

N.J.A.C. 10:59

This file includes all Regulations adopted and published through the New Jersey Register, Vol. 57 No. 12, June 16, 2025

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

Title 10, Chapter 59 -- Chapter Notes

Statutory Authority

CHAPTER AUTHORITY:

[N.J.S.A. 30:4D-1](#) et seq. and [30:4J-8](#) et seq.

History

CHAPTER SOURCE AND EFFECTIVE DATE:

Effective: July 7, 2021.

See: [53 N.J.R. 1278\(b\)](#).

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Subchapter 3, Durable Medical Supply and Equipment Codes, was repealed and a new Subchapter 3, HCFA Common Procedure Coding System (HCPCS), was adopted as R.1986 d.52, effective March 3, 1986.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Chapter 59, Medical Supplier Manual, was repealed and Chapter 59, Medical Supplier Manual, was adopted as new rules by R.1996 d.67, effective February 5, 1996.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: [45 N.J.R. 1658\(a\)](#).

Title 10, Chapter 59 -- Chapter Notes

In accordance with [N.J.S.A. 52:14B-5.1](#), Chapter 59, Medical Supplier Manual, was scheduled to expire on June 6, 2020. Pursuant to Executive Order Nos. 127 (2020) and 244 (2021) and P.L. 2021, c. 104, any chapter of the New Jersey Administrative Code that would otherwise have expired during the Public Health Emergency originally declared in Executive Order No. 103 (2020) is extended through January 1, 2022. Chapter 59, Medical Supplier Manual, was readopted with technical changes, effective July 7, 2021. See: Source and Effective Date. See, also, section annotations.

Annotations

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Research References & Practice Aids

CHAPTER EXPIRATION DATE:

Chapter 59, Medical Supplier Manual, expires on July 7, 2028.

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§ 10:59-1.1 Introduction

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

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.

Annotations

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§ 10:59-1.2 Definitions

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

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

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

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

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

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

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

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

"Maximum fee allowance" means the Medicaid/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.

§ 10:59-1.2 Definitions

"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 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 that 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. 8:34](#).)

"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

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".

Notice of readoption with technical change, effective August 2, 2021.

See: [53 N.J.R. 1278\(b\)](#).

Annotations

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Case Notes

Although an HEPA Air Cleaner is not ordinarily classified as "medical equipment," where the air cleaner was medically necessary for a nine-year-old Medicaid recipient who suffered from severe asthma and allergic rhinitis and who was required to undergo emergency hospitalization approximately twice a month in the absence of the air cleaner, the administrative regulation was to be relaxed in order to produce a sensible and humane result. Not only would the provision of this device prove less costly to Medicaid, which would then be relieved of the cost of the nine-year-old boy's hospitalizations, but the boy would be spared the suffering of illness and the trauma of hospitalization. [*Dougherty v. Department of Human Services, Div. of Medical Assistance & Health Services*, 179 N.J. Super. 541, 432 A.2d 943, 1981 N.J. Super. LEXIS 614 \(1981\)](#).

Regulations establishing covered and non-covered medical supplies and equipment are valid under Title XIX of the Social Security Act, [42 U.S.C.S. § 1396](#) et seq., as Title XIX confers broad discretion on the states to adopt standards and requires only that such standards be reasonable and consistent with the objectives of the act. Even within the five mandatory categories of services, a state may adopt reasonable standards to determine the extent of medical services that it will provide, and a state may impose limitations based upon the degree of medical necessity. [*Dougherty v. Department of Human Services, Div. of Medical Assistance & Health Services*, 179 N.J. Super. 541, 432 A.2d 943, 1981 N.J. Super. LEXIS 614 \(1981\)](#).

Given the medical conditions of a six year old boy who had spastic quadriplegic cerebral palsy and a seizure disorder, a safety bed was medically necessary, but there was insufficient evidence to support the request for an electric safety bed, and the insurer had agreed to provide a manual safety bed. [D.N. v. United Healthcare, OAL DKT. NO. HMA 08903-16, 2016 N.J. AGEN LEXIS 1007](#), Initial Decision (November 28, 2016).

Insurance company was within its rights when it denied a request by a young adult who had cerebral palsy for a new power wheelchair that had elevator seat capacity on the grounds that inclusion of that feature was not necessary for the adult to accomplish vital activities of daily living and that it was not shown to be medically necessary within the meaning of governing regulations. [V.Z. v. Horizon NJ Health, OAL DKT. NO. HMA 04669-16, 2016 N.J. AGEN LEXIS 403](#), Initial Decision (May 31, 2016).

Though all parties agreed that an autistic child would accrue benefits from a "BuddyBike" including improving his core and lower-extremity muscle strength, building his stamina, providing sensory stimulation, and assisting with socialization, such equipment nonetheless was properly classified as "exercise" equipment under regulations governing the N.J. Medicaid/NJ FamilyCare program and thus was excluded from the category of "durable medical equipment" for which reimbursement was properly paid. That is, the benefit that would accrue derived from the fact that the BuddyBike was a type of exercise equipment, and reimbursement for such equipment was specifically excluded. [X.B. v. United Healthcare, OAL DKT. NO. HMA 12551-14, 2015 N.J. AGEN LEXIS 121](#), Initial Decision (January 29, 2015).

DMAHS acted improperly when it denied a request for authorization to provide a motorized wheel chair to a 62-year old nursing home resident who suffered from various conditions including end-stage renal disease, morbid obesity and hip-joint fusions. The resident was bed-bound and had very limited mobility. The patient's physician had certified that the motorized wheel chair was medically necessary due to the patient's various conditions, and there was no evidence to the contrary offered by [DMAHS. T.B. v. DMAHS, OAL DKT. NO. HMA 1858-15, 2015 N.J. AGEN LEXIS 457](#), Initial Decision (July 6, 2015).

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

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

§ 10:59-1.2 Definitions

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CHAPTER 59. MEDICAL SUPPLIER MANUAL > **SUBCHAPTER 1. MEDICAL SUPPLIES**
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§ 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:

| Miles per One | Miles per Two | Miles per One | Miles per Two |
|----------------|-----------------|--------------------|---------------------|
| Provider-Urban | Providers-Urban | Provider-Non urban | Providers-Non urban |
| 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

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

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:

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- 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

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.

Annotations

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

(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;

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

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;

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- 21. Syringes (bulb, enema);
- 22. Thermometers (axillary, ear, oral, rectal); and
- 23. Tongue blades (sterile, non-sterile).

History

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".

