA	20
33945		90	2000.00	NA	20
33960	960		246.00	NA	6
33961		0	197.00	NA	8
33970	397		271.00	NA	6
33971	397		271.00	NA	6
33973		15	246.00	NA	8
33974		15	271.00	NA	8
33975		15	648.00	NA	8
33976		15	918.00	NA	8
33977		15	567.00	NA	8
33978		15	648.00	NA	8
33999		0	BR	BR	0
34001		60	275.00	NA	6
34051		60	275.00	NA	6
34101		60	275.00	NA	6
34111		60	275.00	NA	6
34151		60	275.00	NA	6
34201		60	275.00	NA	6
34203		60	275.00	NA	6
34401		60	383.00	NA	6
34421		60	246.00	NA	5
34451		90	492.00	NA	6
34471		30	168.00	NA	5

34490		60	234.00	NA	5
34501		60	120.00	102.00	3
34502		90	1000.00	NA	15
34510		60	160.00	136.00	3
34520		60	160.00	136.00	3
34530		60	144.00	122.00	6
34833		90	324.00	275.00	0
34834		90	145.00	123.00	0
34900	3490		442.00	376.00	0
35001		90	650.00	NA	6
35002		90	650.00	NA	6
35005		90	650.00	NA	6
35011		90	410.00	NA	8
35013		90	410.00	NA	6
35021		90	820.00	NA	20
35022		90	820.00	NA	20
35045		90	650.00	NA	8
35081		90	759.00	NA	15
35082		90	835.00	NA	15
35091		90	759.00	NA	15
35092		90	835.00	NA	15
35102		90	759.00	NA	15
35103		90	835.00	NA	15
35111		90	680.00	NA	13
35112		90	680.00	NA	13
35121		90	760.00	NA	13
35122		90	760.00	NA	13
35131		90	660.00	NA	13
35132		90	660.00	NA	13
35141		90	680.00	NA	8
35142		90	680.00	NA	8
35151		90	680.00	NA	8
35152		90	680.00	NA	8
35161		90	680.00	NA	8
35162		60	362.00	315.00	5
35180		90	680.00	NA	6

35182		90	793.00	NA	11
35184		90	680.00	NA	5
35188		90	680.00	NA	6
35189		90	793.00	NA	11
35190	5190		680.00	NA	5
35201		60	410.00	NA	6
35206		60	410.00	NA	5
35207		60	342.00	NA	5
35211		90	675.00	NA	11
35216		90	675.00	NA	11
35221		90	675.00	NA	13
35226		60	410.00	NA	5
35231		60	410.00	NA	6
35236		60	410.00	NA	5
35241		90	675.00	NA	11
35246		90	675.00	NA	11
35251		90	675.00	NA	13
35256		60	615.00	NA	5
35261		60	615.00	NA	6
35266		60	615.00	NA	5
35271		90	675.00	NA	11
35276		90	675.00	NA	11
35281		90	675.00	NA	13
35286		60	615.00	NA	5
35301		90	615.00	NA	10
35311		90	723.00	NA	10
35321		90	615.00	NA	10
35331		90	765.00	NA	20
35341		90	765.00	NA	20
35351		90	765.00	NA	20
35355		90	765.00	NA	15
35361		90	765.00	NA	15
35363		90	765.00	NA	15
35371		90	615.00	NA	10
35372		90	615.00	NA	10
35381		90	615.00	NA	10

35390	5390	184.00	NA	10
35450	90	325.00	NA	6
35452	90	325.00	NA	6
35454	90	325.00	NA	6
35456	90	325.00	NA	6
35458	90	325.00	NA	6
35459	90	325.00	NA	8
35460	90	325.00	NA	8
35470	90	325.00	NA	4
35471	90	378.00	NA	4
35472	90	270.00	NA	4
35473	90	243.00	NA	4
35474	90	297.00	NA	4
35475	90	365.00	NA	0
35476	90	256.00	NA	4
35480	90	325.00	NA	8
35481	90	325.00	NA	8
35482	90	325.00	NA	8
35483	90	325.00	NA	8
35484	90	325.00	NA	8
35485	90	325.00	NA	8
35490	5490	325.00	NA	8
35491	90	325.00	NA	6
35492	90	325.00	NA	6
35493	90	325.00	NA	6
35494	90	408.00	NA	6
35495	90	370.00	NA	6
35501	90	650.00	NA	6
35506	90	650.00	NA	6
35507	90	650.00	NA	6
35508	90	650.00	NA	6
35509	90	650.00	NA	6
35511	90	650.00	NA	6
35515	90	650.00	NA	6
35516	90	650.00	NA	6
35518	90	650.00	NA	6

	35521	90	759.00	NA	20
	35526	90	759.00	NA	20
	35531	90	759.00	NA	15
	35533	90	759.00	NA	20
	35536	90	759.00	NA	15
	35541	90	759.00	NA	14
	35546	90	759.00	NA	15
	35548	90	759.00	NA	15
	35549	90	759.00	NA	15
	35551	90	759.00	NA	15
	35556	90	650.00	NA	8
	35558	90	650.00	NA	13
	35560	90	650.00	NA	6
	35563	90	759.00	NA	15
	35565	90	759.00	NA	15
	35566	90	650.00	NA	8
	35571	90	650.00	NA	8
+	35572	0	184.00	157.00	0
	35582	90	1000.00	NA	15
	35583	90	759.00	NA	8
	35585	90	759.00	NA	8
	35587	90	759.00	NA	8
	35601	90	650.00	NA	6
	35606	90	650.00	NA	6
	35612	90	650.00	NA	6
	35616	90	650.00	NA	6
	35621	90	650.00	NA	20
	35623	90	622.00	NA	8
	35626	90	705.00	NA	20
	35631	90	759.00	NA	15
	35636	90	759.00	NA	15
	35641	90	759.00	NA	15
	35642	90	650.00	NA	6
	35645	90	650.00	NA	6
	35646	90	759.00	NA	15

	35650			90	650.00	NA	6
	35651			90	809.00	NA	15
	35654			90	1000.00	NA	13
	35656			90	650.00	NA	8
	35661			90	650.00	NA	13
	35663			90	759.00	NA	15
	35665			90	759.00	NA	15
	35666			90	650.00	NA	8
	35671			90	650.00	NA	8
	35681			90	352.00	NA	8
	35691			90	650.00	NA	20
	35693			90	650.00	NA	20
	35694			90	650.00	NA	20
	35695			90	717.00	NA	20
	35700			90	717.00	NA	20
	35701			60	228.00	NA	5
	35721			60	171.00	NA	5
	35741			60	171.00	NA	5
	35761			60	171.00	NA	5
	35800			60	171.00	NA	5
	35820			60	257.00	NA	5
	35840			60	257.00	NA	5
	35860		5860		171.00	NA	5
	35870			90	708.00	NA	13
	35875			60	300.00	NA	3
	35876			90	418.00	NA	8
	35901		3590		708.00	NA	8
	35903		3590		759.00	NA	8
	35905		3590		759.00	NA	15
	35907		3590		759.00	NA	15
	36000		360		30.00	30.00	3
	36000	50	360		50.00	50.00	3
	36005		360		30.00	30.00	3
E	36010		360		85.00	74.00	3
	36011		360		127.50	NA	3
	36012		360		191.25	NA	3

	36013		360		127.50	NA	3
	36014		360		191.25	NA	3
	36015		360		191.25	NA	3
E	36100		610		103.00	NA	5
E	36100	50	610		154.00	NA	5
E	36120		120		110.00	NA	5
E	36140		140		62.00	NA	5
E	36140	50	140		93.00	NA	3
	36145			30	253.00	220.00	5
E	36160		160		70.00	NA	5
E	36200		620		95.00	NA	5
E	36215			0	155.00	NA	5
	36216			0	187.50	NA	5
	36217			0	225.00	NA	5
	36218			0	37.50	NA	5
E	36245			30	114.00	NA	5
	36246			0	187.50	NA	5
	36247			0	230.00	NA	5
	36248			0	37.50	NA	5
	36260			45	342.00	NA	8
	36261			30	143.00	NA	6
	36262			30	143.00	NA	6
	36299			0	BR	BR	0
E	36400		640		13.00	11.00	2
E	36405		640		18.00	16.00	0
E	36406		640		16.00	14.00	0
E	36410		410		18.00	16.00	0
E N	36415			0	1.80	1.80	0
	36416			0	1.80	1.80	0
	36416	AV		0	1.80	1.80	0
	36416	YD		0	1.80	1.80	0
	36420		420		24.00	21.00	5
	36425			0	18.00	16.00	3
E	36430		430		13.00	11.00	0
	36440		440		30.00	26.00	0
	36450		450		151.00	NA	0

	36455			0	126.00	NA	0
	36460		460		151.00	NA	0
	36470		470		10.00	8.00	0
	36471			0	18.00	16.00	0
	36481			0	142.50	NA	5
E	36488			0	45.00	NA	4
E	36489			0	45.00	38.25	4
	36490		490		69.00	NA	6
	36491			0	69.00	NA	5
	36493			0	34.00	29.00	5
	36500		650		127.00	NA	3
	36510		510		14.00	12.00	0
	36511			0	49.00	42.00	0
	36512			0	49.00	42.00	0
	36513			0	49.00	42.00	0
	36514			0	49.00	42.00	0
	36515			0	49.00	42.00	0
	36516			0	49.00	42.00	0
E	36522			0	113.00	NA	0
	36530			15	342.00	NA	5
	36531			15	228.00	NA	5
	36532			15	143.00	NA	5
	36533			15	399.00	NA	5
	36534			15	228.00	NA	5
	36535			15	143.00	NA	5
	36536			0	1,008.00	857.00	0
	36536	26		0	97.00	85.00	0
	36537			0	229.00	195.00	0
	36537	26		0	20.00	17.00	0
E	36600		660		8.00	8.00	1
E	36620		620		20.00	16.00	3
	36625			0	61.00	52.00	5
	36640		640		61.00	52.00	3
	36660		660		30.00	26.00	5
	36666			0	23.00	19.00	0
	36680		680		37.00	NA	2

36800		30	182.00	158.00	5
36810		30	182.00	158.00	5
36815		30	182.00	158.00	5
36821		30	253.00	220.00	5
36825		90	470.00	409.00	5
36830		90	362.00	315.00	5
36832		30	182.00	158.00	5
36834		30	340.00	289.00	5
36835		60	362.00	315.00	3
36860		30	131.00	114.00	5
36861		30	131.00	114.00	5
37140		90	677.00	NA	10
37145		90	677.00	NA	10
37160		90	677.00	NA	10
37180		90	677.00	NA	10
37181		90	677.00	NA	10
37182		90	468.00	398.00	0
37183		90	220.00	187.00	0
37200		15	160.00	136.00	5
37201		15	240.00	204.00	5
37202		15	172.00	146.00	5
37203		15	156.00	133.00	5
37204		90	520.00	442.00	5
37205		15	344.00	292.00	5
37206		15	172.00	146.00	5
37207		15	344.00	292.00	5
37208		15	178.00	151.00	5
37209	720		64.00	54.00	5
37500		30	310.00	264.00	0
37501		30	BR	BR	0
37565		30	154.00	NA	6
37600		30	205.00	NA	6
37605		30	205.00	NA	6
37606		90	640.00	NA	7
37607		30	350.00	NA	5
37609	760		72.00	NA	3

	37615			30	205.00	NA	6
	37616			30	205.00	NA	6
	37617			30	205.00	NA	6
	37618			30	205.00	NA	6
	37620			90	410.00	NA	10
	37650			30	103.00	NA	4
	37650	7650		30	155.00	NA	4
	37660			90	238.00	NA	8
	37700			30	103.00	88.00	3
	37700	50		30	155.00	131.00	3
	37720			30	144.00	122.00	3
	37720	50		30	222.00	189.00	3
	37730		7730		205.00	174.00	3
	37730	50	7730		308.00	262.00	3
	37735			60	385.00	NA	3
	37735	50		60	578.00	NA	3
	37760			30	222.00	NA	3
	37780			30	54.00	NA	3
	37780	50		30	81.00	NA	3
	37785			15	31.00	26.00	3
	37785	50		15	47.00	40.00	3
	37788			0	205.00	174.00	3
	37790		7790		205.00	174.00	3
	37799			0	BR	BR	0
I	38100			45	302.00	263.00	7
I	38101			90	302.00	263.00	7
	38102			45	180.00	153.00	7
I	38115			90	302.00	263.00	7
	38200		820		42.00	37.00	3
	38205		820		65.00	55.00	0
	38206		820		65.00	55.00	0
	38230		230		400.00	NA	3
	38240		240		200.00	NA	3
	38241			30	200.00	NA	3
	38242			0	95.00	81.00	0
	38300		830		30.00	26.00	3

	38305		830		61.00	53.00	3
	38308			60	171.00	146.00	4
	38380			60	228.00	194.00	6
	38381			90	362.00	315.00	13
	38382			60	285.00	243.00	6
	38500		850		30.00	26.00	3
	38505		850		30.00	26.00	3
	38510			30	61.00	53.00	4
	38520			30	61.00	53.00	4
	38525			30	86.00	74.00	4
	38530			60	171.00	146.00	4
	38542			90	400.00	340.00	6
	38550			30	120.00	105.00	4
	38555			30	144.00	126.00	4
	38562			60	228.00	194.00	6
	38564			60	228.00	194.00	6
	38700			60	273.00	232.00	6
	38700	50		90	328.00	278.00	6
	38720			90	600.00	510.00	6
	38720	50		90	900.00	765.00	6
	38724			60	273.00	232.00	6
	38740			60	164.00	139.00	4
	38745			60	273.00	232.00	4
	38746			60	119.00	101.00	4
	38747			60	130.00	111.00	4
	38760		8760		273.00	232.00	4
	38760	50		90	355.00	302.00	6
	38765			90	437.00	371.00	6
	38765	50		90	573.00	487.00	6
	38770			90	328.00	278.00	6
	38770	50		90	464.00	395.00	6
	38780			90	546.00	464.00	6
E	38790		790		55.00	47.00	3
E	38790	50	790		85.00	74.00	3
	38794			30	228.00	194.00	3
	38999			0	BR	BR	0

	39000		B390		316.00	276.00	13
	39010		B390		456.00	388.00	13
	39200			90	483.00	420.00	13
	39220			90	483.00	420.00	13
	39400		940		181.00	158.00	8
N	39400	22	940		235.00	199.00	8
	39499			0	BR	BR	0
	39501			90	528.00	449.00	7
	39502			90	362.00	315.00	7
	39503			90	528.00	449.00	13
	39520			90	423.00	368.00	13
	39530			90	423.00	368.00	13
	39531			90	423.00	368.00	13
	39540			90	518.00	449.00	13
	39541			90	528.00	449.00	13
	39545			90	513.00	437.00	7
	39599			0	BR	BR	0
	40490		B40		13.00	11.00	4
	40500			90	242.00	210.00	6
	40510			90	151.00	131.00	4
	40520			90	72.00	63.00	4
	40525			60	200.00	170.00	4
	40527			60	228.00	194.00	4
	40530			90	151.00	131.00	4
	40650			30	97.00	83.00	4
	40652			60	228.00	194.00	4
	40654			30	276.00	234.60	5
	40700			90	302.00	263.00	6
	40701			90	423.00	368.00	6
	40702			90	181.00	158.00	6
	40720			90	302.00	263.00	6
	40720	50		90	423.00	368.00	6
	40761			90	456.00	388.00	6
	40799		B40		BR	BR	0
	40800		B40		18.00	16.00	3
	40801		B40		46.00	40.00	3

40804	B40		18.00	16.00	3
40805		30	34.00	29.00	4
40806	B40		32.00	28.00	4
40808	B40		13.00	11.00	4
40810		30	32.00	28.00	4
40812		30	64.00	56.00	4
40814		30	128.00	112.00	4
40816		30	164.00	139.00	4
40818		30	188.00	160.00	4
40819	B40		32.00	28.00	5
40820	B40		32.00	28.00	3
40830	B40		18.00	16.00	3
40831		30	45.00	38.00	3
40840		30	160.00	136.00	3
40842		30	160.00	136.00	3
40843		60	240.00	204.00	3
40844		90	357.00	303.00	3
40845		90	400.00	340.00	3
40899	B40		BR	BR	0
41000	410		42.00	37.00	5
41005	410		42.00	37.00	5
41006	410		70.00	60.00	5
41007	410		42.00	37.00	5
41008	410		42.00	37.00	5
41009	410		42.00	37.00	5
41010	410		32.00	28.00	3
41015	410		57.00	49.00	5
41016	410		57.00	49.00	5
41017	410		57.00	49.00	5
41018	410		57.00	49.00	5
41100	110		18.00	16.00	4
41105	110		29.00	26.00	5
41108	110		18.00	16.00	4
41110	110		18.00	16.00	4
41112		30	86.00	74.00	5
41113		30	114.00	97.00	5

	41114		60	228.00	194.00	5
	41115		0	32.00	28.00	3
	41116		30	57.00	49.00	3
	41120		90	242.00	210.00	6
	41130		90	242.00	210.00	6
	41135		60	483.00	420.00	6
	41140		90	362.00	315.00	6
	41145		90	646.00	549.00	6
	41150		90	679.00	577.00	6
	41153		90	792.00	673.00	6
	41155		90	905.00	769.00	6
	41250		14	36.00	31.00	3
	41251		14	45.00	38.00	4
	41252		30	171.00	146.00	4
	41500		30	114.00	97.00	4
	41510		60	228.00	194.00	4
	41520		30	114.00	97.00	4
	41599		0	BR	BR	0
	41800	180		18.00	16.00	5
	41805	180		45.00	38.00	3
	41806	180		114.00	97.00	3
	41820		30	44.00	38.00	0
	41821		0	42.00	37.00	0
	41822		0	36.00	31.00	3
	41823		0	36.00	31.00	3
	41825		30	36.00	31.00	3
	41826		30	36.00	31.00	3
	41827		30	80.00	68.00	3
	41828		30	45.00	39.00	3
	41830	1830		45.00	39.00	3
	41850		30	29.00	25.00	3
	41870	870		49.00	42.00	3
N	41872		30	44.00	39.00	3
	41874		30	44.00	38.00	3
	41899		0	BR	BR	5
	42000	420		18.00	16.00	3

42100	210		18.00	16.00	3
42104	210		27.00	23.00	5
42106		30	135.00	115.00	5
42107		30	180.00	153.00	5
42120		90	207.00	180.00	6
42140	140		18.00	16.00	3
42145		90	371.00	316.00	6
42160		30	60.00	51.00	5
42180		30	80.00	68.00	5
42182		30	114.00	97.00	5
42200		90	203.00	176.00	6
42205		90	393.00	341.00	6
42210		90	513.00	437.00	6
42215		90	203.00	176.00	6
42220		90	332.00	289.00	6
42225		90	332.00	289.00	6
42226		90	399.00	340.00	6
42227		90	399.00	340.00	6
42235		30	171.00	145.00	6
42260		30	114.00	97.00	6
42280	280		23.00	20.00	5
42281		0	BR	BR	5
42299		0	BR	BR	0
42300	230		42.00	37.00	3
42305	230		85.00	72.00	5
42310	310		42.00	37.00	5
42320	320		42.00	37.00	3
42325		30	114.00	97.00	5
42326		30	143.00	122.00	5
42330	330		29.00	26.00	3
42335		30	60.00	53.00	4
42340		30	121.00	105.00	4
42400	240		21.00	NA	5
42405		30	29.00	26.00	3
42408		30	114.00	97.00	5
42409		30	114.00	97.00	5

42410		60	182.00	158.00	5
42415		60	242.00	210.00	5
42420		60	362.00	315.00	5
42425		60	242.00	210.00	5
42426		90	656.00	558.00	6
42440		60	182.00	158.00	5
42450		60	228.00	194.00	5
42500		60	151.00	131.00	5
42505		60	215.00	187.00	5
42507		90	428.00	364.00	5
42508		90	485.00	413.00	5
42509		90	542.00	461.00	5
42510		90	485.00	413.00	5
42550	550		16.00	14.00	3
42600	4260		151.00	131.00	5
42650	650		16.00	14.00	3
42660	660		18.00	16.00	5
42665		0	45.00	38.00	5
42699		0	BR	BR	0
42700	270		37.00	32.00	5
42720	720		61.00	53.00	5
42725		0	151.00	131.00	5
42800	280		18.00	16.00	3
42802	280		29.00	26.00	3
42804	280		39.00	26.00	3
42806	280		39.00	26.00	3
42808		30	62.00	53.00	5
42809		7	62.00	53.00	5
42810		30	90.00	79.00	5
42815		30	211.00	184.00	5
42820		30	79.00	68.00	5
42821		30	103.00	89.00	5
42825		30	79.00	68.00	5
42826		30	103.00	89.00	5
42830	2830		55.00	47.00	5
42831		30	55.00	47.00	5

	42835		30	55.00	47.00	5
	42836		30	55.00	47.00	5
	42842		30	155.00	136.00	6
	42844		60	206.00	178.00	6
	42845		60	206.00	178.00	6
	42860		30	37.00	32.00	5
	42860	52	30	22.00	19.00	5
S	42870		30	61.00	53.00	5
	42880		30	131.00	79.00	4
	42890		60	206.00	178.00	6
	42892		60	258.00	223.00	6
	42894		90	516.00	446.00	6
	42900		30	84.00	74.00	4
	42950		60	242.00	210.00	6
	42953		90	363.00	315.00	6
	42955		30	168.00	148.00	6
	42960		30	42.00	37.00	5
	42961		30	84.00	74.00	5
	42962		30	168.00	148.00	6
	42970		30	42.00	37.00	5
	42971		30	84.00	74.00	5
	42972		30	168.00	148.00	5
	42999		0	BR	BR	0
	43020		90	310.00	268.00	6
	43030		90	320.00	270.00	6
	43045		90	454.00	393.00	13
	43100		90	464.00	401.00	15
	43101		90	464.00	401.00	15
	43107		90	1247.00	NA	7
	43108		90	1455.00	NA	7
	43112		90	1282.00	NA	15
	43113		90	1294.00	NA	15
	43116		90	1386.00	NA	15
	43117		90	1363.00	NA	15
	43118		90	1432.00	NA	15
	43121		90	1224.00	NA	15

	43122			90	1197.00	NA	15
	43123			90	1368.00	NA	15
	43124			90	1069.00	NA	15
	43130			90	252.00	218.00	6
	43135			90	252.00	218.00	6
E N	43200		320		85.00	74.00	4
	43201		320		136.00	126.00	5
	43201	26	320		68.00	58.00	0
	43202		320		97.00	84.00	4
	43204			15	121.00	105.00	4
	43205		320		121.00	105.00	5
	43215		3215		121.00	105.00	4
	43216			0	121.00	105.00	5
	43217			15	121.00	105.00	4
	43219			0	143.00	122.00	4
	43220		220		85.00	74.00	4
	43220	76	220		42.00	37.00	4
	43226			0	100.00	85.00	4
	43227			0	143.00	122.00	4
	43228			0	171.00	146.00	4
E N	43234			0	85.00	74.00	4
E N	43235			0	151.00	131.00	4
	43236			0	140.00	132.00	5
	43236	26		0	53.00	45.00	0
	43239			0	163.00	142.00	4
	43241			0	183.00	156.00	4
	43243			0	143.00	122.00	4
	43244			0	151.00	131.00	5
	43245			15	200.00	170.00	4
	43246			0	121.00	105.00	4
	43247			15	151.00	131.00	4
	43248			0	140.00	119.00	5
	43249			0	132.00	112.00	5
	43250		250		151.00	131.00	5
	43251			15	151.00	131.00	4
	43255			0	163.00	142.00	4

	43258		0	163.00	142.00	4
E	43259		0	140.00	119.00	5
E	43260	260		174.00	NA	4
	43261		0	238.00	NA	5
	43262		0	218.00	NA	4
	43263		0	190.00	NA	4
	43264		15	413.00	NA	4
	43267		15	310.00	NA	4
	43268		0	218.00	NA	4
	43269		0	218.00	NA	4
	43271		15	344.00	NA	4
	43272		15	378.00	NA	4
	43300		90	453.00	394.00	15
	43305		90	619.00	NA	15
	43310		90	688.00	NA	15
	43312		90	757.00	NA	15
	43320		90	483.00	420.00	13
	43324		90	482.00	357.00	13
	43325		90	482.00	357.00	13
	43326		90	482.00	357.00	13
	43330		90	483.00	420.00	13
	43331		90	483.00	420.00	13
	43340		90	654.00	NA	13
	43341		90	654.00	NA	13
	43350		90	242.00	210.00	13
	43351		90	242.00	210.00	13
	43352		90	242.00	210.00	13
	43360		90	520.00	442.00	15
	43361		90	693.00	589.00	15
	43400		90	302.00	263.00	6
	43401		90	516.00	439.00	15
	43405		90	442.00	376.00	7
	43410		90	211.00	184.00	6
	43415		90	393.00	341.00	13
	43420		90	272.00	236.00	6
	43425		90	393.00	341.00	13

	43450		450		35.00	32.00	3
	43453			0	35.00	32.00	4
	43453	76		0	18.00	16.00	4
	43456			90	340.00	289.00	6
	43458			0	100.00	85.00	5
	43460		460		51.00	44.00	4
	43499			0	BR	BR	0
	43500			40	242.00	210.00	7
	43501			60	242.00	210.00	7
	43502			45	442.00	376.00	7
	43510			60	315.00	267.00	7
	43520			45	211.00	184.00	7
	43600		360		61.00	NA	0
	43605			45	242.00	210.00	7
	43610			45	290.00	256.00	7
	43611			90	405.00	345.00	7
	43620			90	573.00	499.00	7
	43621			90	593.00	504.00	7
	43622			90	634.00	539.00	7
	43631			90	483.00	410.00	7
	43632			90	483.00	410.00	7
	43633			90	503.00	428.00	7
	43634			90	774.00	658.00	7
	43635			60	476.00	413.00	7
	43638			60	423.00	368.00	7
	43639			60	584.00	496.00	7
	43640			60	370.00	320.00	7
	43641			90	401.00	341.00	7
	43750			60	201.00	170.00	7
	43760		760		13.00	11.00	0
	43761			0	6.00	6.00	0
	43800			45	242.00	210.00	7
	43810			45	272.00	236.00	7
	43820			45	272.00	236.00	7
	43825			45	384.00	334.00	7
I	43830			45	242.00	210.00	7

	43831		30	183.00	156.00	7
	43832		45	242.00	210.00	7
	43840		45	272.00	236.00	7
	43842		45	423.00	368.00	7
	43843		45	423.00	368.00	7
	43846		90	513.00	436.00	7
	43847		90	540.00	459.00	7
	43848		90	594.00	505.00	7
	43850		60	393.00	341.00	7
	43855		60	393.00	341.00	7
	43860	3860		393.00	341.00	7
	43865		60	393.00	341.00	7
	43870		45	242.00	210.00	7
	43880		90	372.00	317.00	7
	43999		0	BR	BR	0
I	44005		90	316.00	275.00	6
	44010		90	344.00	292.00	6
	44015		60	90.00	79.00	6
	44020		60	302.00	263.00	6
	44021		90	400.00	340.00	6
	44025		60	302.00	263.00	6
	44050		90	272.00	236.00	6
	44055		90	342.00	291.00	6
	44100	410		57.00	49.00	3
	44110		60	302.00	263.00	6
	44111		60	332.00	289.00	6
	44120		60	332.00	289.00	6
	44121		60	139.00	118.00	6
	44125		60	272.00	236.00	6
	44130		90	302.00	263.00	7
	44139		60	61.00	52.00	6
	44140		90	362.00	315.00	6
	44141		90	408.00	347.00	6
	44143		90	242.00	210.00	8
	44144		90	408.00	347.00	6
	44145		90	486.00	413.00	6

	44146	90	563.00	479.00	7
	44147	90	486.00	413.00	6
	44150	90	604.00	525.00	7
	44151	90	604.00	525.00	7
	44152	90	604.00	525.00	7
	44153	90	664.00	565.00	7
	44155	90	604.00	525.00	7
	44156	90	604.00	525.00	7
	44160	90	604.00	525.00	7
	44206	90	756.00	643.00	6
	44207	90	840.00	714.00	6
	44208	90	890.00	764.00	6
	44210	90	784.00	666.00	6
	44211	90	980.00	833.00	6
	44212	90	896.00	762.00	6
	44238	90	BR	BR	9
	44239	90	BR	BR	9
	44300	60	242.00	210.00	6
I	44310	90	302.00	263.00	6
	44312	30	61.00	51.00	4
	44314	90	604.00	525.00	7
	44316	90	753.00	655.00	7
I	44320	90	242.00	210.00	8
	44322	60	242.00	210.00	6
	44340	90	24.00	21.00	6
	44345	60	121.00	105.00	6
	44346	30	143.00	122.00	6
	44360	360	151.00	131.00	4
	44361	0	163.00	142.00	4
	44363	15	153.00	133.00	4
	44364	15	153.00	133.00	4
	44365	0	153.00	133.00	5
	44366	0	163.00	142.00	4
	44369	0	163.00	142.00	4
	44372	15	153.00	133.00	4
	44373	15	153.00	133.00	4

