

## **N.J.A.C. 10:59**

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 50 No. 11, June 4, 2018

***New Jersey Administrative Code > TITLE 10. HUMAN SERVICES > CHAPTER 59. MEDICAL SUPPLIER MANUAL***

### **Title 10, Chapter 59 -- Chapter Notes**

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#### **Statutory Authority**

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##### **CHAPTER AUTHORITY:**

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

#### **History**

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##### **CHAPTER SOURCE AND EFFECTIVE DATE:**

Effective: June 6, 2013.

See: 45 N.J.R. 1658(a).

##### **CHAPTER HISTORICAL NOTE:**

Chapter 59, Medical Supplier Manual, was adopted as R.1971 d.55, effective April 21, 1971. See: 3 N.J.R. 43(b), 3 N.J.R. 82(e).

Subchapter 3, Durable Medical Supply and Equipment Codes, was repealed and a new Subchapter 3, HCFA Common Procedure Coding System (HCPCS), was adopted as R.1986 d.52, effective March 3, 1986.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 59, Medical Supplier Manual, was readopted as R.1991 d.137, effective February 15, 1991. See: 22 N.J.R. 3712(a), 23 N.J.R. 858(d).

Chapter 59, Medical Supplier Manual, was repealed and Chapter 59, Medical Supplier Manual, was adopted as new rules by R.1996 d.67, effective February 5, 1996. See: 27 N.J.R. 4238(a), 28 N.J.R. 1027(a).

Pursuant to Executive Order No. 66(1978), Chapter 59, Medical Supplier Manual, was readopted as R.2001 d.64, effective January 23, 2001. See: 32 N.J.R. 4098(a), 33 N.J.R. 661(c).

Chapter 59, Medical Supplier Manual, was readopted as R.2006 d.297, effective July 24, 2006. See: 38 N.J.R. 1371(b), 38 N.J.R. 3578(a).

In accordance with N.J.S.A. 52:14B-5.1b, Chapter 59, Medical Supplier Manual, was scheduled to expire on July 24, 2013. See: 43 N.J.R. 1203(a).

Chapter 59, Medical Supplier Manual, was readopted, effective June 6, 2013. See: Source and Effective Date.

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## **N.J.A.C. 10:59-1.1**

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***New Jersey Administrative Code > TITLE 10. HUMAN SERVICES > CHAPTER 59. MEDICAL SUPPLIER MANUAL > SUBCHAPTER 1. MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT***

### **§ 10:59-1.1 Introduction**

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

### **History**

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#### **HISTORY:**

Amended by R.2006 d.297, effective September 5, 2006.

See: 38 N.J.R. 1371(b), 38 N.J.R. 3578(a).

Inserted "/NJ Family Care" two times.

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## **N.J.A.C. 10:59-1.2**

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***New Jersey Administrative Code > TITLE 10. HUMAN SERVICES > CHAPTER 59. MEDICAL SUPPLIER MANUAL > SUBCHAPTER 1. MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT***

### **§ 10:59-1.2 Definitions**

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

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

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

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

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

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

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

"Invoice" means an unaltered document reflecting a supplier's actual acquisition cost, which shows the supplier as the addressee, item description, quantity, and cost.

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

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

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

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

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

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

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

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

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

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

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

## **History**

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### **HISTORY:**

Amended by R.2001 d.64, effective February 20, 2001.

See: 32 N.J.R. 4098(a), 33 N.J.R. 661(c).

Substituted "beneficiary" for "recipient" throughout section.

Amended by R.2006 d.297, effective September 5, 2006.

See: 38 N.J.R. 1371(b), 38 N.J.R. 3578(a).

In definitions "Maximum fee allowance", "Nursing facility (NF)", "Recycled" and "Usual and customary", inserted "/NJ Family Care".

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## N.J.A.C. 10:59-1.3

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 50 No. 11, June 4, 2018

***New Jersey Administrative Code > TITLE 10. HUMAN SERVICES > CHAPTER 59. MEDICAL SUPPLIER MANUAL > SUBCHAPTER 1. MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT***

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

**(a)**Effective July 1, 2006, P.L. 2006, c. 45 and P.L. 2007, c. 111, as amended by P.L. 2007, c. 336, require the Division to institute a moratorium on, among other services, medical supply services.

1.Any provider that was not an approved Medicaid or NJ FamilyCare fee-for-service provider of medical supply services prior to July 1, 2006 is ineligible to become an approved fee-for-service provider of such services for Medicaid or NJ FamilyCare, unless the Division determines that the provider meets the special needs of the Division.

2.Special needs criteria for medical supplier provider applicants are as follows:

i.Sufficient access analysis: Using geo-accessing, the Division will determine whether the beneficiaries living in an area in which the provider is located, or intends to locate, have sufficient access to the Medicaid or NJ FamilyCare-covered service that the provider intends to offer. For example, if a mileage standard for a service is one provider in six miles or two providers in 12 miles, sufficient access exists under the moratorium for that service when a beneficiary has access to a minimum of one participating provider within six miles or two participating providers within 12 miles of the beneficiary's residence. Mileage standards are set forth below:

<b>Miles per One</b>	<b>Miles per Two</b>	<b>Miles per One</b>	<b>Miles per Two</b>
<b>Provider-Urban</b>	<b>Providers-Urban</b>	<b>Provider-Non urban</b>	<b>Providers-Non urban</b>
six Miles	12 Miles	15 Miles	25 Miles

ii.Special needs analysis: After the Division performs a sufficient access analysis, the Division will perform a special needs analysis utilizing the following criteria:

- (1)**The number of beneficiaries in the area in question who may have special needs;
- (2)**Capacity limits and service offerings of existing providers and the provider applicant;
- (3)**The provider applicant's availability, as revealed in its proposed minimum and maximum hours of service, including whether the provider will offer a level of service not currently available, such as a 24-hour access system, emergency services and home delivery of services;
- (4)**Whether the provider applicant is a specialty medical services provider deemed by DMAHS to fill a need for specific medical supply that would not otherwise be filled; and
- (5)**A provider that is selected to provide institutional pharmaceutical services to a facility that is a newly licensed institution, or a replacement provider that shall provide identical services to an existing licensed institution, may also be approved for participation as a provider of medical supply services under the moratorium if the provider provides a level of services acceptable to the Department of Health and Senior Services and meets all applicable State and Federal rules and regulations. Additionally, institutional providers of pharmaceutical services may be approved as providers of medical supply services for the purpose of billing Medicare Part B for covered medical supply services and Medicare Part D services.

**3.**Situations not subject to the moratorium for fee-for-service providers of medical supply services are as follows:

**i.**A change of ownership only;

**ii.**A change of location only: A provider that has not changed ownership on or after July 1, 2006, which changes location on or after July 1, 2006 and prior to November 7, 2011, or which changes location to a location within the State of New Jersey on or after November 7, 2011, and continues to operate as a Medicaid or NJ FamilyCare provider at the new location, continues to provide the same level of services and delivery and meets all applicable State and Federal rules and regulations;

**iii.**Medicare is the primary payer. Situations where Medicare is the primary payer and the provider bills for cross-over claims and wraparound Medicare Part D payments; and

**iv.**A pharmacy that sells medical supplies.

**4.**A pharmacy provider is not approved to be a provider of medical supply services based on licensure as a pharmacy. Licensed pharmacies shall file a separate provider application to request participation as a provider of medical supply services.

**(b)**Subject to the moratorium set forth in (a) above, in order to participate in the New Jersey Medicaid/NJ FamilyCare Program, a medical supplier shall:

**1.**Be an established place of business as a medical supplier in New Jersey;



2. Be a pharmacy operating under a valid permit issued by the New Jersey State Board of Pharmacy;

3. Be an out-of-State medical supplier who is an approved Medicaid provider in their state of residence; or

4. Be a manufacturer of medical supplies for which there is a special need, as determined at the sole discretion of the Division; however, participation by such manufacturers is limited to providing the specific items specially needed as identified in writing by the Division; such manufacturers may be enrolled without a need to comply with the separate provisions of (c)1 and 2 below.

**(c)** In order to participate in the New Jersey Medicaid/NJ FamilyCare Program, a medical supplier shall:

1. Maintain a previously approved or fixed, established place of business located in a commercial zone which shall be open and accessible to the general public during normal business hours;

2. Display a sign of identification, external to the interior business site, visually recognized by the general public;

3. Receive approval from the New Jersey Medicaid/NJ FamilyCare program for each site from which equipment and supplies are distributed and/or delivered;

4. Comply with the requirements described at N.J.A.C. 10:49-3.2 if the medical supplier is to fill an order written by a physician or other practitioner who has an ownership interest in the supplier's business;

5. Notify the State's fiscal agent and file a new application within 60 days of a change in ownership and/or location; and

6. Agree to permit properly identified representatives of the New Jersey Medicaid/NJ FamilyCare program to:

i. Inspect the original prescription or the Certificate of Medical Necessity (CMN) on file;

ii. Audit records pertaining to costs of medical supplies and equipment provided to Medicaid/NJ FamilyCare beneficiaries; and

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

## History

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### HISTORY:

Amended by R.2001 d.64, effective February 20, 2001.

See: 32 N.J.R. 4098(a), 33 N.J.R. 661(c).

In (a), inserted "program" following "Medicaid"; and in (b)6ii, substituted "beneficiaries" for "recipients".

Amended by R.2006 d.297, effective September 5, 2006.

See: 38 N.J.R. 1371(b), 38 N.J.R. 3578(a).

Inserted "/NJ Family Care" throughout; in the introductory paragraph of (a) inserted "the" preceding "New Jersey".

Amended by R.2007 d.238, effective August 6, 2007.

See: 39 N.J.R. 1388(a), 39 N.J.R. 3377(a).

Added new (a); recodified former (a) and (b) as (b) and (c); in the introductory paragraph of (b), substituted "Subject to the moratorium set forth in (a) above, in" for "In" and "Program" for "program"; in (b)1, deleted "or" from the end; in (b)3, deleted "pharmacy or" preceding "medical"; and in (c)4, substituted "an order" for "a prescription".

Amended by R.2008 d.277, effective September 15, 2008.

See: 40 N.J.R. 2186(a), 40 N.J.R. 5238(a).

In the introductory paragraph of (a), substituted "and P.L. 2007, c. 111, as amended by P.L. 2007, c. 336, require" for "requires"; in (a)3ii, deleted "and" from the end; in (a)3iii, substituted "; and" for a period at the end; added (a)3iv; and in (a)4, deleted "and will be subject to the special needs criteria for new medical supply providers pursuant to N.J.A.C. 10:59-1.3(a)2" from the end.

Amended by R.2011 d.280, effective November 7, 2011.

See: 43 N.J.R. 362(a), 43 N.J.R. 3022(a).

In (a)1, substituted the third occurrence of "of" for "criteria established by"; deleted former (a)2ii(3); recodified former (a)2ii(4) through (a)2ii(6) as (a)2ii(3) through (a)2ii(5); in (a)3ii, inserted "prior to November 7, 2011, or which changes location to a location within the State of New Jersey on or after November 7, 2011, and"; in (b)2, deleted "or" from the end; in (b)3, substituted "; or" for a period at the end; and added (b)4.

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## **N.J.A.C. 10:59-1.4**

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***New Jersey Administrative Code > TITLE 10. HUMAN SERVICES > CHAPTER 59. MEDICAL SUPPLIER MANUAL > SUBCHAPTER 1. MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT***

### **§ 10:59-1.4 Non-covered items or services**

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

- 1.A particular item of DME is not covered when, in the opinion of the Division, the item is not considered cost-effective or safe and effective for the treatment of a beneficiary's medical condition;
- 2.Items available without charge through programs of other public or voluntary agencies (for example: New Jersey State Department of Health and Senior Services, Heart Association, American Cancer Society) are not covered;
- 3.Supplies which are administered or directly furnished by practitioners or by home health agencies as part of per visit reimbursement are not covered separately;
- 4.Medical supplies, routinely used DME and other therapeutic equipment/supplies essential to furnish the services offered by a facility for the care and treatment of its residents are considered part of the NF's per diem and therefore, not covered. Examples of this type of equipment and supplies include, but are not limited to, the following:
  - i.Administration pumps;
  - ii.Aspirators;
  - iii.Canes;
  - iv.Communication equipment (life-safety devices including alarms and apnea monitors);
  - v.Crutches;
  - vi.Enteral nutritional supplements and related supplies (including IV poles and enteral pumps);
  - vii.Geri-chairs;
  - viii.Hospital beds (including mattress and side rails);

- ix.**IPPB machines;
- x.**IV supplies and related equipment;
- xi.**Lifts;
- xii.**Low end pressure relief systems, for example, mattress overlays, mattress replacements, powered mattress systems and air powered flotation beds;
- xiii.**Nebulizers;
- xiv.**Oxygen and related equipment;
- xv.**Traction apparatus;
- xvi.**Walkers;
- xvii.**Standard wheelchairs and accessories including adjustable leg rests and detachable armrests; and
- xviii.**Medical supplies, for example, incontinency pads, bandages, dressings, compresses, sponges, plasters, tapes, cellu-cotton or other types of pads used to save labor or linen, colostomy bags, hot water bags, thermometers, catheters, rubber gloves, and disposable syringes.

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

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

**7.**Delivery and shipping costs;

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

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

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

- 1.**Bags (douche, enema, ice);
- 2.**Beds (waterbeds);
- 3.**Environmental control equipment, including electronic devices intended to control or alter the environment, such as lighting, telephones and appliances; air conditioners; humidifiers; dehumidifiers and air filtering systems with the exception of vaporizers and cool mist humidifiers;
- 4.**Exercise equipment;
- 5.**Eye patches;
- 6.**First aid supplies or medicine chest items (gauze, adhesive tape, bandages, and cotton);

7. Footwear, orthopedic, and foot orthotics, except when attached to a brace or bar or when part of a normal post-operative or post-fracture treatment program, or when used to correct or adapt to gross foot deformities (see N.J.A.C. 10:57);
8. Hot water bottles;
9. Infant formula (standard);
10. Inflatable rubber invalid rings;
11. Lifts (chair or seat);
12. Mattresses (orthopedic or mattresses without FDA approval);
13. Nasal aspirators;
14. Pads (heating, hydrocollators, sanitary, thermophore);
15. Personal incidentals, including items for personal cleanliness, body hygiene, and grooming, for example, standard toothbrushes, mouthwashes, dentifrices, deodorant soaps, cosmetics, shaving items, and so forth;
16. Plastic gloves;
17. Protein nutritional supplements in which the quantity dispensed exceeds a 34-day supply;
18. Scales (bathroom);
19. Specialized infant formulas in which the quantity dispensed exceeds a 34-day supply;
20. Stainless steel bedpans or urinals;
21. Syringes (bulb, enema);
22. Thermometers (axillary, ear, oral, rectal); and
23. Tongue blades (sterile, non-sterile).

## History

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### **HISTORY:**

Amended by R.1997 d.251, effective June 16, 1997.

See: 28 N.J.R. 2481(a), 28 N.J.R. 3221(a), 29 N.J.R. 2690(a).

Inserted new (b)17 and 19, and recodified former (b)17 as (b)18, and (b)18 through 21 as (b)20 through 23.

Amended by R.2001 d.64, effective February 20, 2001.

See: 32 N.J.R. 4098(a), 33 N.J.R. 661(c).

In (a)1 and (a)8, substituted references to beneficiaries for recipients, and also in (a)8, updated an N.J.A.C. reference.

Amended by R.2006 d.297, effective September 5, 2006.

See: 38 N.J.R. 1371(b), 38 N.J.R. 3578(a).

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

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## N.J.A.C. 10:59-1.5

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*New Jersey Administrative Code > TITLE 10. HUMAN SERVICES > CHAPTER 59. MEDICAL SUPPLIER MANUAL > SUBCHAPTER 1. MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT*

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

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

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

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

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

### History

#### **HISTORY:**

Amended by R.2001 d.64, effective February 20, 2001.

See: 32 N.J.R. 4098(a), 33 N.J.R. 661(c).

In (a)1, substituted "beneficiary's" for "recipient's" and inserted "eligibility identification" preceding "number".

N.J.A.C. 10:59-1.5

Amended by R.2006 d.297, effective September 5, 2006.

See: 38 N.J.R. 1371(b), 38 N.J.R. 3578(a).

In (a)1, inserted "/NJ Family Care".

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## **N.J.A.C. 10:59-1.6**

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***New Jersey Administrative Code > TITLE 10. HUMAN SERVICES > CHAPTER 59. MEDICAL SUPPLIER MANUAL > SUBCHAPTER 1. MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT***

### **§ 10:59-1.6 Prior authorization (PA)**

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

**(b)** When a procedure code requires PA, the provider shall first obtain authorization from the appropriate Medical Assistance Customer Center (MACC). (See a list of MACCs at N.J.A.C. 10:49, Appendix Form #17.) The Division will provide written notification of the disposition of the PA request.

1. An exception is provided for orthopedic footwear not attached to a bar or brace. In these situations, the PA shall be submitted to the Podiatric Consultant in the Medicaid/NJ FamilyCare Central Office (See N.J.A.C. 10:57).
2. Urgent requests may be made by telephone, but the provider shall submit the written PA request within five calendar days (see N.J.A.C. 10:49-6.1).
3. For procedure codes L3000 through L3003, L3010, L3020, L3030, L3040, L3050, L3060, L3070, L3080 and L3090, up to four units of orthotics may be provided by the same provider to the same beneficiary during a 12-month period.
4. For procedure codes L3201 through L3207, L3215 through L3217, L3219, L3221 and L3222, up to two units may be provided by the same provider to the same beneficiary during a 12-month period.
5. For procedure code L3260, up to four units may be provided by the same provider to the same beneficiary during a 12-month period.
6. HCPCS procedure codes L3001, L3002, L3003, L3010, L3020, L3030, L3040, L3050, L3060, L3070, L3080, L3090, L3215 through L3223, and L3201 through L3207 do not require prior authorization for the following diagnosis codes: 343.0 to 343.9, 707.0 to 707.9, 711.0 to 712.9, 715.0 to 722.9, 724.0 to 728.9, 730.0 to 737.9,

754.2 to 754.79, 755.0 to 755.39, 755.6 to 755.69, 756.1 to 756.19, 756.8 to 756.89, and 892.0 to 897.7.