Annotations

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Case Notes

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

Given the medical conditions of a six year old boy who had spastic quadriplegic cerebral palsy and a seizure disorder, a safety bed was medically necessary, but there was insufficient evidence to support the request for an electric safety bed, and the insurer had agreed to provide a manual safety bed. [D.N. v. United Healthcare, OAL DKT. NO. HMA 08903-16, 2016 N.J. AGEN LEXIS 1007](#), Initial Decision (November 28, 2016).

Insurance company was within its rights when it denied a request by a young adult who had cerebral palsy for a new power wheelchair that had elevator seat capacity on the grounds that inclusion of that feature was not necessary for the adult to accomplish vital activities of daily living and that it was not shown to be medically necessary within the meaning of governing regulations. [V.Z. v. Horizon NJ Health, OAL DKT. NO. HMA 04669-16, 2016 N.J. AGEN LEXIS 403](#), Initial Decision (May 31, 2016).

DMAHS acted improperly when it denied a request for authorization to provide a motorized wheel chair to a 62-year old nursing home resident who suffered from various conditions including end-stage renal disease, morbid

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obesity and hip-joint fusions. The resident was bed-bound and had very limited mobility. The patient's physician had certified that the motorized wheel chair was medically necessary due to the patient's various conditions, and there was no evidence to the contrary offered by [DMAHS, T.B. v. DMAHS, OAL DKT. NO. HMA 1858-15, 2015 N.J. AGEN LEXIS 457](#), Initial Decision (July 6, 2015).

Though all parties agreed that an autistic child would accrue benefits from a "BuddyBike" including improving his core and lower-extremity muscle strength, building his stamina, providing sensory stimulation, and assisting with socialization, such equipment nonetheless was properly classified as "exercise" equipment under regulations governing the N.J. Medicaid/NJ FamilyCare program and thus was excluded from the category of "durable medical equipment" for which reimbursement was properly paid. That is, the benefit that would accrue derived from the fact that the BuddyBike was a type of exercise equipment, and reimbursement for such equipment was specifically excluded. [X.B. v. United Healthcare, OAL DKT. NO. HMA 12551-14, 2015 N.J. AGEN LEXIS 121](#), Initial Decision (January 29, 2015).

Request by a Medicaid recipient for approval to acquire a power wheelchair was properly denied because she failed to establish that the requested wheelchair was medically necessary to treat, evaluate or diagnose her medical condition as required by governing regulations. Inasmuch as the recipient was a nursing home resident, it was reasonable to believe that her transport needs were being met by nursing home personnel, who were already being compensated through Medicaid payments to the facility. [M.S. v. Div. of Medical Assistance & Health Services, OAL DKT. NO. HMA 04830-13, 2014 N.J. AGEN LEXIS 1153](#), Final Administrative Determination (April 11, 2014).

DMAHS concluded, contrary to an ALJ's determination, that a Medicaid recipient who resided in a nursing home was not entitled to a power wheelchair. The wheelchair was not medically necessary to treat, evaluate or diagnose the recipient's medical condition nor was the item cost-effective within the meaning of governing regulations. Though the recipient claimed that she needed a power wheelchair in order to alleviate shoulder pain that she experienced when using a manual wheelchair, the fact that she was residing in a nursing home where she had access to care 24 hours a day meant that it was the nursing home's responsibility to provide qualified attendants to transport the recipient. [M.S. v. DMAHS, OAL DKT. NO. HMA 04830-13, 2014 N.J. AGEN LEXIS 1019](#), Final Administrative Determination (April 11, 2014).

Testimony and evidence presented on a nursing home resident's behalf failed to articulate a proper basis for reimbursing the \$ 29,000 cost of a specialized wheelchair because federal law requires that the Division avoid the unnecessary utilization of services, the wheelchair was not medically necessary for the diagnosis or treatment of a disease, injury, or condition in accordance with [N.J.A.C. 10:49-5.5\(a\)](#)¹, and the Medicaid program does not cover durable medical equipment when not considered cost-effective for a beneficiary's treatment. Specifically, providing necessary assistance to the resident in the resident's current wheelchair was within the nursing staff's responsibility and was care already included in the rate the Division paid to the nursing facility as a Medicaid provider, and the resident would not have been able to leave the nursing home in the foreseeable future. [J.R. v. DMAHS, OAL Dkt. No. HMA 10958-04, 2005 N.J. AGEN LEXIS 1317](#), Final Decision (October 14, 2005).

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

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

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§ 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".

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

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§ 10:59-1.6 Prior authorization (PA)

(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

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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Case Notes

Mother's reimbursement petition for HEPA air cleaner for her asthmatic son was remanded by Supreme Court to health services commissioner for waiver decision regarding [N.J.A.C. 10:59-1.6](#), a rule enacted pursuant to [N.J.S.A. 30:4D-5](#) and [30:4D-7](#) that excluded the \$ 269 device and also eliminated costs of multiple emergency hospital visits. [Dougherty v. Department of Human Services, Div. of Medical Assistance & Health Services, 91 N.J. 1, 449 A.2d 1235, 1982 N.J. LEXIS 2190 \(1982\)](#).

Regulations establishing covered and non-covered medical supplies and equipment are valid under Title XIX of the Social Security Act, [42 U.S.C.S. § 1396](#) et seq., as Title XIX confers broad discretion on the states to adopt standards and requires only that such standards be reasonable and consistent with the objectives of the act. Even within the five mandatory categories of services, a state may adopt reasonable standards to determine the extent of medical services that it will provide, and a state may impose limitations based upon the degree of medical necessity. [Dougherty v. Department of Human Services, Div. of Medical Assistance & Health Services, 179 N.J. Super. 541, 432 A.2d 943, 1981 N.J. Super. LEXIS 614 \(1981\)](#).

Although an HEPA Air Cleaner is not ordinarily classified as "medical equipment" and [N.J.A.C. 10:59-1.6\(a\)\(6\)](#) specifically excludes environmental control equipment such as electrostatic filters, where the air cleaner was medically necessary for a nine-year-old Medicaid recipient who suffered from severe asthma and allergic rhinitis and who was required to undergo emergency hospitalization approximately twice a month in the absence of the air cleaner, the administrative regulation was to be relaxed in order to produce a sensible and humane result. Not only would the provision of this device prove less costly to Medicaid, which would then be relieved of the cost of the nine-year-old boy's repeated hospitalizations, but the boy would be spared the suffering of illness and the trauma of hospitalization. [Dougherty v. Department of Human Services, Div. of Medical Assistance & Health Services, 179 N.J. Super. 541, 432 A.2d 943, 1981 N.J. Super. LEXIS 614 \(1981\)](#).

§ 10:59-1.6 Prior authorization (PA)

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

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

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§ 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

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.

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

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".