	44376		0	153.00	133.00		5
	44377		0	162.00	136.00		5
	44378		0	182.00	155.00		5
	44380	380		86.00	74.00		4
	44382		0	114.00	97.00		4
	44385		0	86.00	74.00		4
	44386		0	114.00	97.00		4
	44388		0	86.00	74.00		4
	44389		0	114.00	97.00		4
	44390	390		114.00	97.00		4
	44391		0	143.00	122.00		4
	44392		5	114.00	97.00		4
	44393		15	171.00	146.00		4
	44394		0	114.00	97.00		5
	44500	450		19.00	16.00		5
	44602	4460		272.00	236.00		6
	44603	4460		301.00	229.00		6
	44604	4460		301.00	229.00		6
	44605		90	281.00	213.00		6
	44620		90	211.00	184.00		6
	44615		60	301.00	229.00		6
	44625		90	316.00	275.00		6
	44640		45	211.00	184.00		6
	44650		90	316.00	275.00		6
	44660		90	316.00	275.00		6
	44661		90	475.00	414.00		6
	44680		90	316.00	275.00	446	
+	44701	470		130.00	111.00	470	
	44799		0	BR	BR		0
	44800		45	211.00	184.00		6
	44820		45	362.00	315.00		6
	44850		45	211.00	184.00		6
	44899		0	BR	BR		0
	44900		45	182.00	158.00		6
I	44950		45	211.00	184.00		6

	44955			45	211.00	184.00	6
	44960			45	211.00	184.00	6
	45000			15	61.00	53.00	4
	45005			30	29.00	25.00	3
	45020			30	90.00	79.00	6
	45100			30	68.00	60.00	4
	45108			30	211.00	184.00	6
	45110			90	544.00	473.00	7
	45111			60	264.00	224.00	4
	45112			90	544.00	473.00	7
	45113			90	565.00	480.00	7
	45114			90	570.00	485.00	7
	45116			90	435.00	378.00	6
	45120			90	544.00	473.00	7
	45121			90	570.00	485.00	7
	45123			90	296.00	252.00	7
	45130			90	326.00	284.00	4
	45135			90	544.00	473.00	7
	45150			90	108.00	95.00	4
	45160			90	253.00	215.00	6
	45170			90	217.00	189.00	4
	45190			30	185.00	157.00	4
E N	45300		530		18.00	16.00	3
E	45300	76	530		13.00	11.00	3
	45303		530		30.00	26.00	4
	45305		530		30.00	26.00	3
	45307			15	42.00	37.00	4
	45308		530		53.00	45.00	4
	45309		530		53.00	45.00	4
	45315			7	61.00	53.00	4
	45315	22	5315		76.00	65.00	4
	45317			0	25.00	15.00	4
	45320			15	126.00	108.00	4
	45321			15	143.00	122.00	4
E N	45330		330		43.00	37.00	4
	45331			0	54.00	47.00	4

	45332			16	91.00	79.00	4
	45333			7	91.00	79.00	4
	45334			0	91.00	79.00	4
	45335			0	130.00	111.00	5
	45335	26		0	45.00	39.00	0
	45337			16	212.00	184.00	4
	45338			0	123.00	105.00	4
	45339			0	168.00	143.00	4
	45340		340		223.00	190.00	5
	45340	26	340		42.00	36.00	0
E	45355			30	91.00	79.00	4
E	45378			0	151.00	131.00	3
	45379			0	182.00	158.00	4
	45380		380		182.00	158.00	3
	45381			15	201.00	171.00	5
	45381	26		15	80.00	68.00	0
	45382			0	182.00	158.00	4
	45383			15	272.00	236.00	4
	45384			0	271.00	236.00	4
	45385			0	271.00	236.00	3
	45386			15	382.00	325.00	5
	45386	26		15	87.00	74.00	0
	45500			90	181.00	158.00	4
	45505			90	181.00	158.00	4
	45520		520		22.00	19.00	0
	45540			90	272.00	236.00	4
	45541			60	272.00	236.00	4
	45550			90	393.00	341.00	8
	45560		5560		143.00	105.00	4
	45562			90	245.00	209.00	4
	45563			90	385.00	328.00	4
	45800			90	272.00	236.00	6
	45805			90	386.00	328.00	6
	45820			90	393.00	341.00	6
	45825			90	386.00	328.00	6
	45900		590		13.00	11.00	3

	45905	590		35.00	30.00	4
	45910	910		50.00	43.00	4
	45915		0	57.00	49.00	4
	45999		0	BR	BR	0
	46030	460		16.00	14.00	3
	46040		15	61.00	53.00	4
	46045		15	61.00	53.00	4
	46050	460		30.00	26.00	4
	46060		90	151.00	131.00	4
	46070	460		30.00	26.00	4
	46080	460		30.00	26.00	4
	46083	460		16.00	14.00	3
	46200		90	90.00	79.00	4
	46210		30	30.00	26.00	3
	46211		90	121.00	105.00	4
	46220		15	16.00	14.00	4
	46221		0	30.00	26.00	7
	46230		15	37.00	32.00	4
	46250		90	139.00	121.00	4
	46255		90	151.00	131.00	4
	46257		90	163.00	142.00	4
	46258		90	163.00	142.00	4
M	46260		90	206.00	179.00	4
	46261		90	163.00	142.00	4
	46262		90	163.00	142.00	4
	46270		30	90.00	79.00	4
	46275		90	244.00	210.00	4
	46280		90	305.00	263.00	4
	46285		30	61.00	53.00	4
	46288		30	232.00	198.00	4
	46320	320		25.00	21.00	4
	46500	650		16.00	14.00	3
E N	46600	660		16.00	14.00	3
	46604	660		16.00	14.00	4
	46606	660		16.00	14.00	3
	46608		15	42.00	37.00	4

46610			7	48.00	42.00	4
46611			0	48.00	42.00	4
46612			7	61.00	53.00	4
46614			0	48.00	42.00	4
46615			0	76.00	65.00	4
46700			90	242.00	210.00	4
46705		670		26.00	22.00	4
46706			90	65.00	55.00	0
46715			90	342.00	291.00	6
46716			90	513.00	437.00	7
46730			90	264.00	229.00	6
46735			90	421.00	366.00	7
46740			90	570.00	485.00	7
46742			90	756.00	642.00	6
46744			90	861.00	731.00	6
46746			90	945.00	803.00	6
46748			90	1050.00	892.00	6
46750			90	242.00	210.00	4
46751			90	242.00	210.00	4
46753			30	150.00	131.00	4
46754			0	143.00	122.00	4
46760			90	301.00	263.00	4
46761			60	285.00	243.00	4
46762			60	257.00	219.00	4
46900		690		37.00	32.00	3
46910		910		37.00	32.00	3
46910	76	910		6.00	5.00	3
46916			0	37.00	32.00	3
46917			30	37.00	32.00	3
46922			60	61.00	53.00	4
46924			30	147.00	126.00	4
46934			90	101.00	87.00	4
46935			90	139.00	121.00	4
46936			7	57.00	49.00	4
46937			60	228.00	194.00	4
46938			60	285.00	243.00	4

	46940		7	114.00	97.00	4
	46942		7	57.00	49.00	4
	46945		15	30.00	26.00	3
	46946		15	90.00	79.00	3
	46999		0	BR	BR	0
	47000	470		35.00	NA	3
	47001	470		22.75	NA	4
	47010		60	285.00	243.00	6
	47015		60	285.00	243.00	5
	47100		45	211.00	184.00	7
	47120		45	393.00	341.00	13
	47122		90	456.00	388.00	13
	47125		90	456.00	388.00	13
	47130		90	456.00	388.00	13
	47133		0	400.00	NA	0
	47134		90	1025.00	NA	30
	47135		90	2000.00	NA	30
	47136		90	1640.00	NA	30
	47300		60	272.00	236.00	7
	47350		45	272.00	236.00	7
	47355		90	399.00	340.00	7
	47360		45	272.00	236.00	7
	47399		0	BR	BR	0
	47400		45	393.00	341.00	7
	47420		45	332.00	289.00	7
	47425		90	393.00	341.00	7
	47460		45	393.00	341.00	7
	47480		45	242.00	210.00	7
	47490		30	150.00	127.00	6
E	47500	750		43.00	37.00	3
	47505	750		43.00	37.00	3
	47510		60	200.00	170.00	5
	47511		60	256.00	206.00	5
	47525		0	140.00	119.00	4
	47530	530		140.00	119.00	7
E	47550	550		29.00	25.00	3

E	47552		0	100.00	85.00	3
	47553		0	125.00	106.00	3
	47554		30	150.00	127.00	3
	47555		30	125.00	106.00	3
	47556		30	256.00	206.00	7
	47600		45	302.00	263.00	7
	47605		45	314.00	273.00	7
	47610		45	362.00	315.00	7
	47612		90	517.00	440.00	7
	47620		90	414.00	352.00	7
	47630		90	75.00	64.00	3
	47700		45	252.00	218.00	7
	47701		90	440.00	374.00	7
	47711		60	419.00	356.00	7
	47712		60	552.00	469.00	7
	47715		90	388.00	330.00	7
	47716		90	388.00	330.00	7
	47720		60	302.00	263.00	7
	47721		90	336.00	286.00	7
	47740		60	328.00	284.00	7
	47741		50	382.00	325.00	7
	47760		90	362.00	315.00	7
	47765		90	440.00	374.00	7
	47780		90	428.00	371.00	7
	47785		60	572.00	486.00	7
	47800		90	453.00	394.00	7
	47801		90	388.00	330.00	7
	47802		90	388.00	330.00	7
	47900		60	368.00	313.00	7
	47999		0	BR	BR	0
	48000		60	242.00	210.00	7
	48001		60	458.00	389.00	8
	48005		60	410.00	348.00	8
	48020		60	393.00	341.00	7
	48100		60	240.00	204.00	3
	48102	810		65.00	NA	3

	48120		60	289.00	246.00	7
	48140		60	332.00	289.00	7
	48145		60	302.00	263.00	7
	48146		60	724.00	615.00	8
	48148		90	414.00	352.00	7
	48150		90	724.00	615.00	7
	48152		60	796.00	676.00	8
	48153		60	844.00	717.00	8
	48154		60	796.00	676.00	8
	48155		90	724.00	615.00	7
	48160		90	2000.00	1160.00	8
	48180		90	414.00	352.00	7
	48500		60	302.00	263.00	7
	48510		30	90.00	77.00	3
	48520		60	302.00	263.00	7
	48540		60	302.00	263.00	7
	48545		60	446.00	379.00	8
	48547		60	615.00	523.00	8
	48999		0	BR	BR	0
I	49000		45	211.00	184.00	6
	49002		45	211.00	184.00	6
I	49010		45	211.00	184.00	6
	49020		45	217.00	189.00	6
	49040		45	272.00	236.00	7
	49060		45	217.00	189.00	6
	49080	490		30.00	26.00	3
	49081	490		18.00	16.00	3
	49085		45	211.00	184.00	6
	49180	180		61.00	NA	4
	49200		60	380.00	331.00	6
	49201		90	464.00	394.00	7
	49215		90	363.00	315.00	7
	49220		60	272.00	236.00	7
	49250		30	171.00	146.00	6
I	49255		60	228.00	194.00	6
	49400	940		30.00	26.00	3

	49419			30	226.00	192.00	0
	49420			30	182.00	158.00	5
	49421			30	182.00	158.00	5
	49422			30	323.00	274.00	4
	49425			60	410.00	349.00	5
	49426			90	308.00	261.00	6
	49427			0	50.00	42.00	3
	49428			30	108.00	91.00	4
	49429			30	344.00	293.00	4
	49495			45	238.00	203.00	4
	49496			45	302.00	257.00	8
	49500			45	182.00	158.00	4
	49500	4950		45	272.00	236.00	4
	49501			45	245.00	208.00	4
S	49505			45	182.00	158.00	4
S	49505	4950		45	272.00	236.00	4
	49507			45	257.00	218.00	4
S	49520			45	211.00	184.00	4
S	49520	50		45	317.00	269.00	0
	49521			45	313.00	266.00	4
S	49525			45	182.00	158.00	4
S	49525	50		45	273.00	232.00	4
	49540			60	207.00	176.00	4
	49540	50		45	310.00	264.00	4
S	49550			45	182.00	158.00	4
S	49550	9550		45	364.00	309.00	4
	49553			45	266.00	226.00	4
S	49555			45	211.00	184.00	4
S	49555	50		45	317.00	269.00	4
	49557			45	302.00	257.00	4
S	49560			45	211.00	184.00	6
S	49560	50	560		BR	BR	6
	49561			45	325.00	276.00	4
S	49565			45	234.00	204.00	6
S	49565	50	B50		BR	BR	6
	49566			45	284.00	241.00	4

	49568		45	150.00	127.00	4
S	49570		45	151.00	131.00	4
	49580		45	155.00	134.00	4
	49582		45	222.00	189.00	4
S	49585		45	182.00	155.00	4
	49587		45	245.00	208.00	4
S	49590		45	151.00	131.00	4
	49600	4960		207.00	176.00	6
	49605	4960		311.00	264.00	7
	49606	4960		337.00	287.00	7
	49610		60	259.00	225.00	7
	49611		60	259.00	225.00	7
	49900		30	121.00	105.00	7
	49904		30	760.00	646.00	0
	49999		0	BR	BR	0
	50010		90	337.00	287.00	6
	50020		90	272.00	236.00	6
	50040		90	393.00	341.00	6
	50045		90	393.00	341.00	6
	50060		90	302.00	263.00	6
	50065		90	467.00	397.00	6
	50070		90	467.00	397.00	6
	50075		90	340.00	294.00	6
	50080		30	160.00	136.00	6
	50081		30	160.00	136.00	6
	50100		90	332.00	289.00	6
	50120		90	393.00	341.00	6
	50125		90	393.00	341.00	6
	50130		90	393.00	341.00	6
	50135		90	467.00	397.00	6
	50200	B50		30.00	26.00	3
	50205		30	155.00	132.00	4
	50220		90	393.00	341.00	6
	50225		90	415.00	352.00	6
	50230		90	393.00	341.00	6
	50234		90	483.00	420.00	7

	50236			90	483.00	420.00	7
	50240			90	332.00	289.00	6
	50280			90	362.00	315.00	6
	50290		0290		363.00	309.00	6
	50300		B50		240.00	204.00	0
E	50320			90	491.00	NA	6
	50340			90	393.00	NA	6
	50340	50	B50		590.00	NA	6
	50360		0360		720.00	NA	8
	50365			60	1200.00	NA	8
	50365	50	B50		1200.00	NA	8
	50370			90	393.00	NA	6
	50380			60	720.00	NA	8
	50390		B50		30.00	26.00	3
	50392		392		75.00	NA	4
	50393			7	143.00	122.00	4
E	50394			7	20.00	17.00	3
	50395			7	64.00	56.00	3
E	50396		B50		20.00	17.00	3
	50398		B50		30.00	26.00	0
	50400			90	423.00	368.00	6
	50405			90	529.00	450.00	6
	50500			90	393.00	341.00	6
	50520			90	272.00	236.00	6
	50525			90	272.00	236.00	6
	50526			90	272.00	236.00	6
	50540			90	339.00	295.00	6
	50542			90	546.00	464.00	7
	50543			90	696.00	592.00	7
E	50551		B50		114.00	97.00	3
	50553		B50		129.00	110.00	3
	50555		B50		126.00	108.00	3
	50557		B50		126.00	108.00	3
	50559		B50		126.00	108.00	3
	50562			15	197.00	167.00	7
	50561		B50		143.00	122.00	3

	50570		B50		114.00	97.00	3
	50572		B50		129.00	110.00	3
	50574		B50		126.00	108.00	3
	50575		B50		239.00	203.00	6
	50576		057		126.00	108.00	3
	50578		B50		143.00	122.00	3
	50580			30	143.00	122.00	3
N	50590			4	351.00	NA	4
	50600			90	362.00	315.00	6
	50605			90	399.00	340.00	6
	50610			90	362.00	315.00	6
	50620			90	362.00	315.00	6
	50630			90	380.00	331.00	6
	50650			90	393.00	341.00	6
	50660			90	442.00	376.00	6
E	50684		B50		20.00	17.00	0
E	50686		B50		20.00	17.00	0
	50688		B50		30.00	26.00	3
E	50690		B50		20.00	17.00	0
	50700			90	393.00	341.00	6
	50715			90	237.00	206.00	6
	50715	50		90	305.00	265.00	6
	50722			90	359.00	305.00	6
	50725			90	513.00	446.00	6
	50740			90	423.00	368.00	6
	50750			90	487.00	414.00	6
	50760			90	423.00	368.00	6
	50770			90	490.00	416.50	6
	50780			90	423.00	368.00	6
	50780	50		90	513.00	446.00	6
	50782			90	423.00	368.00	6
	50783			90	423.00	368.00	6
	50785			90	487.00	414.00	6
	50785	50		90	564.00	480.00	6
	50800			90	423.00	368.00	6
	50800	50		90	513.00	446.00	6

	50810			90	616.00	523.00	6
	50815			90	616.00	523.00	6
	50815	50		90	770.00	654.00	6
	50820			90	604.00	525.00	6
	50820	50		90	718.00	610.00	6
	50825			90	718.00	610.00	6
	50830		B50		616.00	523.00	6
	50840			90	616.00	523.00	6
	50840	50		90	821.00	698.00	6
	50845			90	616.00	523.00	6
	50860			90	362.00	315.00	6
	50860	50		90	453.00	394.00	6
	50900		5090		272.00	236.00	6
	50920			90	237.00	206.00	6
	50930			90	487.00	414.00	6
	50940			90	423.00	368.00	6
E N	50951		B50		45.00	38.00	3
	50953		B50		60.00	51.00	3
	50955		B50		60.00	51.00	3
	50957		B50		70.00	60.00	3
	50959		B50		80.00	68.00	3
	50961		B50		70.00	60.00	3
E N	50970		B50		45.00	38.00	3
	50972		B50		30.00	26.00	3
	50974		B50		60.00	51.00	3
	50976		B50		70.00	60.00	3
	50978		B50		80.00	68.00	3
	50980		B50		70.00	60.00	3
	51000		510		30.00	26.00	3
	51005		510		30.00	26.00	3
	51010			30	43.00	37.00	3
	51010	76	510		35.00	35.00	0
I	51020			90	272.00	236.00	5
I	51030		510		308.00	262.00	6
I	51040			90	242.00	210.00	5
I	51045			60	257.00	218.00	5

	51050			90	272.00	236.00	5
	51060			90	359.00	305.00	6
	51065			60	257.00	218.00	5
	51080			90	151.00	131.00	5
	51500			60	283.00	240.00	5
	51520			90	211.00	184.00	5
	51525			90	393.00	341.00	5
	51530			90	302.00	263.00	5
	51535			90	308.00	262.00	5
	51535	50		90	359.00	305.00	5
	51550			90	362.00	315.00	6
	51555			90	362.00	315.00	6
	51565			90	483.00	420.00	6
	51570			90	665.00	578.00	8
	51575			90	798.00	678.00	8
	51580			90	798.00	678.00	8
	51585			90	998.00	848.00	8
	51590		1590		928.00	789.00	8
	51595			90	1192.00	1014.00	8
	51596			90	928.00	789.00	8
	51597			90	998.00	848.00	7
E	51600		160		21.00	18.00	3
E	51605		160		32.00	27.00	3
E	51610		610		21.00	18.00	3
	51700		170		21.00	18.00	3
	51701		170		38.00	36.00	3
	51701	26	170		12.00	10.00	0
	51701	AV	170		34.20	34.20	0
	51701	26 AV	170		9.50	9.50	0
	51702		170		38.00	36.00	3
	51702	26	170		12.00	10.00	0
	51702	AV	170		34.20	34.20	0
	51702	26 AV	170		9.50	9.50	0
	51703		170		83.00	78.00	3
	51703	26	170		35.00	30.00	0
	51705		170		21.00	18.00	3

	51710		710	32.00	27.00	3
	51715		0	109.00	92.00	3
	51720		720	40.00	34.00	3
E	51725		0	36.00	32.00	3
E	51726		0	36.00	32.00	3
E	51736		0	36.00	32.00	3
E	51741		0	72.00	61.00	3
E	51772		0	29.00	25.00	3
E	51784		0	61.00	NA	0
	51784	26	0	44.00	NA	0
	51784	TC			17.00	
E	51785		0	29.00	25.00	3
E	51792		0	46.00	40.00	3
	51795		0	18.00	16.00	0
	51797		0	58.00	50.00	3
	51798		0	16.00	13.00	0
	51800		90	423.00	368.00	6
	51820		90	635.00	539.00	5
	51840		90	302.00	263.00	6
	51841		90	368.00	313.00	5
	51845		90	407.00	354.00	5
	51860		90	318.00	270.00	5
	51865		90	350.00	298.00	6
	51880		90	151.00	131.00	3
	51900		5190	350.00	298.00	3
	51920		90	350.00	298.00	3
	51925		90	525.00	446.00	5
	51940		90	583.00	495.00	5
	51960		90	635.00	539.00	5
	51980		90	408.00	347.00	5
E N	52000		520	30.00	26.00	3
E	52000	22	520	61.00	53.00	3
	52005		520	61.00	50.00	3
	52005	22	520	87.00	75.00	3
	52007		520	117.00	99.00	3
	52010		520	91.00	79.00	3

	52204	220	42.00	37.00	3
	52214	0	57.00	49.00	3
	52224	0	36.00	32.00	3
	52234	30	90.00	79.00	3
	52235	30	182.00	158.00	5
	52240	30	182.00	158.00	5
	52250	30	108.00	95.00	3
	52260	260	54.00	47.00	3
	52265	0	54.00	47.00	3
E	52270	45	61.00	53.00	3
E	52275	45	61.00	53.00	3
	52276	45	61.00	53.00	3
	52277	30	143.00	122.00	3
	52280	280	27.00	NA	0
	52281	45	46.00	40.00	3
	52283	0	63.00	54.00	3
	52285	30	91.00	79.00	3
	52290	30	61.00	53.00	3
	52300	5230	61.00	53.00	3
	52305	5230	117.00	99.00	3
	52310	30	61.00	53.00	3
	52315	30	61.00	53.00	3
	52317	30	211.00	184.00	3
	52318	30	211.00	184.00	3
	52320	30	145.00	126.00	3
	52325	30	145.00	126.00	3
	52327	30	141.00	120.00	3
	52330	2330	103.00	89.00	3
	52332	30	78.00	68.00	3
	52334	30	121.00	105.00	3
	52335	30	151.00	131.00	3
	52336	90	362.00	315.00	3
	52337	90	483.00	420.00	3
	52338	30	182.00	158.00	3
	52339	30	182.00	158.00	3
	52340	30	182.00	158.00	5

52450		90	196.00	166.00	5
52500		90	211.00	184.00	3
52510		90	393.00	341.00	5
52601		90	393.00	341.00	5
52606	260		125.00	106.00	3
52612		90	393.00	341.00	5
52614		90	228.00	194.00	5
52620		90	182.00	158.00	5
52630		90	393.00	341.00	5
52640		90	228.00	194.00	5
52647		90	315.00	268.00	5
52648		90	369.00	313.00	5
52700		60	182.00	158.00	5
53000		15	61.00	53.00	3
53010	B530		121.00	105.00	3
53020		15	18.00	16.00	3
53025		15	18.00	16.00	3
53040	B530		61.00	53.00	3
53060		15	30.00	26.00	3
53080		15	72.00	63.00	3
53085		60	121.00	105.00	3
53200		15	48.00	41.00	3
53210		90	330.00	281.00	3
53215		90	420.00	357.00	3
53220		60	211.00	184.00	3
53230		60	211.00	184.00	3
53235		60	211.00	184.00	3
53240		30	86.00	74.00	3
53250		60	250.00	213.00	3
53260		15	30.00	26.00	3
53265		15	61.00	53.00	3
53270		15	30.00	26.00	3
53275		30	72.00	61.00	3
53400		90	426.00	NA	3
53405		90	426.00	NA	3
53410		60	242.00	210.00	3

53415		90	456.00	388.00	3
53420		90	426.00	NA	3
53425		90	426.00	NA	3
53430		60	242.00	210.00	3
53440		45	242.00	210.00	3
53442		60	285.00	243.00	3
53443		90	456.00	388.00	3
53445		90	456.00	388.00	3
53447		90	456.00	388.00	3
53449		60	228.00	194.00	3
53450		30	86.00	74.00	3
53460	3460		121.00	105.00	3
53502		60	121.00	105.00	3
53505		60	121.00	105.00	3
53510		60	121.00	105.00	3
53515		60	121.00	105.00	3
53520		90	121.00	105.00	3
53600	360		16.00	14.00	3
53601	360		16.00	14.00	3
53605	360		36.00	31.00	3
53620	620		16.00	14.00	3
53621		0	16.00	14.00	3
53640	640		17.00	15.00	3
53660	660		16.00	14.00	3
53661		0	16.00	14.00	3
53665		0	35.00	30.00	3
53899		0	BR	BR	0
54000	540		18.00	16.00	3
54001	540		18.00	16.00	3
54015	4015		29.00	25.00	3
54050	540		16.00	14.00	3
54055	540		32.00	27.00	3
54056	540		32.00	27.00	3
54057	540		32.00	27.00	3
54060	540		53.00	45.00	3
54065	540		114.00	97.00	3

	54100	410		16.00	14.00	3
	54105		7	35.00	30.00	3
	54110		30	171.00	146.00	3
	54111		60	228.00	194.00	3
	54112		60	285.00	243.00	3
	54115		30	114.00	97.00	3
	54120		60	121.00	105.00	3
	54125		60	242.00	210.00	4
	54130		90	600.00	510.00	0
	54135		90	720.00	612.00	7
E	54150	5415		16.00	14.00	3
	54152	5415		61.00	53.00	3
E	54160		15	16.00	14.00	3
	54161		30	97.00	84.00	3
E	54200	420		32.00	27.00	0
	54205		30	171.00	146.00	3
E	54220	220		64.00	54.00	3
E	54230	230		32.00	27.00	3
	54231		7	91.00	78.00	3
E	54235		0	32.00	27.00	3
E	54240	240		24.00	20.00	0
E	54250	250		29.00	25.00	0
	54300		60	90.00	79.00	3
	54304		60	393.00	341.00	3
	54308		60	242.00	210.00	3
	54312		90	342.00	291.00	4
	54316		90	399.00	340.00	4
	54318		60	285.00	243.00	4
	54322		60	106.00	92.00	4
	54324		60	212.00	184.00	4
	54326		60	285.00	243.00	4
	54328		90	342.00	291.00	4
	54332		90	399.00	340.00	4
	54336		90	456.00	388.00	4
	54340		30	171.00	146.00	4
	54344		60	257.00	219.00	4

	54348			90	342.00	291.00	4
	54352			90	513.00	437.00	4
	54360		4360		285.00	243.00	4
	54380			60	285.00	243.00	4
	54385			90	342.00	291.00	4
	54390		4390		741.00	630.00	4
	54400			60	393.00	NA	3
	54401			60	393.00	NA	3
	54402			60	285.00	243.00	4
	54405			90	600.00	510.00	4
	54407			90	393.00	334.00	4
	54409			60	200.00	170.00	4
	54420			60	285.00	243.00	4
	54430			60	285.00	243.00	4
	54435			30	114.00	97.00	4
	54440			60	200.00	170.00	3
	54450			7	35.00	30.00	3
	54500		450		16.00	14.00	3
I	54505		450		30.00	26.00	3
	54505	5450		30	60.00	51.00	3
	54510			30	137.00	117.00	3
	54520			30	121.00	105.00	3
	54520	50		30	163.00	142.00	3
	54530		4530		271.00	236.00	3
	54535			60	285.00	243.00	3
	54550			30	171.00	146.00	3
	54550	4550		30	256.00	218.00	3
	54560		4560		285.00	243.00	3
	54560	50		90	428.00	363.00	4
	54600			30	121.00	105.00	3
	54600	22		30	181.00	158.00	3
	54620			30	61.00	53.00	3
	54640			30	242.00	210.00	4
	54640	50		90	363.00	309.00	4
	54650			45	385.00	327.00	6
	54660			30	86.00	74.00	3

	54660	50		30	129.00	110.00	3
	54670			30	171.00	146.00	3
	54680			30	228.00	194.00	3
	54700		470		61.00	53.00	3
	54740			45	242.00	210.00	6
	54800		480		16.00	14.00	3
	54820			30	61.00	53.00	3
	54830		4830		143.00	122.00	3
	54840			45	121.00	105.00	3
	54860			45	121.00	105.00	3
	54861			30	182.00	154.00	3
	54900		5490		182.00	158.00	3
	54901		5490		242.00	210.00	3
	55000		550		16.00	14.00	3
	55040			45	121.00	105.00	3
	55041			60	207.00	176.00	4
	55060			45	81.00	70.00	3
	55100		510		30.00	26.00	3
	55110			30	121.00	105.00	3
	55120			15	30.00	26.00	3
	55150			45	121.00	105.00	3
	55175			30	121.00	105.00	3
	55180			30	157.00	134.00	3
	55200			30	61.00	53.00	3
N	55250			30	90.00	79.00	3
	55300		5530		61.00	53.00	3
	55400			90	182.00	158.00	3
	55400	50		90	242.00	210.00	3
N	55450			30	42.00	37.00	3
	55500			45	109.00	95.00	3
	55520			30	100.00	85.00	3
	55530			45	121.00	105.00	3
	55535			45	193.00	168.00	3
	55540			45	193.00	168.00	4
	55600			45	182.00	158.00	4
	55600	50	5560		273.00	232.00	3