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

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

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

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

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

## History

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### HISTORY:

Amended by R.2001 d.64, effective February 20, 2001.

See: 32 N.J.R. 4098(a), 33 N.J.R. 661(c).

Amended by R.2006 d.297, effective September 5, 2006.

See: 38 N.J.R. 1371(b), 38 N.J.R. 3578(a).

In (a), inserted "/NJ Family Care" two times; in the introductory paragraph of (b), substituted "Medical Assistance Customer Center (MACC)" for "Medicaid District Office (MDO)" and substituted "MACCs" for "MDOs"; in (b)1, inserted "/NJ Family Care"; and added (b)3 through (b)6.

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## **N.J.A.C. 10:59-1.7**

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***New Jersey Administrative Code > TITLE 10. HUMAN SERVICES > CHAPTER 59. MEDICAL SUPPLIER MANUAL > SUBCHAPTER 1. MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT***

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

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

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

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

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

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

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

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

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

1.NU refers to the purchase of medical supplies, new DME and/or services; and

2.RR refers to the daily or monthly rental of DME.

## History

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### **HISTORY:**

Amended by R.2001 d.64, effective February 20, 2001.

See: 32 N.J.R. 4098(a), 33 N.J.R. 661(c).

In (a) and (c) substituted "beneficiary" for "recipient"; and in (b), recodified former i as 1.

Amended by R.2005 d.430, effective December 5, 2005.

See: 37 N.J.R. 2991(a), 37 N.J.R. 4555(a).

Deleted former (g)2 and recodified former (g)3 as (g)2.

Amended by R.2006 d.297, effective September 5, 2006.

See: 38 N.J.R. 1371(b), 38 N.J.R. 3578(a).

Inserted "/NJ Family Care" throughout; and in (d), substituted "judgment" for "judgement".

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## **N.J.A.C. 10:59-1.8**

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 50 No. 11, June 4, 2018

***New Jersey Administrative Code > TITLE 10. HUMAN SERVICES > CHAPTER 59. MEDICAL SUPPLIER MANUAL > SUBCHAPTER 1. MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT***

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

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

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

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

ii. The manufacturer's price list shall include a manufacturer's name, item description, and suggested retail price per unit or package, and a notation by a supplier indicating the number of units per package, if not described by a manufacturer.

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

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

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

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

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

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

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

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

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

## History

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### HISTORY:

Amended by R.2006 d.297, effective September 5, 2006.

See: 38 N.J.R. 1371(b), 38 N.J.R. 3578(a).

Inserted "/NJ Family Care" throughout.

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## **N.J.A.C. 10:59-1.9**

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 50 No. 11, June 4, 2018

***New Jersey Administrative Code > TITLE 10. HUMAN SERVICES > CHAPTER 59. MEDICAL SUPPLIER MANUAL > SUBCHAPTER 1. MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT***

### **§ 10:59-1.9 Dual Medicare/Medicaid or Medicare/NJ FamilyCare coverage**

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

**(b)**In those instances where Medicare policy disallows reimbursement for an item/service under certain circumstances, for example, a special wheelchair for a NF resident, the provider shall obtain prior authorization from the Medicaid or NJ FamilyCare--Plan A program and submit a hard copy claim to Medicaid or NJ FamilyCare--Plan A with an Explanation of Benefits from Medicare attached.

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

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

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

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

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

## History

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### **HISTORY:**

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), inserted "to the extent that the combined Medicare/Medicaid or Medicare/NJ KidCare payment does not exceed the Medicaid or NJ KidCare maximum allowable" at the end, and inserted references to NJ KidCare and substituted beneficiary for recipient throughout the section.

Amended by R.2006 d.297, effective September 5, 2006.

See: 38 N.J.R. 1371(b), 38 N.J.R. 3578(a).

Section was "Dual Medicare/Medicaid or NJ KidCare coverage". Substituted "FamilyCare" for "KidCare" throughout; and in (c), inserted "and Medicare/NJ FamilyCare".

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## **N.J.A.C. 10:59-1.10**

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***New Jersey Administrative Code > TITLE 10. HUMAN SERVICES > CHAPTER 59. MEDICAL SUPPLIER MANUAL > SUBCHAPTER 1. MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT***

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

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

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

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

### **History**

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#### **HISTORY:**

Amended by R.2001 d.64, effective February 20, 2001.

See: 32 N.J.R. 4098(a), 33 N.J.R. 661(c).

In (a), substituted "beneficiary" for "recipient".

Amended by R.2006 d.297, effective September 5, 2006.

See: 38 N.J.R. 1371(b), 38 N.J.R. 3578(a).

Inserted "/NJ Family Care" throughout.

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End of Document

## **N.J.A.C. 10:59-1.11**

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 50 No. 11, June 4, 2018

***New Jersey Administrative Code > TITLE 10. HUMAN SERVICES > CHAPTER 59. MEDICAL SUPPLIER MANUAL > SUBCHAPTER 1. MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT***

### **§ 10:59-1.11 Recycling durable medical equipment**

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

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

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

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

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

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

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

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

## History

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### **HISTORY:**

Repeal and New Rule, R.1999 d.176, effective June 7, 1999 (operative July 1, 1999).

See: 30 N.J.R. 4033(a), 31 N.J.R. 1506(a).

Section was "Recycling policy".

Amended by R.2006 d.297, effective September 5, 2006.

See: 38 N.J.R. 1371(b), 38 N.J.R. 3578(a).

Substituted "Family Care" for "KidCare" throughout; and in (b), inserted "/NJ FamilyCare".

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## **N.J.A.C. 10:59-1.12**

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***New Jersey Administrative Code > TITLE 10. HUMAN SERVICES > CHAPTER 59. MEDICAL SUPPLIER MANUAL > SUBCHAPTER 1. MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT***

### **§ 10:59-1.12 Parenteral therapy**

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

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

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

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

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

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

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

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

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

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

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

## History

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### **HISTORY:**

Amended by R.2000 d.391, effective October 2, 2000.

See: 32 N.J.R. 2198(a), 32 N.J.R. 3568(a).

Rewrote the section.

Amended by R.2006 d.297, effective September 5, 2006.

See: 38 N.J.R. 1371(b), 38 N.J.R. 3578(a).

Substituted "FamilyCare" for "KidCare" throughout.

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## **N.J.A.C. 10:59-1.13**

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 50 No. 11, June 4, 2018

***New Jersey Administrative Code > TITLE 10. HUMAN SERVICES > CHAPTER 59. MEDICAL SUPPLIER MANUAL > SUBCHAPTER 1. MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT***

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

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

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

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

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

## History

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### **HISTORY:**

Amended by R.2001 d.64, effective February 20, 2001.

See: 32 N.J.R. 4098(a), 33 N.J.R. 661(c).

In (a), substituted "beneficiary" for "recipient" throughout.

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## **N.J.A.C. 10:59-1.14**

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 50 No. 11, June 4, 2018

***New Jersey Administrative Code > TITLE 10. HUMAN SERVICES > CHAPTER 59. MEDICAL SUPPLIER MANUAL > SUBCHAPTER 1. MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT***

### **§ 10:59-1.14 Pressure reduction systems**

---

**(a)** Pressure reduction systems include:

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

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

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

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

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

1. A medical history relating to the wound which includes previous therapy and pressure relief systems utilized and found unsuccessful;
2. Physician progress notes indicating medical necessity, plan of treatment, and evaluation of response to treatment specific to the care of the wound;
3. A wound care flow sheet documenting weekly the site, size, depth and stage of the wound, noting also the presence and description of drainage or odor;
4. Laboratory values include a complete blood count and blood chemistries initially and on request thereafter;
5. A nutritional assessment by a registered dietitian initially and on request thereafter; and

6. Photographs of the site, upon permission of the beneficiary/family, after full due consideration is afforded to the beneficiary's right to privacy, dignity and confidentiality.

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

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

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

## History

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### HISTORY:

Amended by R.2001 d.64, effective February 20, 2001.

See: 32 N.J.R. 4098(a), 33 N.J.R. 661(c).

In (e)6 and (f), substituted "beneficiary" for "recipient" throughout.

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## **N.J.A.C. 10:59-1.15**

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***New Jersey Administrative Code > TITLE 10. HUMAN SERVICES > CHAPTER 59. MEDICAL SUPPLIER MANUAL > SUBCHAPTER 1. MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT***

### **§ 10:59-1.15 Apnea monitor**

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

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

**(b)**Coverage of apnea monitors shall be limited to use by infants not otherwise monitored for the same purpose by another device.

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

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

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

## N.J.A.C. 10:59-2.1

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 50 No. 11, June 4, 2018

***New Jersey Administrative Code > TITLE 10. HUMAN SERVICES > CHAPTER 59. MEDICAL SUPPLIER MANUAL > SUBCHAPTER 2. HCFA COMMON PROCEDURE CODING SYSTEM (HCPCS)***

### **§ 10:59-2.1 Introduction**

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**(a)**The New Jersey Medicaid/NJ FamilyCare Program utilizes the Centers for Medicare & Medicaid Services (CMS) Healthcare Common Procedure Coding System codes for 2006, established and maintained by CMS in accordance with the Health Insurance Portability and Accountability Act, of 1996, 42 USC §1320d et seq., and incorporated herein by reference, as amended and supplemented, and published by PMIC, 4727 Wilshire Blvd., Suite 300, Los Angeles, CA 90010. Revisions to the Healthcare Common Procedure Coding System made by 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 Department and specification of new reimbursement amounts for new codes will be made by rulemaking in accordance with the Administrative Procedure Act, N.J.S.A. 52:14B-1 et seq. HCPCS follows the American Medical Association's Physicians' Current Procedural Terminology (CPT) 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. Level I codes are not applicable to medical supplies and durable medical equipment. The level II and Level III codes are as follows:

**1.LEVEL II CODES** (Narratives found at N.J.A.C. 10:59-2.3) are assigned by the Centers for Medicare & Medicaid Services (CMS) for physician and non-physician services which are not in the CPT.

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

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

### **History**

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**HISTORY:**

Amended by R.2001 d.64, effective February 20, 2001.

See: 32 N.J.R. 4098(a), 33 N.J.R. 661(c).

Amended by R.2006 d.297, effective September 5, 2006.

See: 38 N.J.R. 1371(b), 38 N.J.R. 3578(a).

Rewrote the section.

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## **N.J.A.C. 10:59-2.2**

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 50 No. 11, June 4, 2018

***New Jersey Administrative Code > TITLE 10. HUMAN SERVICES > CHAPTER 59. MEDICAL SUPPLIER MANUAL > SUBCHAPTER 2. HCFA COMMON PROCEDURE CODING SYSTEM (HCPCS)***

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

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

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

1."B.R." (By Report) is listed instead of a dollar amount. It means that additional information will be required in order to properly evaluate the service. Attach a copy of the provider's invoice or manufacturer's price list to the claim form.

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

- 1."NU" Purchase of new Durable Medical Equipment (DME); and
- 2."RR" DME rental service.

### **History**

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#### **HISTORY:**

Amended by R.2005 d.430, effective December 5, 2005.

See: 37 N.J.R. 2991(a), 37 N.J.R. 4555(a).

Deleted former (c)2 and recodified former (c)3 as (c)2.

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End of Document

## N.J.A.C. 10:59-2.3

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***New Jersey Administrative Code > TITLE 10. HUMAN SERVICES > CHAPTER 59. MEDICAL SUPPLIER MANUAL > SUBCHAPTER 2. HCFA COMMON PROCEDURE CODING SYSTEM (HCPCS)***

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

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HCPCS		Maximum Fee
<u>Code</u>	<u>Description</u>	<u>Allowance</u>
A4206	Syringe with needle, sterile 1cc	B.R.
A4207	Syringe with needle, sterile 2cc	B.R.
A4208	Syringe with needle, sterile 3cc	B.R.
A4209	Syringe with needle, sterile 5cc or greater	B.R.
A4210	Needle-free injection device	B.R.
A4211	Supplies for self-administered injections	B.R.
A4212	Huber-type needle, each	B.R.
A4213	Syringe, sterile, 20cc or greater	B.R.
A4214	Sterile saline or water, 30 cc vial	0.81/vial
A4215	Needles only, sterile, any size	B.R.
A4217	Sterile water/saline, 500 ml	2.50
A4230	Infusion set for external insulin pump, non-needle, cannula type	B.R.
A4231	Infusion set for external insulin pump, needle type	B.R.
A4232	Syringe with needle for external insulin pump, sterile 3 cc	B.R.
A4244	Alcohol or peroxide, per pint	B.R.
A4245	Alcohol wipes, per box	B.R.
A4246	Betadine or Phisohex solution, per pint	B.R.
A4247	Betadine or iodine swabs/wipes, per box	B.R.



<b>HCPCS</b>		<b>Maximum Fee</b>
<b><u>Code</u></b>	<b><u>Description</u></b>	<b><u>Allowance</u></b>
A4250	Urine test or reagent strips or tablets (100 tablets or strips)	B.R.
A4253	Blood glucose test or reagent strips for home blood glucomitor, per 50 strips	B.R.
A4256	Normal, low and high calibrator solution/chips	B.R.
A4258	Spring powered device for lancet, each	B.R.
A4259	Lancets, per box	B.R.
A4265	Paraffin	B.R.
A4300	Implantable vascular access portal/catheter (venous, arterial, epidural or peritoneal)	B.R.
A4305	Disposable drug delivery system, flow rate of 50 ml or greater per hour	B.R.
A4306	Disposable drug delivery system, flow rate of 5 ml or less per hour	B.R.
A4310	Insertion tray without drainage bag and without catheter (accessories only)	6.61
A4311	Insertion tray without drainage bag with indwelling catheter, foley type, two-way latex with coating (teflon, silicone, silicone elastomer or hydrophilic, etc.)	8.34
A4312	Insertion tray without drainage bag with indwelling catheter, foley type, two-way, all silicone	8.34
A4313	Insertion tray without drainage bag with indwelling catheter, foley type, three-way, for continuous irrigation	8.34
A4314	Insertion tray with drainage bag with indwelling catheter, foley type, two-way latex with coating (teflon, silicone, silicone elastomer or hydrophilic, etc.)	15.46
A4315	Insertion tray with drainage bag within dwelling catheter, foley type, two-way,all silicone	15.46

## N.J.A.C. 10:59-2.3

<b>HCPCS</b>		<b>Maximum Fee</b>
<b><u>Code</u></b>	<b><u>Description</u></b>	<b><u>Allowance</u></b>
A4316	Insertion tray with drainage bag with indwelling catheter, foley type, three-way, for continuous irrigation	15.46
A4320	Irrigation tray for bladder irrigation with bulb or piston syringe	5.00
A4322	Irrigation syringe, bulb or piston	2.50
A4326	Male external catheter; specialty type (for example, inflatable or faceplate, each)	B.R.
A4327	Female external urinary collection device; metal cup, each	B.R.
A4328	Female external urinary collection device; pouch	10.00
A4330	Perianal fecal collection pouch with adhesive	B.R.
A4331	Extension drainage tubing, any type, any length, with connector/adaptor, for use with urinary leg bag or urostomy pouch, each	2.54
A4332	Lubricant, individual sterile packet, each	0.10
A4333	Urinary catheter anchoring device, adhesive skin attachment, each	B.R.
A4334	Urinary catheter anchoring device, leg strap, each	3.94
A4335	Incontinence supply; miscellaneous	B.R.
A4338	Indwelling catheter; foley type, two-way latex with coating (such as teflon, silicone, silicone elastomer, or hydrophilic)	8.14
A4340	Indwelling catheter; specialty type, (such as coude, mushroom or wing)	10.00
A4344	Indwelling catheter, foley type, two-way, all silicone	15.52
A4346	Indwelling catheter, foley type, three-way for continuous irrigation	15.00
A4347	Male external catheter with or without	17.29

<b>HCPCS</b>		<b>Maximum Fee</b>
<b><u>Code</u></b>	<b><u>Description</u></b>	<b><u>Allowance</u></b>
	adhesive, with or without anti-reflux device; per dozen	
A4349	Male external catheter with integral collection compartment, extended wear, each, (for example, two per month)	B.R.
A4351	Intermittent urinary catheter; straight tip	5.00
A4352	Intermittent urinary catheter; coude (curved) tip	5.00
A4354	Insertion tray with drainage bag, without catheter	9.00
A4355	Irrigation tubing set for continuous bladder irrigation through a three-way indwelling foley catheter	6.86
A4356	External urethral clamp or compression device (not to be used for catheter clamp)	37.03
A4357	Bedside drainage bag, day or night, with or without anti-reflux device, with or without tube	7.94
A4358	Urinary leg bag; vinyl, with or without tube	7.12
A4359	Urinary suspensory without leg bag	27.00
A4361	Ostomy face plate	6.20
A4362	Skin barrier; solid, 4" x 4" or equivalent; each	5.03
A4364	Adhesive for ostomy or catheter; liquid paste; any composition (for example, silicone, latex); per oz.	4.58
A4367	Ostomy belt	6.86
A4369	Ostomy skin barrier, liquid (spray, brush, etc.), per oz.	1.94
A4371	Ostomy skin barrier, powder, per oz.	2.92
A4372	Ostomy skin barrier, solid 4 x 4 inches or equivalent, with built-in convexity, each	B.R.
A4373	Ostomy skin barrier, with flange (solid,	B.R.