Annotations

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

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

1. If there is no Medicaid/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

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

(a) When a Medicaid/NJ FamilyCare beneficiary also has Medicare coverage, the Medicaid/NJ FamilyCare program requires that Medicare benefits be used first and to the fullest extent. Responsibility for payment by the New Jersey Medicaid/NJ FamilyCare program shall be limited to the unsatisfied deductible and/or coinsurance to the extent that the combined Medicare/Medicaid/NJ FamilyCare payment does not exceed the Medicaid/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/NJ FamilyCare--Plan A program and submit a hard copy claim to the Medicaid/NJ FamilyCare--Plan A program with an Explanation of Benefits from Medicare attached.

(c) Medicare/Medicaid/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/Medicaid/NJ FamilyCare coverage, a Medicare/Medicaid/NJ FamilyCare claim will cross over from the Medicare DMERC Region A to the Medicaid/NJ FamilyCare fiscal agent. There are instances, however, where claims will not cross over from Medicare to Medicaid/NJ FamilyCare, for example, claims denied by Medicare or claims where the Medicaid/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/NJ FamilyCare program. In these situations, the provider may request PA from the Medicaid/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/NJ FamilyCare claims."

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

History

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.

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

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".

Notice of readoption with technical change, effective August 2, 2021.

See: [53 N.J.R. 1278\(b\)](#).

Annotations

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

(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

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

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§ 10:59-1.11 Recycling durable medical equipment

(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

§ 10:59-1.11 Recycling durable medical equipment

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".

Annotations

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

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§ 10:59-1.12 Parenteral therapy

- (a) Parenteral therapy refers to the administration of a drug by the intravenous or subcutaneous route of administration.
- (b) Total parenteral nutrition (TPN) means the administration of a patient's total daily nutritional needs via the parenteral route of administration.
- (c) All parenteral therapy services, including total parenteral nutrition (TPN), require prior authorization (see [N.J.A.C. 10:59-1.6](#)).
- (d) For parenteral therapy other than TPN, coverage through the medical supplier shall be limited to supplies and equipment. Medicaid/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/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/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/NJ FamilyCare programs.

History

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.

Notice of readoption with technical change, effective August 2, 2021.

See: [53 N.J.R. 1278\(b\)](#).

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

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§ 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

HISTORY:

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

See: [32 N.J.R. 4098\(a\)](#), [33 N.J.R. 661\(c\)](#).

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

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

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

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§ 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

§ 10:59-1.14 Pressure reduction systems

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

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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§ 10:59-1.15 Apnea monitor

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

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

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

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

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

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

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

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| PROCEDURE CODING SYSTEM (HCPCS) | | | |

§ 10:59-2.1 Introduction

(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

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](#)

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| <i>PROCEDURE CODING SYSTEM (HCPCS)</i> | | | |

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

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

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

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

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

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

History

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

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PROCEDURE CODING SYSTEM (HCPCS)

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

| HCPCS | Maximum Fee | Code | D e s c r i p t i o n | A l l o w a n c e |
|-------|---|-----------|--|--|
| 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. | | |

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

| HCPCS | Maximum Fee | Code | <u>D</u> <u>e</u> <u>s</u> <u>c</u> <u>r</u> <u>i</u> <u>p</u> <u>t</u> <u>i</u> <u>o</u> <u>n</u> | <u>A</u> <u>l</u> <u>l</u> <u>o</u> <u>w</u> <u>a</u> <u>n</u> <u>c</u> <u>e</u> |
|-------|---|-------|--|--|
| A4247 | Betadine or iodine swabs/wipes, per box | B.R. | | |
| A4250 | Urine test or reagent strips or tablets (100 tablets or strips) | B.R. | | |
| A4253 | Blood glucose test or reagent strips for home blood glucomitor, per 50 strips | B.R. | | |
| A4256 | Normal, low and high calibrator solution/chips | B.R. | | |
| A4258 | Spring powered device for lancet, each | B.R. | | |
| A4259 | Lancets, per box | B.R. | | |
| A4265 | Paraffin | B.R. | | |
| A4300 | Implantable vascular access portal/catheter (venous, arterial, epidural or peritoneal) | B.R. | | |
| A4305 | Disposable drug delivery system, flow rate of 50 ml or greater per hour | B.R. | | |
| A4306 | Disposable drug delivery system, flow rate of 5 ml or less per hour | B.R. | | |
| A4310 | Insertion tray without drainage bag and without catheter (accessories only) | 6.61 | | |
| A4311 | Insertion tray without drainage bag with indwelling catheter, foley type, two-way latex with coating (teflon, silicone, silicone elastomer or hydrophilic, etc.) | 8.34 | | |
| A4312 | Insertion tray without drainage bag with indwelling catheter, foley type, two-way, all silicone | 8.34 | | |
| A4313 | Insertion tray without drainage bag with indwelling catheter, foley type, three-way, for continuous irrigation | 8.34 | | |
| A4314 | Insertion tray with drainage bag with | 15.46 | | |

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

| HCPCS | Maximum Fee | Code | <u>D</u> <u>e</u> <u>s</u> <u>c</u> <u>r</u> <u>i</u> <u>p</u> <u>t</u> <u>i</u> <u>o</u> <u>n</u> | <u>A</u> <u>l</u> <u>l</u> <u>o</u> <u>w</u> <u>a</u> <u>n</u> <u>c</u> <u>e</u> |
|-------|---|-------|--|--|
| | indwelling catheter, foley type, two-way latex with coating (teflon, silicone, silicone elastomer or hydrophilic, etc.) | | | |
| A4315 | Insertion tray with drainage bag within dwelling catheter, foley type, two-way,all silicone | 15.46 | | |
| A4316 | Insertion tray with drainage bag with indwelling catheter, foley type, three-way, for continuous irrigation | 15.46 | | |
| A4320 | Irrigation tray for bladder irrigation with bulb or piston syringe | 5.00 | | |
| A4322 | Irrigation syringe, bulb or piston | 2.50 | | |
| 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. | | |

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

| HCPCS | Maximum Fee | Code | <u>D</u> <u>e</u> <u>s</u> <u>c</u> <u>r</u> <u>i</u> <u>p</u> <u>t</u> <u>i</u> <u>o</u> <u>n</u> | <u>A</u> <u>l</u> <u>l</u> <u>o</u> <u>w</u> <u>a</u> <u>n</u> <u>c</u> <u>e</u> |
|-------|--|-------|--|--|
| 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 adhesive, with or without anti-reflux device; per dozen | 17.29 | | |
| 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 | | |

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

| HCPCS | Maximum Fee | Code | <u>D</u> <u>e</u> <u>s</u> <u>c</u> <u>r</u> <u>i</u> <u>p</u> <u>t</u> <u>i</u> <u>o</u> <u>n</u> | <u>A</u> <u>l</u> <u>l</u> <u>o</u> <u>w</u> <u>a</u> <u>n</u> <u>c</u> <u>e</u> |
|-------|--|-------|--|--|
| 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, flexible or accordion), with built-in convexity, any size, each | B.R. | | |
| 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, | B.R. | | |