	55605		5560		273.00	232.00	3
	55650			90	362.00	315.00	6
	55650	5650		90	543.00	462.00	3
	55680			90	362.00	315.00	3
	55700		570		30.00	26.00	3
	55705		570		110.00	105.00	4
	55720			60	121.00	105.00	4
	55725			60	242.00	210.00	4
	55801			90	393.00	341.00	6
	55810			90	513.00	446.00	6
	55812			90	599.00	510.00	6
	55815			90	684.00	582.00	6
	55821			90	393.00	341.00	6
	55831			90	393.00	341.00	6
	55840			90	513.00	446.00	6
	55842			90	513.00	437.00	6
	55845			90	398.00	347.00	6
	55860		5860		171.00	146.00	4
	55862			60	200.00	170.00	4
	55865			90	428.00	364.00	6
	55866			90	553.00	470.00	7
	55870		870		BR	BR	0
	55899			0	BR	BR	0
E	56300		5630		182.00	158.00	3
	56301		630		182.00	158.00	6
	56302			15	182.00	158.00	6
	56303			15	182.00	158.00	6
	56304			15	182.00	158.00	6
	56305			15	182.00	158.00	6
	56306			15	182.00	158.00	6
	56307			15	264.00	229.00	6
	56308			15	332.00	289.00	6
	56309			15	121.00	105.00	6
	56311			15	253.00	215.00	6
	56312			15	380.00	323.00	6
	56313			15	443.00	376.00	6

	56315	6315	211.00	179.00	6
S	56316	15	182.00	155.00	6
S	56317	15	211.00	179.00	6
	56320	15	193.00	164.00	6
	56322	15	284.00	241.00	6
	56323	15	467.00	397.00	6
	56324	15	426.00	362.00	6
	56340	15	284.00	241.00	6
	56341	15	325.00	276.00	6
	56342	15	406.00	345.00	6
E	56350	15	24.00	21.00	3
	56351	15	24.00	21.00	3
	56352	15	108.00	91.80	6
	56353	15	108.00	91.80	6
	56354	15	108.00	91.80	6
	56355	15	24.00	21.00	3
	56356	15	360.00	306.00	6
E	56360	360	85.00	72.00	6
	56361	0	137.00	116.00	6
	56362	0	121.00	102.00	6
	56363	0	140.00	119.00	6
	56399	0	BR	BR	6
	56405	15	30.00	26.00	3
	56420	420	30.00	26.00	3
	56440	30	72.00	63.00	3
	56441	15	30.00	26.00	3
	56501	650	29.00	25.00	3
	56515	60	121.00	105.00	3
	56605	15	18.00	16.00	3
	56620	60	182.00	158.00	4
	56625	60	272.00	236.00	4
	56630	90	456.00	388.00	4
	56631	15	483.00	420.00	6
	56632	90	629.00	534.00	7
	56633	15	456.00	388.00	4
	56634	15	483.00	420.00	6

	56637			15	483.00	420.00	6
	56640			90	483.00	420.00	6
	56640	50		90	483.00	420.00	6
	56700			30	48.00	42.00	3
	56720		720		35.00	30.00	3
	56740			30	90.00	79.00	3
	56800			30	81.00	70.00	3
	56805			90	202.50	172.15	3
	56810			30	90.00	79.00	3
	56820			30	88.00	82.00	0
	56820	26	820		41.00	35.00	0
	56821			30	113.00	103.00	0
	56821	26		0	68.00	58.00	0
	57000			30	79.00	68.00	4
	57010			30	79.00	68.00	4
	57020		570		24.00	21.00	3
	57061		570		35.00	30.00	3
	57065		570		50.00	43.00	3
	57100		710		16.00	14.00	3
	57105			30	60.00	51.00	3
	57108			30	200.00	170.00	4
	57110			60	242.00	210.00	4
	57120			60	242.00	210.00	4
	57130		7130		61.00	53.00	3
	57135			30	86.00	74.00	3
E	57150		150		16.00	14.00	3
	57160		160		16.00	14.00	3
E	57170		170		16.00	14.00	0
	57180		180		30.00	26.00	3
	57200			60	48.00	42.00	4
	57210			60	48.00	42.00	4
	57220			60	121.00	105.00	4
	57230			60	121.00	105.00	4
	57240			60	151.00	131.00	4
	57250			60	151.00	131.00	4
	57260		7260		242.00	210.00	4

	57265			90	314.00	267.00	4
	57268			60	272.00	236.00	4
	57270			60	272.00	236.00	6
	57280			60	212.00	184.00	6
	57282			60	257.00	219.00	6
	57288			90	354.00	301.00	4
	57289			60	285.00	243.00	4
	57291			60	281.00	245.00	6
	57292			60	281.00	245.00	6
	57300			90	302.00	263.00	6
	57305			90	302.00	263.00	6
	57307			90	399.00	340.00	6
	57310			60	272.00	236.00	3
	57311			60	342.00	291.00	3
	57320			60	342.00	291.00	5
	57330			90	272.00	236.00	3
	57335			60	320.00	272.00	6
	57400		740		35.00	30.00	3
E	57410		410		35.00	30.00	3
	57415			0	35.00	30.00	3
	57420		420		71.00	66.00	3
	57420	26	420		34.00	29.00	0
	57421			15	93.00	83.00	3
	57421	26		15	68.00	58.00	0
E N	57452			0	21.00	NA	3
	57454			0	34.00	29.00	3
	57455			15	85.00	76.00	3
	57455	26		15	62.00	53.00	0
	57456			0	81.00	76.00	0
	57456	26		0	58.00	50.00	0
	57460		460		60.00	51.00	3
	57461			15	190.00	180.00	0
	57461	26		15	72.00	62.00	0
	57500		750		18.00	16.00	3
	57505		750		26.00	22.00	3
	57510		510		16.00	14.00	3

	57511		45	24.00	21.00	3
	57513		45	24.00	21.00	3
	57520		45	85.00	74.00	3
	57522		45	129.00	109.00	3
	57530		45	90.00	79.00	4
	57540		45	242.00	210.00	6
	57545	7545		242.00	210.00	6
	57550		45	242.00	210.00	4
	57555		45	342.00	291.00	3
	57556		45	342.00	291.00	3
	57700	770		90.00	79.00	4
	57720		45	90.00	79.00	4
	57800	780		30.00	26.00	3
	57820		15	72.00	63.00	3
	58100	810		18.00	16.00	3
	58120		15	72.00	63.00	3
	58140		45	272.00	236.00	6
	58145	8145		272.00	236.00	6
	58146		90	646.00	549.00	6
S	58150		45	332.00	289.00	6
S	58152		45	399.00	340.00	4
M S	58180		45	272.00	236.00	6
	58200		90	456.00	388.00	4
	58210		90	604.00	525.00	8
	58240		90	855.00	727.00	8
S	58260		45	332.00	289.00	6
	58262		45	332.00	289.00	6
	58263		45	332.00	289.00	6
S	58267		45	456.00	388.00	4
S	58270		45	332.00	289.00	6
S	58275		45	428.00	364.00	4
S	58280		45	428.00	364.00	4
	58285		90	604.00	525.00	6
S	58290	8290		516.00	439.00	6
S	58291		90	565.00	480.00	6
S	58292		90	600.00	510.00	6

S	58293			90	626.00	532.00	6
S	58294			90	551.00	468.00	6
E	58301		830		16.40	16.40	3
E N	58301	WM	830		NA	16.40	0
	58320		320		30.00	26.00	3
E	58340		340		30.00	26.00	3
	58350		350		30.00	26.00	3
	58400			45	242.00	210.00	6
	58410			45	332.00	282.00	6
	58520			45	211.00	184.00	6
	58540			45	314.00	267.00	4
	58545		8545		315.00	268.00	6
	58546			45	409.00	348.00	6
S	58552			45	305.00	259.00	6
S	58553			45	409.00	348.00	6
S	58554			45	409.00	348.00	6
	58600			45	211.00	184.00	6
	58605			45	151.00	131.00	6
E	58611			45	84.00	71.00	6
	58615			45	211.00	184.00	6
	58700			45	211.00	184.00	6
	58720			45	242.00	210.00	6
I	58740			45	272.00	236.00	6
	58750			45	272.00	236.00	6
F	58752			45	211.00	184.00	6
	58760			45	272.00	236.00	6
	58770			45	272.00	236.00	6
I	58800			15	132.00	114.00	4
I	58805			45	242.00	210.00	4
I	58820			15	106.00	91.00	4
I	58822			45	211.00	184.00	6
	58825			60	211.00	184.00	6
I	58900			45	211.00	184.00	6
	58920			45	242.00	210.00	6
	58925			45	242.00	210.00	6
	58940			45	242.00	210.00	6

	58943			60	314.00	267.00	6
	58950			60	342.00	291.00	6
	58951			60	604.00	525.00	8
	58952			60	332.00	282.00	6
	58960		8960		302.00	257.00	7
	58999			0	BR	BR	0
	59000		590		37.00	32.00	0
	59012		590		37.00	NA	4
	59015		590		37.00	NA	0
E	59020		590		30.00	NA	0
E	59025		590		18.00	18.00	0
E	59025	22	590		16.00	NA	0
E	59030		590		37.00	32.00	4
	59030	76	590		37.00	32.00	0
	59050		590		37.00	32.00	3
	59051		590		25.00	21.00	0
	59100			45	272.00	236.00	3
	59120			60	272.00	236.00	6
	59121			60	272.00	236.00	6
	59130			60	272.00	236.00	6
	59135			45	362.00	308.00	5
	59136			45	414.00	352.00	6
	59140			45	242.00	205.00	5
	59150			45	228.00	194.00	6
	59151			45	372.00	317.00	6
	59160			45	72.00	63.00	3
	59200		920		40.00	NA	0
	59300		930		90.00	79.00	3
	59320		320		119.99	101.99	3
	59325			0	188.76	160.45	3
	59350			45	242.00	205.00	3
N	59400			60	468.00	403.00	4
	59400	WM		60	NA	328.00	0
	59409			45	300.00	254.00	5
	59409	WM		45	NA	210.00	5
	59410			60	320.00	272.00	4

	59410	WM		60	NA	224.000	4
E	59414			45	30.00	26.00	5
E	59430		430		20.00	18.00	0
E	59430	WM	430		NA	14.00	0
	59510			45	598.00	516.00	7
	59515			45	450.00	385.00	7
	59514			45	372.00	316.00	7
	59525			45	362.00	308.00	8
	59812			45	105.00	91.00	3
	59820			45	105.00	91.00	3
	59821			45	79.00	68.00	3
	59830			45	121.00	105.00	3
	59840			45	79.00	68.00	3
	59841			45	79.00	68.00	3
	59850			45	79.00	68.00	3
	59851			45	79.00	68.00	3
	59852			45	79.00	68.00	3
	59855			0	151.00	137.00	3
	59856			0	228.00	179.00	3
	59857			0	272.00	236.00	3
	59870			45	79.00	68.00	3
	59899			0	BR	BR	0
	60000		B60		48.00	NA	4
	60001		B60		28.00	24.00	3
	60100		B60		24.00	21.00	3
	60200			45	182.00	158.00	6
	60210			45	308.00	262.00	6
	60212			45	455.00	387.00	6
	60220			45	272.00	236.00	6
	60225			45	342.00	291.00	6
	60240			45	332.00	289.00	6
	60252			90	386.00	336.00	6
	60254			90	573.00	499.00	6
	60260			45	290.00	252.00	6
	60260	50		45	338.00	294.00	6
	60270			45	513.00	437.00	12

60271			45	441.00	376.00	12
60280			45	211.00	184.00	6
60281			45	257.00	219.00	6
60500			45	362.00	315.00	6
60502			45	362.00	315.00	6
60505		60		350.00	303.00	13
60512		60		120.00	102.00	13
60520		60		456.00	388.00	13
60520		60		479.00	407.00	13
60522			50	586.00	498.00	13
60540			90	393.00	341.00	10
60540	50		90	415.00	360.00	10
60545			90	442.00	376.00	9
60600			30	468.00	398.00	6
60605			30	573.00	486.00	10
60699		B60		BR	BR	0
61000		610		30.00	26.00	3
61001		610		30.00	26.00	3
61020		610		20.00	18.00	5
61026		610		40.00	35.00	5
61050		610		24.00	21.00	3
61055		610		30.00	26.00	3
61070		610		50.00	42.00	3
61105			30	121.00	105.00	9
61106		110		121.00	105.00	5
61107			30	200.00	170.00	7
61108			30	513.00	437.00	11
61120			90	121.00	105.00	9
61130		130		81.00	69.00	3
61140			90	428.00	364.00	9
61150			90	428.00	364.00	9
61151			0	30.00	26.00	3
61154			90	362.00	315.00	11
61154	50		90	543.00	462.00	11
61156			90	362.00	315.00	11
61210			30	150.00	130.00	9

	61215		30	143.00	122.00	7
	61250		90	242.00	210.00	9
	61250	1250	90	362.00	315.00	9
	61253		90	513.00	437.00	11
I	61304		90	695.00	NA	11
I	61305		90	834.00	NA	11
	61312		90	574.00	NA	11
	61313		90	574.00	NA	11
	61314		90	574.00	NA	11
	61315		90	574.00	NA	11
+	61316		0	33.00	28.00	0
	61320		90	423.00	368.00	9
	61321		90	423.00	368.00	9
	61322		90	708.00	602.00	13
	61323		90	744.00	632.00	B613
+	61517		0	40.00	34.00	0
	61330		90	513.00	446.00	11
	61330	50	90	700.00	654.00	11
	61332		90	599.00	510.00	11
	61333		90	713.00	607.00	11
	61334		90	713.00	607.00	11
	61340		90	371.00	316.00	9
	61340	50	90	557.00	473.00	9
	61343		90	941.00	NA	11
	61345		90	428.00	364.00	9
	61440		90	713.00	607.00	13
	61450		90	573.00	499.00	11
	61458		90	855.00	727.00	11
	61460		90	634.00	551.00	11
	61470		90	855.00	727.00	11
	61480		90	855.00	727.00	11
	61490		1490	328.00	279.00	11
	61490	50	1490	492.00	418.00	11
	61500		90	573.00	499.00	11
	61501		90	604.00	NA	11

61510	90	513.00	446.00	11
61512	90	513.00	446.00	11
61514	90	713.00	607.00	11
61516	90	713.00	607.00	11
61518	90	713.00	607.00	11
61519	90	912.00	776.00	11
61520	90	855.00	727.00	11
61521	90	855.00	727.00	11
61522	90	855.00	727.00	11
61524	90	855.00	727.00	11
61526	90	573.00	499.00	11
61530	90	713.00	607.00	11
61531	90	855.00	727.00	11
61533	90	855.00	727.00	11
61534	90	423.00	368.00	11
61535	90	855.00	727.00	11
61536	90	855.00	727.00	11
61538	90	855.00	727.00	11
61539	90	855.00	727.00	11
61541	90	855.00	727.00	11
61542	90	855.00	727.00	11
61543	90	855.00	727.00	11
61544	90	855.00	727.00	11
61545	90	713.00	607.00	11
61546	90	713.00	607.00	11
61548	90	684.00	582.00	5
61550	90	428.00	363.00	11
61552	90	570.00	485.00	11
61556	90	570.00	485.00	11
61557	90	649.00	552.00	11
61558	90	713.00	607.00	11
61559	90	792.00	673.00	11
61563	90	665.00	565.00	11
61564	90	713.00	607.00	11
61570	90	713.00	607.00	11
61571	90	570.00	485.00	11

61575		90	627.00	533.00	5
61576		90	798.00	679.00	5
61580		90	814.00	692.00	11
61581		90	936.00	796.00	11
61582		90	844.00	718.00	11
61583		90	956.00	813.00	11
61584		90	936.00	796.00	11
61585		90	1038.00	882.00	11
61590	1590		1140.00	969.00	11
61591		90	1191.00	809.00	11
61592		90	1079.00	917.00	11
61595		90	794.00	674.00	11
61596		90	967.00	822.00	11
61597		90	1018.00	865.00	11
61598		90	906.00	770.00	11
61600		90	692.00	588.00	11
61601		90	743.00	631.00	11
61605		90	783.00	666.00	11
61606		90	1048.00	891.00	11
61607		90	977.00	830.00	11
61608		90	1146.00	969.00	11
61609	160		274.00	233.00	11
61610	610		967.00	822.00	11
61611		0	203.00	172.00	11
61612		0	916.00	778.00	15
61613		90	1119.00	951.00	15
61615		90	865.00	735.00	11
61616		90	1170.00	995.00	11
61618		90	447.00	380.00	11
61619		90	549.00	467.00	11
61623		90	259.00	220.00	11
61624		90	427.50	400.00	15
61626		90	402.50	342.00	15
61680		90	855.00	727.00	15
61682		90	1026.00	872.00	15
61684		90	855.00	727.00	15

61686		90	1026.00	872.00	15
61690	1690		855.00	727.00	15
61692		90	1026.00	872.00	11
61700		90	855.00	NA	11
61702		90	855.00	NA	11
61703		90	713.00	NA	7
61705		90	855.00	NA	15
61708		90	855.00	NA	11
61710		90	428.00	NA	11
61711		90	855.00	NA	13
61712		90	214.00	182.00	13
61720		90	428.00	364.00	7
61735		90	428.00	364.00	7
61750		90	428.00	364.00	11
61760		90	855.00	727.00	11
61751		90	428.00	364.00	11
61770		90	428.00	364.00	7
61790	1790		342.00	291.00	9
61791		90	342.00	291.00	7
61793		90	428.00	364.00	7
61795		0	BR	BR	0
61850		90	570.00	485.00	11
61855		90	570.00	485.00	11
61860		90	570.00	485.00	11
61865		90	570.00	485.00	11
61870		90	570.00	485.00	11
61875		90	570.00	485.00	11
61880		90	285.00	243.00	9
61885		90	143.00	122.00	9
61888		90	570.00	485.00	11
62000		90	428.00	263.00	11
62005		90	542.00	461.00	11
62010		90	570.00	485.00	11
62100		90	570.00	485.00	11
62115		90	680.00	607.00	11
62116		90	800.00	680.00	11

	62117		90	850.00	727.00	11
	62120		90	570.00	485.00	11
	62121		90	850.00	722.00	11
	62140		90	570.00	485.00	11
	62141		90	570.00	485.00	11
	62142		90	570.00	485.00	11
	62143		90	713.00	607.00	11
	62145		90	855.00	727.00	11
	62146		90	705.00	599.25	11
	62147		90	830.00	705.50	11
+	62148		0	84.00	71.00	0
+	62160		160	126.00	107.00	160
	62161		90	840.00	714.00	0
	62162		90	1,060.00	901.00	0
	62163		90	651.00	553.00	0
	62164		90	1,155.00	982.00	0
	62165		90	924.00	785.00	0
	62180		90	634.00	551.00	11
	62190		2190	634.00	551.00	11
	62192		90	634.00	551.00	11
	62194		90	190.00	162.00	9
	62200		90	634.00	557.00	11
	62201		90	634.00	551.00	11
	62220		90	634.00	557.00	11
	62223		90	634.00	557.00	11
	62223	62	0	290.00	252.00	11
	62225		90	108.00	95.00	11
	62230		90	326.00	284.00	11
	62256		90	108.00	95.00	11
	62258		90	507.00	431.00	11
	62264		90	564.00	541.00	0
	62264	6226	90	155.00	132.00	0
	62268		0	114.00	97.00	4
	62269		0	114.00	97.00	4
E	62270		270	18.00	16.00	3

E	62272			0	36.00	32.00	5
E	62273			0	74.00	62.00	5
E	62274			0	51.00	44.00	8
E	62275			0	76.50	65.00	8
E	62276			0	74.00	62.00	8
E	62277			0	51.00	44.00	8
E N	62278			0	51.00	44.00	8
E N	62279			0	51.00	44.00	8
E	62280		280		74.00	62.00	20
E	62281			0	122.00	103.70	20
E	62282			0	51.00	44.00	20
E	62284			0	61.00	53.00	4
E	62287			90	793.00	675.00	4
E	62288			0	74.00	62.00	8
E	62289			0	61.00	53.00	8
E	62290		290		61.00	53.00	4
E	62291			0	61.00	53.00	4
N	62292			30	302.00	NA	7
	62294			0	285.00	243.00	8
	62298			0	120.00	102.00	5
	62318	22		0	41.00	35.00	0
S	63001			90	665.00	578.00	10
S	63003			90	665.00	578.00	10
S	63005			90	665.00	578.00	10
S	63011			90	665.00	578.00	10
S	63012			90	435.00	394.00	8
S	63015			90	665.00	578.00	10
S	63016			90	665.00	578.00	10
S	63017			90	665.00	578.00	10
S	63020			90	599.00	509.00	10
S	63020	50		90	732.00	622.00	10
S	63030			90	599.00	509.00	8
S	63030	50		90	732.00	622.00	10
S	63035			90	146.00	124.00	11
S	63040			90	599.00	509.00	10
S	63042			90	599.00	509.00	8

S	63045			90	665.00	578.00	10
S	63046			90	665.00	578.00	10
S	63047			90	665.00	578.00	10
S	63048			90	133.00	113.00	11
S	63055			90	599.00	509.00	10
S	63056			90	599.00	509.00	10
S	63057			90	120.00	102.00	10
S	63064			90	599.00	509.00	10
S	63066			90	120.00	102.00	10
S	63075			90	532.00	452.00	10
S	63076			90	106.00	90.00	10
S	63077			90	532.00	452.00	10
S	63078			90	106.00	90.00	10
S	63081			90	665.00	578.00	11
S	63082			90	133.00	113.00	11
S	63085			90	798.00	678.00	11
S	63086			90	160.00	136.00	11
S	63087			90	798.00	678.00	11
S	63088			90	160.00	136.00	11
S	63090		3090		798.00	678.00	11
S	63091			90	160.00	136.00	11
S	63170			90	665.00	570.00	10
S	63172			90	532.00	452.00	8
S	63173			90	532.00	452.00	8
S	63180			90	998.00	848.00	10
S	63182			90	998.00	848.00	10
S	63185			90	573.00	499.00	8
S	63190		3190		573.00	499.00	10
S	63191			90	599.00	509.00	10
S	63191	50		90	665.00	578.00	10
S	63194			90	665.00	578.00	8
S	63195			90	665.00	578.00	8
S	63196			90	665.00	578.00	8
S	63197			90	665.00	578.00	8
S	63198			90	998.00	848.00	8
S	63199			90	998.00	848.00	8

S	63200	90	665.00	578.00	10
S	63250	90	798.00	678.00	10
S	63251	90	798.00	678.00	10
S	63252	90	798.00	678.00	10
S	63265	90	834.00	NA	10
S	63266	90	834.00	NA	10
S	63267	90	834.00	NA	10
S	63268	90	695.00	NA	10
S	63270	90	695.00	NA	10
S	63271	90	695.00	NA	10
S	63272	90	695.00	NA	10
S	63273	90	695.00	NA	10
	63275	90	695.00	NA	10
	63276	90	695.00	NA	10
	63277	90	695.00	NA	10
	63278	90	695.00	NA	10
	63280	90	695.00	NA	10
	63281	90	695.00	NA	10
	63282	90	695.00	NA	10
	63283	90	695.00	NA	10
	63285	90	695.00	NA	10
	63286	90	695.00	NA	10
	63287	90	695.00	NA	10
	63290	3290	695.00	NA	10
	63300	90	695.00	NA	10
	63301	90	695.00	NA	10
	63302	90	695.00	NA	10
	63303	90	695.00	NA	10
	63304	90	695.00	NA	10
	63305	90	695.00	NA	10
	63306	90	695.00	NA	10
	63307	90	695.00	NA	10
	63308	90	139.00	NA	10
	63600	90	452.00	NA	4
	63610	610	139.00	NA	10
	63615	0	243.00	NA	4

	63650		90	428.00	NA	10
	63655		90	521.00	NA	10
	63660		90	200.00	NA	7
	63685		90	143.00	NA	7
	63688		90	428.00	NA	7
E	63690	690		BR	BE	8
E	63700		90	428.00	NA	8
	63702		90	428.00	NA	8
	63704		90	513.00	NA	8
	63706		90	513.00	NA	8
	63707		90	342.00	NA	9
	63709		90	399.00	NA	9
	63710		90	466.00	NA	9
	63740		90	532.00	NA	8
	63741		0	BR	BR	8
	63744		90	233.00	NA	5
	63746		90	233.00	NA	5
	63750		90	665.00	NA	9
	63780		30	199.00	NA	5
E	64400	440		18.00	16.00	0
E	64402	440		18.00	16.00	0
E	64405	440		30.00	26.00	0
E	64408	440		18.00	16.00	0
E	64410	410		18.00	16.00	0
E	64412		0	30.00	26.00	0
E	64413		0	30.00	26.00	0
E	64415		0	30.00	26.00	0
	64416		0	89.00	76.00	0
E	64417		0	30.00	26.00	0
E	64418		0	18.00	16.00	0
E	64420	420		18.00	16.00	0
E	64421		0	54.00	46.00	0
E	64425		0	30.00	26.00	0
E	64430	430		30.00	26.00	0
E	64435		0	30.00	26.00	0
E	64440	440		30.00	26.00	0

E	64441		0	54.00	46.00	0
E	64442		0	30.00	26.00	0
E	64443		0	54.00	46.00	0
E	64445		0	30.00	26.00	0
	64446		0	83.00	70.00	0
	64447		0	38.00	32.00	0
	64448		0	76.00	65.00	0
E	64450	450		18.00	16.00	0
E	64505	450		30.00	26.00	0
E	64508	450		30.00	26.00	0
E	64510	510		30.00	26.00	0
E	64520	520		30.00	26.00	0
E	64530	530		30.00	26.00	0
	64553		0	90.00	77.00	5
	64555		90	90.00	77.00	5
	64560	560		90.00	77.00	0
	64565		0	90.00	77.00	5
	64573		0	450.00	385.00	5
	64575		90	150.00	128.00	5
	64577		0	150.00	128.00	5
	64580	580		150.00	128.00	5
	64585		0	90.00	77.00	5
	64590	590		150.00	128.00	5
	64595		0	150.00	128.00	5
	64600	460		37.00	32.00	0
	64605	460		48.00	42.00	0
	64610		30	256.00	217.00	3
	64612		7	48.00	42.00	0
	64613		0	BR	BR	0
	64620	620		61.00	53.00	0
	64622		0	180.00	153.00	3
	64623		0	90.00	77.00	0
	64630	630		61.00	53.00	3
	64640	640		48.00	42.00	3
	64680	680		121.00	105.00	20
	64702		90	79.00	68.00	3

64704			90	105.00	91.00	3
64708			90	242.00	210.00	3
64712			90	258.00	220.00	4
64713			90	258.00	220.00	4
64714			90	258.00	220.00	4
64716			90	393.00	341.00	5
64718			90	211.00	184.00	3
64719			90	150.00	128.00	5
64721			90	158.00	137.00	3
64722			90	BR	BR	0
64726			90	90.00	77.00	3
64727			90	60.00	52.00	3
64732			30	182.00	158.00	3
64734			30	182.00	158.00	3
64736			60	120.00	102.00	4
64738			60	240.00	204.00	4
64740			60	120.00	102.00	4
64742			60	240.00	204.00	4
64744			60	240.00	204.00	5
64746			30	180.00	154.00	4
64752			30	360.00	308.00	5
64755			60	240.00	204.00	4
64760		4760		300.00	256.00	6
64761			60	240.00	204.00	6
64761	50		60	300.00	256.00	6
64763			30	150.00	128.00	3
64763	50		60	225.00	191.00	3
64766			60	240.00	204.00	3
64766	50		60	360.00	306.00	3
64771			30	240.00	204.00	3
64772			30	180.00	154.00	3
64774			30	42.00	37.00	3
64776			30	53.00	45.00	3
64778			30	30.00	26.00	3
64782			30	79.00	68.00	3
64783			30	70.00	60.00	3

	64784		30	131.00	114.00	4
	64786		30	210.00	179.00	4
	64787		30	120.00	102.00	4
	64788		30	120.00	102.00	3
	64790		30	150.00	128.00	4
	64792		30	210.00	179.00	3
	64795		0	90.00	77.00	3
	64802		60	302.00	263.00	6
	64802	50	60	321.00	279.00	6
M	64804		60	321.00	279.00	13
M	64804	50	60	573.00	499.00	10
	64809		60	423.00	368.00	13
	64809	50	60	604.00	513.00	6
M	64818		60	262.00	223.00	7
M	64818	50	60	332.00	289.00	7
	64820		60	301.00	256.00	13
	64831		90	79.00	68.00	3
	64832		30	43.00	37.00	3
	64834		90	105.00	91.00	3
	64835		90	158.00	137.00	3
	64836		90	158.00	137.00	3
	64837		90	110.00	95.00	3
	64840		90	146.00	126.00	3
	64856		90	210.00	183.00	3
	64857		90	158.00	137.00	3
	64858		90	158.00	137.00	4
	64859		90	110.00	95.00	3
	64861		90	158.00	137.00	6
	64862		90	158.00	137.00	6
	64864		90	394.00	342.00	5
	64865		90	600.00	510.00	6
	64866		90	513.00	446.00	5
	64868		90	513.00	446.00	5
	64870		90	513.00	446.00	5
	64872		90	210.00	183.00	5
	64874		90	210.00	183.00	5