<b>HCPCS</b>		<b>Maximum Fee</b>
<b><u>Code</u></b>	<b><u>Description</u></b>	<b><u>Allowance</u></b>
	flexible or accordion), with built-in convexity, any size, each	
A4397	Irrigation supplies; sleeve	4.50
A4398	Irrigation supplies; bag	2.25
A4399	Irrigation supplies; cone/catheter	11.25
A4400	Ostomy irrigation set	24.61
A4402	Lubricant	1.08
A4404	Ostomy rings	1.22
A4405	Ostomy skin barrier, non-pectin based, paste, per ounce	2.72
A4406	Ostomy skin barrier, pectin-based, paste, per ounce	4.59
A4407	Ostomy skin barrier, with flange (solid, flexible, or accordion), extended wear, with built-in convexity, 4 x 4 inches or smaller, each	B.R.
A4408	Ostomy skin barrier, with flange (solid, flexible or accordion), extended wear, with built-in convexity, larger than 4 x 4 inches, each	B.R.
A4409	Ostomy skin barrier, with flange (solid, flexible or accordion), extended wear, without built-in convexity, 4 x 4 inches or smaller, each	B.R.
A4410	Ostomy skin barrier, with flange (solid, flexible or accordion), extended wear, without built-in convexity, larger than 4 x 4 inches, each	B.R.
A4414	Ostomy skin barrier, with flange (solid, flexible or accordion), without built-in convexity, 4 x 4 inches or smaller, each	B.R.
A4415	Ostomy skin barrier, with flange (solid, flexible or accordion), without built-in convexity, larger than 4 x 4 inches, each	B.R.

## N.J.A.C. 10:59-2.3

<b>HCPCS</b>		<b>Maximum Fee</b>
<b><u>Code</u></b>	<b><u>Description</u></b>	<b><u>Allowance</u></b>
A4421	Not otherwise classified ostomy supplies; ureterostomy supplies	B.R.
A4450	Tape, non-waterproof, per 18 square inches	0.07
A4452	Tape, waterproof, per 18 square inches	0.29
A4455	Adhesive remover or solvent (for tape, cement or other adhesive)	B.R.
A4465	Nonelastic binder for extremity	B.R.
A4470	Gravlee jet washer	B.R.
A4480	Vabra aspirator	B.R.
A4550	Surgical trays	B.R.
A4554	Disposable underpads, all sizes (for example, Chux's), each	0.31
A4556	Electrodes (for example, apnea monitor)	B.R.
A4557	Lead wires (for example, apnea monitor)	B.R.
A4558	Conductive paste or gel	B.R.
A4560	Pessary	20.94
A4561	Pessary, rubber, any type	B.R.
A4562	Pessary, non rubber, any type	B.R.
A4565	Slings	B.R.
A4570	Splint	B.R.
A4575	Topical hyperbaric oxygen chamber, disposable	B.R.
A4595	TENS supplies, 2 lead, per month	B.R.
A4611	Battery, heavy duty; replacement for patient-owned ventilator	180.00
A4612	Battery cables; replacement for patient-owned ventilator	44.00
A4613	Battery charger; replacement for patient-owned ventilator	B.R.
A4614	Peak expiratory flow rate meter, hand held	B.R.
A4615	Cannula, nasal	7.50
A4616	Tubing (oxygen), per foot	B.R.
A4617	Mouthpiece	5.00
A4618	Breathing circuits	9.15

## N.J.A.C. 10:59-2.3

<b>HCPCS</b>		<b>Maximum Fee</b>
<b><u>Code</u></b>	<b><u>Description</u></b>	<b><u>Allowance</u></b>
A4619	Face tent	10.00
A4620	Variable concentration mask	10.00
A4621	Tracheostomy mask or collar	10.17
A4622	Tracheostomy or laryngectomy tube	75.00
A4623	Tracheostomy, inner cannula (replacement only)	6.00
A4624	Tracheal suction catheter, any type, each	2.00
A4625	Tracheostomy care or cleaning starter kit	8.00
A4626	Tracheostomy cleaning brush, each	3.00
A4627	Spacer, bag or reservoir, with or without mask, for use with metered dose inhaler	B.R.
A4628	Oropharyngeal suction catheter, each	B.R.
A4629	Tracheostomy care kit for established tracheostomy	B.R.
A4630	Replacement batteries for medically necessary TENS, owned by patient	B.R.
A4631	Replacement batteries for medically necessary electronic wheelchair, owned by patient	B.R.
A4635	Underarm pad, crutch, replacement, each	B.R.
A4636	Replacement handgrip, cane, crutch, walker, each	B.R.
A4637	Replacement tip, cane crutch, walker, each	B.R.
A4640	Replacement pad for use with medically necessary alternating pressure pad, owned by patient	B.R.
A4649	Surgical supplies; miscellaneous	B.R.
A4651	Calibrated microcapillary tube, each	B.R.
A4652	Microcapillary tube sealant	B.R.
A4653	Peritoneal dialysis catheter anchoring device, belt, each	B.R.
A4656	Needle, any size, each	B.R.

<b>HCPCS</b>		<b>Maximum Fee</b>
<b><u>Code</u></b>	<b><u>Description</u></b>	<b><u>Allowance</u></b>
A4657	Syringe, with or without needle, each	B.R.
A4660	Sphygmomanometer/blood pressure apparatus with cuff and stethoscope	B.R.
A4663	Blood pressure cuff, only	B.R.
A4670	Automatic blood pressure monitor	B.R.
A4671	Disposable cyclor set used with cyclor dialysis machine, each	B.R.
A4672	Drainage extension line, sterile, for dialysis, each	B.R.
A4673	Extension line with easy lock connectors, used with dialysis	B.R.
A4674	Chemicals/antiseptics solution used to clean/sterilize dialysis equipment, per eight oz.	B.R.
A4680	Activated carbon filter for hemodialysis, each	B.R.
A4690	Dialyzer (artificial kidneys), all types, all sizes, for hemodialysis, each	B.R.
A4705	Bicarbonate dialysate solution, each	B.R.
A4706	Bicarbonate concentrate, solution, for hemodialysis, per gallon	B.R.
A4707	Bicarbonate concentrate, powder, for hemodialysis, per packet	B.R.
A4708	Acetate concentrate solution, for hemodialysis, per gallon	B.R.
A4709	Acid concentrate, solution, for hemodialysis, per gallon	B.R.
A4712	Water, sterile	B.R.
A4714	Treated water (deionized, distilled, reverse osmosis) for use in dialysis system	B.R.
A4719	"Y set" tubing for peritoneal dialysis	B.R.
A4720	Dialysate solution, any concentration of dextrose, fluid volume greater than 249 cc, but less than or equal to 999 cc, for	B.R.

<b>HCPCS</b>		<b>Maximum Fee</b>
<b><u>Code</u></b>	<b><u>Description</u></b>	<b><u>Allowance</u></b>
	peritoneal dialysis	
A4721	Dialysate solution, any concentration of dextrose, fluid volume greater than 999 cc but less than or equal to 1999 cc, for peritoneal dialysis	B.R.
A4722	Dialysate solution, any concentration of dextrose, fluid volume greater than 1999 cc but less than or equal to 2999 cc, for peritoneal dialysis	B.R.
A4723	Dialysate solution, any concentration of dextrose, fluid volume greater than 2999 cc but less than or equal to 3999 cc, for peritoneal dialysis	B.R.
A4724	Dialysate solution, any concentration of dextrose, fluid volume greater than 3999 cc but less than or equal to 4999 cc, for peritoneal dialysis	B.R.
A4725	Dialysate solution, any concentration of dextrose, fluid volume greater than 4999 cc but less than or equal to 5999 cc, for peritoneal dialysis	B.R.
A4726	Dialysate solution, any concentration of dextrose, fluid volume greater than 5999 cc, for peritoneal dialysis	B.R.
A4730	Fistula cannulation set for dialysis only	B.R.
A4735	Local/topical anesthetics for dialysis only	B.R.
A4736	Topical anesthetic, for dialysis, per gram	B.R.
A4737	Injectable anesthetic, for dialysis, per 10 ml	B.R.
A4740	Shunt accessories for dialysis only	B.R.
A4750	Blood tubing, arterial or venous, each	B.R.
A4755	Blood tubing, arterial and venous combined	B.R.
A4760	Dialysate standard testing solution,	B.R.



<b>HCPCS</b>		<b>Maximum Fee</b>
<b><u>Code</u></b>	<b><u>Description</u></b>	<b><u>Allowance</u></b>
	supplies	
A4765	Dialysate concentrate additives, each	B.R.
A4766	Dialysate concentrate, solution, additive for peritoneal dialysis, per 10 ml	B.R.
A4770	Blood testing supplies (for example, vacutainers and tubes)	B.R.
A4771	Serum clotting time tube, per box	B.R.
A4772	Dextrostick or glucose test strips, per box	B.R.
A4773	Hemostix, per bottle	B.R.
A4774	Ammonia test paper, per box	B.R.
A4802	Protamine sulfate, for hemodialysis, per 50 mg	B.R.
A4860	Disposable catheter caps	B.R.
A4911	Drain bag/bottle, for dialysis, each	B.R.
A4913	Miscellaneous dialysis supplies, not identified elsewhere	B.R.
A4918	Venous pressure clamps, each	B.R.
A4927	Gloves, non-sterile, per 100	9.00
A4928	Surgical mask, per 20	B.R.
A4929	Tourniquet for dialysis, each	B.R.
A4930	Gloves, sterile, per pair	0.60
A5051	Pouch, closed; with barrier attached (1 piece)	3.05
A5052	Pouch, closed; without barrier attached (1 piece)	3.05
A5053	Pouch, closed; for use on faceplate	3.05
A5054	Pouch, closed; for use on barrier with flange (2 piece)	3.05
A5055	Stoma cap	2.00
A5061	Pouch, drainable; with barrier attached (1 piece)	4.07
A5062	Pouch, drainable; without barrier attached (1 piece)	4.07

## N.J.A.C. 10:59-2.3

<b>HCPCS</b>		<b>Maximum Fee</b>
<b><u>Code</u></b>	<b><u>Description</u></b>	<b><u>Allowance</u></b>
A5063	Pouch, drainable; for use on barrier with flange (2 piece system)	4.07
A5071	Pouch, urinary; with barrier attached (1 piece)	4.07
A5072	Pouch, urinary; without barrier attached (1 piece)	4.07
A5073	Pouch, urinary; for use on barrier with flange (2 piece system)	4.07
A5081	Continent device; plug for continent stoma	3.50
A5082	Continent device; catheter for continent stoma	11.00
A5093	Ostomy accessory; convex insert	1.65
A5102	Bedside drainage bottle, rigid or expandable	28.00
A5105	Urinary suspensory; with leg bag, with or without tube	31.90
A5112	Urinary leg bag; latex	7.12
A5113	Leg strap; latex, per set	4.00
A5114	Leg strap; foam or fabric, per set	8.95
A5119	Skin barrier; wipes, box per 50	9.50
A5121	Skin barrier; solid, 6' x 6' or equivalent, each	5.03
A5122	Skin barrier; solid, 8' x 8' or equivalent, each	5.03
A5126	Adhesive; disc or foam pad	1.25
A5131	Appliance cleaner, incontinence and ostomy appliances, 16 oz.	16.25
A5200	Percutaneous catheter/tube anchoring device, adhesive skin attachment	B.R.
A5508	For diabetics only, deluxe feature of off-the-shelf depth-inlay shoe or custom-molded shoe, per shoe	B.R.
A6010	Collagen based wound filler, dry form, per gram of collagen	B.R.

## N.J.A.C. 10:59-2.3

<b>HCPCS</b>		<b>Maximum Fee</b>
<b><u>Code</u></b>	<b><u>Description</u></b>	<b><u>Allowance</u></b>
A6011	Collagen based wound filler, gel/paste, per gram of collagen	B.R.
A6021	Collagen dressing, pad size 16 square inches or less, each	B.R.
A6022	Collagen dressing, pad size more than 16 square inches but less than or equal to 48 square inches, each	B.R.
A6023	Collagen dressing, pad size more than 48 square inches, each	B.R.
A6024	Collagen dressing wound filler, per six inches	B.R.
A6154	Wound pouch, each	B.R.
A6196	Alginate dressing, wound cover, pad size 16 sq. in. or less, each	B.R.
A6197	Alginate dressing, wound cover, pad size more than 16 but less than or equal to 48 sq. in., each dressing	B.R.
A6198	Alginate dressing, wound cover, pad size more than 48 sq. in., each dressing	B.R.
A6199	Alginate dressing, wound filler, per 6 inches	B.R.
A6200	Composite dressing, pad size 16 sq. in. or less, without adhesive border, each dressing	B.R.
A6201	Composite dressing, pad size more than 16 sq. in, but less than or equal to 48 sq. in., without adhesive border, each dressing	B.R.
A6202	Composite dressing, pad size more than 48 sq. in, without adhesive border, each dressing	B.R.
A6203	Composite dressing, pad size 16 sq. in. or less with any size adhesive border, each dressing	B.R.
A6204	Composite dressing, pad size more than	B.R.

<b>HCPCS</b>		<b>Maximum Fee</b>
<b><u>Code</u></b>	<b><u>Description</u></b>	<b><u>Allowance</u></b>
	16 but less than or equal to 48 sq. in., with any size adhesive border, each dressing	
A6205	Composite dressing, pad size more than 48 sq. in, with any size adhesive border, each dressing	B.R.
A6206	Contact layer, 16 sq. in. or less, each dressing	B.R.
A6207	Contact layer, more than 16 but less than or equal to 48 sq. in., each dressing	B.R.
A6208	Contact layer, more than 48 sq. in., each dressing	B.R.
A6209	Foam dressing, wound cover, pad size 16 sq. in., or less, without adhesive border, each dressing	B.R.
A6210	Foam dressing, wound cover, pad size more than 16 but less than or equal to 48 sq. in., without adhesive border, each dressing	B.R.
A6211	Foam dressing, wound cover, pad size more than 48 sq. in., without adhesive border, each dressing	B.R.
A6212	Foam dressing, wound cover, pad size 16 sq. in. less, with any size adhesive border, each dressing	B.R.
A6213	Foam dressing, wound cover, pad size more than 16 but less than or equal to 48 sq. in. with any size adhesive border, each	B.R.
A6214	Foam dressing, wound cover, pad size more than 48 sq. in., with any size adhesive border, each dressing	B.R.
A6215	Foam dressing, wound filler, per gram	B.R.
A6216	Gauze, non-impregnated, non-sterile, pad size 16 sq in. or less, without adhesive border, each dressing	B.R.
A6217	Gauze, non-impregnated, non-sterile, pad	B.R.

HCPCS	<u>Description</u>	Maximum Fee
<u>Code</u>	<u>Description</u>	<u>Allowance</u>
	size more than 16 but less than or equal to 48 sq. in., without adhesive border, each dressing	
A6218	Gauze, non-impregnated, non-sterile, pad size more than 48 sq. in., without adhesive border, each dressing	B.R.
A6219	Gauze, non-impregnated, pad size 16 sq. in. or less, with any size adhesive border, each dressing	B.R.
A6220	Gauze, non-impregnated, pad size more than 16 but less than or equal to 48 sq. in., with any size adhesive border, each dressing	B.R.
A6221	Gauze, non-impregnated, pad size more than 48 sq. in., with any size adhesive border, each dressing	B.R.
A6222	Gauze, impregnated, other than water or normal saline, pad size 16 sq. in. or less, without adhesive border, each dressing	B.R.
A6223	Gauze, impregnated, other than water or normal saline, pad size more than 16 but less than or equal to 48 sq. in., without adhesive border, each dressing	B.R.
A6224	Gauze, impregnated, other than water or normal saline, pad size more than 48 sq. in., without adhesive border, each dressing	B.R.
A6228	Gauze, impregnated, water or normal saline, pad size 16 sq. in. or less, without adhesive border, each dressing	B.R.
A6229	Gauze, impregnated, water or normal saline, pad size more than 16 but less than or equal to 48 sq. in., without adhesive border, each dressing	B.R.
A6230	Gauze, impregnated, water or normal saline, pad size more than 48 sq. in., without	B.R.

## N.J.A.C. 10:59-2.3

<b>HCPCS</b>		<b>Maximum Fee</b>
<b><u>Code</u></b>	<b><u>Description</u></b>	<b><u>Allowance</u></b>
	adhesive border, each dressing	
A6234	Hydrocolloid dressing, wound cover, pad size 16 sq. in. or less, without adhesive border, each dressing	B.R.
A6235	Hydrocolloid dressing, wound cover, pad size more than 16 but less than or equal to 48 sq. in., without adhesive border, each dressing	B.R.
A6236	Hydrocolloid dressing, wound cover, pad size more than 48 sq. in., without adhesive border, each dressing	B.R.
A6237	Hydrocolloid dressing, wound cover, pad size 16 sq. in. or less, with any size adhesive border, each dressing	B.R.
A6238	Hydrocolloid dressing, wound cover, pad size more than 16 but less than or equal to 48 sq. in., with any size adhesive border, each dressing	B.R.
A6239	Hydrocolloid dressing, wound cover, pad size more than 48 sq. in., with any size adhesive border, each dressing	B.R.
A6240	Hydrocolloid dressing, wound filler, paste, per fluid ounce	B.R.
A6241	Hydrocolloid dressing, wound filler, dry form, per gram	B.R.
A6242	Hydrogel dressing, wound cover, pad size 16 sq. in. or less, without adhesive border, each dressing	B.R.
A6243	Hydrogel dressing, wound cover, pad size more than 16 but less than or equal to 48 sq. in., without adhesive border, each dressing	B.R.
A6244	Hydrogel dressing, wound cover, pad size more than 48 sq. in., without adhesive	B.R.