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

| HCPCS | Maximum Fee | <u>Code</u> | <u>D</u> <u>e</u> <u>s</u> <u>c</u> <u>r</u> <u>i</u> <u>p</u> <u>t</u> <u>i</u> <u>o</u> <u>n</u> | <u>A</u> <u>l</u> <u>l</u> <u>o</u> <u>w</u> <u>a</u> <u>n</u> <u>c</u> <u>e</u> |
|-------|---|-------------|--|--|
| | flexible, or accordion), extended wear, with built-in convexity, 4 x 4 inches or smaller, each | | | |
| 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. | | |
| 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. | | |

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

| HCPCS | Maximum Fee | Code | <u>D</u> <u>e</u> <u>s</u> <u>c</u> <u>r</u> <u>i</u> <u>p</u> <u>t</u> <u>i</u> <u>o</u> <u>n</u> | <u>A</u> <u>l</u> <u>l</u> <u>o</u> <u>w</u> <u>a</u> <u>n</u> <u>c</u> <u>e</u> |
|-------|---|--------|--|--|
| 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 | | |
| A4619 | Face tent | 10.00 | | |
| A4620 | Variable concentration mask | 10.00 | | |
| A4621 | Tracheostomy mask or collar | 10.17 | | |

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|-------|---|-------|--|--|
| 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 | B.R. | | |

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|-------|--|------|--|--|
| | device, belt, each | | | |
| A4656 | Needle, any size, each | B.R. | | |
| 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 cycler set used with cycler 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. | | |

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|-------|---|-------------|--|--|
| 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 peritoneal dialysis | B.R. | | |
| 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 | B.R. | | |

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|-------|---|------|--|--|
| | dextrose, fluid volume greater than 5999 cc, for peritoneal dialysis | | | |
| 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, supplies | B.R. | | |
| 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. | | |

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|-------|--|-------|--|--|
| 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 | | |
| 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 | | |

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|-------|---|-------|--|--|
| 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. | | |
| 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. | | |

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|-------|--|------|--|--|
| 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 16 but less than or equal to 48 sq. in., with any size adhesive border, each dressing | B.R. | | |

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|-------|--|-------------|--|--|
| 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 | B.R. | | |

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|-------|---|-------------|--|--|
| | size 16 sq in. or less, without adhesive border, each dressing | | | |
| A6217 | Gauze, non-impregnated, non-sterile, pad size more than 16 but less than or equal to 48 sq. in., without adhesive border, each dressing | B.R. | | |
| A6218 | Gauze, non-impregnated, non-sterile, pad size more than 48 sq. in., without adhesive border, each dressing | B.R. | | |
| A6219 | Gauze, non-impregnated, pad size 16 sq. in. or less, with any size adhesive border, each dressing | B.R. | | |
| A6220 | Gauze, non-impregnated, pad size more than 16 but less than or equal to 48 sq. in., with any size adhesive border, each dressing | B.R. | | |
| A6221 | Gauze, non-impregnated, pad size more than 48 sq. in., with any size adhesive border, each dressing | B.R. | | |
| A6222 | Gauze, impregnated, other than water or normal saline, pad size 16 sq. in. or less, without adhesive border, each dressing | B.R. | | |
| A6223 | Gauze, impregnated, other than water or normal saline, pad size more than 16 but less than or equal to 48 sq. in., without adhesive border, each dressing | B.R. | | |
| A6224 | Gauze, impregnated, other than water or normal saline, pad size more than 48 sq. in., without adhesive border, each dressing | B.R. | | |
| A6228 | Gauze, impregnated, water or normal saline, | B.R. | | |

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|-------|--|------|--|--|
| | pad size 16 sq. in. or less, without adhesive border, each dressing | | | |
| A6229 | Gauze, impregnated, water or normal saline, pad size more than 16 but less than or equal to 48 sq. in., without adhesive border, each dressing | B.R. | | |
| A6230 | Gauze, impregnated, water or normal saline, pad size more than 48 sq. in., without adhesive border, each dressing | B.R. | | |
| A6234 | Hydrocolloid dressing, wound cover, pad size 16 sq. in. or less, without adhesive border, each dressing | B.R. | | |
| A6235 | Hydrocolloid dressing, wound cover, pad size more than 16 but less than or equal to 48 sq. in., without adhesive border, each dressing | B.R. | | |
| A6236 | Hydrocolloid dressing, wound cover, pad size more than 48 sq. in., without adhesive border, each dressing | B.R. | | |
| A6237 | Hydrocolloid dressing, wound cover, pad size 16 sq. in. or less, with any size adhesive border, each dressing | B.R. | | |
| A6238 | Hydrocolloid dressing, wound cover, pad size more than 16 but less than or equal to 48 sq. in., with any size adhesive border, each dressing | B.R. | | |
| A6239 | Hydrocolloid dressing, wound cover, pad size more than 48 sq. in., with any size adhesive border, each dressing | B.R. | | |

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|-------|--|------|--|--|
| A6240 | Hydrocolloid dressing, wound filler, paste, per fluid ounce | B.R. | | |
| A6241 | Hydrocolloid dressing, wound filler, dry form, per gram | B.R. | | |
| A6242 | Hydrogel dressing, wound cover, pad size 16 sq. in. or less, without adhesive border, each dressing | B.R. | | |
| A6243 | Hydrogel dressing, wound cover, pad size more than 16 but less than or equal to 48 sq. in., without adhesive border, each dressing | B.R. | | |
| A6244 | Hydrogel dressing, wound cover, pad size more than 48 sq. in., without adhesive border, each dressing | B.R. | | |
| A6245 | Hydrogel dressing, wound cover, pad size 16 sq. in. or less, 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 | B.R. | | |

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|-------|---|-------------|--|
| | any type, any size | | |
| A6251 | Specialty absorptive dressing, wound cover, pad size 16 sq. in. or less, without adhesive border, each dressing | B.R. | |
| A6252 | Specialty absorptive dressing, wound cover, pad size more than 16 but less than or equal to 48 sq. in., without adhesive border, each dressing | B.R. | |
| A6253 | Specialty absorptive dressing, wound cover, pad size more than 48 sq. in., without adhesive border, each dressing | B.R. | |
| A6254 | Specialty absorptive dressing, wound cover, pad size 16 sq. in. or less, any size adhesive border, each dressing | B.R. | |
| A6255 | Specialty absorptive dressing, wound cover, pad size more than 16 but less than or equal to 48 sq. in., with any size adhesive border, each dressing | B.R. | |
| A6256 | Specialty absorptive dressing, wound cover, pad size more than 48 sq. in., with any size adhesive border, each dressing | B.R. | |
| A6257 | Transparent film, 16 sq. in. or less, each dressing | B.R. | |
| A6258 | Transparent film, more than 16 but less than or equal to 48 sq. in., each dressing | B.R. | |
| A6259 | Transparent film, more than 48 sq. in., each dressing | B.R. | |
| A6260 | Wound cleansers, any type, any size | B.R. | |
| A6261 | Wound filler, not elsewhere classified, | B.R. | |