64876	0	BR	BR	5
64885	0	BR	BR	0
64886	0	BR	BR	0
64890	30	180.00	154.00	3
64891	60	240.00	204.00	3
64892	90	300.00	255.00	3
64893	90	360.00	306.00	3
64895	60	240.00	204.00	3
64896	90	300.00	255.00	3
64897	90	360.00	306.00	3
64898	90	420.00	357.00	3
64901	30	120.00	102.00	3
64902	30	150.00	128.00	3
64905	6490	300.00	255.00	3
64907	30	150.00	128.00	3
64999	0	BR	BR	0
65091	30	211.00	184.00	6
65093	30	242.00	210.00	6
65101	30	211.00	184.00	6
65103	30	211.00	184.00	6
65105	30	211.00	184.00	6
65110	60	182.00	158.00	6
65112	60	315.00	274.00	6
65114	90	437.00	370.00	6
65125	0	BR	BR	5
65130	5130	200.00	170.00	6
65135	60	250.00	213.00	6
65140	30	242.00	210.00	6
65150	90	360.00	306.00	6
65155	90	350.00	298.00	6
65175	60	300.00	255.00	6
65205	520	16.00	14.00	3
65210	210	32.00	27.00	3
65220	220	32.00	27.00	3
65222	0	48.00	41.00	3
65235	45	242.00	210.00	6

65260		45	302.00	263.00	6
65265		45	302.00	263.00	6
65270		15	30.00	26.00	4
65272		15	60.00	51.00	4
65273		15	60.00	51.00	4
65275		30	180.00	153.00	4
65280		30	182.00	158.00	8
65285		45	211.00	174.00	6
65286		30	180.00	153.00	4
65290		30	90.00	77.00	4
65400		30	151.00	131.00	6
65410	410		24.00	21.00	4
65420		30	121.00	105.00	6
65426		30	121.00	105.00	6
65430	430		16.00	14.00	0
65435		0	30.00	26.00	3
65436		0	60.00	51.00	4
65450	450		30.00	26.00	5
65600	560		151.00	131.00	3
65710		90	453.00	394.00	8
65730		90	432.00	376.00	8
65750		90	432.00	376.00	8
65755		90	432.00	376.00	7
65760	760		BR	BR	0
65765		0	BR	BR	0
65767		0	BR	BR	0
65770		90	BR	BR	7
65771		90	BR	BR	7
65772		15	60.00	51.00	6
65775		90	320.00	272.00	6
65800	580		61.00	53.00	3
65805	580		61.00	53.00	3
65810		30	140.00	119.00	6
65815	5815		100.00	85.00	6
65820		30	182.00	158.00	6
65850		45	300.00	255.00	4

	65855		0	272.00	NA	0
	65865		30	200.00	170.00	6
	65870		30	200.00	170.00	6
	65875		30	200.00	170.00	6
	65880		30	200.00	170.00	6
	65900		30	200.00	170.00	6
	65920		30	200.00	170.00	6
	65930	5930		200.00	170.00	6
	66020	660		90.00	79.00	6
	66030	660		90.00	77.00	4
	66130		45	300.00	255.00	6
	66150		45	300.00	255.00	6
	66155		45	300.00	255.00	4
	66160		45	300.00	255.00	6
	66165		45	242.00	210.00	6
N	66170		45	375.00	319.00	6
	66172		45	450.00	382.00	5
	66180		45	BR	BR	5
	66185		45	BR	BR	5
	66220		90	500.00	425.00	6
	66225		90	500.00	425.00	6
	66250		45	121.00	105.00	4
	66500		30	121.00	105.00	6
	66505		30	121.00	105.00	6
	66600		45	272.00	236.00	6
	66605		45	302.00	263.00	6
	66625		45	285.00	243.00	6
	66630		45	285.00	243.00	4
	66635		45	285.00	243.00	6
	66680		45	228.00	194.00	6
	66700		30	151.00	131.00	6
	66710		30	130.00	110.00	4
	66720		30	121.00	105.00	4
	66740		30	121.00	105.00	6
	66761		30	121.00	105.00	6
	66762		30	121.00	105.00	0

	66770	30	152.00	132.00	4
	66820	45	121.00	105.00	6
	66821	45	151.00	131.00	4
	66825	45	151.00	131.00	6
	66830	6830	151.00	131.00	6
	66840	30	151.00	131.00	6
	66850	90	393.00	341.00	8
	66852	90	393.00	341.00	6
N I	66920	90	393.00	341.00	8
N I	66930	90	393.00	341.00	8
N I	66940	90	393.00	341.00	8
	66983	90	513.00	446.00	8
	66984	90	513.00	446.00	8
	66985	90	393.00	341.00	4
	66986	90	432.00	367.00	6
+	66990	990	71.00	60.00	990
	66999	0	BR	BR	0
	67005	90	393.00	NA	8
	67010	90	393.00	NA	8
	67015	7015	151.00	131.00	4
	67025	30	285.00	243.00	4
	67028	45	80.00	68.00	5
	67030	60	332.00	283.00	8
	67031	90	332.00	283.00	8
	67036	90	665.00	578.00	8
	67038	90	665.00	578.00	8
	67039	60	264.00	224.00	6
	67040	90	369.00	314.00	6
	67101	90	362.00	NA	7
	67105	90	362.00	NA	6
	67107	90	544.00	473.00	6
	67108	90	544.00	473.00	6
	67109	30	151.00	131.00	6
	67110	90	252.00	215.00	6
	67112	30	272.00	231.00	6

	67115		30	228.00	194.00	6
	67120		30	228.00	194.00	6
	67121		30	342.00	291.00	6
	67141		30	228.00	194.00	4
	67145		30	144.00	NA	4
	67208		30	362.00	NA	6
	67210		30	182.00	NA	6
	67218		30	323.00	275.00	4
N	67221		90	283.00	241.00	0
N	67225			23.00	20.00	0
	67227		30	182.00	155.00	7
	67228		30	182.00	NA	4
	67250		90	393.00	334.00	6
	67255		90	432.00	367.00	6
	67299		0	BR	BR	0
	67311		30	272.00	236.00	5
	67312		30	302.00	263.00	5
	67314		30	262.80	223.40	5
	67316		30	332.90	282.65	5
	67318		30	280.32	238.27	5
	67320		30	302.00	257.00	6
	67331		30	272.00	231.00	6
	67332		30	302.00	257.00	6
	67334		30	243.00	NA	5
	67335		30	166.00	NA	5
	67340		30	305.00	NA	5
	67343		30	225.50	NA	5
	67345		0	41.00	35.00	5
	67350	350		86.00	74.00	3
	67399		0	BR	BR	0
	67400		30	242.00	210.00	6
	67405		30	242.00	210.00	6
	67412		30	272.00	236.00	6
	67413		30	272.00	236.00	6
	67414		30	408.00	347.00	5
	67415	7415		48.00	41.00	4

67420			30	272.00	236.00	6
67430		7430		408.00	347.00	6
67440			30	385.00	327.00	6
67445			30	408.00	347.00	5
67450			30	408.00	347.00	3
67500		750		57.00	49.00	5
67505		750		57.00	49.00	3
67515			0	30.00	26.00	0
67550			30	272.00	236.00	4
67560			30	272.00	236.00	4
67570			30	204.00	173.00	5
67599			0	BR	BR	0
67700		770		24.00	20.00	3
67710		710		24.00	20.00	4
67715			0	24.00	20.00	4
67800			15	30.00	26.00	4
67801			15	42.00	37.00	4
67805			15	50.00	43.00	4
67808			15	90.00	76.00	4
67810		810		16.00	14.00	4
67820		820		16.00	14.00	0
67825			0	20.00	20.00	4
67830			90	121.00	105.00	4
67835			60	169.00	144.00	4
67840			15	18.00	16.00	3
67850		850		42.00	37.00	4
67875			30	70.00	59.00	5
67880			30	76.00	66.00	4
67882			30	114.00	99.00	4
67900			30	120.00	102.00	5
67901			60	272.00	236.00	4
67901	50		60	513.00	436.00	0
67902			60	182.00	158.00	4
67902	50		60	342.00	291.00	4
67903			60	272.00	236.00	4
67904			60	272.00	236.00	4

67906		60	182.00	158.00	4
67908		60	205.00	178.00	4
67909		30	114.00	99.00	4
67911		15	205.00	178.00	4
67914		15	30.00	26.00	4
67915	7915		30.00	26.00	3
67916		30	171.00	146.00	4
67917		30	182.00	158.00	4
67921		15	30.00	26.00	4
67922		15	30.00	26.00	3
67923		30	171.00	146.00	4
67924		30	182.00	158.00	4
67930		15	30.00	26.00	4
67935		15	57.00	50.00	4
67938		15	30.00	26.00	4
67950		30	121.00	105.00	4
67961		60	227.00	197.00	4
67966		60	242.00	210.00	4
67971		60	242.00	210.00	4
67973		60	362.00	315.00	4
67974		60	411.00	357.00	4
67975		30	46.00	40.00	4
67999		0	BR	BR	0
68020	680		16.00	14.00	4
68040	680		16.00	14.00	4
68100	810		18.00	16.00	3
68110		15	30.00	26.00	3
68115	8115		30.00	26.00	3
68130		15	40.00	34.00	4
68135		0	16.00	14.00	4
68200	820		16.00	14.00	4
68320		30	242.00	210.00	6
68325		30	272.00	236.00	6
68326		30	342.00	291.00	6
68328		30	371.00	316.00	6
68330	8330		257.00	219.00	6

68335		30	314.00	267.00	6
68340		30	257.00	219.00	6
68360		30	114.00	97.00	4
68362		30	228.00	194.00	4
68399		0	BR	BR	0
68400		15	48.00	42.00	3
68420		15	37.00	32.00	3
68440	440		16.00	14.00	0
68500		45	242.00	210.00	4
68505		45	242.00	210.00	4
68510	510		30.00	26.00	4
68520		45	242.00	210.00	4
68525		0	30.00	26.00	4
68530		15	60.00	52.00	4
68540		45	253.00	221.00	4
68550		45	253.00	221.00	4
68700		45	90.00	79.00	4
68705		15	23.00	20.00	4
68720		60	272.00	236.00	5
68745		30	272.00	236.00	4
68750		30	272.00	236.00	4
68760		15	30.00	26.00	4
68761		15	30.00	26.00	4
68770		15	114.00	97.00	3
68800	880		8.00	7.00	3
68820	820		13.00	11.00	3
68825		0	30.00	26.00	4
68830		15	13.00	11.00	5
68840	840		8.00	7.00	3
68850	850		21.00	19.00	3
68899		0	BR	BR	0
69000	690		24.00	21.00	3
69005		15	61.00	53.00	4
69020	690		18.00	16.00	3
69100	910		18.00	16.00	3
69105	910		18.00	16.00	4

	69110			90	76.00	66.00	4
	69120			90	151.00	131.00	4
	69140			90	182.00	158.00	4
	69145			0	24.00	20.00	3
	69150			90	169.00	147.00	6
	69155			90	242.00	210.00	6
	69200		920		13.00	11.00	0
	69205		920		30.00	26.00	4
	69210		210		13.00	11.00	5
	69220		220		18.00	15.00	3
	69220	50	220		35.00	30.00	3
	69222			0	35.00	30.00	3
	69222	50	B50		53.00	45.00	3
C	69300			90	121.00	105.00	4
C	69300	50		90	170.00	147.00	4
	69310			60	121.00	105.00	3
	69320			90	242.00	210.00	4
	69399			0	BR	BR	0
	69400		940		16.00	14.00	3
	69401		940		16.00	14.00	4
	69405		940		16.00	14.00	3
	69420		420		24.00	21.00	4
	69420	9420	420		61.00	53.00	4
	69420	20-50	420		90.00	79.00	4
	69421			7	121.00	105.00	4
	69424			0	18.00	16.00	4
	69424	50	B50		27.00	23.00	4
	69433			0	37.00	32.00	3
	69433	50	B50		48.00	42.00	3
	69436			0	54.00	47.00	3
	69436	50	B50		67.00	58.00	3
	69440			30	242.00	210.00	5
	69450			30	332.00	289.00	4
	69501			90	242.00	210.00	5
	69502			90	528.00	450.00	5
	69505			90	423.00	368.00	5

69511			90	423.00	368.00	5
69530			90	604.00	525.00	5
69535			90	818.00	696.00	5
69540			15	37.00	32.00	3
69550			90	332.00	282.00	5
69552			90	423.00	359.00	5
69554			90	483.00	411.00	5
69601			90	302.00	263.00	5
69602			90	302.00	263.00	5
69603			90	302.00	263.00	5
69604			90	368.00	313.00	5
69605			90	266.00	226.00	5
69610		610		24.00	21.00	3
69610	50	610		30.00	26.00	5
69620			90	280.00	252.00	5
69631			90	403.00	351.00	5
69632			90	403.00	351.00	5
69633			90	403.00	351.00	5
69635			90	484.00	411.00	5
69636			90	483.00	420.00	5
69637			90	484.00	411.00	5
69641			90	483.00	420.00	5
69642			90	483.00	420.00	5
69643			90	483.00	420.00	5
69644			90	483.00	420.00	5
69645			90	483.00	420.00	5
69646			90	483.00	420.00	5
69650			90	302.00	263.00	5
69660			90	393.00	341.00	5
69661			90	393.00	341.00	5
69662			90	435.00	377.00	5
69666			90	393.00	341.00	5
69667			90	393.00	341.00	5
69670			90	280.00	252.00	5
69676			90	257.00	219.00	5
69676	50		90	399.00	349.00	5

	69700			60	121.00	105.00	5
	69720			90	362.00	315.00	5
	69725			90	590.00	501.00	5
	69740			90	435.00	378.00	5
	69745			90	590.00	501.00	5
	69799			0	BR	BR	0
	69801			90	393.00	341.00	5
	69802			90	427.00	401.00	5
	69805			90	315.00	267.00	5
	69806			90	432.00	367.00	5
	69820			90	423.00	368.00	5
	69840			90	254.00	221.00	5
	69905		6990		393.00	341.00	5
	69910			90	550.00	467.00	5
	69915			90	508.00	431.00	5
N	69930			90	725.00	NA	3
	69949			0	BR	BR	0
	69950			90	720.00	612.00	6
	69955			90	635.00	539.00	9
	69960			90	571.00	485.00	6
	69970			90	423.00	368.00	6
	69979			0	BR	BR	0
L	M0101		BM0		16.00	14.00	0
L	W0001	WF		30	188.00	181.00	0
L	W0001	WM WF		30	NA	177.00	0
L	W0002	WF	BW0		123.00	116.00	0
L	W0002	WM WF	BW0		NA	112.00	0
L	W0004	WF	BW0		204.00	195.00	0
L	W0004	WM WF	BW0		NA	188.00	0
L	W0008	WF	BW0		139.00	130.00	0
L	W0008	WM WF	BW0		NA	123.00	0
L	W1000			60	1440.00	NA	8
L	W1001			60	214.00	NA	6
L	W1002			7	121.00	105.00	5
L	W1003			7	121.00	105.00	5
L	W1008			45	121.00	105.00	6

L	W1009			45	90.00	79.00	6
L	W2000			30	75.00	NA	3
E L	W3600		360		25.00	25.00	0
E L	W3650			30	194.00	NA	6
L	W4850			30	227.00	197.00	0
L	W5650		650		15.00	15.00	3
L	W5750		750		30.00	28.00	0
L	W5760			15	72.00	63.00	3
L	W5760	W576		15	48.00	42.00	3
L	W5920		920		51.00	44.00	0
E L	W5930			45	30.00	26.00	3
L	W6499			0	6.30	5.50	3
L	W9855			0	22.00	17.00	0
L	W9855	WM		0	NA	15.40	0
L	W9856			0	16.00	14.00	0
L	W9856	WM		0	NA	11.20	0

History

HISTORY:

Amended by R.2002 d.402, effective December 16, 2002.

See: *34 N.J.R. 2680(a)*, *34 N.J.R. 4441(a)*.

Added HCPCS code 62318 to the table of procedure codes.

Amended by R.2004 d.51, effective February, 2, 2004.

See: *35 N.J.R. 3027(a)*, *36 N.J.R. 664(b)*.

Rewrote the section.

Amended by R.2006 d.26, effective February 6, 2006.

See: *37 N.J.R. 3538(a)*, *38 N.J.R. 966(a)*.

Added HCPCS procedure codes 67221 and 67225.

Annotations

Notes

Chapter Notes

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End of Document

N.J.A.C. 10:54-9.6

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 56 No. 5, March 4, 2024

§ 10:54-9.6 HCPCS Procedure Codes and Maximum Fee Schedule for Radiology/Ultrasound

IND	HCPCS Code	Mod	Maximum Fee Allowance	Anes. Basic Units
	70010		63.90	
	70010	26	24.00	
	70010	TC	39.90	
	70015		213.33	
	70015	26	80.00	
	70015	TC	133.33	
	70030		15.00	
	70030	26	7.20	
	70030	TC	7.80	
	70100		15.00	
	70100	26	5.40	
	70100	TC	9.60	
	70110		20.00	
	70110	26	9.00	
	70110	TC	11.00	
	70120		15.00	
	70120	26	7.20	
	70120	TC	7.80	
	70130		20.00	
	70130	26	10.80	
	70130	TC	9.20	
	70134		25.00	

70134	26	10.00
70134	TC	15.00
70140		15.00
70140	26	5.40
70140	TC	9.60
70150		20.00
70150	26	9.00
70150	TC	11.00
70160		15.00
70160	26	5.40
70160	TC	9.60
70170		20.00
70170	26	7.20
70170	TC	12.80
70190		15.00
70190	26	5.40
70190	TC	9.60
70200		25.00
70200	26	9.00
70200	TC	16.00
70210		20.00
70210	26	5.40
70210	TC	14.60
70220		25.00
70220	26	9.00
70220	TC	16.00
70240		15.00
70240	26	7.20
70240	TC	7.80
70250		15.00
70250	26	5.40
70250	TC	9.60
70260		25.00
70260	26	9.00
70260	TC	16.00
70300		5.00

70300	26	1.80	
70300	TC	3.20	
70310		10.00	
70310	26	3.60	
70310	TC	6.40	
70320		15.00	
70320	26	7.20	
70320	TC	7.80	
70328		13.00	
70328	26	5.40	
70328	TC	7.60	
70330		20.00	
70330	26	9.00	
70330	TC	11.00	
70332		70.50	
70332	26	24.00	
70332	TC	46.50	
70336		300.00	3
70336	26	84.00	
70336	TC	216.00	
70350		8.00	
70350	26	3.60	
70350	TC	4.40	
70355		10.00	
70355	26	4.00	
70355	TC	6.00	
70360		10.00	
70360	26	3.60	
70360	TC	6.40	
70370		20.00	
70370	26	9.00	
70370	TC	11.00	
70371		30.00	
70371	26	13.00	
70371	TC	17.00	
70373		32.00	

	70373	26	12.00	
	70373	TC	20.00	
	70380		15.00	
	70380	26	5.40	
	70380	TC	9.60	
	70390		15.00	
	70390	26	7.20	
	70390	TC	7.80	
	70450		125.00	3
	70450	26	35.00	
	70450	TC	90.00	
	70460		125.00	3
	70460	26	35.00	
	70460	TC	90.00	
	70470		125.00	3
	70470	26	35.00	
	70470	TC	90.00	
N	70470	52	75.00	
	70470	26 52	21.00	
	70470	TC 52	54.00	
	70480		125.00	3
	70480	26	35.00	
	70480	TC	90.00	
	70481		125.00	3
	70481	26	35.00	
	70481	TC	90.00	
	70482		125.00	3
	70482	26	35.00	
	70482	TC	90.00	
N	70482	52	75.00	
	70482	26 52	21.00	
	70482	TC 52	54.00	
	70486		125.00	3
	70486	26	35.00	
	70486	TC	90.00	
	70487		125.00	3

	70487	26	35.00	
	70487	TC	90.00	
	70488		125.00	3
	70488	26	35.00	
	70488	TC	90.00	
N	70488	52	55.00	
	70488	26 52	21.00	
	70488	TC 52	54.00	
	70490		125.00	3
	70490	26	35.00	
	70490	TC	90.00	
	70491		125.00	3
	70491	26	35.00	
	70491	TC	90.00	
	70492		125.00	3
	70492	26	35.00	
	70492	TC	90.00	
N	70492	52	75.00	
	70492	26 52	21.00	
	70492	TC 52	54.00	
N	70540		300.00	3
	70540	26	84.00	
	70540	TC	216.00	
N	70541		BR	3
	70541	26	BR	
	70541	TC	BR	
N	70551		300.00	3
	70551	26	84.00	
	70551	TC	216.00	
N	70552		352.00	3
	70552	26	108.00	
	70552	TC	244.00	
N	70553		479.30	3
	70553	26	108.00	
	70553	TC	371.30	
M	71010		10.00	

	71010	26	3.60
	71010	TC	6.40
	71015		15.00
	71015	26	6.00
	71015	TC	9.00
M	71020		15.00
	71020	26	5.40
	71020	TC	9.60
	71021		17.50
	71021	26	7.50
	71021	TC	10.00
	71022		20.00
	71022	26	8.00
	71022	TC	12.00
	71023		30.00
	71023	26	12.00
	71023	TC	18.00
M	71030		20.00
	71030	26	9.00
	71030	TC	11.00
M	71034		20.00
	71034	26	9.00
	71034	TC	11.00
	71035		5.00
	71035	26	3.60
	71035	TC	1.40
	71036		43.00
	71036	26	18.00
	71036	TC	25.00
	71038		45.50
	71038	26	17.50
	71038	TC	28.00
	71040		30.00
	71040	26	10.80
	71040	TC	19.20
	71060		40.00

	71060	26	14.40	
	71060	TC	25.60	
	71090		45.27	
	71090	26	18.00	
	71090	TC	27.27	
	71100		15.00	
	71100	26	5.40	
	71100	TC	9.60	
	71101		25.00	
	71101	26	10.00	
	71101	TC	15.00	
	71110		20.00	
	71110	26	9.00	
	71110	TC	11.00	
	71111		35.00	
	71111	26	15.00	
	71111	TC	20.00	
	71120		15.00	
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	71130		20.00	
	71130	26	7.20	
	71130	TC	12.80	
	71250		125.00	3
	71250	26	35.00	
	71250	TC	90.00	
	71260		125.00	3
	71260	26	35.00	
	71260	TC	90.00	
	71270		125.00	3
	71270	26	35.00	
	71270	TC	90.00	
N	71270	52	75.00	
	71270	26 52	21.00	
	71270	TC 52	54.00	
N	71550		300.00	3

71550	26	84.00	
71550	TC	216.00	
71555		BR	3
71555	26	BR	
71555	TC	BR	
72010		40.00	
72010	26	16.20	
72010	TC	23.80	
72020		10.00	
72020	26	3.60	
72020	TC	6.40	
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72040	26	5.40	
72040	TC	9.60	
72050		20.00	
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72050	TC	12.80	
72052		25.00	
72052	26	9.00	
72052	TC	16.00	
72069		29.70	
72069	26	12.60	
72069	TC	17.10	
72070		15.00	
72070	26	5.40	
72070	TC	9.60	
72072		20.00	
72072	26	8.00	
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72074		25.00	
72074	26	10.00	
72074	TC	15.00	
72080		15.00	
72080	26	5.40	
72080	TC	9.60	
72090		15.00	

72090	26	6.00	
72090	TC	9.00	
72100		20.00	
72100	26	7.20	
72100	TC	12.80	
72110		25.00	
72110	26	9.00	
72110	TC	16.00	
72114		20.00	
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72114	TC	12.80	
72120		20.00	
72120	26	8.00	
72120	TC	12.00	
72125		125.00	3
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72125	TC	90.00	
72126		125.00	3
72126	26	35.00	
72126	TC	90.00	
72127		125.00	3
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72128		125.00	3
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72128	TC	90.00	
72129		125.00	3
72129	26	35.00	
72129	TC	90.00	
72130		125.00	3
72130	26	35.00	
72130	TC	90.00	
72131		125.00	3
72131	26	35.00	
72131	TC	90.00	
72132		125.00	3

	72132	26	35.00	
	72132	TC	90.00	
	72133		125.00	3
	72133	26	35.00	
	72133	TC	95.00	
N	72141		300.00	3
	72141	26	84.00	
	72141	TC	216.00	
N	72142		353.00	3
	72142	26	108.00	
	72142	TC	245.00	
N	72146		300.00	3
	72146	26	84.00	
	72146	TC	216.00	
N	72147		300.00	3
	72147	26	84.00	
	72147	TC	216.00	
N	72148		300.00	3
	72148	26	84.00	
	72148	TC	216.00	
N	72149		300.00	3
	72149	26	84.00	
	72149	TC	216.00	
N	72156		479.30	3
	72156	26	108.00	
	72156	TC	371.30	
N	72157		479.30	3
	72157	26	108.00	
	72157	TC	371.30	
N	72158		479.00	3
	72158	26	108.00	
	72158	TC	371.30	
	72159		BR	3
	72159	26	BR	
	72159	TC	BR	
N	72170		15.00	

	72170	26	5.40	
	72170	TC	9.60	
	72190		20.00	
	72190	26	7.20	
	72190	TC	12.80	
	72192		125.00	3
	72192	26	35.00	
	72192	TC	90.00	
	72193		125.00	3
	72193	26	35.00	
	72193	TC	90.00	
	72194		125.00	3
	72194	26	35.00	
	72194	TC	90.00	
	72194	52	75.00	
	72194	26 52	21.00	
	72194	TC 52	54.00	
N	72196		300.00	3
	72196	26	84.00	
	72196	TC	216.00	
	72198		BR	3
	72198	26	BR	
	72198	TC	BR	
	72200		20.00	
	72200	26	5.40	
	72200	TC	14.60	
	72202		20.00	
	72202	26	8.00	
	72202	TC	12.00	
N	72220		15.00	
	72220	26	5.40	
	72220	TC	9.60	
	72240		40.00	3
	72240	26	22.50	
	72240	TC	17.50	
	72255		40.00	3

72255	26	22.50	
72255	TC	17.50	
72265		40.00	3
72265	26	22.50	
72265	TC	17.50	
72270		60.00	3
72270	26	35.10	
72270	TC	24.90	
72285		50.00	
72285	26	22.50	
72285	TC	27.50	
72295		50.00	
72295	26	22.50	
72295	TC	27.50	
73000		10.00	
73000	26	3.60	
73000	TC	6.40	
73010		15.00	
73010	26	5.40	
73010	TC	9.60	
73020		15.00	
73020	26	3.60	
73020	TC	11.40	
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73050		18.00	
73050	26	7.20	
73050	TC	10.80	
73060		15.00	
73060	26	5.40	
73060	TC	9.60	
73070		15.00	

73070	26	3.60	
73070	TC	11.40	
73080		15.00	
73080	26	5.40	
73080	TC	9.60	
73085		15.00	
73085	26	10.80	
73085	TC	4.20	
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73090		6.40	
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73092	26	8.00	
73092	TC	12.00	
73100		10.00	
73100	26	3.60	
73100	TC	6.40	
73110		15.00	
73110	26	5.40	
73110	TC	9.60	
73115		15.00	
73115	26	10.80	
73115	TC	4.20	
73120		10.00	
73120	26	3.60	
73120	TC	6.40	
73130		15.00	
71330	26	5.40	
73130	TC	9.60	
73140		5.00	
73140	26	3.60	
73140	TC	1.40	
73200		125.00	3
73200	26	35.00	
73200	TC	90.00	
73201		125.00	3

73201	26	35.00	
73201	TC	90.00	
73202		125.00	3
73202	26	35.00	
73202	TC	90.00	
73220		300.00	3
73220	26	84.00	
73220	TC	216.00	
73221		300.00	3
73221	26	84.00	
73221	TC	216.00	
73225		BR	3
73225	26	BR	
73225	TC	BR	
73500		18.00	
73500	26	5.40	
73500	TC	12.60	
73510		20.00	
73510	26	7.20	
73510	TC	12.80	
73520		25.00	
73520	26	7.20	
73520	TC	17.80	
73525		15.00	
73525	26	10.80	
73525	TC	4.20	
73530		30.00	
73530	26	9.00	
73530	TC	21.00	
73540		15.00	
73540	26	7.20	
73540	TC	7.80	
73550		15.00	
73550	26	5.40	
73550	TC	9.60	
73560		15.00	

73560	26	3.60
73560	TC	11.40
73562		15.00
73562	26	5.40
73562	TC	9.60
73564		22.50
73564	26	9.00
73564	TC	13.50
73565		25.79
73565	26	8.13
73565	TC	17.66
73580		15.00
73580	26	10.80
73580	TC	4.20
73590		15.00
73590	26	3.60
73590	TC	11.40
73592		20.00
73592	26	8.00
73592	TC	12.00
73600		10.00
73600	26	3.60
73600	TC	6.40
73610		13.00
73610	26	5.40
73610	TC	7.60
73615		28.80
73615	26	10.80
73615	TC	18.00
73620		10.00
73620	26	3.60
73620	TC	6.40
73630		13.00
73630	26	5.40
73630	TC	7.60
73650		10.00