<b>HCPCS</b>		<b>Maximum Fee</b>
<b><u>Code</u></b>	<b><u>Description</u></b>	<b><u>Allowance</u></b>
	border, each dressing	
A6245	Hydrogel dressing, wound cover, pad size 16 sq. in. or less, with any size adhesive border, each dressing	B.R.
A6246	Hydrogel dressing, wound cover, pad size more than 16 but less than or equal to 48 sq. in., with any size adhesive border, each dressing	B.R.
A6247	Hydrogel dressing, wound cover, pad size more than 48 sq. in., with any size adhesive border, each dressing	B.R.
A6248	Hydrogel dressing, wound filler, gel, per fluid ounce	B.R.
A6249	Hydrogel dressing, wound filler, dry form, per gram	B.R.
A6250	Skin sealants, protectants, moisturizers any type, any size	B.R.
A6251	Specialty absorptive dressing, wound cover, pad size 16 sq. in. or less, without adhesive border, each dressing	B.R.
A6252	Specialty absorptive dressing, wound cover, pad size more than 16 but less than or equal to 48 sq. in., without adhesive border, each dressing	B.R.
A6253	Specialty absorptive dressing, wound cover, pad size more than 48 sq. in., without adhesive border, each dressing	B.R.
A6254	Specialty absorptive dressing, wound cover, pad size 16 sq. in. or less, any size adhesive border, each dressing	B.R.
A6255	Specialty absorptive dressing, wound cover, pad size more than 16 but less than or equal to 48 sq. in., with any size adhesive border, each dressing	B.R.

## N.J.A.C. 10:59-2.3

<b>HCPCS</b>		<b>Maximum Fee</b>
<b><u>Code</u></b>	<b><u>Description</u></b>	<b><u>Allowance</u></b>
A6256	Specialty absorptive dressing, wound cover, pad size more than 48 sq. in., with any size adhesive border, each dressing	B.R.
A6257	Transparent film, 16 sq. in. or less, each dressing	B.R.
A6258	Transparent film, more than 16 but less than or equal to 48 sq. in., each dressing	B.R.
A6259	Transparent film, more than 48 sq. in., each dressing	B.R.
A6260	Wound cleansers, any type, any size	B.R.
A6261	Wound filler, not elsewhere classified, gel/paste, per fluid ounce	B.R.
A6262	Wound filler, not elsewhere classified, dry form, per gram	B.R.
A6266	Gauze, impregnated, other than water or normal saline, any width, per linear yard	B.R.
A6402	Gauze, non-impregnated, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing	B.R.
A6403	Gauze, non-impregnated, sterile, pad size more than 16 but less than or equal to 48 sq. in., without adhesive border, each dressing	B.R.
A6404	Gauze, non-impregnated, sterile, pad size more than 48 sq. in., without adhesive border, each dressing	B.R.
A6442	Conforming bandage, non-elastic, knitted/woven, non-sterile, width less than three inches, per yard	B.R.
A6443	Conforming bandage, non-elastic, knitted/woven, non-sterile, width greater than or equal to three inches and less than five inches, per yard	B.R.
A6444	Conforming bandage, non-elastic,	B.R.



<b>HCPCS</b>		<b>Maximum Fee</b>
<b><u>Code</u></b>	<b><u>Description</u></b>	<b><u>Allowance</u></b>
	knitted/woven, non-sterile, width greater than or equal to five inches, per yard	
A6445	Conforming bandage, non-elastic, knitted/woven, sterile, width less than three inches, per yard	B.R.
A6446	Conforming bandage, non-elastic, knitted/woven, sterile, width greater than or equal to three inches and less than five inches, per yard	B.R.
A6447	Conforming bandage, non-elastic, knitted/woven, sterile, width greater than or equal to five inches, per yard	B.R.
A6448	Light compression bandage, elastic, knitted/woven, width less than three inches, per yard	B.R.
A6449	Light compression bandage, elastic, knitted/woven, width greater than or equal to three inches and less than five inches, per yard	B.R.
A6450	Light compression bandage, elastic, knitted/woven, width greater than or equal to five inches, per yard	B.R.
A7000	Canister, disposable, used with suction pump, each	6.66
A7001	Canister, non-disposable, used with suction pump, each	23.86
A7002	Tubing, used with suction pump, each	2.77
A7003	Administration set, with small volume nonfiltered pneumatic nebulizer, disposable	2.18
A7004	Small volume nonfiltered pneumatic nebulizer, disposable	1.22
A7005	Administration set, with small volume nonfiltered pneumatic nebulizer, non-disposable	22.23

## N.J.A.C. 10:59-2.3

<b>HCPCS</b>		<b>Maximum Fee</b>
<b><u>Code</u></b>	<b><u>Description</u></b>	<b><u>Allowance</u></b>
A7006	Administration set, with small volume filtered pneumatic nebulizer	6.51
A7007	Large volume nebulizer, disposable, unfilled, used with aerosol compressor	3.18
A7008	Large volume nebulizer, disposable, prefilled, used with aerosol compressor	8.80
A7009	Reservoir bottle, non-disposable, used with large volume ultrasonic nebulizer	30.32
A7010	Corrugated tubing, disposable, used with large volume nebulizer, 100 feet	18.65
A7012	Water collection device, used with large volume nebulizer	2.86
A7013	Filter, disposable, used with aerosol compressor	0.60
A7014	Filter, nondisposable, used with aerosol compressor or ultrasonic generator	3.23
A7015	Aerosol mask, used with DME nebulizer	1.32
A7016	Dome and mouthpiece, used with small volume ultrasonic nebulizer	5.22
A7018	Water, distilled, used with large volume nebulizer, 1000 ml	0.30
A7033	Replacement pillows for nasal application device, pair	22.73
A7034	Nasal interface (mask or cannula type) used with positive airway pressure device, with or without head strap	94.11
A7035	Headgear used with positive airway pressure device	28.34
A7036	Chinstrap used with positive airway pressure device	14.56
A7037	Tubing used with positive airway pressure device	31.37
A7038	Filter, disposable, used with positive airway pressure device	3.66

<b>HCPCS</b>		<b>Maximum Fee</b>
<b><u>Code</u></b>	<b><u>Description</u></b>	<b><u>Allowance</u></b>
A7039	Filter, non disposable, used with positive airway pressure device	12.26
B4034	Enteral feeding supply kit; syringe (monthly)	150.00
B4035	Enteral feeding supply kit; pump fed (monthly)	275.00
B4036	Enteral feeding supply kit; gravity fed (monthly)	195.00
B4081	Nasogastric tubing with stylet	16.75
B4082	Nasogastric tubing without stylet	12.98
B4083	Stomach tube--Levine type	1.90
B4086	Gastrostomy/jejunostomy tube, any material, any type, (standard or low profile), each	B.R.
B4150	Enteral formulae; category I: Semi-synthetic intact protein/protein isolates (for example, Enrich, Ensure, Ensure HN, Ensure Powder, Isocal, Lonalac Powder, Meritene, Meritene Powder, Osmolite, Osmolite HN, Portagen Powder, Sustacal, Renu, Sustagen Powder, Trivasorb) 1 package = 1 unit	B.R.
B4151	Enteral formulae; category I: Natural intact protein/protein isolates (for example, Compleat B, Vitaneed, Compleat B Modified) 1 package = 1 unit	B.R.
B4152	Enteral formulae; category II: Intact protein/protein isolates (calorically dense) (for example, Magnacal, Isocal HCN, Sustacal HC, Ensure Plus, Ensure Plus HN) 1 package = 1 unit	B.R.
B4153	Enteral formulae; category III: hydrolyzed protein/amino acids (e.g., Criticare HN, Vivonex T.E.N. (Total Enteral Nutrition), Vivonex HN, Precision HN, Precision Isotonic)	B.R.

<b>HCPCS</b>		<b>Maximum Fee</b>
<b><u>Code</u></b>	<b><u>Description</u></b>	<b><u>Allowance</u></b>
	1 package = 1 unit	
B4156	Enteral formulae; category VI: standardized nutrients (Vivonex STD, Precision LR and Tolerex) 1 package = 1 unit	B.R.
B4164	Parenteral nutrition solution: carbohydrates (dextrose), 50% or less (500 ml = 1 unit)--home mix	13.26
B4168	Parenteral nutrition solution; amino acid, 3.5%, (500 ml = 1 unit) --home mix	18.59
B4172	Parenteral nutrition solution; amino acid 5.5% through 7% (500 ml = 1 unit)--home mix	30.50
B4176	Parenteral nutrition solution; amino acid, 7% through 8.5% (500 ml = 1 unit)--home mix	43.22
B4178	Parenteral nutrition solution; amino acid, greater than 8.5% (500 ml = 1 unit)	43.22
B4180	Parenteral nutrition solution; carbohydrates, (dextrose), greater than 50% (500 ml = 1 unit)--home mix	18.30
B4184	Parenteral nutrition solution; lipids, 10% with administration set (500 ml = 1 unit)	60.00 (12 per month)
B4186	Parenteral nutrition solution, lipids, 20% with administration set (500 ml = 1 unit)	80.00 (12 per month)
B4189	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements and vitamins, including preparation, any strength, 10 to 51 grams of protein--premix	133.50
B4193	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, 52 to	172.50

<b>HCPCS</b>		<b>Maximum Fee</b>
<b><u>Code</u></b>	<b><u>Description</u></b>	<b><u>Allowance</u></b>
	73 grams of protein--premix	
B4197	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements and vitamins, including preparation, any strength,	210.00
	74 to 100 grams of protein--premix	
B4199	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements and vitamins, including preparation, any strength, over 100 grams of protein--premix	252.69
B4216	Parenteral nutrition; additives (vitamins, trace elements, heparin, electrolytes)--home mix	11.65 (per day)
B4220	Parenteral nutrition supply kit for 1 month--premix	182.98
B4222	Parenteral nutrition supply kit for one month--home mix	283.25
B4224	Parenteral nutrition administration kit for 1 month	600.00
B5000	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, renal--Amirosyn RF, NephroAmine, RenAmino--premix	9.28
B5100	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, hepatic--FreAmine HBC, HepatoAmino--premix	3.63
B5200	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins,	4.94

## N.J.A.C. 10:59-2.3

<b>HCPCS</b>		<b>Maximum Fee</b>
<b><u>Code</u></b>	<b><u>Description</u></b>	<b><u>Allowance</u></b>
	including preparation, any strength, stress--branch chain amino acids--premix	
B9000	Enteral nutrition infusion pump--without alarm	950.00
B9002	Enteral nutrition infusion pump--with alarm	950.00
B9004	Parenteral nutrition infusion pump, portable	\$ 227.40 per month
B9006	Parenteral nutrition infusion pump, stationary	\$ 227.40 per month
B9998	Not otherwise classified (NOC) for enteral supplies	B.R.
E0100	Cane, includes canes of all materials, adjustable or fixed with tips	14.97
E0105	Cane, quad or three prong, includes canes of all materials, adjustable or fixed with tips	39.48
E0110	Crutches forearm, includes crutches of various materials, adjusted or fixed, complete with tips and handgrips, pair	65.43
E0111	Crutch forearm, includes crutches of various materials, adjustable or fixed, with tip and handgrip, each	57.92
E0112	Crutches underarm, wood, adjustable or fixed, with pads, tips and handgrips, pair	47.46
E0113	Crutch underarm, wood, adjustable or fixed, with pad, tip and handgrip, each	19.51
E0114	Crutches underarm, aluminum, adjustable or fixed, with pads, tips and handgrips, pair	68.56
E0116	Crutch underarm, aluminum, adjustable or fixed, with pad, tip and handgrip, each	18.99
E0130	Walker, rigid (pickup), adjustable or fixed height	55.94
E0135	Walker, folding (pickup), adjustable or	59.43

## N.J.A.C. 10:59-2.3

<b>HCPCS</b>		<b>Maximum Fee</b>
<b><u>Code</u></b>	<b><u>Description</u></b>	<b><u>Allowance</u></b>
	fixed height	
E0141	Walker, wheeled, without seat	95.86
E0142	Rigid walker, wheeled, with seat	343.81
E0143	Folding walker, wheeled, without seat	109.05
E0145	Walker, wheeled, with seat and crutch	176.60
	attachments	
E0146	Walker, wheeled, with seat	318.23
E0147	Heavy duty, multiple breaking system, variable wheel resistance walker	206.71
E0148	Walker, heavy duty, without wheels, rigid or folding, any type, each	B.R.
E0149	Walker, heavy duty, wheeled, rigid or folding, any type	B.R.
E0153	Platform attachment, forearm crutch, each	55.37
E0154	Platform attachment, walker, each	68.56
E0155	Wheel attachment, rigid pick-up walker	25.62
E0156	Seat attachment, walker	21.09
E0157	Crutch attachment, walker, each	55.37
E0158	Leg extensions, walker	33.74
E0160	Sitz type bath, portable, fits over commode seat	9.50
E0161	Sitz type bath, portable, fits over commode seat, with faucet	52.73
	attachments	
E0162	Sitz bath, chair	B.R.
E0163	Commode chair, stationary, with fixed arms	89.16
E0164	Commode chair, mobile, with fixed arms	210.93
E0165	Commode chair, stationary, with detachable arms	181.01
E0166	Commode chair, mobile, with detachable arms	265.35
E0167	Pail or pan for use with commode chair	10.19
E0168	Commode chair, extra wide and/or heavy duty,	120.74

## N.J.A.C. 10:59-2.3

<b>HCPCS</b>		<b>Maximum Fee</b>
<b><u>Code</u></b>	<b><u>Description</u></b>	<b><u>Allowance</u></b>
	stationary or mobile, with or without arms, any type, each	
E0175	Foot rest, for use with commode chair, each	44.07
E0176	Air pressure pad or cushion, non- positioning	B.R.
E0177	Water pressure pad or cushion, non- positioning	B.R.
E0178	Gel pressure pad or cushion, non- positioning	B.R.
E0179	Dry pressure pad or cushion, non- positioning	B.R.
E0180	Pressure pad, alternating with pump	240.44
E0181	Pressure pad, alternating with pump, heavy duty	263.73
E0182	Pump for alternating pressure pad	291.08
E0184	Dry pressure mattress	68.56
E0185	Gel pressure pad for mattress	62.22
E0186	Air pressure mattress	B.R.
E0187	Water pressure mattress	B.R.
E0188	Synthetic sheepskin pad	21.09
E0189	Lambswool sheepskin pad, any size	21.09
E0191	Heel or elbow protector, each	10.34
E0192	Low pressure and positioning equalization pad	326.66
E0193	Powered air flotation bed (low air loss therapy)	36.00 (per day)
E0194	Air fluidized bed	65.20 (per day)
E0200	Heat lamp, without stand (table model), includes bulb, or infrared element	36.92
E0202	Phototherapy (bilirubin) light with photometer	B.R.
E0217	Water circulating heat pad with pump	337.60



## N.J.A.C. 10:59-2.3

<b>HCPCS</b>		<b>Maximum Fee</b>
<u>Code</u>	<u>Description</u>	<u>Allowance</u>
E0235	Paraffin bath unit, portable (see medical supply code A4265 for paraffin)	194.38
E0236	Pump for water circulating pad	B.R.
E0241	Bathtub wall rail, each	B.R.
E0242	Bathtub rail, floor base	B.R.
E0243	Toilet rail, each	B.R.
E0244	Raised toilet seat	B.R.
E0245	Tub stool or bench	B.R.
E0246	Transfer tub rail attachment	B.R.
E0249	Pad for water circulating heat unit	124.44
E0250	Hospital bed, fixed height, with any type side rails, with mattress	881.42
E0251	Hospital bed, fixed height, with any type side rails, without mattress	672.33
E0255	Hospital bed, variable height, hi-lo, with any type side rails, with mattress	964.20
E0256	Hospital bed, variable height, hi-lo, with any type side rails, without mattress	B.R.
E0260	Hospital bed, semi-electric (head and foot adjustments), with any type side rails, with mattress	1,542.26
E0261	Hospital bed, semi-electric (head and foot adjustments), with any type side rails, without mattress	B.R.
E0265	Hospital bed, total electric (head, foot, and height adjustments), with any type side rails, with mattress	1,940.52
E0266	Hospital bed, total electric (head, foot, and height adjustments), with any type side rails, without mattress	1,909.20
E0270	Hospital bed, institutional type includes: oscillating, circulating and stryker frame, with mattress	B.R.
E0271	Mattress, inner spring	168.73