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|-------|---|------|--|--|
| | gel/paste, per fluid ounce | | | |
| 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, knitted/woven, non-sterile, width greater than or equal to five inches, per yard | B.R. | | |
| A6445 | Conforming bandage, non-elastic, knitted/woven, sterile, width less than three inches, per yard | B.R. | | |
| A6446 | Conforming bandage, non-elastic, | B.R. | | |

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| HCPCS | Maximum Fee | Code | <u>D</u> <u>e</u> <u>s</u> <u>c</u> <u>r</u> <u>i</u> <u>p</u> <u>t</u> <u>i</u> <u>o</u> <u>n</u> | <u>A</u> <u>l</u> <u>l</u> <u>o</u> <u>w</u> <u>a</u> <u>n</u> <u>c</u> <u>e</u> |
|-------|---|-------|--|--|
| | knitted/woven, sterile, width greater than or equal to three inches and less than five inches, per yard | | | |
| 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 | | |
| A7006 | Administration set, with small volume | 6.51 | | |

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| HCPCS | Maximum Fee | <u>Code</u> | <u>D</u> <u>e</u> <u>s</u> <u>c</u> <u>r</u> <u>i</u> <u>p</u> <u>t</u> <u>i</u> <u>o</u> <u>n</u> | <u>A</u> <u>l</u> <u>l</u> <u>o</u> <u>w</u> <u>a</u> <u>n</u> <u>c</u> <u>e</u> |
|-------|--|-------------|--|--|
| | filtered pneumatic nebulizer | | | |
| 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 | | |

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|-------|--|--------|--|--|
| A7037 | Tubing used with positive airway pressure device | 31.37 | | |
| A7038 | Filter, disposable, used with positive airway pressure device | 3.66 | | |
| 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, Travasorb) 1 package = 1 unit | B.R. | | |
| B4151 | Enteral formulae; category I: Natural intact protein/protein isolates (for example, Compleat B, Vitaneed, Compleat B Modified) 1 package = 1 unit | B.R. | | |

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|-------|---|-------------|--|--|
| B4152 | Enteral formulae; category II: Intact protein/protein isolates (calorically dense) (for example, Magnacal, Isocal HCN, Sustacal HC, Ensure Plus, Ensure Plus HN) 1 package = 1 unit | B.R. | | |
| B4153 | Enteral formulae; category III: hydrolyzed protein/amino acids (e.g., Criticare HN, Vivonex T.E.N. (Total Enteral Nutrition), Vivonex HN, Precision HN, Precision Isotonic) 1 package = 1 unit | B.R. | | |
| B4156 | Enteral formulae; category VI: standardized nutrients (Vivonex STD, Precision LR and Tolerex) 1 package = 1 unit | B.R. | | |
| B4164 | Parenteral nutrition solution: 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 | 18.30 | | |

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|-------|--|-------------------------|--|--|
| | 50% (500 ml = 1 unit)--home mix | | | |
| 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 73 grams of protein--premix | 172.50 | | |
| B4197 | Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements and vitamins, including preparation, any strength, 74 to 100 grams of protein--premix | 210.00 | | |
| B4199 | Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements and vitamins, including preparation, any strength, over 100 grams of protein--premix | 252.69 | | |
| B4216 | Parenteral nutrition; additives (vitamins, trace elements, heparin, electrolytes)-- home mix | 11.65 (per day) | | |
| B4220 | Parenteral nutrition supply kit for | 182.98 | | |

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|-------|---|------------------------|--|--|
| | 1 month--premix | | | |
| 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, RenAmin --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, HepatAmine--premix | 3.63 | | |
| B5200 | Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, stress--branch chain amino acids--premix | 4.94 | | |
| B9000 | Enteral nutrition infusion pump--without alarm | 950.00 | | |
| B9002 | Enteral nutrition infusion pump--with alarm | 950.00 | | |
| B9004 | Parenteral nutrition infusion pump, portable | \$ 227.40 per month | | |
| B9006 | Parenteral nutrition infusion pump, stationary | \$ 227.40 per month | | |

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|-------|---|-------------|--|--|
| 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 fixed height | 59.43 | | |
| E0141 | Walker, wheeled, without seat | 95.86 | | |
| E0142 | Rigid walker, wheeled, with seat | 343.81 | | |
| E0143 | Folding walker, wheeled, without seat | 109.05 | | |
| E0145 | Walker, wheeled, with seat and crutch attachments | 176.60 | | |

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|-------|--|--------|--|--|
| 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 attachments | 52.73 | | |
| E0162 | Sitz bath, chair | B.R. | | |
| E0163 | Commode chair, stationary, with fixed arms | 89.16 | | |
| E0164 | Commode chair, mobile, with fixed arms | 210.93 | | |
| E0165 | Commode chair, stationary, with detachable arms | 181.01 | | |
| E0166 | Commode chair, mobile, with detachable arms | 265.35 | | |
| E0167 | Pail or pan for use with commode chair | 10.19 | | |
| E0168 | Commode chair, extra wide and/or heavy duty, stationary or mobile, with or without arms, | 120.74 | | |

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|-------|---|--------------------|--|--|
| | 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), | 36.92 | | |

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|-------|---|----------|--|--|
| | includes bulb, or infrared element | | | |
| E0202 | Phototherapy (bilirubin) light with photometer | B.R. | | |
| E0217 | Water circulating heat pad with pump | 337.60 | | |
| 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, | 1,940.52 | | |

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|-------|---|-------------|--|--|
| | and height adjustments), with any type side rails, with mattress | | | |
| E0266 | Hospital bed, total electric (head, foot, and height adjustments), with any type side rails, without mattress | 1,909.20 | | |
| E0270 | Hospital bed, institutional type includes: oscillating, circulating and stryker frame, with mattress | B.R. | | |
| E0271 | Mattress, inner spring | 168.73 | | |
| E0272 | Mattress, foam rubber | 155.55 | | |
| E0273 | Bed board | B.R. | | |
| E0274 | Over-bed table | B.R. | | |
| E0275 | Bed pan, standard, metal or plastic | 15.82 | | |
| E0276 | Bed pan, fracture, metal or plastic | 12.60 | | |
| E0277 | Alternating pressure mattress | B.R. | | |
| E0280 | Bed cradle, any type | 29.53 | | |
| E0290 | Hospital bed, fixed height, without side rails, with mattress | B.R. | | |
| E0291 | Hospital bed, fixed height, without side rails, without mattress | B.R. | | |
| E0292 | Hospital bed, variable height, hi-lo, without side rails, with mattress | B.R. | | |
| E0293 | Hospital bed, variable height, hi-lo, 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, | B.R. | | |