	73650	26	3.60	
	73650	TC	6.40	
	73660		5.00	
	73660	26	3.60	
	73660	TC	1.40	
	73700		125.00	3
	73700	26	35.00	
	73700	TC	90.00	
	73701		125.00	3
	73701	26	35.00	
	73701	TC	90.00	
	73702		125.00	3
	73702	26	35.00	
	73702	TC	90.00	
N	73720		300.00	3
	73720	26	84.00	
	73720	TC	216.00	
N	73721		300.00	3
	73721	26	84.00	
	73721	TC	216.00	
	73725		BR	3
	73725	26	BR	
	73725	TC	BR	
	74000		10.00	
	74000	26	5.40	
	74000	TC	4.60	
	74010		15.00	
	74010	26	7.20	
	74010	TC	7.80	
	74020		15.00	
	74020	26	7.20	
	74020	TC	7.80	
	74022		25.00	
	74022	26	10.00	
	74022	TC	15.00	
	74150		125.00	3

	74150	26	35.00	
	74150	TC	90.00	
	74160		125.00	3
	74160	26	35.00	
	74160	TC	90.00	
	74170		125.00	3
	74170	26	35.00	
	74170	TC	90.00	
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	74170	26 52	21.00	
	74170	TC 52	54.00	
N	74181		300.00	3
	74181	26	84.00	
	74181	TC	216.00	
	74185		BR	3
	74185	26	BR	
	74185	TC	BR	
	74190		53.00	3
	74190	26	15.00	
	74190	TC	38.00	
	74195		53.00	
	74195	26	15.00	
	74195	TC	38.00	
	74210		20.00	
	74210	26	8.00	
	74210	TC	12.00	
	74220		20.00	
	74220	26	9.00	
	74220	TC	11.00	
	74230		30.00	
	74230	26	12.50	
	74230	TC	17.50	
	74235		150.00	
	74235	26	60.00	
	74235	TC	90.00	
	74240		40.00	

74240	26	14.40
74240	TC	25.60
74241		45.00
74241	26	16.20
74241	TC	28.80
74245		50.00
74245	26	19.80
74245	TC	30.20
74226		43.00
74246	26	15.00
74246	TC	28.00
74247		50.00
74247	26	17.00
74247	TC	33.00
74249		57.00
74249	26	23.00
74249	TC	34.00
74250		30.00
74250	26	10.80
74250	TC	19.20
74251		45.00
74251	26	15.00
74251	TC	30.00
74260		25.00
74260	26	10.80
74260	TC	14.20
74270		30.00
74270	26	13.50
74270	TC	16.50
74280		40.00
74280	26	16.20
74280	TC	23.80
74283		35.00
74283	26	21.55
74283	TC	13.45
74290		35.00

74290	26	9.00
74290	TC	26.00
74291		57.00
74291	26	13.00
74291	TC	44.00
74300		40.00
74300	26	10.80
74300	TC	29.20
74301		10.00
74301	26	4.00
74301	TC	6.00
74305		25.00
74305	26	10.80
74305	TC	14.20
74320		25.00
74320	26	9.00
74320	TC	16.00
74327		49.00
74327	26	35.00
74327	TC	14.00
74328		116.38
74328	26	35.00
74328	TC	81.38
74329		116.00
74329	26	35.00
74329	TC	81.00
74330		76.00
74330	26	23.00
74330	TC	53.00
74340		40.00
74340	26	16.00
74340	TC	24.00
74350		50.00
74350	26	20.00
74350	TC	30.00
74355		50.00

74355	26	20.00	
74355	TC	30.00	
74360		50.00	
74360	26	20.00	
74360	TC	30.00	
74363		162.00	
74363	26	98.00	
74363	TC	64.00	
74400		35.00	3
74400	26	12.60	
74400	TC	22.40	
74405		50.00	5
74405	26	18.00	
74406	TC	32.00	
74410		40.00	
74410	26	14.40	
74410	TC	25.60	
74415		75.00	
74415	26	18.00	
74415	TC	57.00	
74420		35.00	
74420	26	9.00	
74420	TC	26.00	
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74425	TC	11.00	
74430		15.00	
74430	26	9.00	
74430	TC	6.00	
74440		20.00	
74440	26	9.00	
74440	TC	11.00	
74445		43.00	
74445	26	28.00	
74445	TC	15.00	
74450		20.00	

	74450	26	9.00	
	74450	TC	11.00	
	74455		20.00	
	74455	26	16.20	
	74455	TC	3.80	
	74470		20.00	
	74470	26	9.00	
	74470	TC	11.00	
	74475		108.42	
	74475	26	25.00	
	74475	TC	83.42	
	74480		69.00	
	74480	26	25.00	
	74480	TC	44.00	
	74485		192.25	
	74485	26	50.00	
	74485	TC	142.25	
M	74710		25.00	
	74710	26	9.00	
	74710	TC	16.00	
	74740		20.00	
	74740	26	9.00	
	74740	TC	11.00	
	74742		57.00	
	74742	26	15.75	
	74742	TC	41.25	
	74775		30.00	
	74775	26	12.00	
	74775	TC	18.00	
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	75552	26	84.00	
	75552	TC	216.00	
	75553		300.00	3
	75553	26	84.00	
	75553	TC	216.00	
	75554		300.00	3

75554	26	84.00	
75554	TC	216.00	
75555		300.00	3
75555	26	84.00	
75555	TC	216.00	
75600		57.00	
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75600	TC	40.80	
75605		102.38	
75605	26	27.00	
75605	TC	75.38	
75625		108.00	
75625	26	27.00	
75625	TC	81.00	
75630		62.50	
75630	26	30.00	
75630	TC	32.50	
75650		140.40	5
75650	26	35.10	
75650	TC	105.30	
75658		120.00	
75658	26	30.00	
75658	TC	90.00	
75660		100.00	
75660	26	25.00	
75660	TC	75.00	
75662		128.00	
75662	26	40.00	
75662	TC	88.00	
75665		126.00	
75665	26	31.50	
75665	TC	94.50	
75671		135.00	
75671	26	54.00	
75671	TC	81.00	
75676		108.00	

	75676	26	27.00	
	75676	TC	81.00	
	75680		140.50	
	75680	26	40.50	
	75680	TC	100.00	
	75685		108.00	
	75685	26	27.00	
	75685	TC	81.00	
	75705		178.10	
	75705	26	35.10	
	75705	TC	143.00	
M	75710		54.00	5
	75710	26	13.50	
	75710	TC	40.50	
	75716		90.00	
	75716	26	22.50	
	75716	TC	67.50	
	75722		108.00	
	75722	26	27.00	
	75722	TC	81.00	
	75722	51	NA	
	75722	26 51	40.00	
	75722	TC 51	NA	
	75724		134.00	
	75724	26	40.50	
	75724	TC	93.50	
	75726		101.80	
	75726	26	35.10	
	75726	TC	66.70	
	75731		108.00	
	75731	26	29.70	
	75731	TC	78.30	
	75733		145.80	
	75733	26	43.20	
	75733	TC	102.60	
	75736		108.27	

75736	26	27.00
75736	TC	81.27
75741		100.27
75741	26	27.00
75741	TC	73.27
75743		124.99
75743	26	40.50
75743	TC	84.49
75746		54.27
75746	26	27.00
75746	TC	27.27
75756		49.68
75756	26	16.20
75756	TC	33.48
75774		130.00
75774	26	35.00
75774	TC	95.00
75790		100.00
75790	26	40.00
75790	TC	60.00
75801		60.00
75801	26	18.00
75801	TC	42.00
75803		90.00
75803	26	22.50
75803	TC	67.50
75805		75.60
75805	26	21.60
75805	TC	54.00
75807		94.70
75807	26	29.70
75807	TC	65.00
75809		32.00
75809	26	14.00
75809	TC	18.00
75810		62.50

75810	26	22.50	
75810	TC	40.00	
75820		62.64	
75820	26	18.00	
75820	TC	44.64	
75822		79.00	
75822	26	22.50	
75822	TC	56.50	
75825		84.00	5
75825	26	22.50	
75825	TC	61.50	
75827		NA	
75827	26	22.50	
75827	TC	NA	
75831		135.00	
75831	26	24.30	
75831	TC	110.70	
75833		150.00	
75833	26	37.80	
75833	TC	112.20	
75840		135.00	
75840	26	24.30	
75840	TC	110.70	
75842		150.00	
75842	26	37.80	
75842	TC	112.20	
75860		135.00	
75860	26	35.10	
75860	TC	99.90	
75870		135.00	
75870	26	27.00	
75870	TC	108.00	
75872		135.00	
75872	26	25.00	
75872	TC	110.00	
75880		53.00	

75880	26	16.20	
75880	TC	36.80	
75885		102.00	
75885	26	36.00	
75885	TC	66.00	
75887		150.00	
75887	26	32.00	
75887	TC	118.00	
75889		135.00	
75889	26	36.00	
75889	TC	99.00	
75891		135.00	
75891	26	32.00	
75891	TC	103.00	
75893		75.00	
75893	26	30.00	
75893	TC	45.00	
75894		180.00	
75894	26	40.00	
75894	TC	140.00	
75896		180.00	
75896	26	30.00	
75896	TC	150.00	
75898		100.00	
75898	26	25.00	
75898	TC	75.00	
75900		347.00	
75900	26	25.00	
75900	TC	322.00	
75901	TC	31.00	
75901	26	10.00	
75902		39.00	
75902	TC	30.00	
75902	26	9.00	
75940		110.00	7
75940	26	25.00	

75940	TC	85.00
75954		NA
75954	TC	NA
75954	26	21.00
75960		180.00
75960	26	40.00
75960	TC	140.00
75961		200.00
75961	26	80.00
75961	TC	120.00
75962		200.00
75962	26	88.00
75962	TC	112.00
75964		118.00
75964	26	25.00
75964	TC	93.00
75966		125.00
75966	26	25.00
75966	TC	100.00
75968		NA
75968	26	25.00
75968	TC	NA
75970		150.00
75970	26	30.00
75970	TC	120.00
75978		118.00
75978	26	36.00
75978	TC	82.00
75980		110.00
75980	26	31.00
75980	TC	79.00
75982		130.00
75982	26	24.00
75982	TC	106.00
75984		36.75
75984	26	15.00

75984	TC	21.75
75989		131.00
75989	26	25.00
75989	TC	106.00
75992		220.00
75992	26	88.00
75992	TC	132.00
75993		114.00
75993	26	25.00
75993	TC	89.00
75994		125.00
75994	26	25.00
75994	TC	100.00
75995		125.00
75995	26	50.00
75995	TC	75.00
75996		100.00
75996	26	25.00
75996	TC	75.00
76000		45.00/Hr
76001		45.00/Hr
76003		53.00
76003	26	24.00
76003	TC	29.00
76010		15.00
76010	26	6.00
76010	TC	9.00
76020		15.00
76020	26	5.40
76020	TC	9.60
76040		20.00
76040	26	9.00
76040	TC	11.00
76061		35.00
76061	26	18.00
76061	TC	17.00

76062		90.00
76062	26	36.00
76062	TC	54.00
76065		20.00
76065	26	8.00
76065	TC	12.00
76066		15.00
76066	26	6.00
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76071		62.00
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76071	26	5.00
76075		65.00
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76075	TC	55.00
76080		15.00
76080	26	9.00
76080	TC	6.00
76086		38.00
76086	26	10.00
76086	TC	28.00
76088		51.00
76088	26	15.00
76088	TC	36.00
76090		26.00
76090	26	10.40
76090	TC	15.60
76091		36.00
76091	26	14.40
76091	TC	21.60
76092		36.00
76092	26	14.40
76092	TC	21.60

76093		320.00
76093	26	38.00
76093	TC	282.00
76094		420.00
76094	26	38.00
76094	TC	382.00
76095		155.00
76095	26	53.00
76095	TC	102.00
76096		30.00
76096	26	12.00
76096	TC	18.00
76098		15.00
76098	26	6.00
76098	TC	9.00
76100		35.00
76100	26	14.00
76100	TC	21.00
76100	50	50.00
76100	26 50	20.00
76100	TC 50	30.00
76101		40.00
76101	26	16.00
76101	TC	24.00
76102		60.00
76102	26	24.00
76102	TC	36.00
76120		30.00
76120	26	5.40
76120	TC	24.60
76125		5.00
76125	26	5.00
76125	TC	NA
76150		4.00
76150	26	1.60
76150	TC	2.40

76350		66.00
76350	26	26.00
76350	TC	40.00
76355		125.00
76355	26	35.00
76355	TC	90.00
76360		170.00
76360	26	35.00
76360	TC	135.00
76365		170.00
76365	26	35.00
76365	TC	135.00
76370		75.00
76370	26	56.00
76370	TC	19.00
76375		25.00
76375	26	10.00
76375	TC	15.00
76380		67.16
76380	26	26.86
76380	TC	40.30
76400		350.00
76400	26	52.00
76400	TC	298.00
76496		BR
76496	TC	BR
76496	26	BR
76497		BR
76497	TC	BR
76497	26	BR
76498		BR
76498	TC	BR
76498	26	BR
76499		BR
76499	26	BR
76499	TC	BR

76506		42.00
76506	26	17.00
76506	TC	25.00
76511		40.00
76511	26	18.00
76511	TC	22.00
76512		60.00
76512	26	34.20
76512	TC	25.80
76513		60.00
76513	26	24.00
76513	TC	36.00
76516		40.00
76516	26	18.00
76516	TC	22.00
76519		44.00
76519	26	20.00
76519	TC	24.00
76529		47.00
76529	26	22.00
76529	TC	25.00
76536		30.00
76536	26	13.50
76536	TC	16.50
76604		25.00
76604	26	10.80
76604	TC	14.20
76645		50.00
76645	26	22.50
76645	TC	27.50
76700		60.00
76700	26	27.00
76700	TC	33.00
76705		40.00
76705	26	18.00
76705	TC	22.00

	76770		60.00	
	76770	26	27.00	
	76770	TC	33.00	
	76775		60.00	
	76775	26	27.00	
	76775	TC	33.00	
	76778		60.00	
	76778	26	27.00	
	76778	TC	33.00	
	76800		65.00	
	76800	26	29.00	
	76800	TC	36.00	
	76801		55.00	
	76801	TC	33.00	
	76801	26	22.00	
	76801	YD	55.00	
	76801	TC YD	33.00	
	76801	26 YD	22.00	
+	76802		43.00	
+	76802	TC	25.00	
+	76802	26	18.00	
+	76802	YD	43.00	
+	76802	TC YD	25.00	
+	76802	26 YD	18.00	
	76805		55.00	
	76805	26	25.20	
	76805	TC	29.80	
	76810		110.00	
	76810	26	50.00	
	76810	TC	60.00	
	76811		204.00	
	76811	TC		45.00
	76811	26	59.00	
+	76812		122.00	
	76812	TC	77.00	

76812	26		45.00
76815		25.00	
76815	26	10.80	
76815	TC	14.20	
76816		25.00	
76816	26	10.80	
76816	TC	14.20	
76817		81.00	
76817	TC	48.00	
76817	26	33.00	
76817	YD	81.00	
76817	TC YD	48.00	
76817	26 YD	33.00	
76818		55.00	
76818	26	27.50	
76818	TC	27.50	
76825		55.00	
76825	26	28.00	
76825	TC	27.00	
76826		53.50	
76826	26	25.00	
76826	TC	28.50	
76827		60.00	
76827	26	30.00	
76827	TC	30.00	
76828		45.00	
76828	26	25.00	
76828	TC	20.00	
76830		67.00	
76830	26	29.00	
76830	TC	38.00	
76856		60.00	
76856	26	27.00	
76856	TC	33.00	
76857		40.00	

76857	26	16.00
76857	TC	24.00
76870		47.00
76870	26	19.00
76870	TC	28.00
76872		81.00
76872	26	40.00
76872	TC	41.00
76880		25.00
76880	26	12.50
76880	TC	12.50
76930		39.34
76930	26	18.00
76930	TC	21.34
76932		NA
76932	26	20.00
76932	TC	NA
76934	TC	NA
76934	26	18.00
76934	TC	NA
76936		135.00
76936	26	35.00
76936	TC	100.00
76938		37.00
76938	26	17.50
76938	TC	19.50
76941		57.00
76941	26	32.00
76941	TC	25.00
76942		17.50
76942	26	17.50
76942	TC	NA
76945		40.00
76945	26	20.00
76945	TC	20.00
76946		31.00

	76946	26	18.00
	76946	TC	13.00
	76948		NA
F	76948	26	18.00
	76948	TC	NA
	76950		65.00
	76950	26	28.00
	76950	TC	37.00
	76960		75.00
	76960	26	56.00
	76960	TC	19.00
	76975		60.00
	76975	26	27.00
	76975	TC	33.00
	76999		BR
	76999	26	BR
	76999	TC	BR
	77261		22.00
	77261	26	22.00
	77261	TC	NA
	77262		34.00
	77262	26	34.00
	77262	TC	NA
	77263		45.00
	77263	26	45.00
	77263	TC	NA
	77280		33.00
	77280	26	33.00
	77280	TC	NA
	77285		40.00
	77285	26	40.00
	77285	TC	NA
	77290		59.00
	77290	26	59.00
	77290	TC	NA
	77295		BR

77295	26	BR
77295	TC	BR
77299		BR
77299	26	BR
77299	TC	BR
77300		26.00
77300	26	26.00
77300	TC	NA
77305		22.00
77305	26	22.00
77305	TC	NA
77310		45.00
77310	26	45.00
77310	TC	NA
77315		67.00
77315	26	67.00
77315	TC	NA
77321		35.00
77321	26	35.00
77321	TC	NA
77326		22.00
77326	26	22.00
77326	TC	NA
77327		45.00
77327	26	45.00
77327	TC	NA
77328		67.00
77328	26	67.00
77328	TC	NA
77331		22.00
77331	26	22.00
77331	TC	NA
77332		22.00
77332	26	22.00
77332	TC	NA
77333		45.00

77333	26	45.00	
77333	TC	NA	
77334		67.00	
77334	26	67.00	
77334	TC	NA	
77336		38.00	
77336	26	38.00	
77336	TC	NA	
77370		42.00	
77370	26	42.00	
77370	TC	NA	
77399		BR	
77399	26	BR	
77399	TC	BR	
77401		21.00	3
77401	26	NA	
77401	TC	21.00	
77402		21.00	3
77402	26	NA	
77402	TC	NA	
77403		21.00	3
77403	26	NA	
77403	TC	21.00	
77404		21.00	3
77404	26	NA	
77404	TC	21.00	
77406		21.00	3
77406	26	NA	
77406	TC	21.00	
77407		21.00	3
77407	26	NA	
77407	TC	21.00	
77408		29.10	3
77408	26	NA	
77408	TC	29.10	
77409		29.10	3

77409	26	NA	
77409	TC	29.10	
77411		29.10	3
77411	26	NA	
77411	TC	20.10	
77412		41.00	3
77412	26	NA	
77412	TC	41.00	
77413		41.00	3
77413	26	NA	
77413	TC	41.00	
77414		41.00	3
77414	26	NA	
77414	TC	41.00	
77416		41.00	3
77416	26	NA	
77416	TC	41.00	
77417		20.00	
77417	26	10.00	
77417	TC	10.00	
77419		133.00	
77419	26	133.00	
77419	TC	NA	
77420		67.00	
77420	26	67.00	
77420	TC	NA	
77425		100.00	
77425	26	100.00	
77425	TC	NA	
77430		133.00	
77430	26	133.00	
77430	TC	NA	
77431		13.40	
77431	26	13.40	
77431	TC	NA	
77432		BR	

77432	26	BR	
77432	TC	NA	
77499		BR	
77499	26	BR	
77499	TC	NA	
77600		37.00	
77600	26	37.00	
77600	TC	NA	
77605		37.00	
77605	26	37.00	
77605	TC	NA	
77610		37.00	
77610	26	37.00	
77610	TC	NA	
77615		37.00	
77615	26	37.00	
77615	TC	NA	
77620		37.00	
77620	26	37.00	
77620	TC	NA	
77750		28.90	
77750	26	25.00	
77750	TC	3.90	
77761		97.00	3
77761	26	75.00	
77761	TC	22.00	
77762		130.00	
77762	26	100.00	
77762	TC	30.00	
77763		156.00	
77763	26	125.00	
77763	TC	31.00	
77776		155.00	
77776	26	75.00	
77776	TC	80.00	
77777		131.58	

	77777	26	100.00
	77777	TC	31.58
	77778		187.00
	77778	26	150.00
	77778	TC	37.00
	77781		245.00
	77781	26	45.00
	77781	TC	200.00
	77782		BR
	77782	26	BR
	77782	TC	BR
	77783		250.00
	77783	26	100.00
	77783	TC	150.00
	77784		305.00
	77784	26	NA
	77784	TC	NA
	77789		15.00
	77789	26	6.00
	77789	TC	9.00
N	77790		61.20
	77790	26	50.00
	77790	TC	11.20
	77799		BR
	77799	26	BR
	77799	TC	BR
	78000		20.00
	78000	26	4.50
	78000	TC	15.50
	78001		20.00
	78001	26	5.40
	78001	TC	14.60
	78003		25.00
	78003	26	9.00
	78003	TC	16.00
	78006		40.00

78006	26	22.50
78006	TC	17.50
78007		42.50
78007	26	30.00
78007	TC	12.50
78010		20.00
78010	26	13.50
78010	TC	6.50
78011		39.00
78011	26	16.00
78011	TC	23.00
78015		50.00
78015	26	20.00
78015	TC	30.00
78016		56.00
78016	26	22.00
78016	TC	34.00
78017		56.00
78017	26	22.00
78017	TC	34.00
78018		70.00
78018	26	28.00
78018	TC	42.00
78070		37.00
78070	26	20.00
78070	TC	17.00
78075		50.00
78075	26	20.00
78075	TC	30.00
78099		BR
78099	26	BR
78099	TC	
78102		60.00
78102	26	24.00
78102	TC	36.00
78103		75.00

78103	26	30.00
78103	TC	45.00
78104		90.00
78104	26	36.00
78104	TC	54.00
78110		20.00
78110	26	13.50
78110	TC	6.50
78111		25.00
78111	26	13.50
78111	TC	11.50
78120		30.00
78120	26	13.50
78120	TC	16.50
78121		40.00
78121	26	16.00
78121	TC	24.00
78122		75.00
78122	26	30.00
78122	TC	45.00
78130		25.00
78130	26	18.00
78130	TC	7.00
78135		75.00
78135	26	18.00
78135	TC	57.00
78140		50.00
78140	26	18.00
78140	TC	32.00
78160		30.00
78160	26	9.00
78160	TC	21.00
78162		60.00
78162	26	18.00
78162	TC	42.00
78170		50.00

78170	26	18.00
78170	TC	32.00
78172		60.00
78172	26	18.00
78172	TC	42.00
78185		50.00
78185	26	18.00
78185	TC	32.00
78190		BR
78190	26	BR
78190	TC	BR
78191		50.00
78191	26	20.00
78191	TC	30.00
78195		75.00
78195	26	30.00
78195	TC	45.00
78199		BR
78199	26	BR
78199	TC	BR
78201		40.00
78201	26	27.00
78201	TC	13.00
78202		60.00
78202	26	24.00
78202	TC	36.00
78205		53.00
78205	26	21.00
78205	TC	32.00
78215		40.00
78215	26	27.00
78215	TC	13.00
78216		62.50
78216	26	25.00
78216	TC	37.50
78220		90.00

78220	26	27.00
78220	TC	63.00
78223		85.00
78223	26	34.00
78223	TC	51.00
78230		35.00
78230	26	14.00
78230	TC	21.00
78231		35.00
78231	26	14.00
78231	TC	21.00
78232		35.00
78232	26	14.00
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78258		30.00
78258	26	13.00
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78261		30.00
78261	26	12.00
78261	TC	18.00
78262		32.00
78262	26	13.00
78262	TC	19.00
78264		34.00
78264	26	14.00
78264	TC	20.00
78270		25.00
78270	26	6.30
78270	TC	18.70
78271		30.00
78271	26	13.00
78271	TC	17.00
78272		40.00
78272	26	6.30
78272	TC	33.70
78278		35.00

78278	26	14.00
78278	TC	21.00
78282		30.00
78282	26	10.80
78282	TC	19.20
78290		52.00
78290	26	21.00
78290	TC	31.00
78291		23.00
78291	26	13.00
78291	TC	10.00
78299		BR
78299	26	BR
78299	TC	BR
78300		60.00
78300	26	18.00
78300	TC	42.00
78305		75.00
78305	26	27.00
78305	TC	48.00
78306		75.00
78306	26	27.00
78306	TC	48.00
78315		113.00
78315	26	45.00
78315	TC	68.00
78320		60.00
78320	26	24.00
78320	TC	36.00
78399		BR
78399	26	BR
78399	TC	BR
78414		32.00
78414	26	32.00
78414	TC	NA
78428		62.00

78428	26	46.00
78428	TC	16.00
78445		60.00
78445	26	60.00
78445	TC	NA
78455		70.00
78455	26	28.00
78455	TC	42.00
78457		100.00
78457	26	40.00
78457	TC	60.00
78458		150.00
78458	26	60.00
78458	TC	90.00
78460		72.00
78460	26	29.00
78460	TC	43.00
78461		120.00
78461	26	74.00
78461	TC	46.00
78464		120.00
78464	26	74.00
78464	TC	46.00
78465		120.00
78465	26	74.00
78465	TC	46.00
78466		72.00
78466	26	29.00
78466	TC	43.00
78468		81.00
78468	26	32.00
78468	TC	49.00
78472		100.00
78472	26	40.00
78472	TC	60.00
78473		130.00

78473	26	52.00
78473	TC	78.00
78478		100.00
78478	26	40.00
78478	TC	60.00
78480		100.00
78480	26	40.00
78480	TC	60.00
78481		100.00
78481	26	40.00
78481	TC	60.00
78483		131.00
78483	26	32.00
78483	TC	99.00
78499		BR
78499	26	BR
78499	TC	BR
78580		50.00
78580	26	27.00
78580	TC	23.00
78584		50.00
78584	26	27.00
78584	TC	23.00
78585		75.00
78585	26	30.00
78585	TC	45.00
78586		50.00
78586	26	20.00
78586	TC	30.00
78587		50.00
78587	26	20.00
78587	TC	30.00
78591		50.00
78591	26	20.00
78591	TC	30.00
78593		50.00

78593	26	20.00
78593	TC	30.00
78594		50.00
78594	26	20.00
78594	TC	30.00
78596		60.00
78596	26	24.00
78596	TC	36.00
78599		BR
78599	26	BR
78599	TC	BR
78600		60.00
78600	26	27.00
78600	TC	33.00
78601		85.00
78601	26	34.00
78601	TC	51.00
78605		60.00
78605	26	27.00
78605	TC	33.00
78606		85.00
78606	26	34.00
78606	TC	51.00
78607		90.00
78607	26	36.00
78607	TC	54.00
78610		27.00
78610	26	27.00
78610	TC	NA
78615		93.00
78615	26	37.00
78615	TC	56.00
78630		75.00
78630	26	72.00
78630	TC	3.00
78635		85.00

78635	26	34.00
78635	TC	51.00
78645		95.00
78645	26	35.00
78645	TC	60.00
78647		116.00
78647	26	26.00
78647	TC	90.00
78650		75.00
78650	26	72.00
78650	TC	3.00
78655		35.00
78655	26	14.00
78655	TC	21.00
78660		40.00
78660	26	16.00
78660	TC	24.00
78699		BR
78699	26	BR
78699	TC	BR
78700		40.00
78700	26	18.00
78700	TC	22.00
78701		65.00
78701	26	26.00
78701	TC	39.00
78704		75.00
78704	26	34.00
78704	TC	41.00
78707		110.00
78707	26	50.00
78707	TC	60.00
78710		40.00
78710	26	16.00
78710	TC	24.00
78715		47.00

78715	26	47.00
78715	TC	NA
78725		30.00
78725	26	13.50
78725	TC	16.50
78726		30.00
78726	26	13.50
78726	TC	16.50
78727		50.00
78727	26	50.00
78727	TC	NA
78730		30.00
78730	26	13.50
78730	TC	16.50
78740		50.00
78740	26	22.50
78740	TC	27.50
78760		33.00
78760	26	33.00
78760	TC	NA
78761		40.00
78761	26	40.00
78761	TC	NA
78799		BR
78799	26	BR
78799	TC	BR
78800		137.00
78800	26	54.80
78800	TC	82.20
78801		137.00
78801	26	54.80
78801	TC	82.20
78802		60.00
78802	26	24.00
78802	TC	36.00
78803		68.00

	78803	26	27.00
	78803	TC	41.00
N	78805		137.00
	78805	26	54.80
	78805	TC	82.20
	78806		60.00
	78806	26	24.00
	78806	TC	36.00
	78807		70.00
	78807	26	27.00
	78807	TC	43.00
	78980		NA
	78980	26	31.00
	78980	TC	NA
	78985		NA
	78985	26	120.00
	78985	TC	NA
	78999		BR
	78999	26	BR
	78999	TC	BR
	79000		100.00
	79000	26	67.50
	79000	TC	32.50
	79001		50.00
	79001	26	20.00
	79001	TC	30.00
	79020		100.00
	79020	26	45.00
	79020	TC	55.00
	79030		147.00
	79030	26	90.00
	79030	TC	57.00
	79035		165.00
	79035	26	90.00
	79035	TC	75.00
	79100		30.00

	79100	26	12.00
	79100	TC	18.00
	79200		45.00
	79200	26	NA
	79200	TC	NA
	79300		150.00
	79300	26	NA
	79300	TC	NA
	79400		30.00
	79400	26	12.00
	79400	TC	18.00
	79420		50.00
	79420	26	20.00
	79420	TC	30.00
	79440		66.00
	79440	26	26.00
	79440	TC	40.00
	79999		BR
	79999	26	BR
	79999	TC	BR
L	R0070		26.00
L	R0070	26	NA
L	R0070	TC	26.00

History

HISTORY:

Amended by R.2004 d.51, effective February 2, 2004.