## N.J.A.C. 10:59-2.3

<b>HCPCS</b>		<b>Maximum Fee</b>
<b><u>Code</u></b>	<b><u>Description</u></b>	<b><u>Allowance</u></b>
E0272	Mattress, foam rubber	155.55
E0273	Bed board	B.R.
E0274	Over-bed table	B.R.
E0275	Bed pan, standard, metal or plastic	15.82
E0276	Bed pan, fracture, metal or plastic	12.60
E0277	Alternating pressure mattress	B.R.
E0280	Bed cradle, any type	29.53
E0290	Hospital bed, fixed height, without side rails, with mattress	B.R.
E0291	Hospital bed, fixed height, without side rails, without mattress	B.R.
E0292	Hospital bed, variable height, hi-lo, without side rails, with mattress	B.R.
E0293	Hospital bed, variable height, hi-lo, without side rails, without mattress	B.R.
E0294	Hospital bed, semi-electric (head and foot adjustments), without side rails, with mattress	B.R.
E0295	Hospital bed, semi-electric (head and foot adjustments), without side rails, without mattress	B.R.
E0296	Hospital bed, total electric (head, foot and height adjustments), without side rails, with mattress	B.R.
E0297	Hospital bed, total electric (head, foot and height adjustments), without side rails, without mattress	B.R.
E0303	Hospital bed, heavy duty, extra wide, with weight capacity greater than 350 pounds, but less than or equal to 600 pounds, with any type side rails	B.R.
E0305	Bedside rails, half length	143.77
E0310	Bedside rails, full length	164.74
E0325	Urinal; male, jug-type, any material	6.53

## N.J.A.C. 10:59-2.3

<b>HCPCS</b>		<b>Maximum Fee</b>
<b><u>Code</u></b>	<b><u>Description</u></b>	<b><u>Allowance</u></b>
E0326	Urinal; female, jug-type, any material	9.28
E0371	Nonpowered advanced pressure reducing overlay for mattress, standard mattress length and width	B.R.
E0372	Powered air overlay for mattress, standard mattress length and width	B.R.
E0424	Stationary compressed gaseous oxygen system, rental; includes contents (per unit), regulator, flowmeter, humidifier, nebulizer, cannula or mask and tubing; 1 unit = 50 cubic ft.	250.00(per month)
E0431	Portable gaseous oxygen system, rental; includes regulator, flowmeter, humidifier, cannula or mask, and tubing	47.33 (per month)
E0434	Portable liquid oxygen system, rental; includes portable container, supply reservoir, humidifier, flowmeter, refill adaptor, contents gauge, cannula or mask, and tubing	47.33(per month)
E0439	Stationary liquid oxygen system, rental; includes use of reservoir, contents (per unit), regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing; 1 unit = 10 lbs.	250.00(per month)
E0441	Oxygen contents, gaseous, per unit (for use with owned gaseous stationary systems or when both a stationary and portable gaseous system are owned; 1 unit = 50 cubic ft.)	6.50
E0442	Oxygen contents, liquid, per unit (for use with owned liquid stationary systems or when both a stationary and portable liquid system are owned; 1 unit = 10 lbs.)	14.00
E0443	Portable oxygen contents, gaseous, per unit (for use only with portable gaseous systems	.65

N.J.A.C. 10:59-2.3

	when no stationary gas or liquid system is used; 1 unit = 5 cubic ft.)	
E0444	Portable oxygen contents, liquid, per unit (for use only with portable liquid systems when no stationary gas or liquid system is used; 1 unit = 1 lb.)	1.40
E0450	Volume ventilator; stationary or portable	10,546.29
E0455	Oxygen tent, excluding croup or pediatric tents	B.R.
E0457	Chest shell (cuirass)	414.80
E0459	Chest wrap	539.24
E0460	Negative pressure ventilator; portable or stationary	B.R.
E0462	Rocking bed with or without rails	B.R.
E0470	Respiratory assist device, bi-level pressure capability, without backup rate feature, used with noninvasive interface, for example, nasal or facial mask (intermittent assist device with continuous positive airway pressure device)	B.R.
E0471	Respiratory assist device, bi-level pressure capability, with back-up rate feature, used with noninvasive interface, for example, nasal or facial mask (intermittent assist device with continuous positive airway pressure device)	B.R.
E0472	Respiratory assist device, bi-level pressure capability, with backup rate feature, used with invasive interface, for example, tracheostomy tube (intermittent assist device with continuous positive airway pressure device)	B.R.
E0480	Percussor, electric or pneumatic, home model	279.47
E0500	IPPB machine, all types, with built-in nebulization; manual or automatic valves;	469.32

N.J.A.C. 10:59-2.3

	internal or external power source	
E0550	Humidifier, durable for extensive supplemental humidification during IPPB treatments or oxygen delivery	315.33
E0555	Humidifier, durable, glass or autoclavable plastic bottle type, for use with regulator or flowmeter	15.00
E0560	Humidifier, durable for supplemental humidification during IPPB treatment or oxygen delivery	64.64
E0565	Compressor, air power source for equipment which is not self-contained or cylinder driven	506.07
E0570	Nebulizer, with compressor	166.19
E0575	Nebulizer, ultrasonic	732.97
E0580	Nebulizer, durable, glass or autoclavable plastic, bottle type, for use with regulator or flowmeter	121.29
E0585	Nebulizer, with compressor and heater	121.29
E0600	Suction pump, home model, portable	409.72
E0601	Continuous positive airway pressure (CPAP) device	834.17
E0601	Continuous positive airway pressure (CPAP) device	100.10 (per month)
	NOTE: Medicaid and NJ KidCare fee-for-service reimbursement, all supplies necessary for the use and maintenance of the device	
E0605	Vaporizer, room type	30.58
E0606	Postural drainage board	158.19
E0607	Home blood glucose monitor	90.00
E0609	Blood glucose monitor with special features (for example, voice synthesizers, automatic timers, etc.)	B.R.
E0610	Pacemaker monitor, self-contained (checks battery depletion, includes audible and	336.42

N.J.A.C. 10:59-2.3

	visible check systems)	
E0615	Pacemaker monitor, self-contained, (checks battery depletion and other pacemaker components, includes digital/visible check systems	336.42
E0618	Apnea monitor, without recording feature	1666.67
E0618	Apnea monitor, without recording feature	200.00
		(per month)
E0619	Apnea monitor, with recording feature	2083.33
E0619	Apnea monitor, with recording feature	200.00
		(per month)
E0621	Sling or seat, patient lift, canvas or nylon	63.36
E0625	Patient lift, Kartop, bathroom or toilet	B.R.
E0630	Patient lift, hydraulic, with seat or sling	932.66
E0635	Patient lift, electric with seat or sling	770.15
E0650	Pneumatic compressor, nonsegmental home model, (lymphedema pump)	522.05
E0651	Pneumatic compressor, segmental home model, (lymphedema pump) without calibrated gradient pressure	732.97
E0652	Pneumatic compressor, segmental home model, (lymphedema pump) with calibrated gradient pressure	3,374.81
E0655	Nonsegmental pneumatic appliance for use with pneumatic compressor, half arm	83.42
E0660	Nonsegmental pneumatic appliance for use with pneumatic compressor, full leg	137.10
E0665	Nonsegmental pneumatic appliance for use with pneumatic compressor, full arm	89.75
E0666	Nonsegmental pneumatic appliance for use with pneumatic compressor, half leg	131.83
E0667	Segmental pneumatic appliance for use with pneumatic compressor, full leg	258.39
E0668	Segmental pneumatic appliance for use with pneumatic compressor, full arm	226.75
E0669	Segmental pneumatic appliance for use with	B.R.

## N.J.A.C. 10:59-2.3

	pneumatic compressor, half leg	
E0670	Segmental pneumatic appliance for use with pneumatic compressor, half arm	B.R.
E0671	Segmental gradient pressure pneumatic appliance, full leg	B.R.
E0672	Segmental gradient pressure pneumatic appliance, full arm	B.R.
E0673	Segmental gradient pressure pneumatic appliance, half leg	B.R.
E0700	Safety equipment (for example, belt, harness or vest)	B.R.
E0710	Restraints, any type (body, chest, wrist or ankle)	B.R.
E0720	TENS, two lead, localized stimulation	452.02
E0730	TENS, four lead, larger area/multiple nerve stimulation	448.08
E0731	Form-fitting conductive garment for delivery of TENS or NMES (with conductive fibers separated from the patient's skin by layers of fabric)	B.R.
E0740	Incontinence treatment system, pelvic floor stimulator, monitor, sensor and/or trainer	B.R.
E0744	Neuromuscular stimulator for scoliosis	1,031.82
E0745	Neuromuscular stimulator, electronic shock unit	1,049.36
E0746	Electromyography (EMG), biofeedback device	694.79
E0747	Osteogenesis stimulator (noninvasive)	2,742.04
E0748	Osteogenic stimulator, noninvasive, spinal applications	B.R.
E0755	Electronic salivary reflex stimulator (intraoral/noninvasive)	B.R.
E0776	IV pole	69.74
E0780	Ambulatory infusion pump, mechanical, reusable, for infusion less than eight hours	8.30
E0781	Ambulatory infusion pump, single or multiple	B.R.

N.J.A.C. 10:59-2.3

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



N.J.A.C. 10:59-2.3

	attached to bed, (for example, balkan, 4 poster)	
E0947	Fracture frame, attachments for complex pelvic traction	B.R.
E0948	Fracture frame, attachments for complex cervical traction	B.R.
E0950	Tray	82.96
E0951	Loop heel, each	15.04
E0952	Loop toe, each	15.04
E0953	Pneumatic tire, each	92.59
E0954	Semi-pneumatic caster, each	47.46
E0958	Wheelchair attachment to convert any wheelchair to one arm drive	421.32
E0959	Amputee adapter (device used to compensate for transfer of weight due to lost limbs to maintain proper balance)	73.82
E0961	Brake extension, for wheelchair	11.61
E0962	1' cushion, for wheelchair	47.46
E0963	2' cushion, for wheelchair	61.17
E0964	3' cushion, for wheelchair	70.66
E0965	4' cushion, for wheelchair	79.10
E0966	Hook-on headrest extension	51.67
E0967	Wheelchair hand rims with 8 vertical rubber-tipped projections, pair	105.46
E0968	Commode seat, wheelchair	181.39
E0969	rowing device, wheelchair	B.R.
E0970	No. 2 footplates, except for elevating leg rest	94.92
E0971	Anti-tipping device wheelchairs	50.28
E0972	Transfer board, wheelchair	B.R.
E0973	Adjustable height detachable arms, desk or full length, wheelchair	91.75
E0974	"Grade-aid" (device to prevent rolling back on an incline) for wheelchair	68.56
E0975	Reinforced seat upholstery, wheelchair	55.89
E0976	Reinforced back, wheelchair, upholstery	55.89

## N.J.A.C. 10:59-2.3

	or other material	
E0977	Wedge cushion, wheelchair	49.57
E0978	Belt, safety with airplane buckle, wheelchair	36.92
E0979	Belt, safety with velcro closure, wheelchair	25.93
E0980	Safety vest, wheelchair	26.37
E0990	Elevating leg rest, each	77.14
E0991	Upholstery seat	36.92
E0992	Solid seat insert	43.49
E0993	Back, upholstery	27.97
E0994	Armrest, each	13.42
E0995	Calf rest, each	21.09
E0996	Tire, solid, each	23.07
E0997	Caster with a fork	56.95
E0998	Caster without fork	31.64
E0999	Pneumatic tire with wheel	91.75
E1000	Tire, pneumatic caster	49.57
E1001	Wheel, single	92.81
E1031	Rollabout chair, any and all types with castors 5' or greater	B.R.
E1050	Fully-reclining wheelchair, fixed full-length arms, swing away detachable elevating leg rests	1,222.53
E1060	Fully-reclining wheelchair, detachable arms, desk or full-length, swing away detachable elevating leg rests	1,222.53
E1065	Power attachment (to convert any wheelchair to motorized wheelchair (for example, solo)	2,404.55
E1066	Battery charger	242.56
E1069	Deep cycle battery	92.99
E1070	Fully-reclining wheelchair, detachable arms, desk or full-length, swing away detachable foot rest	909.61
E1083	Hemi-wheelchair, fixed full-length arms, swing away detachable elevating leg rests	717.15

## N.J.A.C. 10:59-2.3

E1084	Hemi-wheelchairs, detachable arms, desk or full-length arms, swing away detachable elevating leg rests	1,049.29
E1085	Hemi-wheelchair, fixed full-length arms, swing away detachable foot rests	829.21
E1086	Hemi-wheelchair, detachable arms, desk or full-length, swing away detachable foot rests	1,105.41
E1087	High strength lightweight wheelchair, fixed-full length arms, swing away detachable leg rests	1,152.71
E1088	High strength lightweight wheelchair, detachable arms, desk or full-length, swing away detachable elevating leg rests	1,536.80
E1089	High strength lightweight wheelchair, fixed length arms, swing away detachable foot rest	1,133.99
E1090	High strength lightweight wheelchair, detachable arms, desk or full-length, swing away detachable foot rests	1,499.05
E1092	Wide heavy duty wheelchair, detachable arms, desk or full-length, swing away detachable elevating leg rests	1,367.22
E1093	Wide heavy duty wheelchair, detachable arms, desk or full-length arms, swing away detachable foot rests	1,255.01
E1100	Semi-reclining wheelchair, fixed full-length arms, swing away detachable elevating leg rests	1,054.63
E1110	Semi-reclining wheelchair, detachable arms, desk or full-length, elevating leg rests	1,139.73
E1130	Standard wheelchair, fixed full-length arms, fixed or swing away detachable foot rests	424.49
E1140	Wheelchair, detachable arms,	697.26

N.J.A.C. 10:59-2.3

	desk or full-length, swing away detachable foot rests	
E1150	Wheelchair, detachable arms, desk or full-length, swing away detachable elevating leg rests	776.52
E1160	Wheelchair, fixed full-length arms, swing away detachable elevating leg rests	601.55
E1170	Amputee wheelchair, fixed full length arms, swing away detachable elevating leg rests	1,179.70
E1171	Amputee wheelchair, fixed full length arms, without foot rests or leg rests	682.35
E1172	Amputee wheelchair, detachable arms (desk or full-length) without foot rests or leg rests	877.45
E1180	Amputee wheelchair, detachable arms (desk or full-length) swing away detachable foot rests	937.91
E1190	Amputee wheelchair, detachable arms (desk or full-length) swing away detachable elevating leg rests	1,083.63
E1195	Heavy duty wheelchair, fixed full-length arms, swing away detachable elevating leg rests	1,029.11
E1200	Amputee wheelchair, fixed full-length arms, swing away detachable foot rest	807.14
E1210	Motorized wheelchair, fixed full-length arms, swing away detachable elevating leg rests	3,646.69
E1211	Motorized wheelchair, detachable arms (desk or full-length) swing away, detachable elevating leg rests	3,269.35
E1212	Motorized wheelchair, fixed full-length arms, swing away detachable foot rests	2,913.94
E1213	Motorized wheelchair, detachable arms	3,269.35

N.J.A.C. 10:59-2.3

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

## N.J.A.C. 10:59-2.3

E1285	Heavy duty wheelchair, fixed full-length arms, swing away detachable foot rest	999.66
E1290	Heavy duty wheelchair, detachable arms (desk or full-length) swing away detachable foot rest	1,386.25
E1295	Heavy duty wheelchair, fixed full-length arms, elevating leg rest	943.05
E1296	Special wheelchair seat height from the floor	282.64
E1297	Special wheelchair seat depth, by upholstery	61.17
E1298	Special wheelchair seat depth and/or width, by construction	304.78
E1300	Whirlpool, portable (overtub type)	B.R.
E1310	Whirlpool, nonportable (built-in type)	3,269.35
E1340	Repair or nonroutine service for durable medical equipment requiring the skill of a technician, labor component, per 15 minutes	10.00
E1353	Regulator	B.R.
E1355	Stand/rack	46.67
E1372	Immersion external heater for nebulizer	179.29
E1390	Oxygen concentrator, equiv. not determined	250.00
		per month
E1399	Durable medical equipment, miscellaneous	B.R.
E1405	Oxygen and water vapor enriching system with heated delivery	B.R.
E1406	Oxygen and water vapor enriching system without heated delivery	B.R.
E1500	Centrifuge, for dialysis	B.R.
E1510	Kidney, dialysate delivery system, Kidney machine, pump recirculating, air removal system, flow rate meter, power off, heater and temperature control with alarm, i.v. poles, pressure gauge, concentrate container	B.R.
E1520	Heparin infusion pump for hemodialysis	B.R.

N.J.A.C. 10:59-2.3

E1530	Air bubble detector for hemodialysis, each, replacement	B.R.
E1540	Pressure alarm for hemodialysis, each replacement	B.R.
E1550	Bath conductivity meter for hemodialysis, each	B.R.
E1575	Transducer protectors/fluid barriers, for hemodialysis, any size, per 10	B.R.
E1580	Unipuncture control system for hemodialysis	B.R.
E1590	Hemodialysis machine	B.R.
E1592	Automatic intermittent peritoneal dialysis system	B.R.
E1594	Cycler dialysis machine for peritoneal dialysis	B.R.
E1610	Reverse osmosis water purification system	B.R.
E1615	Deionizer water purification system	B.R.
E1620	Blood pump for hemodialysis, replacement	B.R.
E1630	Reciprocating peritoneal dialysis system	B.R.
E1632	Wearable artificial kidney	B.R.
E1634	Peritoneal dialysis clamps, each	B.R.
E1635	Compact (portable) travel hemodialyzer system	B.R.
E1636	Sorbent cartridges, for hemodialysis, per 10	B.R.
E1637	Hemostats, each	B.R.
E1699	Dialysis equipment, unspecified, by report	B.R.
E1700	Jaw motion rehabilitation system	B.R.
E1701	Replacement cushions for jaw motion rehabilitation system, pkg. of 6	B.R.
E1702	Replacement measuring scales for jaw motion rehabilitation system, pkg. of 200	B.R.
E1800	Dynamic adjustable elbow extension/flexion device	B.R.
E1805	Dynamic adjustable wrist extension/flexion device	B.R.
E1810	Dynamic adjustable knee extension/flexion	B.R.