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|-------|--|----------------------|--|--|
| | without mattress | | | |
| 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 | | |
| 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; | 47.33(per month) | | |

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|-------|---|-------------------|--|--|
| | includes portable container, supply reservoir, humidifier, flowmeter, refill adaptor, contents gauge, cannula or mask, and tubing | | | |
| 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 when no stationary gas or liquid system is used; 1 unit = 5 cubic ft.) | .65 | | |
| 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 | | |

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| | | |
|-------|--|--------|
| 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; internal or external power source | 469.32 |
| E0550 | Humidifier, durable for extensive supplemental humidification during IPPB treatments or oxygen delivery | 315.33 |
| E0555 | Humidifier, durable, glass or autoclavable plastic bottle type, for use with regulator or flowmeter | 15.00 |
| E0560 | Humidifier, durable for supplemental humidification during IPPB treatment | 64.64 |

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| | | |
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| | or oxygen delivery | |
| 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 visible check systems) | 336.42 |
| 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) |

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|-------|--|-------------|
| 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 pneumatic compressor, half leg | B.R. |
| E0670 | Segmental pneumatic appliance for use with pneumatic compressor, half arm | B.R. |
| E0671 | Segmental gradient pressure pneumatic appliance, full leg | B.R. |
| E0672 | Segmental gradient pressure pneumatic appliance, full arm | B.R. |

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| 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 channels with administrative equipment, worn by patient | B.R. |
| E0784 | External ambulatory infusion pump, insulin | B.R. |
| E0791 | Parenteral infusion pump, stationary, single or multichannel | B.R. |
| E0840 | Traction frame, attached to headboard, | 36.92 |

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| | | |
|-------|---|--------------------|
| | simple cervical traction | |
| E0850 | Traction stand, freestanding, simple cervical traction | 36.92 |
| E0860 | Traction equipment, overdoor, cervical | 27.17 |
| E0870 | Traction frame, attached to footboard, simple extremity traction (for example, Buck's) | 83.84 |
| E0880 | Traction stand, freestanding simple extremity traction (for example, Buck's) | 68.56 |
| E0890 | Traction frame, attached to footboard, simple pelvic traction | 80.47 |
| E0900 | Traction stand, freestanding simple pelvic traction (for example, Buck's) | 80.47 |
| E0910 | Trapeze bars, a/k/a patient helper, attached to bed, with grab bar | 163.74 |
| E0920 | Fracture frame, attached to bed, includes weights | 394.43 |
| E0930 | Fracture frame, freestanding, includes weights | 394.43 |
| E0935 | Passive motion exercise device | 17.00 (per day) |
| E0940 | Trapeze bar, freestanding, complete with grab bar | 314.78 |
| E0941 | Gravity assisted traction device, any type | 384.94 |
| E0942 | Cervical head harness/halter | 15.82 |
| E0943 | Cervical pillow | 41.48 |
| E0944 | Pelvic belt/harness/boot | 32.74 |
| E0945 | Extremity belt/harness | 36.92 |
| E0946 | Fracture, frame, dual with cross bars, attached to bed, (for example, balkan, 4 poster) | 894.33 |
| E0947 | Fracture frame, attachments for complex pelvic traction | B.R. |
| E0948 | Fracture frame, attachments for complex | B.R. |

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| | | |
|-------|---|--------|
| | cervical traction | |
| 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 or other material | 55.89 |
| E0977 | Wedge cushion, wheelchair | 49.57 |
| E0978 | Belt, safety with airplane buckle, wheelchair | 36.92 |

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|-------|---|----------|
| 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 |
| E1084 | Hemi-wheelchairs, detachable arms, desk or full-length arms, swing away detachable elevating leg rests | 1,049.29 |

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| 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, desk or full-length, swing away detachable foot rests | 697.26 |

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| 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 (desk or full-length) swing away | 3,269.35 |

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| | | |
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| | 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 |

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|-------|---|-----------|
| 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. |

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|-------|--|------|
| E1520 | Heparin infusion pump for hemodialysis | B.R. |
| 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 | B.R. |

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| | | |
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| | device | |
| E1810 | Dynamic adjustable knee extension/flexion device | B.R. |
| E1815 | Dynamic adjustable ankle extension/flexion device | B.R. |
| E1820 | Soft interface material, dynamic adjustable extension/flexion device | B.R. |
| E1825 | Dynamic adjustable finger extension/flexion device | B.R. |
| E1830 | Dynamic adjustable toe extension/flexion device | B.R. |
| 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 |

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| | | |
|-------|--|--------|
| K0017 | Detachable, adjustable height armrest, base, each | B.R. |
| K0018 | Detachable, adjustable height armrest, upper portion, each | B.R. |
| 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. |

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| | | |
|-------|---|--------|
| K0042 | Standard size footplate, each | 32.00 |
| K0043 | Footrest, lower extension tube, each | B.R. |
| K0044 | Footrest, upper hanger bracket, each | B.R. |
| K0045 | Footrest, complete assembly | B.R. |
| K0046 | Elevating legrest, lower extension tube, each | B.R. |
| K0047 | Elevating legrest, upper hanger bracket, each | B.R. |
| 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 |

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| | | |
|-------|---|--------|
| K0063 | Handrim with 12-16 vertical or oblique projections, each | B.R. |
| K0064 | Zero pressure tube (flat free inserts), any size, each | B.R. |
| K0065 | Spoke protectors | B.R. |
| K0066 | Solid tire, any size, each | 25.00 |
| K0067 | Pneumatic tire, any size, each | 35.00 |
| K0068 | Pneumatic tire tube, each | B.R. |
| K0069 | Rear wheel assembly, complete with solid tire, spokes or molded, each | 87.00 |
| K0070 | Rear wheel assembly, complete, with pneumatic tire, spokes or molded, each | 158.00 |
| K0071 | Front caster assembly, complete, with pneumatic tire, each | B.R. |
| K0072 | Front caster assembly, complete, with semi-pneumatic tire, each | 57.00 |
| 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. |