See: 35 New Jersey Register 3027(a), 36 New Jersey Register 664(b).

Inserted HCPCS Code 75901 through 75902, 75954, 76701, 76496 through 76498, 76801 through 76802, 76811 through 76812 and 76817.

Annotations

Notes

Chapter Notes

NEW JERSEY ADMINISTRATIVE CODE
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End of Document

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 56 No. 5, March 4, 2024

§ 10:54-9.7 HCPCS procedure codes and maximum fee allowance schedule for pathology/laboratory

(a) HCPCS procedure codes and maximum fee allowance schedule for Level 1

Click here to view image.

(b) HCPCS procedure codes, procedure description and maximum fee allowance schedule for Level 2

Click here to view image.

(c) HCPCS procedure codes, procedure description and maximum fee allowance schedule for Level 3

Click here to view image.

History

HISTORY:

Amended by R.2004 d.51, effective February, 2, 2004.

See: *35 New Jersey Register 3027(a)*, *36 New Jersey Register 664(b)*.

Deleted HCPCS Codes 80090, 85021 through 85024, 85031, 85590 through 85595 and 86915 and inserted HCPCS Codes 83880, 84302, 85004, 85032, 85049, 85380, 86294, 87210, 87255, 87267 through 87271, 88174 thourgh 88175 and 89055.

Annotations

Notes

Chapter Notes

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[N.J.A.C. 10:54-9.8]

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 56 No. 5, March 4, 2024

NJ - New Jersey Administrative Code > TITLE 10. HUMAN SERVICES > CHAPTER 54. PHYSICIAN SERVICES > SUBCHAPTER 9. HEALTH CARE FINANCING ADMINISTRATION (HCFA) COMMON PROCEDURE CODING SYSTEM (HCPCS)

§ 10:54-9.8 HCPCS Procedure Codes with Qualifiers (except for Pathology/Laboratory)

(a) The following is a list of Level I HCPCS procedure codes with their associated qualifiers (except for Pathology and Laboratory procedure codes). Providers are to recognize the requirements inherent in billing each of the HCPCS. The qualifiers related to Pathology/Laboratory Services are located in the next section in *N.J.A.C. 10:54-9.9*. FOR A LISTING OF QUALIFIERS FOR THE EVALUATION AND MANAGEMENT PROCEDURE CODES, SEE (e) OF THIS SUBCHAPTER.

Code	Narrative
10040	Acne surgery (e.g. marsupialization, opening or removal of multiple milia, comedones, cysts, pustules) QUALIFIER: This code is limited to severe acne; for less severe acne, utilize procedure codes for routine office visit. Excision must involve the use of a scalpel and an expresser but not an expresser alone.
11975	Insertion, implantable contraceptive capsules. QUALIFIER: The maximum fee allowance is reimbursed for the insertion or reinsertion of the "Norplant System" (six levonorgestrel implants) and the post insertion visit when provided in a hospital setting, when the physician bills for the service. When using this procedure code, the physician will not be reimbursed for the cost of the kit. The supplier of the kit to the physician will be reimbursed directly for the cost of the kit.
11975 22	Insertion, implantable contraceptive capsules. QUALIFIER: The maximum fee allowance is reimbursed includes the cost of the kit supplied to the physician, the insertion of the "Norplant System" (six levonorgestrel implants) and the post insertion visit. NOTE: The "22" modifier indicates the inclusion of the cost of the kit.
11976	Removal of implantable contraceptive capsules. QUALIFIER: The maximum fee allowance is reimbursed for the removal of the "Norplant System" (six levonorgestrel implants) and for the post removal visit.
11977	Removal of implantable contraceptive capsules. QUALIFIER: The maximum fee allowance is reimbursed for the removal of the "Norplant System" (six levonorgestrel implants).
11977 22	Removal with reinsertion, implantable contraceptive capsules.

	QUALIFIER: The maximum fee allowance is reimbursed for the removal and reinsertion of the "Norplant System" (six levonorgestrel implants) and for the post removal/reinsertion visit. NOTE: Modifier "22" indicates that the billing includes the cost of the NPS kit.
36510	Catheterization of umbilical vein for diagnosis or therapy; newborn. QUALIFIER: May be used in addition to a Hospital Inpatient Services or Inpatient Consultation procedure codes, if applicable, but not in addition to Critical Care or Prolonged Detention procedure codes.
36660	Catheterization of umbilical artery, newborn, for diagnosis or therapy. QUALIFIER: May be used in addition to a Hospital Inpatient Services or Inpatient Consultation procedure codes, if applicable, but not in addition to Critical Care or Prolonged Detention procedure codes.

(b) Diagnostic endoscopy: The following are the qualifiers for HCPCS procedure codes for diagnostic endoscopic procedure codes.

1. Respiratory System (CPT codes 30000-32999)

31520	Laryngoscopy direct, with or without tracheoscopy; diagnostic newborn. QUALIFIER: When combined with another endoscopic procedure, each procedure may be reimbursed at 100% of the maximum fee allowance.
31525	Laryngoscopy direct, with or without tracheoscopy; diagnostic except newborn. QUALIFIER: When combined with another endoscopic procedure, each procedure may be reimbursed at 100% of the maximum fee allowance.
31575	Laryngoscopy, flexible fiberoptic; diagnostic QUALIFIER: When combined with another endoscopic procedure, each procedure may be reimbursed at 100% of the maximum fee allowance.
31615	Tracheobronchoscopy through established tracheostomy incision. QUALIFIER: When combined with another endoscopic procedure, the procedure may be reimbursed at the rate of the maximum fee allowance of the procedure of the "deepest penetration".
31622	Diagnostic (flexible or rigid) with or without all washing or brushing. QUALIFIER: When combined with another endoscopic procedure, the procedure may be reimbursed at the rate of the maximum fee allowance of the procedure of the "deepest penetration".

2. Hemic and Lymphatic systems (CPT codes 38100-39599)

39400 22	Mediastinoscopy with biopsy QUALIFIER: Multiple surgery pricing applies.

3. Digestive system (CPT codes 40490-49999)

i. Upper gastrointestinal system

43200 Esophagoscope, rigid or flexible; diagnostic, with or without removal of foreign body
QUALIFIER: When combined with another endoscopic procedure, the procedure may be reimbursed at the rate of the maximum fee allowance of the procedure of the "deepest penetration".

43234 Upper gastrointestinal endoscopy simple primary examination (e.g. with small diameter flexibile fiberscope)
QUALIFIER: When combined with another endoscopic procedure, the procedure may be reimbursed at the rate of the maximum fee allowance of the procedure of the "deepest penetration".

43235 Upper gastrointestinal endoscopy including esophagus, stomach and either the duodenum and/or jejunum, as appropriate; complex diagnostic
QUALIFIER: When combined with another endoscopic procedure, the procedure may be reimbursed at the rate of the maximum fee allowance of the procedure of the "deepest penetration".

ii. Lower gastrointestinal

45300 Proctosigmoidoscopy; diagnostic (separate procedure)
QUALIFIER: When combined with another endoscopic procedure, the procedure may be reimbursed at the rate of the maximum fee allowance of the procedure of the "deepest penetration".

45330 Sigmoidoscopy, flexible fiberoptic; diagnostic
QUALIFIER: When combined with another endoscopic procedure, the procedure may be reimbursed at the rate of the maximum fee allowance of the procedure of the "deepest penetration".

46600 Anoscope: diagnostic (separate procedure)
QUALIFIER: This diagnostic endoscopy procedure has the least penetration: (despite the "high" HCPCS number). When combined with another endoscopic procedure in the same body system, the reimbursement is at the rate of the maximum fee allowance of any other procedure code that denotes the "deepest penetration".

iii. Biliary tract;

47550 Biliary endoscopy, intraoperative (kaleidoscope)
QUALIFIER: When combined with another endoscopic procedure, each procedure may be reimbursed at 100% of the maximum fee allowance.

47552 Biliary endoscopy, intraoperative (kaleidoscope)
QUALIFIER: When combined with another endoscopic procedure, each procedure may be reimbursed at 100% of the maximum fee allowance.

iv. Urinary system (CPT codes 50010-53899)

50951 Ureteral endoscopy through established ureterostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service
QUALIFIER: When combined with another endoscopic procedure,

each procedure may be reimbursed at 100% of the maximum fee allowance.

50970 Ureteral endoscopy through ureterotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service
QUALIFIER: When combined with another endoscopic procedure, each procedure may be reimbursed at 100% of the maximum fee allowance.

52000 Cystourethroscopy (separate procedure)
QUALIFIER: When combined with another endoscopic procedure, each procedure may be reimbursed at 100% of the maximum fee allowance.

v. Female genital system (CPT codes 56000-58999)

57452 Colposcopy (vaginoscopy); (separate procedure)
QUALIFIER: When combined with another endoscopic procedure, each procedure may be reimbursed at 100% of the maximum fee allowance.

(c) HCPCS Code Qualifiers

41872 Gingivoplasty
QUALIFIER: Reimbursement is based upon a dollar amount for each quadrant.

50590 Lithotripsy, extracorporeal shock wave (Professional Component) (PC)
QUALIFIER: For the Professional Component of lithotripsy, extracorporeal shock wave (ESWL), reimbursement includes all professional services (Professional Component pertaining to ESWL performed by the treating physician during this hospitalization, consortium visit or office visit. This code excludes reimbursement of the Technical Component of the ESWL service.

55250 Vasectomy, unilateral or bilateral (separate procedure), including postoperative semen examination(s)
QUALIFIER: As a primary sterilization (family planning procedure), a completed consent form must be attached to the 1500 N.J. claim form. See N.J.A.C. 10:54-5.16 for regulations on sterilizations and hysterectomy.

55450 Ligation (percutaneous) of vas deferens, unilateral or bilateral (separate procedure)
QUALIFIER: As a primary sterilization (family planning procedure), a completed consent form must be attached to the 1500 N.J. claim form. See N.J.A.C. 10:54-5.16 for regulations on sterilization and hysterectomy.

58301 WM Removal of intrauterine device by certified nurse midwife.

58611 Ligation or transection of fallopian tube(s) when done at the time of obstetrical delivery (caesarean section) or intraabdominal surgery (not a separate procedure)
QUALIFIER: This procedure code may be billed separately in addition to the appropriate procedure codes for primary obstetrical or abdominal surgery procedure. This also includes those obstetrical procedure codes used by HealthStart identified

	providers.
59510	Caesarean delivery only including postpartum care
59514 59515	QUALIFIER: For anesthesia during Caesarean Section, use Anesthesia reimbursement methodology including the AA modifier and indicating the standard anesthesia formula (time in units of 15 minute intervals) when used in combination with HCPCS 62278 or 62279.
62278	Injection of anesthesia substance (including narcotics), diagnostic or therapeutic; epidural, lumbar or caudal, single QUALIFIER: Only for use during labor or intractable pain, (including insertion of catheter or cannula--lumbar or caudal--single, regardless of time).
62279	Injection of anesthesia substance (including narcotics), diagnostic or therapeutic; epidural, lumbar or caudal, continuous QUALIFIER: Only for use during labor or intractable pain, (including insertion of catheter or cannula--lumbar or caudal--continuously, regardless of time). Reimbursement is at a flat fee unless C-Section is necessary; then, separate reimbursement for the C-Section and anesthesia using the anesthesia reimbursement formula is allowed. This procedure code may be used with HCPCS 59515.
66170	Fistula of sclera for glaucoma; trephination with iridectomy; trabeculectomy QUALIFIER: This procedure code may be billed with the following other procedure codes representing other optical procedure (HCPCS 65850, 66030, 66625, and 67500) and be reimbursed according to the multiple surgical policy.
66920	Discission of secondary membranous cataract QUALIFIER: This procedure code must not be billed with any other procedure code representing any other optical procedure.
66930	Removal of secondary membranous cataract QUALIFIER: This procedure code must not be billed with any other procedure code representing any other optical procedure.
66940	Removal of lens material; aspiration techniques, one or more stages. QUALIFIER: This procedure code must not be billed with any other procedure code representing any other optical procedure.
67221	Photodynamic therapy QUALIFIER: This procedure code may be billed with 67225. This procedure code must be rendered by ophthalmologists who are retinal specialists, and shall be limited to patients meeting the following criteria: Best corrected visual acuity equal to or better than 20/200 if the decreased visual acuity is caused by the macular degeneration; and Classic subfoveal choroidal neovascularization (CNV), occupying 50 percent or greater of the entire ocular lesion; and for dates of service before October 1, 2015, a reported ICD-9-CM diagnosis of 115.02, 115.92, 362.21, or 362.52 (exudative senile macular degeneration) or for dates of service on or after October 1, 2015, a reported ICD-10-CM diagnosis of H35.32 or B39.9 w/H32.

NOTE: Report HCPCS procedure code 67225 on the CMS 1500 claim form for procedures performed on a second eye when both eyes are treated on the same date of service. Evaluation and management (E&M) services, fluorescent angiography (FA) and other ocular diagnostic services may also be billed separately when determined medically necessary and provided on the same date of service. Modifiers LT or RT should be used on all claims for codes 67221 and 67225, whether initial or subsequent treatment.

67225 Photodynamic therapy, second eye, at single session
QUALIFIER: This procedure code must be billed with 67221. This procedure code must be rendered by ophthalmologists who are retinal specialists, and shall be limited to patients meeting the following criteria:
Best corrected visual acuity equal to or better than 20/200 if the decreased visual acuity is caused by the macular degeneration; and
Classic subfoveal choroidal neovascularization (CNV), occupying 50 percent or greater of the entire ocular lesion; and for dates of service before October 1, 2015, a reported ICD-9-CM diagnosis of 115.02, 115.92, 362.21, or 362.52 (exudative senile macular degeneration) or for dates of service on or after October 1, 2015, a reported ICD-10-CM diagnosis of H35.32 or B39.9 w/H32.

69930 Cochlear device implantation, with or without mastoidectomy
QUALIFIER: Reimbursement limited to those cases that meet the current Medicare Selection Criteria.

70470 52 Limited computerized axial tomography, head or body
70482 52 for medical necessary follow-up or monitoring
70488 52 QUALIFIER: For C.A.T. scan guidance (monitoring)
70492 52 performed in conjunction with biopsy, aspiration, puncture, injection of contrast material, placement of tube
71270 52
74170 52 stint, drain, etc. use codes with modifier "52".

(d) Magnetic Resonance Imaging (MRI) Diagnostic Services:

QUALIFIER: An MRI service provided by physicians in an office setting may be billed to and reimbursed by Medicaid only when the recipient is other than a hospital inpatient. The Medicaid Maximum Fee Allowance is the composite rate and shall not be split between the technical component and the professional component. These rules apply to the billing of the HCPCS for MRI as follows:

70540	72148
70551	72156

70552
70553
71550
72141
72142
72146
72147
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72196
72220
73720
73721
74181

72170 Radiologic examination, pelvis; anteroposterior only
QUALIFIER: Pelvis x-ray is not eligible for separate payment when performed in conjunction with complete lumbarsacral spine x-rays (72100, 72110, 72114, 72120)

76805 Echography, pregnant uterus, B-scan and/or real time with image documentation; complete (complete fetal and maternal evaluation)
QUALIFIER: Limited to one complete study per pregnancy per provider. Any additional medically necessary studies performed by the same provider will be reimbursed as HCPCS 76815 (limited study). Also, only one study (complete or limited or follow-up) can be reimbursed to the same provider on a given day.

76815 Echography, pregnant uterus, B-scan and/or real time with image documentation; limited (gestational age, heart beat, placental location, fetal position, or emergency in the delivery room.)
QUALIFIER: Subsequent to the third study, a statement of medical necessity attesting that the pregnancy is high risk with substantiating reasons is required to be attached to the claim. Only one study (complete or limited or follow-up) can be reimbursed to the same provider on a given day.

76816 Echography, pregnant uterus, B-scan and/or real time with image documentation; follow-up or repeat
QUALIFIER: Subsequent to the third study, a statement of medical necessity attesting that the pregnancy is high risk with substantiating reasons is required to be attached to the claim. Only

	one study (complete or limited or follow-up) can be reimbursed to the same provider on a given day.
77790	Supervision, handling and loading radioelement QUALIFIER: Reimbursable only when performed by a Radiologist
78805	Radionuclide localization of abscess: limited area QUALIFIER: Reimbursable only when performed by a Radiologist.
***	FOR QUALIFIERS FOR PATHOLOGY AND LABORATORY SERVICES PROCEDURE CODES, SEE THE SECTION OF THIS SUBCHAPTER AT N.J.A.C 10:54-9.9.
****	FOR QUALIFIERS FOR PREADMISSION SCREENING AND ANNUAL RESIDENT REVIEW (PASARR), SEE THE SECTION OF THIS SUBCHAPTER AT N.J.A.C. 10:54-9.10.
90741	Immunization, passive; Immune serum globulin, human (ISG) QUALIFIER: Prior authorization from the Medical Consultant at the Medicaid District Office is required.
90742	Immunization, passive; Specific hyperimmune serum globulin, human (ISG); e.g. hepatitis B, measles, pertussis, rabies, Rho(D), tetanus, vaccinia, varicella zoster QUALIFIER: Prior authorization from the Medical Consultant at the Medicaid District Office is required.
90780	IV infusion therapy, (excluding allergy, immunizations and chemotherapy) administered by physician exclusive of his/her other duties or under direct supervision of physician by a practitioner; up to one hour QUALIFIER: Not to be used for routine IV drug injection or infusion. Reimbursement is contingent upon the required medical necessity, hand written chart documentation including time and indication of physician's presence with the patient to the exclusion of his other duties.

90781 IV infusion therapy, (excluding allergy, immunization and chemotherapy) administered by physician exclusive of his or her other duties or under direct supervision of physician; each addition hour after first hour, up to eight hours
QUALIFIER: Not to be used for routine IV drug injection or infusion. Reimbursement is contingent upon the required medical necessity, hand written chart documentation including time and indication of physician's presence with the patient to the exclusion of his or her other duties.

90799 Unlisted therapeutic or diagnostic injection (For allergy immunization, see HCPCS 95000 et seq.)
QUALIFIER: This procedure code may be used for intradermal, subcutaneous, or intra arterial injections. Reimbursement is on a flat fee basis and are all inclusive for the cost of the service and the materials. (See also N.J.A.C. 10:54 for reimbursement using "J" codes.) Intravenous and intraarterial injections are reimbursable only when performed by the physician.

90801 Initial Comprehensive Psychiatric Evaluation
DESCRIPTION: Psychiatric diagnostic interview examination including history, mental status or disposition (may include communication with family or other sources, ordering medical interpretation of laboratory or other medical diagnostic studies. In circumstances other informants will be seen in lieu of the patient.)
QUALIFIER: This code requires for reimbursement purposes a minimum of 50 minutes of direct clinical involvement with the

	patient or family member.
90830	Psychological testing, by physician, with a written report, per hour QUALIFIER: One unit is equal to 1 hour of psychological testing.
90843	Individual Psychotherapy--20-30 minute session QUALIFIER: This code requires for reimbursement purposes a minimum of 25 minutes of direct personal clinical involvement with the patient or family member.
90844	Individual Psychotherapy--45-50 minute session QUALIFIER: This code requires for reimbursement purposes a minimum of 50 minutes of direct personal clinical involvement with the patient or family member.
90847	Family Therapy--50 minute session QUALIFIER: This code requires for reimbursement purposes a minimum of 80 minutes of direct personal clinical involvement with the patient or family member.
90847 22	Family Therapy--80 minute session QUALIFIER: This code requires for reimbursement purposes a minimum of 80 minutes of direct personal clinical involvement with the patient or family member.
90853	Group medical psychotherapy (other than of a multiple-family group) by a physician, with continuing medical diagnostic evaluation and drug management when indicated QUALIFIER: Psychotherapy Group (maximum 8 persons per group: 90 minutes, per person, per session.)
90887	Family Conference--25 minute session QUALIFIER: This code requires for reimbursement purposes a minimum of 25 minutes of direct personal clinical involvement with the patient or family member. The CPT narrative otherwise remains

applicable.

92568 Acoustic reflex testing
QUALIFIER: Must include at least two (2) frequencies per ear.

92977 Thrombolysis, coronary; by intravenous infusion
QUALIFIER: Reimbursable only when performed by a physician whose personal involvement would include the exclusion of all other duties and services.

97799 Physical therapy
QUALIFIER: This procedure code may be used for the initial evaluation for physical therapy in the home or for physical therapy in a physicians office or independent clinic. Must not be used for continuing physical therapy in the home or in hospital inpatient or outpatient settings.

99082 Unusual travel (e.g. transportation and escort of patient)
QUALIFIER: This procedure code may be used for travel costs only associated and billed with HOUSE CALL or HOME VISIT. (See procedure codes 99341, 99341WM, 99342, 99342 WM, 99343, 99351, 99351WM, 99352, 99352 WM, 99353.

99190 Assembly and operation of pump with oxygenator or heat exchanger (with or without ECG and/or pressure monitoring); each hour
QUALIFIER: Reimbursable only when personally performed by a physician.

99191 Assembly and operation of pump with oxygenator or heat exchanger (with or without ECG and/or pressure monitoring); 3/4 hour
QUALIFIER: Reimbursable only when personally performed by a physician.

99192 Assembly and operation of pump with oxygenator or heat exchanger (with or without ECG and/or pressure monitoring); 1/2 hour
QUALIFIER: Reimbursable only when personally performed by a

physician.

(e) The following statements and qualifiers apply to the "Evaluation and Management" procedure codes (HCPCS 99201-99499).

OFFICE OR OTHER OUTPATIENT SERVICES--NEW PATIENT; HOSPITAL INPATIENT SERVICES--INITIAL HOSPITAL CARE; NURSING FACILITY SERVICES--COMPREHENSIVE NURSING FACILITY ASSESSMENTS; AND DOMICILIARY, REST HOME, OR CUSTODIAL CARE SERVICES--NEW PATIENT

(Excludes Preventive Health Care for patients through 20 years of age.)

99201
99202 When reference is made in your
99203 CPT manual to Office or Other
99204 Outpatient Services--New Patient;
99205 Hospital Inpa tient
99221 Services--Initial Hospital Care;
99222 Nursing Facility
99223 Services--Comprehensive Nursing
99301 Facility Assessments; and
99302 Domiciliary, Rest Home, or
99303 Custodial Care Services-New
99321 Patient; the intent of Medicaid is
99322 to consider this service as the
99323 Initial Visit

When the setting for this Initial Visit is an office or residential health care facility, for reimbursement purposes it is limited to a single visit. Future use of this category of codes will be denied when the recipient is seen by the same physician, group of physicians, or involves a shared health care facility which is a group of physicians sharing a common record. Reimbursement for an initial office visit also precludes subsequent reimbursement for an initial residential health care facility visit and vice versa. Reimbursement for an initial office visit or initial residential health care facility visit will be disallowed, if a preventive medicine service, EPSDT examination or office consultation were billed within a twelve month period by a physician, group, shared health care facility, or practitioner sharing a common record.
If the setting is a nursing facility or hospital, the Initial

Visit concept will still apply for reimbursement purposes despite CPT reference to the term Initial Hospital Care or Comprehensive Nursing Facility Assessments. Subsequent readmissions to the same facility may be reimbursed as Initial Visits, if the readmission occurs in more than 30 days from a previous discharge from the same facility by the same provider. In instances when the readmission occurs within 30 or less days from a previous discharge, the provider shall bill the relevant HCPCS procedure codes specified in the qualifier under the headings Subsequent Hospital Care or Subsequent Nursing Facility Care. Initial Hospital Visit during a single admission will be disallowed to the same physician, group, shared health care facility, or practitioners sharing a common record who submit a claim for a consultation and transfer the patient to their service.

It is also to be understood that in order to receive reimbursement for an Initial Visit, the following minimal documentation must be on the record regardless of the setting where the examination was performed:

Example:

1. Chief complaint(s);
2. Complete history of the present illness and related systemic review--including recordings of pertinent negative findings;
3. Pertinent past medical history;
4. Pertinent family history;
5. A full physical examination pertaining to but not limited to the history of the present illness and includes recording of pertinent negative findings; and
6. Working diagnoses and treatment plan including ancillary services and drugs ordered.

NOTE: Record and documentation of visits to patients in residential health care facilities should be maintained in the providers' office record.
EXCEPTIONS: HCPCS procedure codes 99201 and 99202 are exceptions to the above requirements outlined in the qualifier for the initial visit.
For codes 99201 and 99202, the provider is expected to follow the qualifier applied to routine visit or follow-up care visit for reimbursement purposes.

OFFICE OR OTHER OUTPATIENT SERVICES--ESTABLISHED PATIENT; HOSPITAL INPATIENT SERVICES--SUBSEQUENT HOSPITAL CARE; NURSING FACILITY SERVICES--SUBSEQUENT NURSING FACILITY CARE; AND DOMICILIARY, REST HOME OR CUSTODIAL CARE SERVICES--ESTABLISHED PATIENT

(Excludes Preventive Health Care for patients through 20 years of age.)

99211 99211WM 99212 99212WM 99213 99213WM 99214 99214WM 99215 99215WM 99231 99232 99233 99311 99312 99313 99331 99332 99333	When reference is made in your CPT manual to Office or Other Outpatient Services--Established Patient; Hospital Inpatient Services--Subsequent Hospital Care; Nursing Facility Services--Subsequent Nursing Facility Care; and Domiciliary, Rest Home or Custodial Care Services-- Established Patient; the intent of Medicaid is to consider this service as the Routine Visit or Follow-up Care visit. The setting could be office, hospital, nursing facility or residential health care facility. In order to document the record for reimbursement purposes, a progress

note for the noted visits should include the following:

1. In an office, or residential health care facility.
   - (a) Purpose of visit;
   - (b) Pertinent history obtained;
   - (c) Pertinent physical findings including pertinent negative findings based on the above;
   - (e) Lab, X-ray, EKG, etc., ordered with results; and
   - (f) Diagnosis.
2. In a hospital or nursing facility setting.
   - (a) Update of symptoms;
   - (b) Update of physical findings;
   - (c) Resume of findings of procedures, if any done;
   - (d) Pertinent positive and negative findings of lab, X-ray;
   - (e) Additional planned studies, if any, and why; and
   - (f) Treatment changes, if any.

HOME SERVICES AND HOUSE CALLS

99343 99353	House Call
	The "House Call" code does not distinguish between specialist and non-specialist. These codes do not apply to residential health care facility or nursing facility setting. These codes refer to a physician visit limited to the provision of medical care to an individual who would be too ill to go to a physician's office and/or is "home bound" due to his/her physical condition. When billing for a second or subsequent patient treated during the same visit, the visit should be billed as a home visit.
99341	Home Visit
99341WM 99342	For purposes of Medicaid reimbursement, these codes

99342WM 99351	apply when the provider visits Medicaid recipients in the
99351WM 99352	home setting and the visit does not meet the criteria
99352WM	specified House Call listed above.

The record and documentation of a Home Visit or House Call shall become part of the office progress notes and shall include, as appropriate, the following information:

1. Purpose of visit;
2. Pertinent history obtained;
3. Pertinent physical findings, including pertinent negative physical findings based on 1. and 2.;
4. Procedures, if any performed, with results;
5. Lab, X-ray, ECG, etc, ordered with results; and
6. Diagnosis(es) plus treatment plan status relative to present or pre-existing illness(es) plus pertinent recommendations and actions.

CONSULTATIONS

A consultation is recognized for reimbursement only when performed by a specialist recognized as such by this Program and the request has been made by or through the patient's attending physician and the need for such a request would be consistent with good medical practice. Two types of consultation are recognized for reimbursement--comprehensive consultation and limited consultation.

COMPREHENSIVE CONSULTATION

99244
99245
99254
99255
99274
99275

In order to receive reimbursement for HCPCS codes 99244, 99245, 99254, 99255, 99274 and 99275, the performance of a total systems evaluation by history and physical examination, including a total systems review and total system physical examination, are required. An alternative to that would be the utilization of one or more hours of the consulting physician's personal time in the performance of the consultation. Reimbursement for HCPCS codes 99244, 99245, 99254, 99255, 99274 and 99275 (Comprehensive Consultation) requires the following applicable statements, or language essentially similar to those statements, to be inserted in the "remarks section" of the claim form. The form is to be signed by the provider who

performed the consultation.

Examples:

1.	I personally performed a total (all) systems evaluation by history and physical examination, or
2.	This consultation utilized 60 or more minutes of my personal time.

The following rules regarding consultations should also be recognized:

1. If a consultation is performed in an inpatient or outpatient setting and the patient is then transferred to the consultant's service during that course of illness, then the provider may not bill for an Initial Visit if he/she bills for the consultation.

2. If there is no referring physician, then an Initial Visit code should be used instead of a consultation code.

3. If the patient is seen for the same illness on repeated visits by the same consultant, these visits are considered routine visits or follow-up care visits and not consultations.