## N.J.A.C. 10:59-2.3

	device	
E1815	Dynamic adjustable ankle extension/flexion device	B.R.
E1820	Soft interface material, dynamic adjustable extension/flexion device	B.R.
E1825	Dynamic adjustable finger extension/flexion device	B.R.
E1830	Dynamic adjustable toe extension/flexion device	B.R.
E2100	Blood glucose monitor with integrated voice synthesizer	507.45
K0001	Standard wheelchair	539.00
K0002	Standard hemi (low seat) wheelchair	870.00
K0003	Lightweight wheelchair	802.00
K0004	High strength, lightweight wheelchair	1,385.00
K0005	Ultra lightweight wheelchair	B.R.
K0006	Heavy duty wheelchair	1,274.00
K0007	Extra heavy duty wheelchair	B.R.
K0009	Other manual wheelchair/base	B.R.
K0010	Standard-weight frame motorized/power wheelchair	3,345.00
K0011	Standard-weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking	B.R.
K0012	Lightweight portable motorized/power wheelchair	B.R.
K0014	Other motorized/power wheelchair base	B.R.
K0015	Detachable, nonadjustable height armrest, each	157.00
K0016	Detachable, adjustable height armrest, complete assembly, each	100.00
K0017	Detachable, adjustable height armrest, base, each	B.R.
K0018	Detachable, adjustable height armrest,	B.R.



## N.J.A.C. 10:59-2.3

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

N.J.A.C. 10:59-2.3

K0046	Elevating legrest, lower extension tube, each	B.R.
K0047	Elevating legrest, upper hanger bracket, each	B.R.
K0048	Elevating legrest, complete assembly	87.00
K0049	Calf pad, each	23.00
K0050	Ratchet assembly	B.R.
K0051	Cam release assembly, footrest or legrest, each	B.R.
K0052	Swingaway, detachable footrests, each	B.R.
K0053	Elevating footrests, articulating (telescoping), each	B.R.
K0054	Seat width of 10', 11', 12', 15', 17', or 20' for a high strength, lightweight or ultra lightweight wheelchair	B.R.
K0055	Seat depth of 15', 17', or 18' for a high strength lightweight or ultra lightweight wheelchair	B.R.
K0056	Seat height less than 17' or less than or equal to 21' for a high strength, lightweight or ultra lightweight wheelchair	83.00
K0057	Seat width 19' or 20' for heavy duty or extra heavy duty chair	107.00
K0058	Seat depth 17' or 18' for motorized/ power wheelchair	52.00
K0059	Plastic coated handrim, each	B.R.
K0060	Steel handrim, each	B.R.
K0061	Aluminum handrim, each	B.R.
K0062	Handrim with 8-10 vertical or oblique projections, each	53.00
K0063	Handrim with 12-16 vertical or oblique projections, each	B.R.
K0064	Zero pressure tube (flat free inserts), any size, each	B.R.
K0065	Spoke protectors	B.R.

## N.J.A.C. 10:59-2.3

K0066	Solid tire, any size, each	25.00
K0067	Pneumatic tire, any size, each	35.00
K0068	Pneumatic tire tube, each	B.R.
K0069	Rear wheel assembly, complete with solid tire, spokes or molded, each	87.00
K0070	Rear wheel assembly, complete, with pneumatic tire, spokes or molded, each	158.00
K0071	Front caster assembly, complete, with pneumatic tire, each	B.R.
K0072	Front caster assembly, complete, with semi-pneumatic tire, each	57.00
K0073	Caster pinlock, each	B.R.
K0074	Pneumatic caster tire, any size, each	31.00
K0075	Semi-pneumatic caster tire, any size, each	47.46
K0076	Solid caster tire, any size, each	B.R.
K0077	Front caster assembly, complete, with solid tire, each	B.R.
K0078	Pneumatic caster tire tube, each	B.R.
K0079	Wheel lock extension, pair	43.00
K0080	Anti-rollback device, pair	136.00
K0081	Wheel lock assembly, complete, each	B.R.
K0082	22 NF deep cycle lead acid battery, each	92.99
K0083	22 NF gel cell battery, each	B.R.
K0084	Group 24 deep cycle lead acid battery, each	B.R.
K0085	Group 24 gel cell battery, each	B.R.
K0086	U-1 lead acid battery, each	92.99
K0087	U-1 gel cell battery, each	B.R.
K0088	Battery charger, lead acid or gel cell	242.56
K0089	Battery charger, dual mode	B.R.
K0090	Rear wheel tire for power wheelchair, any size, each	B.R.
K0091	Rear wheel tire tube other than zero pressure for power wheelchair, any	B.R.

N.J.A.C. 10:59-2.3

	size, each	
K0092	Rear wheel assembly for power wheelchair, complete, each	B.R.
K0093	Rear wheel zero pressure tire tube (flat free insert) for power wheelchair, any size, each	B.R.
K0094	Wheel tire for power base, any size, each	B.R.
K0095	Wheel tire tube other than zero pressure for each base, any size, each	B.R.
K0096	Wheel assembly for power base, complete, each	B.R.
K0097	Wheel zero pressure tire tube (flat free insert) for power base, any size, each	B.R.
K0098	Drive belt for power wheelchair	B.R.
K0099	Front caster for power wheelchair	B.R.
K0100	Amputee adapter, pair	77.00
K0102	Crutch and cane holder	B.R.
K0103	Transfer board, less than 25 inches	B.R.
K0104	Cylinder tank carrier	B.R.
K0105	IV hanger	B.R.
K0106	Arm trough, each	B.R.
K0107	Wheelchair tray	89.00
K0108	Other accessories	B.R.
K0109	Customization of wheelchair base frame (options or accessories)	B.R.
K0112	Trunk support device, vest type, with inner frame, prefabricated	B.R.
K0113	Trunk support device, vest type, without inner frame, prefabricated	B.R.
K0114	Back support system for use with a wheelchair, with inner frame, prefabricated	B.R.
K0115	Orthotic seating system, back module, posterior--lateral control, with or without lateral supports, custom fabricated, for attachment to wheelchair	B.R.

N.J.A.C. 10:59-2.3

	base	
K0116	Orthotic seating system, combined back and seat module, custom fabricated, for attachment to wheelchair base	B.R.
K0127	Replace soft interface material, ankle contracture splint	B.R.
K0128	Replace soft interface material, foot drop splint	B.R.
K0129	Ankle contracture splint	B.R.
K0130	Foot drop splint, recumbent positioning device	B.R.
K0137	Skin barrier; liquid (spray brush, etc.) per oz.	B.R.
K0138	Skin barrier; paste, per oz.	B.R.
K0139	Skin barrier, powder, per oz.	B.R.
K0152	Pastes, powders, granules, beads, contact layers	B.R.
K0163	Vacuum erection system tracheostomy	B.R.
K0168	Administration set, small volume pneumatic nebulizer, disposable	B.R.
K0169	Small volume nonfiltered pneumatic nebulizer, disposable	B.R.
K0170	Administration set, small volume non-filtered pneumatic nebulizer, non-disposable	B.R.
K0171	Administration set, small volume nonfiltered pneumatic nebulizer	B.R.
K0172	Large volume nebulizer, disposable, unfilled, used with aerosol compressor	B.R.
K0173	Large volume nebulizer, disposable, prefilled, used with aerosol compressor	B.R.
K0174	Reservoir bottle, non-disposable, used with large volume ultrasonic nebulizer	B.R.
K0175	Corrugated tubing, disposable, used with large volume nebulizer, 100 feet	B.R.

N.J.A.C. 10:59-2.3

K0176	Corrugated tubing, non-disposable, used with large volume nebulizer, 100 feet	B.R.
K0177	Water collection device, used with large volume nebulizer	B.R.
K0178	Filter, disposable, used with aerosol compressor	B.R.
K0179	Filter, non-disposable, used with aerosol compressor or ultrasonic generator	B.R.
K0180	Aerosol mask, used with DME nebulizer	B.R.
K0181	Dome and mouthpiece, used with small volume ultrasonic nebulizer	B.R.
K0182	Water, distilled, used with large volume nebulizer, 1000 ml	B.R.
K0183	Nasal application device, used with CPAP device	B.R.
K0184	Nasal pillows/seals, replacement for nasal application device, pair	B.R.
K0185	Headgear, used with CPAP device	B.R.
K0186	Chin strap, used with CPAP device	B.R.
K0187	Tubing, used with CPAP device	B.R.
K0188	Filter, disposable, used with CPAP device	B.R.
K0189	Filter, non-disposable, used with CPAP device	B.R.
K0190	Canister, disposable, used with suction pump	B.R.
K0191	Canister, non-disposable, used with suction pump	B.R.
K0192	Tubing, used with suction pump	B.R.
K0193	Continuous positive airway pressure (CPAP) device, with humidifier	B.R.
K0194	Intermittent assist device with continuous positive airway pressure (CPAP), with humidifier	B.R.
K0195	Elevating leg rest, pair (for use with capped rental wheelchair base)	B.R.

## N.J.A.C. 10:59-2.3

K0268	Humidifier, used with CPAP device	B.R.
K0460	Power add-on, to convert manual wheelchair to motorized wheel chair, joystick control	B.R.
K0461	Power add-on, to convert manual wheelchair to motorized wheel chair, tiller control	B.R.
L0210	Thoracic rib belt, custom fitted	13.20
L0300	Thoracic-lumbar-sacral-orthoses (TLSO), flexible (dorso-lumbar surgical support), custom fitted	101.68
L0315	TLSO, flexible dorso-lumbar surgical support	120.00
L0515	LSO, flexible (lumbo-sacral surgical support), elastic type, with rigid posterior panel	69.16
L0600	Sacroiliac, flexible (sacroiliac surgical support), custom fitted	40.72
L0900	Torso support, ptosis support, custom fitted	102.11
L0920	Torso support, pendulous abdomen support, custom fitted	118.36
L0940	Torso support, postsurgical support, custom fitted	110.18
L0960	Torso support, postsurgical support pads, for postsurgical support	48.71
L0974	TLSO, full corset	88.20
L0976	LSO, full corset	103.88
L0980	Peroneal straps, pair	11.33
L0982	Stocking supporter grips, set of four (4)	9.60
L1600	Hip orthoses (HO), abduction control of hip joints, flexible, Frejka type with cover	40.32
L1610	HO, abduction control of hip joints, flexible, flexible, (Frejka cover only)	25.00
L1620	HO, abduction control of hip joints, flexible, (Pavlik harness)	75.00

## N.J.A.C. 10:59-2.3

L1800	Knee orthosis (KO), elastic with stays	32.56
L1810	KO, elastic with joints	61.04
L1815	KO, elastic with condylar pads	63.19
L1820	KO, elastic with condyle pads and joints	72.40
L1825	KO, elastic knee cap	28.00
L1830	KO, immobilizer; canvas longitudinal	52.88
L1902	AFO, ankle gauntlet, custom fitted	48.81
L1906	AFO, multiligamentous ankle support	75.00
L3201	Orthopedic shoe, oxford with supinator or pronator, infant	48.00
L3202	Orthopedic shoe, oxford with supinator or pronator, child	48.00
L3203	Orthopedic shoe, oxford with supinator or pronator, junior	48.00
L3204	Orthopedic shoe, hightop with supinator or pronator, infant	48.00
L3206	Orthopedic shoe, hightop with supinator or pronator, child	48.00
L3207	Orthopedic shoe, hightop with supinator or pronator, junior	48.00
L3208	Surgical boot, each, infant	24.00
L3209	Surgical boot, each, child	24.00
L3211	Surgical boot, each, junior	24.00
L3212	Benesch boot, pair, infant	48.00
L3213	Benesch boot, pair, child	48.00
L3214	Benesch boot, pair, junior	48.00
L3215	Orthopedic footwear, woman's shoes, oxford	76.00
L3216	Orthopedic footwear, woman's shoes, depth inlay	100.00
L3217	Orthopedic footwear, woman's shoes, hightop, depth inlay	116.00
L3218	Orthopedic footwear, woman's surgical boot, each	64.00
L3219	Orthopedic footwear, man's shoes, oxford	76.00



## N.J.A.C. 10:59-2.3

L3221	Orthopedic footwear, man's shoes, depth inlay	100.00
L3222	Orthopedic footwear, man's shoes, hightop, depth inlay	116.00
L3223	Orthopedic footwear, man's surgical boot, each	64.00
L3253	Foot, molded shoe Plastazote (or similar), custom fitted, each	112.00
L3254	Nonstandard size or width	20.00
L3255	Nonstandard size or length	20.00
L3257	Orthopedic footwear, additional charge for split size	50.00
L3260	Ambulatory surgical boot, each	88.00
L3265	Plastazote sandal, each	56.00
L3300	Lift, elevation, heel, tapered to metatarsals, per inch	64.00
L3310	Lift, elevation, heel and sole, neoprene, per inch	64.00
L3320	Lift, elevation, heel and sole, cork, per inch	100.00
L3332	Lift, elevation, inside shoe, tapered, up to one-half inch	44.00
L3334	Lift, elevation, heel, per inch	36.00
L3340	Heel wedge, sach	10.40
L3350	Heel wedge	12.00
L3360	Sole wedge, outside sole	12.00
L3370	Sole wedge, between sole	14.40
L3380	Clubfoot wedge	12.00
L3390	Outflare wedge	16.00
L3400	Metatarsal bar wedge, rocker	16.00
L3410	Metatarsal bar wedge, between sole	16.00
L3420	Full sole and heel wedge, between sole	24.00
L3430	Heel, counter, plastic reinforced	24.00
L3440	Heel, counter, leather reinforced	24.00
L3450	Heel, Sach cushion type	64.00
L3455	Heel, new leather, standard	8.00

N.J.A.C. 10:59-2.3

L3460	Heel, new rubber, standard	8.00
L3465	Heel, Thomas with wedge	20.00
L3470	Heel, Thomas extended to ball	24.00
L3480	Heel, pad and depression for spur	16.00
L3485	Heel, pad, removable for spur	32.00
L3500	Miscellaneous shoe addition, insole, leather	4.00
L3510	Miscellaneous shoe addition, insole, rubber	8.00
L3520	Miscellaneous shoe additions, insole, felt covered with leather	8.00
L3530	Miscellaneous shoe addition, sole, half	12.00
L3540	Miscellaneous shoe addition, sole, full	36.00
L3550	Miscellaneous shoe addition, toe tap, standard	4.00
L3560	Miscellaneous shoe addition, toe tap, horseshoe	6.40
L3570	Miscellaneous shoe addition, special extension to instep (leather with eyelets)	152.00
L3580	Miscellaneous shoe addition, convert instep to velcro closure	13.60
L3590	Miscellaneous shoe addition, convert firm shoe counter to soft counter	28.00
L3595	Miscellaneous shoe addition, March bar	12.00
L3600	Transfer of an orthosis from one shoe to another, caliper plate, existing	48.00
L3610	Transfer of an orthosis from one shoe to another, caliper plate, new	76.00
L3620	Transfer of an orthosis from one	39.04

## N.J.A.C. 10:59-2.3

	shoe to another, solid stirrup, existing	
L3630	Transfer of an orthosis from one shoe to another, solid stirrup, new	76.00
L3640	Transfer of an orthosis from one shoe to another, Dennis Browne splint (Riveton), both shoes	28.00
L3649	Unlisted procedures for foot orthopedic shoes, shoe modifications and transfers	B.R.
L3800	Wrist-hand-finger-orthoses (WHFO), short opponens, no attachments	124.28
L3908	WHFO, wrist extension control cock-up, nonmolded	50.13
L3914	WHFO, wrist extension cock-up	60.00
L3916	WHFO, wrist extension cock-up, with outrigger	72.00
L8000	Breast prosthesis, mastectomy bra	B.R.
L8010	Breast prosthesis, mastectomy sleeve	40.56
L8020	Breast prosthesis, mastectomy form	132.00
L8030	Breast prosthesis, silicone or equal	B.R.
L8100	Elastic support, elastic stocking, below knee, medium weight, each	24.00
L8110	Elastic support, elastic stocking, below knee, heavy weight, each	30.40
L8120	Elastic support, elastic stocking, below knee, surgical weight, (Linton type or equal), each	32.00
L8130	Elastic support, elastic stocking, above knee, medium weight, each	33.60
L8140	Elastic support, elastic stocking, above knee, heavy weight, each	36.00
L8150	Elastic support, elastic stocking, above knee, surgical weight, (Linton type or equal), each	44.00
L8160	Elastic support, elastic stocking,	40.00

N.J.A.C. 10:59-2.3

	full-length, medium weight, each	
L8170	Elastic support, elastic stocking,	48.00
	full-length, heavy weight, each	
L8180	Elastic support, elastic stocking,	52.00
	full-length, heavy surgical weight (Linton type or equal), each	
L8190	Elastic support, elastic stocking,	108.00
	leotards, medium weight, each	
L8200	Elastic supports, elastic stocking,	120.00
	leotards surgical weight (Linton type), each	
L8210	Elastic support, elastic stocking,	B.R.
	custom-made	
L8220	Elastic support, elastic stocking,	B.R.
	lymphedema	
L8230	Elastic support, elastic stocking,	B.R.
	garter belt	
L8300	Truss, single with standard pad	51.28
L8310	Truss, double with standard pads	101.68
L8320	Truss, addition to standard pad,	24.00
	water pad	
L8330	Truss, addition to standard pad,	33.65
	scrotal pad	
L8400	Prosthetic sheath, below knee, each	12.00
L8410	Prosthetic sheath, above knee, each	12.00
L8415	Prosthetic sheath, upper limb, each	11.20
L8420	Prosthetic sock, wool, below knee, each	14.94
L8430	Prosthetic sock, wool, above knee, each	18.40
L8435	Prosthetic sock, wool, upper limb, each	8.14
L8440	Prosthetic shrinker, below knee, each	33.60
L8460	Prosthetic shrinker, above knee, each	41.60
L8465	Prosthetic shrinker, upper limb, each	33.60
L8470	Stump sock, single ply, fitting, below knee, each	2.52
L8480	Stump sock, single ply, fitting, above knee, each	2.52

X4810	Velcro straps, attached to a pair of shoes, per pair	14.00
X6005	Two piece flange, stoma size: 4' and two piece flange, stoma size: 3 1/4", "picture frame" design	4.70/unit
X6460	Ostomy deodorant	B.R.
X7200	Hypodermic syringes over 5cc	B.R.
X7300	Rectal syringes	B.R.
X8334	Parenteral infusion by gravity (includes parenteral therapy supplies and base solution cost)	\$ 39.00/day
X8335	Parenteral infusion by disposable pump (includes supplies and base solution cost	\$ 39.00/day
X8336	Parenteral infusion with external ambulatory infusion pump and administration equipment (includes pump, supplies and base solution cost)	\$ 60.00/day
X8337	Parenteral line maintenance (includes all supplies necessary)	\$ 8.00/day
X8339	Gloves, sterile, each	.30
X8433	Gloves, non-sterile, each	.09
X8434	Parenteral infusion with external stationary pump and administration equipment (includes pump, supplies and base solution cost)	\$ 39.00/day

## History

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### HISTORY:

Amended by R.1999 d.41, effective February 1, 1999.