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| | | |
|-------|--|--------|
| K0088 | Battery charger, lead acid or gel cell | 242.56 |
| K0089 | Battery charger, dual mode | B.R. |
| K0090 | Rear wheel tire for power wheelchair, any size, each | B.R. |
| K0091 | Rear wheel tire tube other than zero pressure for power wheelchair, any size, each | B.R. |
| K0092 | Rear wheel assembly for power wheelchair, complete, each | B.R. |
| K0093 | Rear wheel zero pressure tire tube (flat free insert) for power wheelchair, any size, each | B.R. |
| K0094 | Wheel tire for power base, any size, each | B.R. |
| K0095 | Wheel tire tube other than zero pressure for each base, any size, each | B.R. |
| K0096 | Wheel assembly for power base, complete, each | B.R. |
| K0097 | Wheel zero pressure tire tube (flat free insert) for power base, any size, each | B.R. |
| K0098 | Drive belt for power wheelchair | B.R. |
| K0099 | Front caster for power wheelchair | B.R. |
| K0100 | Amputee adapter, pair | 77.00 |
| 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. |

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

| | | |
|-------|--|------|
| K0114 | Back support system for use with a wheelchair, with inner frame, prefabricated | B.R. |
| K0115 | Orthotic seating system, back module, posterior--lateral control, with or without lateral supports, custom fabricated, for attachment to wheelchair base | B.R. |
| K0116 | Orthotic seating system, combined back and seat module, custom fabricated, for attachment to wheelchair base | B.R. |
| 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. |

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

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

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

| | | |
|-------|---|--------|
| | suction pump | |
| K0192 | Tubing, used with suction pump | B.R. |
| K0193 | Continuous positive airway pressure (CPAP) device, with humidifier | B.R. |
| K0194 | Intermittent assist device with continuous positive airway pressure (CPAP), with humidifier | B.R. |
| K0195 | Elevating leg rest, pair (for use with capped rental wheelchair base) | B.R. |
| 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 |

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

| | | |
|-------|--|-------|
| L0980 | Peroneal straps, pair | 11.33 |
| L0982 | Stocking supporter grips, set of four (4) | 9.60 |
| L1600 | Hip orthoses (HO), abduction control of hip joints, flexible, Frejka type with cover | 40.32 |
| L1610 | HO, abduction control of hip joints, flexible, flexible, (Frejka cover only) | 25.00 |
| L1620 | HO, abduction control of hip joints, flexible, (Pavlik harness) | 75.00 |
| L1800 | Knee orthosis (KO), elastic with stays | 32.56 |
| L1810 | KO, elastic with joints | 61.04 |
| L1815 | KO, elastic with condylar pads | 63.19 |
| L1820 | KO, elastic with condyle pads and joints | 72.40 |
| L1825 | KO, elastic knee cap | 28.00 |
| L1830 | KO, immobilizer; canvas longitudinal | 52.88 |
| L1902 | AFO, ankle gauntlet, custom fitted | 48.81 |
| L1906 | AFO, multiligamentous ankle support | 75.00 |
| L3201 | Orthopedic shoe, oxford with supinator or pronator, infant | 48.00 |
| L3202 | Orthopedic shoe, oxford with supinator or pronator, child | 48.00 |
| L3203 | Orthopedic shoe, oxford with supinator or pronator, junior | 48.00 |
| L3204 | Orthopedic shoe, hightop with supinator or pronator, infant | 48.00 |
| L3206 | Orthopedic shoe, hightop with supinator or pronator, child | 48.00 |
| L3207 | Orthopedic shoe, hightop with supinator or pronator, junior | 48.00 |
| L3208 | Surgical boot, each, infant | 24.00 |
| L3209 | Surgical boot, each, child | 24.00 |
| L3211 | Surgical boot, each, junior | 24.00 |
| L3212 | Benesch boot, pair, infant | 48.00 |
| L3213 | Benesch boot, pair, child | 48.00 |

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

| | | |
|-------|---|--------|
| L3214 | Benesch boot, pair, junior | 48.00 |
| L3215 | Orthopedic footwear, woman's shoes, oxford | 76.00 |
| L3216 | Orthopedic footwear, woman's shoes, depth inlay | 100.00 |
| L3217 | Orthopedic footwear, woman's shoes, hightop, depth inlay | 116.00 |
| L3218 | Orthopedic footwear, woman's surgical boot, each | 64.00 |
| L3219 | Orthopedic footwear, man's shoes, oxford | 76.00 |
| L3221 | Orthopedic footwear, man's shoes, depth inlay | 100.00 |
| L3222 | Orthopedic footwear, man's shoes, hightop, depth inlay | 116.00 |
| L3223 | Orthopedic footwear, man's surgical boot, each | 64.00 |
| L3253 | Foot, molded shoe Plastazote (or similar), custom fitted, each | 112.00 |
| L3254 | Nonstandard size or width | 20.00 |
| L3255 | Nonstandard size or length | 20.00 |
| L3257 | Orthopedic footwear, additional charge for split size | 50.00 |
| L3260 | Ambulatory surgical boot, each | 88.00 |
| L3265 | Plastazote sandal, each | 56.00 |
| L3300 | Lift, elevation, heel, tapered to metatarsals, per inch | 64.00 |
| L3310 | Lift, elevation, heel and sole, neoprene, per inch | 64.00 |
| L3320 | Lift, elevation, heel and sole, cork, per inch | 100.00 |
| L3332 | Lift, elevation, inside shoe, tapered, up to one-half inch | 44.00 |
| L3334 | Lift, elevation, heel, per inch | 36.00 |
| L3340 | Heel wedge, each | 10.40 |

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

| | | |
|-------|---|--------|
| L3350 | Heel wedge | 12.00 |
| L3360 | Sole wedge, outside sole | 12.00 |
| L3370 | Sole wedge, between sole | 14.40 |
| L3380 | Clubfoot wedge | 12.00 |
| L3390 | Outflare wedge | 16.00 |
| L3400 | Metatarsal bar wedge, rocker | 16.00 |
| L3410 | Metatarsal bar wedge, between sole | 16.00 |
| L3420 | Full sole and heel wedge, between sole | 24.00 |
| L3430 | Heel, counter, plastic reinforced | 24.00 |
| L3440 | Heel, counter, leather reinforced | 24.00 |
| L3450 | Heel, Sach cushion type | 64.00 |
| L3455 | Heel, new leather, standard | 8.00 |
| L3460 | Heel, new rubber, standard | 8.00 |
| L3465 | Heel, Thomas with wedge | 20.00 |
| L3470 | Heel, Thomas extended to ball | 24.00 |
| L3480 | Heel, pad and depression for spur | 16.00 |
| L3485 | Heel, pad, removable for spur | 32.00 |
| L3500 | Miscellaneous shoe addition, insole, leather | 4.00 |
| L3510 | Miscellaneous shoe addition, insole, rubber | 8.00 |
| L3520 | Miscellaneous shoe additions, insole, felt covered with leather | 8.00 |
| L3530 | Miscellaneous shoe addition, sole, half | 12.00 |
| L3540 | Miscellaneous shoe addition, sole, 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, | 13.60 |