4. Consultation codes will be declined in an office or residential health care facility setting if the consultation has been requested by or between members of the same group, shared health care facility or physicians sharing common records. A routine visit code is applicable under these circumstances.

5. If a prior claim for comprehensive consultation visit has been made within the preceding 12 months, then a repeat claim for this code will be denied if made by the same physician, physician group, shared health care facility or physicians using a common record except in those instances where the consultation required the utilization of one hour or more of the physician's personal time. Otherwise, applicable codes would be limited consultation code if their criteria are met.

LIMITED CONSULTATION

99241 99242 99243 99251 99252 99253 99271 99272 99273	The area being covered for reimbursement purposes is "the sense that it requires less than the requirements designated as "comprehensive" as noted above (Comprehensive Consultation).

SECOND OPINION PROGRAM CONSULTATION

99274Y Y	A consultation to satisfy the requirements of the mandated "Second Opinion" program will be reimbursed only if the requirements of that program are met and the consultation has been performed by the appropriate Board Certified Specialist who has signed a separate provider agreement and whose selection has been through the Second Opinion Referral Service. The appropriate HCPCS code is 99274YY. Reference should be made to Appendix D of the Surgery Section (4.3) of this Subchapter for more detail concerning the program "Second Opinion Referral Service". Also, providers may contact

the Second Opinion Referral Service directly at the following toll free number 1-800-676-6562. An indicator "S" will be found in the "IND" column of the HCPCS code listing in the Surgery Section to indicate that procedure requires a Second Opinion Program Consultation.

THIRD OPINION CONSULTATION

99274Z :Z In the event that a patient receives two different points of view relative to a "Second Opinion" procedure, he/she may, if unable to reach a decision, request a Third Opinion. The CPT Procedure Code is 99274ZZ. Note: A Third Opinion consultation must be at the patient's request and under the circumstances described.

EMERGENCY DEPARTMENT SERVICES

A. Physician's Use of Emergency Room Instead of Office:

99211 99212 99213 99214 99215 When a physician sees his/her patient in the emergency room instead of his/her office, the physician must use the same codes for the visit that would have been used if seen in the physician's office (99211, 99212, 99213, 99214 or 99215 only). Records of that visit should become part of the notes in the office chart.

B. Hospital-Based Emergency Room Physicians:

99281 99282 99283 99284 99285 When patients are seen by hospital-based emergency room physicians who are eligible to bill the Medicaid program, the the appropriate HCPCS code is used. The "Visit" codes are limited to 99281, 99282, 99283, 99284 and 99285.

CRITICAL CARE SERVICES

99291 99292 Critical care will be covered under the code 99291 and 99292, but the service must be consistent with the following narrative in order to be reimbursed. The patient's situation requires constant physician attendance which is given by the physician to the exclusion of his/her other patients and duties and, therefore, for him/her, represents what is beyond the usual service. This must be verified by the applicable records as defined by the setting and which records must show in the physician's handwriting the time of onset and time of completion of the service. All settings are applicable such as office, hospital, home, residential health care facility and nursing facility.

NOTE: These codes may not be used simultaneously with procedure codes that pay a reimbursement for the same time or type of service.

PREVENTIVE MEDICINE SERVICES-ANNUAL HEALTH MAINTENANCE EXAMINATION

New Patient

99382	99392
99383	99393
99384	99394
99385	99395
99386	99396
99387	99397

For individuals under 21 years of age, the following must be performed and documented in the recipient's record:

1. History (complete initial for new patient, interval for established patient) including past medical history, family history, social history, and systemic review.

2. Developmental and nutritional assessment.

3. Complete, unclothed, physical examination to include also the following:

(a) measurements: height and weight; head circumference to 25 months; blood pressure for children age 3 or older.

(b) vision and hearing screening.

4. Assessment and administration of immunizations appropriate for age and need.

5. Provisions for further diagnosis, treatment and follow-up, by referral if necessary, of all correctable abnormalities uncovered or suspected.

6. Referral to a dentist for children age 3 or older.

7. Laboratory procedures performed or referred if medically necessary. Recommendations are:

(a) Hemoglobin/Hematocrit three times: 6-8 months; 2-3 or 4-6 years; and 10-12 years.

(b) Urinalysis a minimum of twice: 18-24 months and 13-15 years.

(c) Tuberculin test (Mantoux): 9-12 months; and annually thereafter.

(d) Lead screening using blood lead level determinations between 6 and 12 months, at 2 years of age, and annually up to 6 years of age. At all other visits, screening shall consist of verbal risk assessment and blood lead level test, as indicated.

(e) Other appropriate screening procedures, if medically necessary (for example: blood cholesterol, test for ova and parasites, STD).

8. Health education and anticipatory guidance.

9. Offer of social service assistance; and, if requested, referral to County Welfare Agency.

10. Referral for further diagnosis and treatment or follow-up of all correctable abnormalities, uncovered or suspected. Referral may be made to the provider conducting the screening examination or to another provider, as appropriate.

11. Referral to the Special Supplemental Food program for Women's Infants and Children (WIC) is required for children under 5 years of age and for pregnant or lactating women.

Note: Preventive medicine services codes (new patient) 99382, 99383, 99384, 99385, 99386, and 99387 are comparable to an initial visit and, therefore, may only be billed once. Future use of these codes will be denied when the recipient is seen by the same physician, group of physicians, or involves a shared health care facility, group of physicians sharing a common record. These codes will also be automatically denied for payment when used following an EPSDT examination (procedure code W9820) performed within the preceding 12 months.

Preventive medicine services codes (established patient) 99392, 99393, 99394, 99395, 99396 and 99397 may be used only once in a 12-month period for any individual over 2 years of age. For well-child care provided to children under the age of two, it is suggested that the provider bill for an EPSDT examination.

Preventive medicine services code 99391 and 99392 may be used up to 5 times during the patient's first year of life and up to 3 times during the patient's second year of life respectively, in accordance with the periodicity schedule of preventive visits recommended by the American Academy of Pediatrics. These codes do not apply to children under 2 years of age participating in the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) or Pediatric HealtStart program. EPSDT and the Pediatric HealthStart providers bill for these services using the program appropriate codes W9060-W9068 or W9060WT-W9068WT.

NEWBORN CARE

ROUTINE HOSPITAL NEWBORN CARE-"WELL" BABY

9943 1	Routine Hospital Newborn Care. For reimbursement purposes, code 99431 requires as a minimum routine newborn care by a physician other than the physician(s) rendering maternity setvice, including complete initial and complete discharge physical examination, conference(s) with the patient(s). This must be documented in the newborn's medical record. This applies to health newborns. Consequently, the provider is not permitted to bill subsequent day or discharge day for a healthy newborn.

NEWBORN CARE-"SICK" BABY

For sick babies use appropriate hospital care code:

99221 99222 99223	1. Initial hospital care-99221, 99222 or 99223.
99231 99232 99233	2. Subsequent hospital care-99231, 99232 or 99233.
99291 99292	3. Critical care setvices if applicable-99291 or 99292.

(f) The following statements apply to HCPCS procedure codes which require medical justification.

§ 10:54-9.8 HCPCS Procedure Codes with Qualifiers (except for Pathology/Laboratory)

1. The following is a list of the procedure codes for certain surgical and diagnostic procedures which are reimbursable only when acceptable written justification by the physician accompanies the claim form. The medical justification must include an explanation of the medical justification of the procedure, as appropriate and in accordance with established clinical protocols, and appropriate licensing statute and regulations by the appropriate Board.

2. The medical necessity may be stated in the "REMARKS" box 34 of the 1500 N.J. claim form. If Box 34 does not provide sufficient space, an addendum may be attached to the claim form. (See also N.J.A.C. 10:54-3.2 for regulations regarding this program.) The indicator "M" precedes the procedure codes which require medical justification.

3. LIST OF HCPCS PROCEDURE CODES REQUIRING MEDICAL JUSTIFICATION

64804	71020
64804 50	71030
64818	71034
64818 50	74710
71010	75710

(g) Cosmetic surgery: The following are a list of procedure codes that are considered by Medicaid as cosmetic surgical procedures and unless prior authorized as a result of being considered medically necessary, are not reimbursed.

15780	15819	19318	30400	69300
15781	15820	19318 50	30410	69300 50
15782	15821	19324	30420	

New Patient

15783	15822	19325 50	30430
15786	15823	19325	30435
15787	15824		30450
15788	15826	21120	30460
15789	15831	through	30462
15792		21198	30520
15793			

(h) Physician Administered Drugs

§ 10:54-9.8 HCPCS Procedure Codes with Qualifiers (except for Pathology/Laboratory)

1. The New Jersey Division of Medical Assistance and Health Services provides physician reimbursement for the administration of medications. Reimbursement will continue to be available for the administration of the drug. The procedure code 90799 may be billed for intradermal, subcutaneous, intramuscular, or intravenous drug administration.

2. However, reimbursement for the drug administered by a physician, other than immunizations, was only available if a prescription was issued and the drug was obtained from a pharmacy which directly billed the New Jersey Medicaid program.

3. Unless otherwise indicated, the Medicaid maximum fee allowance shall be based on the AWP per unit which equals one cubic centimeter (CC) or milliliter (ml). For drug vials with a volume equal to one cc or ml, the Medicaid maximum fee allowance shall be based on the cost per vial. For further information on physician administered drugs, see N.J.A.C. 10:54-8.6.

HCPCS Code	Description	Maximum Fee Allowance
J0690	Cefazolin 500 mg	$ 1.92
J0696	Ceftriaxone 250 mg	10.24
J1100	Dexamethasone 4 mg	0.80
J1200	Diphenhydramine 50 mg	0.55
J2550	Promethazine 50 mg	0.42
J2680	Fluphenazine Decanoate 25 mg	9.50
J2790	RhoGAM, Rho (D) Immune Globulin (Human) Single dose (Micro-Dose)	20.40
J2790 22	RhoGAM, Rho (D) Immune Globulin (Human) Single dose (Full dose)(22--Services greater than usual)	72.07
J9000	Doxorubicin 10 mg	42.00
J9010	Doxorubicin 50 mg	195.50
J9020	Asparaginase 10,000 Units	50.36
J9031	BCG Live Vaccine 27 mg	152.13
J9040	Bleomycin Sulfate 15 units	255.08
J9045	Carboplatin 50 mg	72.01
J9060	Cisplatin Powder or Solution 10 mg	30.33
J9070	Cyclophosphamide 100 mg	4.91
J9100	Cytarabine 100 mg	6.72
J9130	Decarbazine 100 mg	12.00
J9190	Fluorouracil 50 mg	0.18
J9217	Lupron 7.5 mg	451.25
J9230	Mechlorethamine HCl 10 mg	10.10
J9240	Medroxyprogesterone 100 mg	9.05
J9240 22	Medroxyprogesterone 400 mg	31.50
J9260	Methotrexate Sodium 50 mg	4.75
J9280	Mitomycin 5 mg	119.08
J9360	Vinblastine Sulfate 1 mg	3.25
J9370	Vincristine 1 mg	27.50
W9095	Immunization--Tetanus antitoxin	6.60

(i) Hepatitis B Vaccine: Coverage is available for post exposure prophylaxis and for vaccination of individuals in selected high risk groups, regardless of age, in accordance with the criteria defined by the CDC. In all such cases, the need for this vaccination must be fully documented in the recipient's medical record. In order to facilitate reimbursement for Hepatitis B immunoprophylaxis for high risk individuals, manufacturer, age, and dose specific procedure codes have been developed for use by physicians and independent clinics providing this service.

EXCEPTION: The New Jersey Medicaid program will reimburse for the universal vaccination of infants born on and after January 1, 1992, whose immunization was delayed beyond the newborn period because

this policy was not yet in effect. However, the immunization schedule must be completed before the infant's second birthday.

W9096	Hepatitis B immunoprophylaxis with Recombivax 1 HB, 0.25 ml dose. This code applies only to newborns of HBsAg negative mothers.	17.46
W9096 22	Hepatitis B immunoprophylaxis with Recombivax HB, 0.5 ml dose. This code applies only to newborns of HBsAg positive mothers.	32.79
W9097	Hepatitis B immunoprophylaxis with Recombivax HB, 0.25 ml dose. This code applies only to high risk recipients under 11 years of age (exclusive of newborns).	17.46
W9098	Hepatitis B immunoprophylaxis with Recombivax HB, 0.5 ml dose. This code applies only to high risk recipients 11-19 years of age.	32.79
W9099	Hepatitis B immunoprophylaxis with Recombivax HB, 1.0 ml dose. This code applies only to high risk recipients over 19 years of age.	63.57
W9333	Hepatitis B immunoprophylaxis with Engerix-B, 0.5 ml dose. This code applies only when immunizing newborns.	27.88
W9334	Hepatitis B immunoprophylaxis with Engerix-B, 0.5 ml dose. This code applies only to high risk recipients under 11 years of age (exclusive of newborns)	27.88
W9335	Hepatitis B immunoprophylaxis with Engerix-B, 1.0 ml dose. This code applies only to high risk recipients over 11 years of age.	62.09
W9336	Medroxyprogesterone Acetate 150 mg	36.90
W9337	Cephradine 250 mg	2.34
W9338	TETRAMUNE, a biological combining Diphtheria, Tetanus Toxoids and Pertussis Vaccine (DTP) with Hemophilus B Conjugate Vaccine QUALIFIER: Not to be billed separately with HCPCS 90701 or 90731.	30.27
W9339	Lupron 3.75 mg	360.63
W9343	Lupron Depot Pediatric 7.5 mg	451.25
W9344	Lupron Depot Pediatric 11.25 mg	811.25
W9345	Lupron Depot Pediatric 15 mg	902.50

History

HISTORY:

Amended by R.2006 d.26, effective February 6, 2006.

See: *37 N.J.R. 3538(a)*, *38 N.J.R. 966(a)*.

In (c), corrected the placement of HCPCS code 66170 and added the qualifiers for the new HCPCS procedure codes 67221 and 67225.

Amended by R.2007 d.188, effective June 18, 2007.

See: *39 N.J.R. 337(a)*, *39 N.J.R. 2360(a)*.

In the table in (d), in the first Qualifier paragraph, deleted "only" following "may", inserted "only" following "reimbursed by Medicaid" and substituted "shall" for "must"; and in the Qualifier paragraph of the entry for 90801, deleted the final sentence.

Amended by R.2016 d.051, effective June 6, 2016.

See: *47 N.J.R. 2041(a)*, *48 N.J.R. 962(b)*.

In the table in (c), in the entries for 67221 and 67225, substituted "for dates of service before October 1, 2015, a" for "A", and inserted "or for dates of service on or after October 1, 2015, a reported ICD-10-CM diagnosis of H35.32 or B39.9 w/H32".

Annotations

Notes

Chapter Notes

NEW JERSEY ADMINISTRATIVE CODE
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End of Document

N.J.A.C. 10:54-9.9

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 56 No. 5, March 4, 2024

NJ - New Jersey Administrative Code > TITLE 10. HUMAN SERVICES > CHAPTER 54. PHYSICIAN SERVICES > SUBCHAPTER 9. HEALTH CARE FINANCING ADMINISTRATION (HCFA) COMMON PROCEDURE CODING SYSTEM (HCPCS)

§ 10:54-9.9 Pathology and Laboratory HCPCS Codes-Qualifiers

(a) Qualifiers for pathology and laboratory services are summarized below:

1. Chemistry Automated, Multichannel Tests

Applies to CPT Codes: 80002, 80003, 80004, 80005, 80006, 80007, 80008, 80009, 80010, 80011, 80012, 80016, 80018, and 80019. The following list contains those tests which can be and are frequently performed as groups and combinations (profiles) on automated multichannel equipment: Apply this methodology to the above CPT Codes. For reporting one test, regardless of method of testing, use appropriate single test code number. For any combination of tests among those listed below use the appropriate number 80002-80019. Groups of the tests listed here are distinguished from multiple tests performed individually for immediate or 'stat' reporting. Laboratory chemistry tests performed on your automated equipment in addition to laboratory chemistry tests listed must be billed as 80002-80019 as part of the automated multichannel test listing.

Acid-Phosphatase
Albumin
Alkaline Phosphatase
(ALT, SGPT) Aspartate
Aminotransferase
(AST, SGOT) Aspartate
Aminotransferase
Amylase
Bilirubin, Total
Bilirubin, Direct
Blood Urea Nitrogen (BUN)
Calcium
Carbon Dioxide (C02)
Clorides (C1)
Cholesterol
Creatine Kinase (CK, CPK)
Creatinine
Gamma Glutamyl Transpeptidase
(GGTP)
Glucose (Sugar)
Iron
Iron Binding Capacity
Lactic Dehydrogenase (LD)
Lipoprotein (HDL Cholesterol)
Magnesium
Phosphorus
Potassium (K)
Protein, Total
Sodium (NA)
Triglycerides
Uric Acid

NOTE 1: If any two of the following HCPCS procedure codes are performed on the same day by automated equipment and the total reimbursement of the two chemistry tests would have exceeded $ 5.00, the maximum reimbursement will not be more than $ 5.00: 82040, 82150, 82250, 82251, 82310, 82374, 82435, 82465, 82550, 82565, 82947, 82977, 83540, 83550, 83615, 83718, 83735, 84060, 84075, 84100, 84132, 84155, 84295, 84450, 84460, 84478, 84520, 84550.

NOTE 2: The following calculations and ratios are not eligible for separate or additional reimbursement. Mathematical calculations listed below are not reimbursable.

A/G Ratio
BUN/Creatinine Ratio
Free Calcium
Globulin
FTI (T7)
Free Thyroxine

NOTE 3: Any additional automated multichannel chemistry tests performed on same date as Codes 80002, 80003, 80004, 80005, 80006, 80007, 80008, 80009, 80010, 80011, 80012, 80016, 80018, and 80019 will not be reimbursed at the current allowable fee for each added test when performed on automated multichannel equipment.

NOTE 4: Code (W8200)--Glucose (separate tube, gray top) performed on the same date as the following chemistry profiles 80002, 80003, 80004, 80005, 80006, 80007, 80008, 80009, 80010, 80011, 80012, 80016, 80018 and 80019 will be paid an additional $ 2.00.

2. Codes 80050, 80055, 80058, 80059, 80061, 80072, 80090, 80091, 80092.-- The panels listed must include the laboratory tests assigned by the CPT-4 as the components of the panel. The tests listed with each of the panels identify the defined components of that panel. If any three laboratory tests included in the panel are billed a la carte, the tests must be billed as the panel. The laboratory provider may not charge Medicaid more than the lowest charge level offered to another provider. The lowest charges for the laboratory test comprising the panel must aggregate as equivalent to or greater than the listed panel fee.

NOTE 1: Code 80091--Thyroid panel

Reimbursement not eligible for 84439 when billed in conjunction with 80091 on same day.

NOTE 2: Code 80092--Thyroid panel with TSH

Code 84443--TSH will not be paid a separate reimbursement when performed in conjunction with 80091 or 80092.

3. Codes 82487, 82488, and 82489--Chromatography--must list substance (compound) tested for in block 34 (REMARKS) of the claim form.

4. Code 82728--Ferritin

When the procedure for ferritin is performed in combination with Vitamin B12 or Folate or any of the chemistry analytes listed on codes 80002-80019, the maximum reimbursable fee for code 82728 is $ 5.00.

5. Code 84081--Phosphatidylglycerol--test done on newborn or amniotic fluid to determine fetal lung maturity.

6. Code 84202--Protoporphyrin, RBC; quantitative--Utilize only for testing of anemia. Utilize code 84203--Protoporphyrin, RBC; screen when testing for anemia. Code 84203 will not be reimbursed when billed in conjunction with code 83655--Blood lead determination (quantitative).

7. Code 84620--Xylose absorption tests, blood and/or urine (D-xylose tolerance test), includes serum & urine levels, up to 5 hourly specimens.

8. Codes 85023 and 85025--Hematology

NOTE: For purpose of reimbursement based on this schedule, a complete blood count (CBC) includes a hematocrit, hemoglobin determination, RBC count, RBC indices, WBC count and differential WBC count (see codes 85021 and 85022), for a platelet count with a CBC (see codes 85023-85025).

Hematology codes 85014, 85018, 85041 and 85048 will not be reimbursed in conjunction with codes for blood count with hemogram (85021, 85022, 85023, 85024, 85025, and 85027).

The code for manual differential WBC count (85007) will not be reimbursed in conjunction with codes 85021, 85022, 85023, 85024, 85025, and 85027.

Codes for platelet count (85590 and 85595) will not be reimbursed in conjunction with codes 85023-85027.

Code 85044 may be reimbursed in conjunction with codes 85023 and 85025, when a complete hemogram is ordered.

9. Codes 87040, 87045, 87060, 87070, 87184--Cultures

NOTE: These codes may only be billed when a pathogenic microorganism is reported. A culture that indicates no growth or normal flora must be billed as a presumptive culture, 87081 or 87082.

10. Code 88155--pap smear

NOTE: Obtaining specimen is not a separate eligible service.

11. Code 88348 and 89349--Electron microscopy; diagnostic and scanning are not reimbursable when used as a research tool.

NOTE: For reimbursement purposes, Medicaid will pay for the above diagnostic scanning procedure when it pertains to x-ray microanalysis for identification of asbestos particles and heavy metals, i.e.; gold, mercury, etc. and also when examining tissue specimens in occasional cases of malabsorption.

12. Code 89360--Sweat (without iontophoresis) test

NOTE: Reimbursement not eligible for qualitative tests. For reimbursement purposes, 84295 will not be reimbursed at any additional charge. Do not bill 84295 in conjunction 89360.

13. Code 36415--Utilize this code only for finger/heel/ear stick for collection of specimen(s). This service is reimbursable in the physician office laboratory (POL) when the specimen is not referred out to an independent clinical laboratory for testing. Finger/heel/ear stick is not reimbursable when billed by the independent clinical laboratory.

14. Code G0001--This service is reimbursable in the physician office laboratory (POL) when the specimen is not referred out to an independent clinical laboratory for testing. Venipuncture is not reimbursable when billed by the independent clinical laboratory. It is considered all inclusive as part of the laboratory test.

15. Code W8200--This code is reimbursable when submitted on same claim, and performed on same date as chemistry profiles.

16. Code W8900--This code may be used only once per trip regardless of the number of beneficiaries seen and requires a distance in excess of 20 miles per round trip.

Annotations

Notes

Chapter Notes

NEW JERSEY ADMINISTRATIVE CODE
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N.J.A.C. 10:54-9.10

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 56 No. 5, March 4, 2024

NJ - New Jersey Administrative Code > TITLE 10. HUMAN SERVICES > CHAPTER 54. PHYSICIAN SERVICES > SUBCHAPTER 9. HEALTH CARE FINANCING ADMINISTRATION (HCFA) COMMON PROCEDURE CODING SYSTEM (HCPCS)

§ 10:54-9.10 Descriptions and Qualifiers for Level II and Level III Procedure Codes (except for Pathology/Laboratory)

(a) Introduction:

1. The following is a list of procedure codes with the "modifier L" in the IND column on the list of HCPCS Procedure Codes representing procedure codes specifically used by New Jersey Medicaid and not included in the CPT-4.

(b) Mental Health services:

H5025	Psychotherapy Group (Maximum 8 persons per group: 90 minutes, per person, per session)
W9106	Crisis Intervention--An emergency procedure provided in a nursing home by a psychiatric physician to a resident of that home to meet the immediate need of the resident in psychiatric crisis and the need of the facility. Request for this service shall be initiated by the attending physician, or by the nursing service director, supervisor or designee. Procedure includes written evaluation, drug prescription, conference with staff and recommendation of treatment plan. Use of procedure is limited to once in six months.

(c) Maternity Care:

W9050	Attendance during and pediatric care to newborns at-risk vaginal deliveries. QUALIFIER: Attendance by a physicians other than the physicians(s) rendering maternity care. Medically necessity for required attendance must be fully documented on the hospital record as well as a brief explanation written in ITEM 24 on the 1500 N.J. claim form. (Example: Fetal distress). If difficulties occur so that criteria of prolonged services (HCPCS 99150) or critical care (99160) can be met, the HCPCS 99150 or 99160 can be substituted in lieu of W9050. Payment may be in addition to eligible payment for normal newborn care through HCPCS 99431 or Hospital Inpatient (99221, 99222, 99223, 99231, 99232, 99233) or Critical Care (99291 or 99292) codes, as applicable.
W9055	Attendance during and pediatric care to newborns at-risk caesarean section deliveries. QUALIFIER: Attendance by a physicians other than the physician(s) rendering maternity care. Medically necessity for required attendance must be fully documented on the hospital

record as well as a brief explanation written in ITEM 24 on the 1500 N.J. claim form. (Example: Fetal distress). If difficulties occur so that criteria of prolonged services (HCPCS 99150) or critical care (99160) can be met, then HCPCS 99150 or 99160 can be substituted in lieu of W9050. Payment may be in addition to eligible payment for normal newborn care through HCPCS 99431 or Hospital Inpatient (99221, 99222, 99223, 99231, 99232, 99233) or Critical Care (99291 or 99292) codes, as applicable.

W9855 WM — Initial Antepartum visit. (Separate procedure)

W9855

W9856 WM — Subsequent Antepartum visit. (Separate procedure).

W9856 — Indicate the specific dates of service on the HCFA 1500 claim form in Item 24

(d) Intrauterine devices:

W0001 WF — Supplying and inserting the intrauterine device "Paragard" by a physician including the post insertion visit.

W0001 WM WF — Supplying and inserting the intrauterine device "Paragard" by a certified nurse-midwife including the post-insertion visit.

W0002 WF — Supplying and inserting the intrauterine device "Progestasert" by a physician including the post-insertion visit.

W0002 WM WF — Supplying and inserting the intrauterine device "Progestasert" by a certified nurse-midwife including the post-insertion visit.

W0004 WF — Removal of an IUD by a physician followed at the same visit by the insertion of the intrauterine device "Paragard" by a physician including the post-insertion visit.

W0004 WM WF — Removal of an IUD by a certified nurse-midwife (CNM) followed at the same visit by the insertion of the intrauterine device "Paragard" by a CNM including the post-insertion visit.

W0008 WF — Removal of an IUD by a physician followed at the same visit by the insertion of the intrauterine device "Progestasert" by a physician including the post-insertion visit.

W0008 WM WF — Removal of an IUD by a certified nurse-midwife (CNM) followed at the same visit by the insertion of the intrauterine device "Progestasert" by a CNM including the post-insertion visit.

(e) Pulmonary function tests:

W9450 — Combined pulmonary function testing (for basic evaluation of pulmonary physiology includes complete spirometry and any 6 or more pulmonary function studies

(f) Hepatitis B Vaccine Immunization:

1. Coverage is available for post exposure prophylaxis and for vaccination of individuals in selected high risk groups, regardless of age, in accordance with the criteria defined by the CDC. In all such cases, the need for this vaccination must be fully documented in the recipient's medical record. In order to facilitate reimbursement for Hepatitis B immunoprophylaxis for high risk individuals, manufacturer, age, and dose specific procedure codes have been developed for use by physicians and independent clinics providing this service.

2. EXCEPTION: The New Jersey Medicaid program will reimburse for the universal vaccination of infants born on and after January 1, 1992, whose immunization was delayed beyond the newborn period because this policy was not yet in effect. However, the immunization schedule must be completed before the infant's second birthday.

W9096	Hepatitis B immunoprophylaxis with Recombivax HB, 0.25 ml dose. This code applies only to newborns of HBsAg negative mothers.
W9096 22	Hepatitis B immunoprophylaxis with Recombivax HB, 0.5 ml dose. This code applies only to newborns of HBsAg positive mothers.
W9097	Hepatitis B immunoprophylaxis with Recombivax HB, 0.25 ml dose. This code applies only to high risk recipients under 11 years of age (exclusive of newborns).
W9098	Hepatitis B immunoprophylaxis with Recombivax HB, 0.5 ml dose. This code applies only to high risk recipients 11-19 years of age.
W9099	Hepatitis B immunoprophylaxis with Recombivax HB, 1.0 ml dose. This code applies only to high risk recipients over 19 years of age.
W9333	Hepatitis B immunoprophylaxis with Engerix-B, 0.5 ml dose. This code applies only when immunizing newborns.
W9334	Hepatitis B immunoprophylaxis with Engerix-B, 0.5 ml dose. This code applies only to high risk recipients under 11 years of age (exclusive of newborns).
W9335	Hepatitis B immunoprophylaxis with Engerix-B, 1.0 ml dose. This code applies only to high risk recipients over 11 years of age.

(g) Certified Nurse Midwife code for Home Delivery:

Z0250 WM	Home Delivery Pack QUALIFIER: All drugs and supplies, etc. necessary for the delivery in this setting.

(h) Speech-language pathology:

Z0300	Speech/Language Pathology--Initial Visit Screening Examination QUALIFIER: Screening examination only, per individual, per provider. NOTE: It is the intent of the program to reimburse for either a screening examination or a comprehensive speech/ evaluation rendered to the patient, not both. If, as a result of the screening examination, it is felt that a comprehensive examination is necessary, it should be completed at that time or at the earliest mutual convenience of the patient and the provider. The screening examination, in this instance becomes an

integral part of the comprehensive speech/language evaluation and the claim submitted to the Program shall be for a comprehensive evaluation. If, however, the documentation reveals that the screening examination did not support the need for a comprehensive evaluation, the code that must be billed is Z0300 Speech/Language Pathology--Initial Visit Screening Examination.