See: 30 N.J.R. 1019(a), 31 N.J.R. 440(a).

Rewrote the section.

Amended by R.1999 d.265, effective August 16, 1999.

See: 31 N.J.R. 1308(a), 31 N.J.R. 2401(a).

In HCPCS Code E0452 and E0601, inserted notes in the Description, in HCPCS Code E0601, L8000, L8030 and X7520, changed Maximum Fee Allowance, and deleted HCPCS Code X6000.

Amended by R.2000 d.368, effective September 18, 2000.

See: 32 N.J.R. 2201(a), 32 N.J.R. 3425(a).

Inserted references to A4614, A5200, A6154, A6200, A6201, A6202, A6209, K0456 through K0461, and deleted a reference to K0154.

Amended by R.2000 d.391, effective October 2, 2000.

See: 32 N.J.R. 2198(a), 32 N.J.R. 3568(a).

In HCPCS Codes B9004 and B9006, changed Maximum Fee Allowances; inserted HCPCS Codes X8334 through X8337 and X8434; and deleted HCPCS Code B9999.

Amended by R.2001 d.64, effective February 20, 2001.

See: 32 N.J.R. 4098(a), 33 N.J.R. 661(c).

In HCPCS Codes E0424 and E0439, substituted "regulator" for "regulatory"; in HCPCS Codes A4214, E0110, E0111, E0424, E0434, E0439, E0781, and E1400 through E1403, changed Maximum Fee Allowances; deleted HCPCS Codes K0224 and K0228; in X4890 through X4892, inserted "casting"; and inserted HCPCS Code X7533.

Amended by R.2006 d.297, effective September 5, 2006.

See: 38 N.J.R. 1371(b), 38 N.J.R. 3578(a).

Rewrote the section.

NEW JERSEY ADMINISTRATIVE CODE

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## N.J.A.C. 10:59, Appx. A

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 50 No. 11, June 4, 2018

***New Jersey Administrative Code > TITLE 10. HUMAN SERVICES > CHAPTER 59. MEDICAL SUPPLIER MANUAL***

### APPENDIX A

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#### SERVICE STATUS AND PA REQUIREMENTS FOR HCPCS CODES

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

##### Rental Indicator Values

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

##### Purchase Indicator Values

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

##### Prior Authorization Values

- A = prior authorization required
- N = prior authorization not required

#### Notations

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

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

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

PROC CODE	DME	DME	
	RENT	PURCH	PA
	IND	IND	IND
A4206	N	M	N
A4207	N	M	N
A4208	N	M	N
A4209	N	M	N
A4210	N	D	N
A4211	N	M	N
A4212	N	M	N
A4213	N	M	N
A4214	N	M	N
A4215	N	M	N
A4217	N	M	N
A4230	N	M	A
A4231	N	M	A
A4232	N	M	A
A4244	N	M	N
A4245	N	M	N
A4246	N	M	N
A4247	N	M	N
A4250	N	M	N
A4253	N	M	A
A4256	N	M	N
A4258	N	M	N
A4259	N	M	N
A4265	N	M	N
A4300	N	M	N
A4305	N	M	A
A4306	N	M	N
A4310	N	M	N
A4311	N	M	N
A4312	N	M	N



<b>PROC</b>	<b>DME</b>	<b>DME</b>	
	<b>RENT</b>	<b>PURCH</b>	<b>PA</b>
<b>CODE</b>	<b>IND</b>	<b>IND</b>	<b>IND</b>
A4313	N	M	N
A4314	N	M	N
A4315	N	M	N
A4316	N	M	N
A4320	N	M	N
A4322	N	M	N
A4326	N	M	A
A4327	N	M	A
A4328	N	M	A
A4330	N	M	N
A4331	N	M	N
A4332	N	M	N
A4333	N	M	N
A4334	N	M	N
A4335	N	M	N
A4338	N	M	A
A4340	N	M	A
A4344	N	M	A
A4346	N	M	A
A4347	N	M	A
A4349	N	M	N
A4351	N	M	A
A4352	N	M	A
A4354	N	M	A
A4355	N	M	A
A4356	N	M	A
A4357	N	M	A
A4358	N	M	A
A4359	N	M	A
A4361	N	M	N
A4362	N	M	N
A4364	N	M	N

<b>PROC</b>	<b>DME</b>	<b>DME</b>	
	<b>RENT</b>	<b>PURCH</b>	<b>PA</b>
<b>CODE</b>	<b>IND</b>	<b>IND</b>	<b>IND</b>
A4367	N	M	N
A4369	N	M	N
A4371	N	M	N
A4372	N	M	N
A4373	N	M	N
A4397	N	M	N
A4398	N	M	N
A4399	N	M	N
A4400	N	M	N
A4402	N	M	N
A4404	N	M	N
A4405	N	M	N
A4406	N	M	N
A4407	N	M	N
A4408	N	M	N
A4409	N	M	N
A4410	N	M	N
A4414	N	M	N
A4415	N	M	N
A4421	N	M	N
A4450	N	M	N
A4452	N	M	N
A4455	N	M	N
A4465	N	M	N
A4470	N	D	N
A4480	N	D	N
A4550	N	M	N
A4554	N	M	N
A4556	N	M	A
A4557	N	M	A
A4558	N	M	N
A4561	N	M	N

<b>PROC</b>	<b>DME</b>	<b>DME</b>	
	<b>RENT</b>	<b>PURCH</b>	<b>PA</b>
<b>CODE</b>	<b>IND</b>	<b>IND</b>	<b>IND</b>
A4562	N	M	N
A4565	N	M	N
A4570	N	M	N
A4575	N	M	A
A4595	N	M	N
A4611	N	M	A
A4612	N	M	N
A4613	M	D	A
A4615	N	M	N
A4616	N	M	N
A4617	N	M	A
A4618	N	M	A
A4619	N	M	A
A4620	N	M	A
A4621	N	M	A
A4622	N	M	A
A4623	N	M	A
A4624	N	M	A
A4625	N	M	A
A4626	N	M	A
A4627	N	M	A
A4628	N	M	N
A4629	N	M	N
A4630	N	M	N
A4631	N	M	A
A4635	N	M	N
A4636	N	M	N
A4637	N	M	N
A4640	N	D	A
A4649	N	M	A
A4660	N	D	N
A4663	N	M	N

<b>PROC</b>	<b>DME</b>	<b>DME</b>	
	<b>RENT</b>	<b>PURCH</b>	<b>PA</b>
<b>CODE</b>	<b>IND</b>	<b>IND</b>	<b>IND</b>
A4670	N	D	N
A4706	N	M	N
A4707	N	M	N
A4712	N	M	N
A4714	N	M	N
A4720	N	M	N
A4721	N	M	N
A4722	N	M	N
A4723	N	M	N
A4724	N	M	N
A4725	N	M	N
A4726	N	M	N
A4730	N	M	N
A4740	N	M	N
A4750	N	M	N
A4755	N	M	N
A4760	N	M	N
A4765	N	M	N
A4770	N	M	N
A4771	N	M	N
A4772	N	M	N
A4773	N	M	N
A4774	N	M	N
A4860	N	M	N
A4911	N	D	N
A4913	N	M	A
A4918	N	M	N
A4927	N	M	N
A4928	N	M	N
A4929	N	M	N
A4930	N	M	N
A5051	N	M	N

<b>PROC</b>	<b>DME</b>	<b>DME</b>	<b>PA</b>
	<b>RENT</b>	<b>PURCH</b>	
<b>CODE</b>	<b>IND</b>	<b>IND</b>	<b>IND</b>
A5052	N	M	N
A5053	N	M	N
A5054	N	M	N
A5055	N	M	N
A5061	N	M	N
A5062	N	M	N
A5063	N	M	N
A5071	N	M	N
A5072	N	M	N
A5073	N	M	N
A5074	N	M	N
A5075	N	M	N
A5081	N	M	N
A5082	N	M	N
A5093	N	M	N
A5102	N	M	N
A5105	N	M	N
A5112	N	M	N
A5113	N	M	N
A5114	N	M	N
A5119	N	M	N
A5121	N	M	N
A5122	N	M	N
A5126	N	M	N
A5131	N	M	A
A5508	N	P	N
A6010	N	M	N
A6011	N	M	N
A6021	N	M	N
A6022	N	M	N
A6023	N	M	N
A6024	N	M	N

<b>PROC</b>	<b>DME</b>	<b>DME</b>	
	<b>RENT</b>	<b>PURCH</b>	<b>PA</b>
<b>CODE</b>	<b>IND</b>	<b>IND</b>	<b>IND</b>
A6196	N	M	N
A6197	N	M	N
A6198	N	M	N
A6199	N	M	N
A6203	N	M	N
A6204	N	M	N
A6205	N	M	N
A6206	N	M	N
A6207	N	M	N
A6208	N	M	N
A6210	N	M	N
A6211	N	M	N
A6212	N	M	N
A6213	N	M	N
A6214	N	M	N
A6442	N	M	N
A6443	N	M	N
A6444	N	M	N
A6445	N	M	N
A6446	N	M	N
A6447	N	M	N
A6448	N	M	N
A6449	N	M	N
A6450	N	M	N
A7000	N	M	N
A7001	N	M	N
A7002	N	M	N
A7003	N	M	N
A7004	N	M	N
A7005	N	M	N
A7006	N	M	N
A7007	N	M	N

<b>PROC</b>	<b>DME</b>	<b>DME</b>	<b>PA</b>
	<b>RENT</b>	<b>PURCH</b>	
<b>CODE</b>	<b>IND</b>	<b>IND</b>	<b>IND</b>
A7008	N	M	N
A7009	N	M	N
A7010	N	M	N
A7012	N	M	N
A7013	N	M	N
A7014	N	M	N
A7015	N	M	N
A7016	N	M	N
A7018	N	M	N
A7033	N	M	A
A7034	N	M	A
A7035	N	M	A
A7036	N	M	A
A7037	N	M	A
A7038	N	M	A
A7039	N	M	A
B4034	N	M	A
B4035	N	M	A
B4036	N	M	A
B4081	N	M	A
B4082	N	M	A
B4083	N	M	A
B4086	N	M	A
B4150	N	M	A
B4151	N	M	A
B4152	N	M	A
B4153	N	M	A
B4156	N	M	A
B4164	N	M	A
B4168	N	M	A
B4172	N	M	A
B4176	N	M	A

<b>PROC</b>	<b>DME</b>	<b>DME</b>	
	<b>RENT</b>	<b>PURCH</b>	<b>PA</b>
<b>CODE</b>	<b>IND</b>	<b>IND</b>	<b>IND</b>
B4178	N	M	A
B4180	N	M	A
B4186	N	M	A
B4189	N	M	A
B4193	N	M	A
B4199	N	M	A
B4202	N	M	N
B4206	N	M	N
B4210	N	D	N
B4214	N	M	N
B4216	N	M	A
B4220	N	M	A
B4224	N	M	A
B4245	N	M	N
B5000	N	M	A
B5100	N	M	A
B9000	M	D	A
B9002	M	D	A
B9004	M	N	A
B9006	M	N	A
B9998	N	M	A
E0023	N	M	N
E0036	N	M	A
E0044	M	D	N
E0054	N	M	N
E0063	N	M	N
E0072	N	M	N
E0084	N	M	A
E0105	M	D	N
E0105	N	M	N
E0110	M	D	N
E0111	M	D	N



<b>PROC</b>	<b>DME</b>	<b>DME</b>	<b>PA</b>
	<b>RENT</b>	<b>PURCH</b>	
<b>CODE</b>	<b>IND</b>	<b>IND</b>	<b>IND</b>
E0113	M	D	N
E0114	M	D	N
E0116	M	D	N
E0119	N	M	N
E0126	N	M	N
E0135	M	D	N
E0141	M	D	N
E0142	M	D	A
E0145	M	D	N
E0146	M	D	A
E0147	M	D	N
E0148	M	D	A
E0149	M	D	A
E0153	N	M	A
E0154	M	D	N
E0155	M	D	N
E0156	N	D	N
E0160	M	D	N
E0161	M	D	N
E0163	M	D	N
E0164	M	D	N
E0165	M	D	N
E0167	N	D	N
E0168	M	D	A
E0172	N	M	A
E0175	M	D	N
E0176	N	D	N
E0178	N	D	N
E0179	N	D	N
E0180	M	D	A
E0182	M	D	A
E0184	M	D	A

N.J.A.C. 10:59, Appx. A

<b>PROC</b>	<b>DME</b>	<b>DME</b>	<b>PA</b>
	<b>RENT</b>	<b>PURCH</b>	
<b>CODE</b>	<b>IND</b>	<b>IND</b>	<b>IND</b>
E0185	M	D	A
E0187	M	D	A
E0188	N	D	N
E0189	N	D	N
E0192	M	D	A
E0193	D	N	A
E0194	D	N	A
E0202	M	D	A
E0217	M	D	A
E0235	M	D	N
E0236	M	D	N
E0241	N	D	N
E0242	M	D	N
E0243	M	D	N
E0245	M	D	N
E0246	M	D	N
E0249	M	D	N
E0251	M	D	A
E0253	N	M	A
E0255	M	D	A
E0256	M	D	A
E0258	M	D	N
E0261	M	D	A
E0265	M	D	A
E0266	M	D	A
E0271	M	D	N
E0272	M	D	N
E0273	M	D	N
E0275	M	D	N
E0276	M	D	N
E0277	M	D	A
E0290	M	D	A

N.J.A.C. 10:59, Appx. A

<b>PROC</b>	<b>DME</b>	<b>DME</b>	<b>PA</b>
	<b>RENT</b>	<b>PURCH</b>	
<b>CODE</b>	<b>IND</b>	<b>IND</b>	<b>IND</b>
E0291	M	D	A
E0292	M	D	A
E0294	M	D	A
E0295	M	D	A
E0296	M	D	A
E0300	N	M	N
E0303	M	D	A
E0305	M	D	N
E0310	M	D	N
E0311	N	M	N
E0315	N	M	N
E0325	M	D	N
E0329	N	M	A
E0340	N	M	A
E0351	N	M	A
E0356	N	M	A
E0361	N	M	N
E0367	N	M	N
E0371	M	D	A
E0372	M	D	A
E0400	N	M	N
E0424	M	N	A
E0431	M	N	A
E0434	M	N	A
E0441	N	M	A
E0442	N	M	A
E0443	N	M	A
E0450	M	N	A
E0454	N	M	N
E0457	M	D	A
E0459	M	D	A
E0460	M	D	A

<b>PROC</b>	<b>DME</b>	<b>DME</b>	<b>PA</b>
	<b>RENT</b>	<b>PURCH</b>	
<b>CODE</b>	<b>IND</b>	<b>IND</b>	<b>IND</b>
E0470	N	D	N
E0471	M	N	A
E0472	M	N	A
E0480	M	D	A
E0500	M	D	N
E0550	M	D	A
E0556	N	M	A
E0560	M	D	A
E0565	M	D	A
E0565	N	M	N
E0570	M	D	A
E0580	M	D	A
E0585	M	D	A
E0600	M	D	A
E0601	M	D	A
E0601	M	N	A
E0605	M	D	A
E0606	M	D	N
E0607	N	D	A
E0609	N	D	A
E0610	M	D	A
E0611	N	M	A
E0615	M	D	A
E0616	N	M	N
E0618	M	D	A
E0619	M	D	A
E0620	N	M	A
E0624	N	M	A
E0625	M	D	N
E0630	M	D	A
E0630	N	M	N
E0635	M	D	A

<b>PROC</b>	<b>DME</b>	<b>DME</b>	<b>PA</b>
	<b>RENT</b>	<b>PURCH</b>	
<b>CODE</b>	<b>IND</b>	<b>IND</b>	<b>IND</b>
E0637	N	M	N
E0651	M	D	A
E0652	M	D	A
E0655	M	D	A
E0660	N	D	N
E0665	M	D	A
E0666	M	D	A
E0667	M	D	A
E0671	M	D	A
E0672	M	D	A
E0673	M	D	A
E0700	N	D	N
E0705	N	M	N
E0710	N	D	N
E0730	M	D	A
E0731	N	D	N
E0735	N	M	N
E0740	M	D	A
E0744	M	D	A
E0746	M	D	A
E0747	M	D	A
E0748	N	M	A
E0755	N	D	A
E0760	N	M	N
E0772	N	M	N
E0780	M	D	A
E0781	M	N	A
E0784	N	D	A
E0791	M	N	A
E0801	N	M	N
E0820	N	M	N
E0840	M	D	A

<b>PROC</b>	<b>DME</b>	<b>DME</b>	<b>PA</b>
	<b>RENT</b>	<b>PURCH</b>	
<b>CODE</b>	<b>IND</b>	<b>IND</b>	<b>IND</b>
E0860	M	D	A
E0870	M	D	A
E0880	M	D	A
E0900	M	D	A
E0901	N	M	A
E0910	M	D	A
E0914	N	M	A
E0920	M	D	A
E0921	N	D	N
E0935	D	N	A
E0940	M	D	A
E0941	M	D	A
E0943	M	D	N
E0945	M	D	N
E0946	M	D	A
E0947	M	D	A
E0948	M	D	A
E0950	M	D	N
E0951	M	D	N
E0952	M	D	N
E0953	M	D	N
E0954	M	D	N
E0958	M	D	A
E0959	M	D	N
E0961	M	D	N
E0962	M	D	N
E0963	M	D	N
E0964	M	D	N
E0965	M	D	N
E0966	M	D	N
E0967	M	D	N
E0968	M	D	N

N.J.A.C. 10:59, Appx. A

<b>PROC</b>	<b>DME</b>	<b>DME</b>	
	<b>RENT</b>	<b>PURCH</b>	<b>PA</b>
<b>CODE</b>	<b>IND</b>	<b>IND</b>	<b>IND</b>
E0969	M	D	N
E0970	M	D	N
E0971	M	D	N
E0972	M	D	N
E0973	M	D	N
E0974	M	D	N
E0975	M	D	N
E0976	M	D	N
E0977	M	D	N
E0978	M	D	N
E0979	M	D	N
E0980	M	D	N
E0990	M	D	N
E0991	M	D	N
E0992	M	D	N
E0993	M	D	N
E0994	M	D	N
E0995	M	D	N
E0996	M	D	N
E0997	M	D	N
E0998	M	D	N
E0999	M	D	N
E1000	M	D	N
E1001	M	D	N
E1031	M	D	A
E1050	M	D	A
E1060	M	D	A
E1065	M	D	A
E1066	M	D	N
E1069	M	D	N
E1070	M	D	A
E1083	M	D	A

N.J.A.C. 10:59, Appx. A

<b>PROC</b>	<b>DME</b>	<b>DME</b>	
	<b>RENT</b>	<b>PURCH</b>	<b>PA</b>
<b>CODE</b>	<b>IND</b>	<b>IND</b>	<b>IND</b>
E1084	M	D	A
E1085	M	D	A
E1086	M	D	A
E1087	M	D	A
E1088	M	D	A
E1089	M	D	A
E1090	M	D	A
E1092	M	D	A
E1093	M	D	A
E1100	M	D	A
E1110	M	D	A
E1130	M	D	A
E1140	M	D	A
E1150	M	D	A
E1160	M	D	A
E1170	M	D	A
E1171	M	D	A
E1172	M	D	A
E1180	M	D	A
E1190	M	D	A
E1195	M	D	A
E1200	M	D	A
E1210	M	D	A
E1211	M	D	A
E1212	M	D	A
E1213	M	D	A
E1220	M	D	A
E1221	M	D	A
E1111	M	D	A
E1223	M	D	A
E1225	M	D	N
E1226	M	D	A



N.J.A.C. 10:59, Appx. A

<b>PROC</b>	<b>DME</b>	<b>DME</b>	<b>PA</b>
	<b>RENT</b>	<b>PURCH</b>	
<b>CODE</b>	<b>IND</b>	<b>IND</b>	<b>IND</b>
E1227	M	D	N
E1228	M	D	N
E1230	M	D	A
E1240	M	D	A
E1250	M	D	A
E1260	M	D	A
E1270	M	D	A
E1280	M	D	A
E1285	M	D	A
E1290	M	D	A
E1295	M	D	A
E1296	M	D	N
E1297	M	D	N
E1298	M	D	A
E1300	M	D	A
E1310	M	D	A
E1340	N	M	A
E1353	M	D	A
E1355	M	D	A
E1372	M	D	A
E1377	M	N	A
E1378	M	N	A
E1379	M	N	A
E1380	M	N	A
E1381	M	N	A
E1382	M	N	A
E1399	M	D	A
E1405	M	D	A
E1406	M	D	A
E1592	M	D	A
E1594	M	D	A
E1610	M	D	A

N.J.A.C. 10:59, Appx. A

<b>PROC</b>	<b>DME</b>	<b>DME</b>	
	<b>RENT</b>	<b>PURCH</b>	<b>PA</b>
<b>CODE</b>	<b>IND</b>	<b>IND</b>	<b>IND</b>
E1615	M	D	A
E1630	M	D	A
E1632	M	D	A
E1637	N	M	N
E1699	M	D	A
E1700	M	D	A
E1701	N	D	A
E1702	M	D	N
E1800	M	D	A
E1805	M	D	A
E1810	M	D	A
E1815	M	D	A
E1820	M	D	A
E1825	M	D	A
E1830	M	D	A
E1924	M	D	A
E2100	N	D	A
K0001	M	D	A
K0002	M	D	N
K0003	M	D	A
K0004	M	D	A
K0005	M	D	A
K0006	M	D	A
K0007	M	D	A
K0009	M	D	A
K0010	M	D	A
K0011	M	D	A
K0012	M	D	A
K0014	M	D	A
K0015	M	D	N
K0016	M	D	N
K0017	M	D	N

N.J.A.C. 10:59, Appx. A

<b>PROC</b>	<b>DME</b>	<b>DME</b>	
	<b>RENT</b>	<b>PURCH</b>	<b>PA</b>
<b>CODE</b>	<b>IND</b>	<b>IND</b>	<b>IND</b>
K0018	M	D	N
K0019	M	D	N
K0020	M	D	N
K0022	M	D	N
K0023	M	D	N
K0024	M	D	N
K0025	M	D	N
K0026	M	D	N
K0027	M	D	N
K0028	M	D	A
K0029	M	D	N
K0030	M	D	N
K0031	N	D	N
K0032	M	D	N
K0033	M	D	N
K0035	M	D	N
K0036	M	D	N
K0037	M	D	N
K0038	M	D	N
K0039	M	D	N
K0040	M	D	N
K0041	M	D	N
K0042	M	D	N
K0043	M	D	N
K0044	M	D	N
K0045	M	D	N
K0046	M	D	N
K0047	M	D	N
K0048	M	D	N
K0049	M	D	N
K0050	M	D	N
K0051	N	D	N

<b>PROC</b>	<b>DME</b>	<b>DME</b>	
	<b>RENT</b>	<b>PURCH</b>	<b>PA</b>
<b>CODE</b>	<b>IND</b>	<b>IND</b>	<b>IND</b>
K0052	M	D	N
K0053	N	D	N
K0054	M	D	N
K0055	M	D	N
K0056	M	D	N
K0057	M	D	N
K0058	M	D	N
K0059	M	D	N
K0060	M	D	N
K0061	M	D	N
K0062	M	D	N
K0063	M	D	N
K0064	M	D	N
K0065	M	D	N
K0066	M	D	N
K0067	M	D	N
K0068	M	D	N
K0069	M	D	N
K0070	M	D	N
K0071	M	D	N
K0072	M	D	N
K0073	M	D	N
K0074	M	D	N
K0075	M	D	N
K0076	M	D	N
K0077	M	D	N
K0078	M	D	N
K0079	M	D	N
K0080	M	D	N
K0081	M	D	N
K0082	M	D	N
K0083	N	D	N

N.J.A.C. 10:59, Appx. A

<b>PROC</b>	<b>DME</b>	<b>DME</b>	
	<b>RENT</b>	<b>PURCH</b>	<b>PA</b>
<b>CODE</b>	<b>IND</b>	<b>IND</b>	<b>IND</b>
K0084	M	D	N
K0085	M	D	N
K0086	M	D	N
K0087	M	D	N
K0088	M	D	N
K0089	M	D	N
K0090	M	D	N
K0091	M	D	N
K0092	M	D	N
K0093	M	D	N
K0094	M	D	N
K0095	M	D	N
K0096	M	D	N
K0097	M	D	N
K0098	M	D	N
K0099	M	D	N
K0100	M	D	N
K0102	M	D	N
K0103	M	D	N
K0104	M	D	N
K0105	M	D	N
K0106	M	D	N
K0107	M	D	N
K0108	M	D	A
K0112	N	P	N
K0113	N	P	N
K0114	N	P	N
K0115	N	P	N
K0116	N	P	N
L0110	N	P	N
L0120	N	P	N
L0140	N	P	N

N.J.A.C. 10:59, Appx. A

<b>PROC</b>	<b>DME</b>	<b>DME</b>	<b>PA</b>
	<b>RENT</b>	<b>PURCH</b>	
<b>CODE</b>	<b>IND</b>	<b>IND</b>	<b>IND</b>
L0172	N	P	N
L0210	N	P	N
L0300	N	P	N
L0315	N	P	N
L0900	N	P	N
L0920	N	P	N
L0940	N	P	N
L0960	N	P	N
L0974	N	P	N
L0976	N	P	N
L0980	N	P	N
L0982	N	P	N
L1600	N	P	N
L1610	N	P	N
L1620	N	P	N
L1800	N	P	N
L1810	N	P	N
L1815	N	P	N
L1820	N	P	N
L1825	N	P	N
L1830	N	P	N
L1902	N	P	N
L1906	N	P	N
L2210	N	P	N
L2270	N	P	N
L2360	N	P	N
L2999	N	P	N
L3000	N	P	A
L3001	N	P	A
L3002	N	P	A
L3003	N	P	A
L3010	N	P	A

<b>PROC</b>	<b>DME</b>	<b>DME</b>	<b>PA</b>
	<b>RENT</b>	<b>PURCH</b>	
<b>CODE</b>	<b>IND</b>	<b>IND</b>	<b>IND</b>
L3020	N	P	A
L3030	N	P	A
L3040	N	P	A
L3050	N	P	A
L3060	N	P	A
L3070	N	P	A
L3080	N	P	A
L3090	N	P	A
L3100	N	P	A
L3140	N	P	A
L3150	N	P	A
L3170	N	P	A
L3201	N	P	A
L3202	N	P	A
L3203	N	P	A
L3204	N	P	A
L3206	N	P	A
L3207	N	P	A
L3208	N	P	A
L3209	N	P	A
L3211	N	P	A
L3212	N	P	A
L3213	N	P	A
L3214	N	P	A
L3215	N	P	A
L3216	N	P	A
L3217	N	P	A
L3218	N	P	A
L3219	N	P	A
L3221	N	P	A
L3222	N	P	A
L3223	N	P	A

<b>PROC</b>	<b>DME</b>	<b>DME</b>	<b>PA</b>
	<b>RENT</b>	<b>PURCH</b>	
<b>CODE</b>	<b>IND</b>	<b>IND</b>	<b>IND</b>
L3230	N	P	A
L3250	N	P	A
L3250	N	P	A
L3252	N	P	A
L3253	N	P	A
L3254	N	P	A
L3255	N	P	A
L3257	N	P	A
L3260	N	P	A
L3265	N	P	A
L3300	N	P	A
L3310	N	P	A
L3320	N	P	A
L3330	N	P	A
L3332	N	P	A
L3334	N	P	A
L3340	N	P	N
L3350	N	P	N
L3360	N	P	N
L3370	N	P	N
L3380	N	P	N
L3390	N	P	N
L3400	N	P	N
L3410	N	P	N
L3420	N	P	N
L3430	N	P	N
L3440	N	P	N
L3450	N	P	N
L3455	N	P	N
L3460	N	P	N
L3465	N	P	N
L3470	N	P	N



<b>PROC</b>	<b>DME</b>	<b>DME</b>	<b>PA</b>
	<b>RENT</b>	<b>PURCH</b>	
<b>CODE</b>	<b>IND</b>	<b>IND</b>	<b>IND</b>
L3480	N	P	N
L3485	N	P	N
L3500	N	P	N
L3510	N	P	N
L3520	N	P	N
L3530	N	P	N
L3540	N	P	N
L3550	N	P	N
L3560	N	P	N
L3570	N	P	N
L3580	N	P	N
L3590	N	P	N
L3595	N	P	N
L3600	N	P	N
L3610	N	P	N
L3620	N	P	N
L3630	N	P	N
L3640	N	P	N
L3649	N	P	N
L3650	N	P	N
L3660	N	P	N
L3670	N	P	N
L3700	N	P	N
L3800	N	P	N
L3908	N	P	N
L3914	N	P	N
L3916	N	P	N
L4200	N	P	N
L4350	N	P	N
L4360	N	P	N
L4370	N	P	N
L4380	N	P	N

<b>PROC</b>	<b>DME</b>	<b>DME</b>	<b>PA</b>
	<b>RENT</b>	<b>PURCH</b>	
<b>CODE</b>	<b>IND</b>	<b>IND</b>	<b>IND</b>
L5000	N	P	N
L5270	N	P	N
L5300	N	P	N
L6500	N	P	N
L8000	N	P	N
L8010	N	P	N
L8020	N	P	N
L8030	N	P	N
L8100	N	P	N
L8110	N	P	N
L8120	N	P	N
L8130	N	P	N
L8140	N	P	N
L8150	N	P	N
L8160	N	P	N
L8170	N	P	N
L8180	N	P	N
L8190	N	P	N
L8200	N	P	N
L8210	N	P	N
L8220	N	P	N
L8230	N	P	N
L8300	N	P	N
L8310	N	P	N
L8320	N	P	N
L8330	N	P	N
L8400	N	P	N
L8410	N	P	N
L8415	N	P	N
L8420	N	P	N
L8430	N	P	N
L8435	N	P	N

<b>PROC</b>	<b>DME RENT</b>	<b>DME PURCH</b>	<b>PA</b>
<b>CODE</b>	<b>IND</b>	<b>IND</b>	<b>IND</b>
L8440	N	P	N
L8460	N	P	N
L8465	N	P	N
L8470	N	P	N
L8480	N	P	N
X3680	N	P	N
X4290	N	P	N
X4800	N	P	A
X4801	N	P	A
X4802	N	P	A
X4803	N	P	A
X4804	N	P	A
X4805	N	P	A
X4810	N	P	A
X6460	N	M	A
X8334	N	M	A
X8335	N	M	A
X8336	N	M	A
X8337	N	M	A
X8434	N	M	A

## History

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### HISTORY:

Amended by R.1999 d.41, effective February 1, 1999.

See: 30 N.J.R. 1019(a), 31 N.J.R. 440(a).

Rewrote the appendix.

Amended by R.1999 d.265, effective August 16, 1999.

See: 31 N.J.R. 1308(a), 31 N.J.R. 2401(a).

PROC CODE E0452, changed DME PURCH IND, inserted PROC CODE E0601, and deleted PROC CODE X6000.

Amended by R.2000 d.391, effective October 2, 2000.

See: 32 N.J.R. 2198(a), 32 N.J.R. 3568(a).

Inserted references to B9004, and X8434, changed purchase indicator values in references to B9006, E0781, E0791, and deleted a reference to B9999.

Amended by R.2001 d.64, effective February 20, 2001.

See: 32 N.J.R. 4098(a), 33 N.J.R. 661(c).

Deleted a reference to K0154; inserted a reference to X7533.

Amended by R.2006 d.297, effective September 5, 2006.

See: 38 N.J.R. 1371(b), 38 N.J.R. 3578(a).

Rewrote the appendix table.

Amended by R.2011 d.280, effective November 7, 2011.

See: 43 N.J.R. 362(a), 43 N.J.R. 3022(a).

In the "Rental Indicator Values" section, deleted a semicolon from the end of the entry for "N" and deleted "; and" from the end of the entry for "D"; in the "Purchase Indicator Values" section, deleted a semicolon from the end of the entries for "N" and "D" and deleted "; and" from the end of the entry for "M"; in the "Prior Authorization Values" section, deleted "; and" from the end of the entry for "A"; and in the entry for "E0450" in the code table, substituted "N" for "D".

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## N.J.A.C. 10:59, Appx. B

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 50 No. 11, June 4, 2018

***New Jersey Administrative Code > TITLE 10. HUMAN SERVICES > CHAPTER 59. MEDICAL SUPPLIER MANUAL***

### APPENDIX B

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#### 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. The Fiscal Agent Billing Supplement can be downloaded free of charge from: [www.njmmis.com](http://www.njmmis.com). When revisions are made to the Fiscal Agent Billing Supplement, a revised version will be posted on the website and copies will be filed with the Office of Administrative Law. If you do not have access to the internet and require a copy of the Fiscal Agent Billing Supplement, write to:

UNISYS

PO Box 4801

Trenton, New Jersey 08619-4801

or contact

Office of Administrative Law

Quakerbridge Plaza, Building 9

PO Box 049

Trenton, New Jersey 08625-0049

### History

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#### **HISTORY:**

Amended by R.1999 d.41, effective February 1, 1999.

See: 30 N.J.R. 1019(a), 31 N.J.R. 440(a).

Amended by R.2006 d.297, effective September 5, 2006.

See: 38 N.J.R. 1371(b), 38 N.J.R. 3578(a).

Rewrote the appendix AGENCY NOTE.

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