Z0310 Initial Comprehensive Speech/Language Pathology Evaluation by a Certified Speech/Language Pathologist.

QUALIFIER: This procedure code is used to bill for assessment and diagnosis(es) a problem, or problems, in any of the following areas: language competence and performance, phonological development or articulation skills, and/or physical integrity and performance of the speech mechanism including the respiratory, phonatory and articulation systems. Such evaluation requires 3 hours on the average. Discussion and consultation with the patient and/or family regarding findings and a written report are considered an integral part of the evaluation.

NOTE: It is the intent of the program to reimburse for either a screening examination or a comprehensive speech/ evaluation rendered to the patient, not both. If, as a result of the screening examination, it is felt that a comprehensive examination is necessary, it should be completed at that time or at the earliest mutual convenience of the patient and the provider. The screening examination, in this instance, becomes an integral part of the comprehensive evaluation and the claim submitted to the Program shall be for a comprehensive speech/language evaluation. If, however, the documentation reveals that the screening examination did not support the need for a comprehensive evaluation, the code that must be billed is Z0300 Speech/Language Pathology--Initial Visit Screening Examination.

(i) PreAdmission Screening and Annual Resident Review (PASARR)

There are two sets of HCPCS procedure codes used for PreAdmission Screening (PAS) of PASARR Level II Screening as follows:

1. The reimbursement for both HCPCS procedure codes 90801 and W9847 with a Medicaid maximum fee allowance of $ 100.00 is used by a psychiatrist and can be used in any setting for hospital or community.

i. Psychiatric diagnostic interview examination including history, mental status, or disposition (may include communication with family or other sources, ordering and medical interpretation of laboratory or other medical diagnostic studies. In certain circumstances other informants will be seen in lieu of the patient)

NOTE: The HCPCS codes 99313, W9849, 99333 and W9848 cannot bill along with consultation codes when rendered by the same physicians. The provider must use HCPCS codes 90801 and W9847.

QUALIFIER: This procedure is used for Medicare/Medicaid applicants who require an initial PASARR Level II Screen PreAdmission Screening (PAS of PASARR) and are being examined by a psychiatrist to determine the need for specialized services for mental illness, prior to admission into a nursing

facility (NF), as required by Federal law.
It must be performed only by a Board Certified or Board Eligible Psychiatrist who must personally examine the patient.
For hospital patients, the examining psychiatrist must attach a completed Division of Mental Health and Hospitals Psychiatric Evaluation form (DMH&H-1989) to the patient's clinical chart. The hospital Discharge Planning or Social Services unit will be responsible for the submission of the Psychiatric Evaluation form to the Division of Mental Health and Hospitals, CN-727, Trenton, New Jersey 08625-0727, Attention: PASARR Coordinator.
For community patients, the examining psychiatrist will be responsible for obtaining the Division of Mental Health and Hospitals Psychiatric Evaluation form (DMH&H-1989) from the Medicaid District Office and submitting the completed form to the Division of Mental Health & Hospitals, CN-727, Trenton, New Jersey 08625-0727, Attention: PASARR Coordinator.
NOTE: The evaluation form must be mailed no later than 48 hours following the consultation to prevent undue delay in patient placement.

2. The reimbursement for both HCPCS procedure codes 99333 and W9848 with a Medicaid maximum fee allowance of $ 44.00 is used by an attending physician (non-psychiatrist) when a psychiatrist is not readily or immediately available in a community setting.

i. Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least two of these three components:

(1) A detailed interval history;

(2) A detailed examination;

(3) Medical decision making of high complexity.

QUALIFIER: This procedure is used for Medicare/Medicaid persons residing in the community (currently at home or boarding home) who are applicants to Medicare/Medicaid nursing facilities and are being examined by an attending physician to determine the need for specialized services for mental illness.
If this examination reveals the need for a more specialized examination, a psychiatric consultation may be requested by the attending physician. Existing consultation codes for limited consultation and for comprehensive consultation may be used for this purpose by the consulting psychiatrist as appropriate.
If the individual has a diagnosis of Alzheimer's disease or related dementias, as described in the 1987 edition of the Diagnostic and Statistical Manual of Mental Disorders, documentation must be provided to the admitting Medicaid certified nursing facility, for the individual's clinical record, on the history, physical examination, and diagnostic workup, to support the diagnosis. (A new examination does not have to be completed.)
The examining attending physician will be responsible for

obtaining the Division of Mental Health and Hospitals Psychiatric Evaluation form (DMH&H-1989) from the Medicaid District Office and submitting the completed form to the Division of Mental Health and Hospitals, CN-727, Trenton, New Jersey 08625-0727, Attention: PASARR Coordinator.
NOTE: The evaluation form must be mailed no later than 48 hours following the consultation to prevent undue delay in patient placement.

3. There is one set of HCPCS procedure codes used for Annual Resident Review (ARR) of PASARR as follows:

The reimbursement for both HCPCS procedure codes 99313 and W9849 with a Medicaid maximum fee allowance of $ 44.00 are used for Medicare/Medicaid nursing facility patients who are being evaluated by an attending physician for the purposes of an annual resident review to determine the need for specialized services for mental illness.

i. Subsequent nursing facility care, per day, for the evaluation and management of a new or established patient, which requires at least two of these three components:

(1) A detailed interval history;

(2) A detailed examination;

(3) Medical decision making of moderate to high complexity.

QUALIFIER: If this examination reveals the need for a more specialized examination, a psychiatric consultation may be requested by the attending physician. Existing consultation codes for limited consultation and for comprehensive consultation may be used for this purpose by the consulting psychiatrist as appropriate.
If the individual has a diagnosis of Alzheimer's disease or related dementias, as described in the 1987 edition of the Diagnostic and Statistical Manual of Mental Disorders, documentation must be provided to the admitting Medicaid certified nursing facility, for the individual's clinical record, on the history, physical examination, and diagnostic workup, to support the diagnosis. (A new examination does not have to be completed.)
These codes can only be utilized on an annual basis by the same physician on the same patient.
The examining attending physician must attach a completed Division of Mental Health and Hospitals Psychiatric Evaluation form (DMH&H-1989) to the patient's clinical chart. The Nursing Facility administrator will be responsible for providing these forms to the attending physician as well as submitting the completed form to the Division of Mental Health and Hospitals, CN-727, Trenton, New Jersey 08625-0727, Attention: PASARR Coordinator.

NOTE: The evaluation form must be mailed no later than 48 hours following the consultation.

(j) HealthStart Maternity Medical Care Services and Health Support Services for Physicians

1. Separate reimbursement shall be available for Maternity Medical Care Services and Maternity Health Support Services.

2. Maternity Medical Care Services shall be billed as a total obstetrical package when feasible, but may also be billed as separate services.

3. The enhanced reimbursement (i.e. HealthStart procedure codes) for delivery and postpartum care shall be claimed only for a patient who received at least one antepartum HealthStart maternity medical and Health Support Service.

4. Laboratory, other diagnostic procedures, and all necessary medical consultations are eligible for separate reimbursement.

i. Laboratory procedures performed by an outside laboratory shall be reimbursed to the laboratory.

5. HealthStart Maternity Medical Care Services codes are as follows:

W9025	HealthStart INITIAL ANTEPARTUM MATERNITY MEDICAL CARE VISIT, includes:	72.00	69.00
W9025 WM		67.00	

1. History, including system review;

2. Complete physical examination;

3. Risk assessment;

4. Initial plan of care;

5. Patient counseling and treatment;

6. Routine and special laboratory services on site or by referral, as appropriate;

7. Referrals for other medical consultations, as appropriate (including dental); and

8. Coordination with the HealthStart Health Support Services provider, as applicable.

W9026	HealthStart SUBSEQUENT ANTEPARTUM MATERNITY MEDICAL CARE VISIT, includes:	22.00	21.00
W9026 WM		19.00	

1. Interim history;

2. Physical examination;

3. Risk assessment;

4. Review of plan of care;

5. Patient counseling and treatment;

6. Laboratory services on site or by referral, as appropriate;

7. Referrals for other medical consultations, as appropriate (including dental);

8. Coordination with HealthStart case coordinator.

NOTE: This code may be billed only for the 2nd through antepartum visit.

NOTE: If medical necessity dictates, corroborated by the record, additional visits above the fifteenth visit may be reimbursed under procedure code, i.e. 99211, 99212, 99213, 99214, and 99215. The date and place of

service shall be included on each claim detail line on the 1500 N.J. claim form. The claim form should clearly indicate the reason for the medical necessity and date for each additional visit.

W9027	HealthStart REGULAR DELIVERY, includes:	465.00	418.00	
W9027 WM				371.00

1. Admission history;
2. Complete physical examination;
3. Vaginal delivery with or without episiotomy and/or forceps;
4. Inpatient postpartum care;
5. Referral to postpartum follow-up care provider including:
   - (a) Mother's hospital discharge summary; and the
   - (b) Infant's discharge summary, as appropriate.

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1. Outpatient postpartum care by the 60th day after the vaginal or caesarean section delivery includes:
   - (a) Review of prenatal, labor and delivery course;
   - (b) Interim history, including information on feeding and care of the newborn;
   - (c) Physical examination;
   - (d) Referral for laboratory services, as appropriate;
   - (e) Referral for ongoing medical care, when appropriate; and
   - (f) Patient counseling and treatment.

NOTE: The postpartum visit shall be made by the 60th postpartum day. Include the delivery date on the 1500 N.J. claim form in Item 24A.

W9029	HealthStart REGULAR DELIVERY AND POSTPARTUM includes:	487.00	439.00	
W9029 WM				390.00

1. Admission history;
2. Complete physical examination;
3. Vaginal delivery with or without episiotomy and/or forceps;

4. Inpatient postpartum care;

5. Referral to postpartum follow-up care provider including:

(a) Mother's hospital discharge summary; and

(b) Infant's discharge summary, as appropriate.

6. Outpatient postpartum care by the 60th day after the delivery;

(a) Review of prenatal, labor and delivery course;

(b) Interim history, including information on feeding and care of the newborn;

(c) Physical examination;

(d) Referral for laboratory services, as appropriate;

(e) Referral for ongoing medical care, when appropriate; and

(f) Patient counseling and treatment.

NOTE: This code applies to a full term or premature vaginal delivery and includes care in the home, birthing center or in the hospital (inpatient setting.) Include delivery date on the 1500 N.J. claim form in Item 24A.

W9030	HealthStart TOTAL OBSTETRICAL CARE	867.00	802.00	
W9030 WM				723.00

Total obstetrical care consists of:

1. INITIAL ANTEPARTUM VISIT AND FOURTEEN SUBSEQUENT ANTEPARTUM VISITS. Specific dates are to be listed on the claim form.

NOTE: Reimbursement will be denied if the services delivered do not meet the criteria for the visits. The elements of the visits shall include the following:

a. History (initial or review), including system review;

b. Complete physical examination;

c. Risk assessment;

d. Initial and ongoing care plan;

e. Patient counseling and treatment;

f. Routine and special laboratory tests on site, or by referral, as appropriate;

g. Referral for other medical consultations, as appropriate (including dental); and

h. Coordination with the HealthStart Health Support Services provider, as applicable.

Code	Description		
W9031	HealthStart CAESAREAN SECTION DELIVERY, includes:	595.00	531.00

1. Admission history;

2. Complete physical examination;

3. Caesarean section delivery;

4. Inpatient postpartum care;

5. Referral to postpartum follow-up care provider, including:

a. Mother's hospital discharge summary;

b. Infant's discharge summary, as appropriate;

NOTE: Include the delivery date on the claim form.

Code	Description	
W9040	HealthStart enrollment process	30.00

1. Assistance with the presumptive eligibility determination for Maternity Care recipients, when and if applicable;

2. Patient registration and scheduling of the initial appointments;

3. Counseling and referral for WIC, food stamps, and other community-based services;

4. Assignment of HealthStart case coordinator; and

5. Outreach and follow-up on missed appointments.

NOTE: This code may be billed only once during pregnancy by the same provider.

Code	Description	
W9041	HealthStart Development of Maternity Plan of Care, includes:	120.00

1. Case coordination services;

2. Initial assessments:

a. Nutrition;

b. Health education; and

c. Social/psychological.

3. Case conference with Maternity Medical Care provider;

4. Initial plan of care developed by the HealthStart case coordinator;

5. Basic guidance and health education services;

6. Referral for other services including follow-up with County Boards of Social Services; and

7. Outreach, referral and follow-up activities including phone calls and letters.

NOTE: This code may be billed only once during the pregnancy by the same provider.

W9042	HealthStart Subsequent Maternity Health Support Services Visit, includes:	50.00

1. Case coordination;

2. Review and update of care plan;

3. Coordination with maternity medical care provider;

4. Health education instruction;

5. Social/psychological guidance;

6. Nutrition guidance;

7. Home visit for high risk clients; and

8. Outreach, referral and follow-up activities including phone calls and letters.

NOTE: This code may be billed only once per trimester and not more than twice per pregnancy.

W9043	HealthStart Postpartum Maternity Health Support Services, includes:	100.00

1. Case coordination services;

2. Review of the plan of care;

3. Review of the summary of hospital stay records and current medical status;

4. Nutrition assessment and counseling;

5. Social/psychological assessment and counseling;

6. Health education assessment and instruction;

7. Home visit(s) as applicable;

8. Referral, outreach and follow-up services;

9. Referral for pediatric preventive care and follow-up;

10. Transfer of pertinent information to pediatric, future family planning and medical care providers; and

11. Completion of the plan of care.

(k) HealthStart Pediatric Preventive Care code requirements are as follows:

1. HealthStart Pediatric Care Guidelines provide for up to nine preventive child health visits for a child under two years of age.

i. All preventive child health visits shall be billed using the HealthStart Preventive Child Health Visit codes appropriate to the child's age at the time of visit. Each preventive child health visit HCPCS procedure code may be claimed only once per child.

ii. Claims shall be submitted using Form MC-19, EPSDT/HealthStart Screening and Related Procedures.

2. Laboratory, other diagnostic procedures, and all necessary medical consultations shall be eligible for separate reimbursement.

i. Laboratory procedures performed by an outside laboratory shall be reimbursed to the laboratory.

3. HealthStart Pediatric Preventive Care codes represent visits based on an infant's age according to the following schedule:

W9060	Under 6 weeks	31.00	26.00
W9061	Between 6 weeks and 3 months	31.00	26.00
W9062	Between 3 months and 5 months	31.00	26.00
W9063	Between 5 months and 8 months	31.00	26.00
W9064	Between 8 months and 11 months	31.00	26.00
W9065	Between 11 months and 14 months	31.00	26.00
W9066	Between 14 months and 17 months	31.00	26.00
W9067	Between 17 months and 20 months	31.00	26.00
W9068	Between 20 months and 24 months	31.00	26.00

4. Early and Periodic, Screening, Diagnosis and Testing (EPSDT)

W9060 WT	Under 6 weeks	23.00	18.00
W9061 WT	Between 6 weeks and 3 months	23.00	18.00
W9062 WT	Between 3 months and 5 months	23.00	18.00
W9063 WT	Between 5 months and 9 months	23.00	18.00
W9064 WT	Between 9 months and 11 months	23.00	18.00
W9065 WT	Between 11 months and 14 months	23.00	18.00
W9066 WT	Between 14 months and 17 months	23.00	18.00
W9067 WT	Between 17 months and 20 months	23.00	18.00
W9068 WT	Between 20 months and 24 months	23.00	18.00
W9820	Every 12 months thereafter NOTE:See N.J.A.C. 10:54-5.5 for more information about EPSDT.	23.00	18.00

5. HealthStart Pediatric Preventive Care Visit includes the following elements:

i. History including behavior and environmental factors;

ii. Developmental assessment; and

iii. Complete, unclothed physical examination by a physician or a nurse practitioner under the personal supervision of a physician, to include:

(1) measurements: height, weight and head circumference;

(2) vision and hearing screening; and

(3) nutritional assessment.

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

v. Anticipatory guidance;

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

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

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

(2) Hemoglobin or hematocrit twice, at 6-9 months and 20-24 months of age;

(3) Urinalysis, twice: at 6-9 months and 20-24 months of age;

(4) Tuberculin test, annually; and

(5) Lead screening using blood lead level determinations between 6 and 12 months, at 2 years of age, and annually up to 6 years of age. At all other visits, screening shall consist of verbal assessment and blood lead level testing, as indicated.

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

(l) Diagnostic Radiology Services:

R0070	Transportation of portable x-ray equipment and personnel to home or nursing home, per trip to facility or location, one patient seen

(m) Rehabilitative Services:

H5300 Occupational Therapy

(n) Level III descriptions:

W1000	Renal transplantation, implantation of graft, with immunosuppressant therapy, with recipient splenectomy and recipient nephrectomy, unilateral and bilateral
W1001	Resuturing of dislocated intraocular lens, requiring an incision
W1002	Myringotomy with insertion of collar button, unilateral
W1003	Myringotomy with insertion of collar button, bilateral
W1008	Discission of lens capsule; incisional technique (needling of lens), initial
W1009	Discission of lens capsule; incisional technique (needling of lens), subsequent
W2000	Dislocation, lumbar, simple, closed reduction with anesthesia
W3600	Injection procedure for intraosseous venography
W3650	Insertion of port-a-cath into subclavian for chemotherapy
W4850	Insertion of tenckhoff catheter with concurrent omentectomy, panniculectomy, lysis of adhesions, or other related surgical procedure. (See code 49420 and 49421 for insertion without omentectomy, panniculectomy, etc.)
W5650	Removal of a foreign body from the vagina of a child
W5750	VABRA aspiration biopsy
W5760	Insertion of fletcher applicator for cesium implant, initial
W5760 76	Insertion of fletcher applicator for cesium implant, subsequent

W5920	Caudal anesthesia (epidural block) limited to obstetrical cases only eligible for reimbursement only when given by other than the delivery physician
W5930	Manual removal of placenta by other than the physician effecting delivery
W6499 AA	Anesthesia for ECT, cat scan or MRI
W9170	Peritoneal dialysis, 3rd to 14th day
W9200	Subnormal vision exam, a continuation eye exam with limited additional test to determine if subnormal visit on devices would benefit problems not normalized
W9205	Subnormal vision work-up with written report, prior authorization required this is a battery of extensive tests and independent procedures to determine
W9215	Screening examination
W9220	Split lamp examination
W9310	Patient activated ECG recorders office, or nursing home, with or without transtelephonic transmissions of the recording
W9378	Transtelephonic cardiac pacemaker monitoring with EKG once per week limitation
W9382	Transtelephonic pacemaker monitoring, lithium battery (single chamber) 37th month & beyond, allowed once per 4 weeks & if more frequent then only by documented medical necessity
W9384	Transtelephonic pacemaker monitoring, lithium battery (dual chamber) 2nd to 6th month & 37th month & beyond allowed once per 4 weeks & if more frequent only by documented medical necessity
W9385	Transtelephonic pacemaker monitoring, lithium battery (single chamber) 1st month after implant allowed once per 2 weeks & if more frequent than only by documented medical necessity
W9386	Transtelephonic pacemaker monitoring, lithium battery (single chamber) 2nd month to 36th month allowed once per 8 weeks & if more frequent than only by documented medical necessity
W9387	Transtelephonic pacemaker monitoring, lithium battery (dual chamber) 1st month after implant allowed once per 2 weeks & if more frequent than only by documented medical necessity
W9388	Transtelephonic pacemaker monitoring, lithium battery (dual chamber) 7th to 36th month allowed once per 8 weeks & if more frequent than only by documented medical necessity

History

HISTORY:

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

See: *34 New Jersey Register 3183(a)*, *35 New Jersey Register 888(a)*.

Added new (m), recodified former (m) as (n).

Annotations

Notes

Chapter Notes

NEW JERSEY ADMINISTRATIVE CODE
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N.J.A.C. 10:54-9.11

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 56 No. 5, March 4, 2024

§ 10:54-9.11. Supplemental Information Summarizing the Use of HCPCS

(a) Anesthesia: The following HCPCS procedure codes do not require the AA modifier when the professional services are rendered by an anesthesiologist:

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(b) Incidental Surgery: Certain surgical procedures when performed incidental to other surgical procedures by the operating surgeon or assistant surgeon are covered in the reimbursement allowance for the primary procedure. Such incidental procedures are as follows:

1. Breast biopsy (HCPCS 19100, 19101, 76095)-with other breast surgery (HCPCS 19110-19240);

2. Tracheostomy (HCPCS 31600-31610) with procedures such as the following:

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3. Exploratory Thoracotomy (HCPCS 32095-32160) with other major thoracic procedures;

4. Splenectomy (HCPCS 38100-38101, 38115) with Gastrectomy procedures (HCPCS 43620-43638);

5. Appendectomy (HCPCS 44950) performed on a non-diseased appendix with any major abdominal surgery;

6. Gastrostomy (HCPCS 43830) following or preceding a subtotal or hemigastrectomy; gastrorrhaphy (HCPCS 43840); vagotomy and pyloroplasty (HCPCS 43640); gastroduodenostomy (HCPCS 43810; or other gastric procedures (HCPCS 43500-43885) or esophageal resections (HCPCS 43400-43499) or pancreatic surgery (48100-48180);

7. Enterolysis (freeing of intestinal adhesions- HCPCS 44005) and Lysis of adhesions (salpingolysis, ovariolysis) with other major abdominal surgery or uterine, salpingeal, ovarian surgery or C-Section;

8. Ileostomy (HCPCS 44310), colostomy or cecostomy (HCPCS 44320) procedures performed in conjunction with procedures such as the following small intestine, colon or rectal procedures (HCPCS 44140-44155, 45110-45135);

9. Exploratory Laparotomy (HCPCS 49000) with other intra-abdominal surgical procedures;

10. Retroperitoneal Exploration (HCPCS 49010) with other major procedures in the pelvic or abdominal area;

11. Omentectomy (HCPCS 49255) with any total or partial gastrectomy for malignancy or other gastric, small bowel, colon, pancreatic surgery or combined abdominal-perineal resection;

12. Exploratory Cystotomy (HCPCS 51020-51045) with other major urinary bladder procedures requiring an incision into the bladder;

13. Biopsy of ovary (HCPCS 58900) and drainage of ovarian cyst (HCPCS 58800-58822) with any intra-abdominal surgery including ovarian, uterine or salpingeal surgery;

14. Exploratory Craniotomy (HCPCS 61304, 61305) with any other brain surgery; (HCPCS 61312-61576; 61680-61711; 62000-62258);

15. Biopsy of Testis, needle (HCPCS 54505)-with any inguinal hernia repairs, orchiectomy, exploration of undescended testis, reduction or fixation of testis, hydrocele and scrotal surgery;

16. Eye Surgery for Removal of Cataracts-(HCPCS 66920, 66930, 66940) with any other optical procedure.

(c) Second surgical opinion: A second surgical opinion is not required for the following procedures:

1. All surgical procedures related to cholecystectomy;

2. Hernia repairs for recipients under 19 years of age;

3. Primary adenoidectomy for children under 12 years of age; and

4. Spinal fusion and laminectomy for scoliosis for recipients under 19 years of age.

5. It should be emphasized that the requirement for Second Surgical Opinion is waived when the operating physician determines that the need for surgery is urgent or emergent. For Second Opinion purposes, "urgent or emergent" means that a delay in surgery to comply with the protocol of the Second Surgical Opinion Program would result in a significant threat to the patient's health or life.

6. To facilitate reimbursement in instances where the surgery meets the "urgent/emergent" definition, the physician or independent clinic must attach to the claim form, a statement from the operating physician attesting to the urgent/emergent nature of the illness or situation. (See previous Newsletters, P-329 (3/22/82) and P-339 (10/4/82).

7. No Medicaid Second Surgical Opinion Referral Form (FD-263) (9/91) will be required for claims submitted by an anesthesiologist or an assistant surgeon.

(d) Second surgical opinion: The following HCPCS codes do require a Second Surgical Opinion:

1. Hysterectomy (Elective Procedures):

Click here to view image.

2. Spinal fusion: *

Click here to view image.

3. Laminectomy: *

Click here to view image.

4. Hernia Repair (Unilateral or Bilateral including umbilical hernia-for recipients 19 years of age or older):

Click here to view image.

(e) Multiple surgical pricing: The following HCPCS procedure codes are excluded from multiple surgical pricing and as such and shall be reimbursed like the primary procedure at 100 percent of the Medicaid Maximum Fee Allowance even when the procedure is done on the same patient, by the same surgeon, at the same operative session.

Click here to view image.

(f) Surgery and office visit (New and Established Patient) Conflicts: The following procedure codes are excluded from the policy indicating that office visit codes are not reimbursed in addition to procedure codes for other conditions. Thus, the following Office Visit (New and Established Patient) procedure codes, listed below, may be billed with the procedure codes listed identified with the titles, Surgery Values and Excluded Codes. (If the surgical procedure code reimburses less than an Office Visit, reimbursement will be the higher of the office visit rate or the surgical procedure code rate, not both.)

1. The policy is applicable to these surgical procedure codes:

Click here to view image.

2. The policy is also applicable to office visit (new and established patient) procedure codes:

Click here to view image.

3. The following procedure codes are excluded from this policy:

Click here to view image.

(g) Rehabilitative services: When requesting reimbursement for the following HCPCS procedure codes, a separate service line shall be completed for each day that the service is provided. Providers shall not "span bill" for services.

92507

97799

H5300 (h) Mental health services: When requesting reimbursement for the following HCPCS procedure code, a separate service line shall be completed for each day that the service is provided. Providers shall not "span bill" for services.

90870

History

HISTORY:

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

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

Added (g) and (h).

Annotations

Notes

Chapter Notes

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N.J.A.C. 10:54, Appx. A

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NJ - New Jersey Administrative Code > TITLE 10. HUMAN SERVICES > CHAPTER 54. PHYSICIAN SERVICES

APPENDIX A

FISCAL AGENT BILLING SUPPLEMENT

AGENCY NOTE: The Fiscal Agent Billing Supplement is appended as a part of this chapter but is not reproduced in the New Jersey Administrative Code. When revisions are made to the Fiscal Agent Billing Supplement, an updated version will be placed on the fiscal agent website (*www.njmmis.com*) and a copy will be filed with the Office of Administrative Law. For a copy of the Fiscal Agent Billing Supplement, access *www.njmmis.com* or write to:

Molina Medicaid Solutions

PO Box 4801

Trenton, New Jersey 08650-4801

or contact:

Office of Administrative Law

Quakerbridge Plaza, Building 9

PO Box 049

Trenton, New Jersey 08625-0049

History

HISTORY:

Recodified from *N.J.A.C. 10:54* Appendix B by R.2006 d.237, effective July 3, 2006.

See: *38 N.J.R. 907(a)*, *38 N.J.R. 2803(a)*.

Former *N.J.A.C. 10:54* Appendix A repealed. In the introductory paragraph, substituted "appended as a part" for "filed as an incorporated Appendix" and "Fiscal Agent Billing Supplement" for "fiscal agent billing supplement", deleted "/manual" following "chapter" and inserted "access *www.njmmis.com* or" following "Supplement"; in the first address, substituted "Unisys Corporation" for "Paramax/Unisys"; and in the second address, inserted "Law" and substituted "Building 9" for "Build".

Amended by R.2012 d.124, effective July 2, 2012.

See: *43 N.J.R. 1477(a)*, *44 N.J.R. 1884(a)*.

In the introductory paragraph, substituted "an updated version will be placed on the fiscal agent website (*www.njmmis.com*) and a copy" for "replacement pages will be distributed to providers and copies"; and in the address, substituted "Molina Medicaid Solutions" for "Unisys Corporation".

Annotations

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Chapter Notes

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APPENDIX B

EMC MANUAL

AGENCY NOTE: The Electronic Media Claims (EMC) Manual is appended as a part of this chapter, but is not reproduced in the New Jersey Administrative Code. When revisions are made to the EMC Manual, an updated version will be placed on the fiscal agent website (*www.njmmis.com*) and a copy will be filed with the Office of Administrative Law. The EMC Manual may be reviewed and downloaded by accessing *www.njmmis.com*. For a paper copy of the EMC Manual, write to:

Molina Medicaid Solutions

PO Box 4801

Trenton, NJ 08650-4801

History

HISTORY:

Recodified from *N.J.A.C. 10:54* Appendix C by R.2006 d.237, effective July 3, 2006.

See: *38 N.J.R. 907(a)*, *38 N.J.R. 2803(a)*.

Former *N.J.A.C. 10:54* Appendix B recodified as *N.J.A.C. 10:54* Appendix A. In the introductory paragraph, substituted "appended as a part" for "filed as an incorporated Appendix", deleted "/manual" following "chapter", inserted the third sentence and "paper" preceding "copy" and in the address, substituted "Unisys Corporation" for "Paramax/Unisys".

Amended by R.2012 d.124, effective July 2, 2012.

See: *43 N.J.R. 1477(a)*, *44 N.J.R. 1884(a)*.

In the introductory paragraph, substituted "an updated version will be placed on the fiscal agent website (*www.njmmis.com*) and a copy" for "replacement pages will be distributed to providers and copies"; and in the address substituted "Molina Medicaid Solutions" for "Unisys Corporation" and "NJ" for "N.J.".

Annotations

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APPENDIX B

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APPENDIX C

(Reserved)

History

Recodified to N.J.A.C. 10:54 Appendix B by R.2006 d.237, effective July 3, 2006.

See: 38 N.J.R. 907(a), 38 N.J.R. 2803(a).

Annotations

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