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

| | | |
|-------|--|--------|
| | convert instep to velcro closure | |
| L3590 | Miscellaneous shoe addition, convert firm shoe counter to soft counter | 28.00 |
| L3595 | Miscellaneous shoe addition, March bar | 12.00 |
| L3600 | Transfer of an orthosis from one shoe to another, caliper plate, existing | 48.00 |
| L3610 | Transfer of an orthosis from one shoe to another, caliper plate, new | 76.00 |
| L3620 | Transfer of an orthosis from one shoe to another, solid stirrup, existing | 39.04 |
| L3630 | Transfer of an orthosis from one shoe to another, solid stirrup, new | 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, | 24.00 |

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

| | | |
|-------|--|--------|
| | below knee, medium weight, each | |
| L8110 | Elastic support, elastic stocking, | 30.40 |
| | below knee, heavy weight, each | |
| L8120 | Elastic support, elastic stocking, | 32.00 |
| | below knee, surgical weight, (Linton type or equal), each | |
| L8130 | Elastic support, elastic stocking, | 33.60 |
| | above knee, medium weight, each | |
| L8140 | Elastic support, elastic stocking, | 36.00 |
| | above knee, heavy weight, each | |
| L8150 | Elastic support, elastic stocking, | 44.00 |
| | above knee, surgical weight, (Linton type or equal), each | |
| L8160 | Elastic support, elastic stocking, | 40.00 |
| | 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, water pad | 24.00 |

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

| | | |
|-------|---|--------------|
| L8330 | Truss, addition to standard pad, scrotal pad | 33.65 |
| L8400 | Prosthetic sheath, below knee, each | 12.00 |
| L8410 | Prosthetic sheath, above knee, each | 12.00 |
| L8415 | Prosthetic sheath, upper limb, each | 11.20 |
| 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 |

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

| | | |
|-------|---|--------------|
| 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

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.

Annotations

Notes

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

[Chapter Notes](#)

NEW JERSEY ADMINISTRATIVE CODE

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End of Document

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

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

APPENDIX A

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.

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

APPENDIX A

F
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N = cannot be purchased

C = DME item which can be purchased

M = medical supply or service which cannot be rented

F = Prosthetic or orthotic which cannot be rented

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APPENDIX A

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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 RENT IND | DME PURCH IND | PA IND |
|--------------|--------------------|---------------------|-----------|
| | | | |
| A4206 | N | M | N |
| A4207 | N | M | N |
| A4208 | N | M | N |
| A4209 | N | M | N |
| A4210 | N | D | N |
| A4211 | N | M | N |
| A4212 | N | M | N |

APPENDIX A

| PROC | DME | DME | PA |
|-------|------|-------|-----|
| | RENT | PURCH | |
| CODE | IND | IND | IND |
| 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 |
| 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 |

APPENDIX A

| PROC | DME | DME | PA |
|-------|------|-------|-----|
| | RENT | PURCH | |
| CODE | IND | IND | IND |
| 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 |
| 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 |

APPENDIX A

| PROC | DME | DME | PA |
|-------|------|-------|-----|
| | RENT | PURCH | |
| CODE | IND | IND | IND |
| 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 |
| 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 |

APPENDIX A

| PROC | DME | DME | PA |
|-------|------|-------|-----|
| | RENT | PURCH | |
| CODE | IND | IND | IND |
| 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 |
| 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 |

APPENDIX A

| PROC | DME | DME | PA |
|-------|------|-------|-----|
| | RENT | PURCH | |
| CODE | IND | IND | IND |
| 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 |
| 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 |

APPENDIX A

| PROC | DME | DME | PA |
|-------|------|-------|-----|
| | RENT | PURCH | |
| CODE | IND | IND | IND |
| 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 |
| 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 |

APPENDIX A

| PROC | DME | DME | PA |
|-------|------|-------|-----|
| | RENT | PURCH | |
| CODE | IND | IND | IND |
| 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 |
| 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 |

APPENDIX A

| PROC | DME | DME | PA |
|-------|------|-------|-----|
| | RENT | PURCH | |
| CODE | IND | IND | IND |
| 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 |
| 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 |

APPENDIX A

| PROC | DME | DME | PA |
|-------|------|-------|-----|
| | RENT | PURCH | |
| CODE | IND | IND | IND |
| 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 |
| 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 |

APPENDIX A

| PROC | DME | DME | PA |
|-------|------|-------|-----|
| | RENT | PURCH | |
| CODE | IND | IND | IND |
| 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 |
| 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 |

APPENDIX A

| PROC | DME | DME | PA |
|-------|------|-------|-----|
| | RENT | PURCH | |
| CODE | IND | IND | IND |
| 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 |
| 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 |

APPENDIX A

| PROC | DME | DME | PA |
|-------|------|-------|-----|
| | RENT | PURCH | |
| CODE | IND | IND | IND |
| 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 |
| 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 |

APPENDIX A

| PROC | DME | DME | PA |
|-------|------|-------|-----|
| | RENT | PURCH | |
| CODE | IND | IND | IND |
| 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 |
| 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 |

APPENDIX A

| PROC | DME | DME | PA |
|-------|------|-------|-----|
| | RENT | PURCH | |
| CODE | IND | IND | IND |
| 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 |
| 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 |

APPENDIX A

| PROC | DME | DME | PA |
|-------|------|-------|-----|
| | RENT | PURCH | |
| CODE | IND | IND | IND |
| 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 |
| 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 |

APPENDIX A

| PROC | DME | DME | PA |
|-------|------|-------|-----|
| | RENT | PURCH | |
| CODE | IND | IND | IND |
| 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 |
| 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 |

APPENDIX A

| PROC | DME | DME | PA |
|-------|------|-------|-----|
| | RENT | PURCH | |
| CODE | IND | IND | IND |
| 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 |
| 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 |

APPENDIX A

| PROC | DME | DME | PA |
|-------|------|-------|-----|
| | RENT | PURCH | |
| CODE | IND | IND | IND |
| 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 |
| 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 |

APPENDIX A

| PROC | DME | DME | PA |
|-------|------|-------|-----|
| | RENT | PURCH | |
| CODE | IND | IND | IND |
| 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 |
| 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 |

APPENDIX A

| PROC | DME | DME | PA |
|-------|------|-------|-----|
| | RENT | PURCH | |
| CODE | IND | IND | IND |
| 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 |
| 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 |

APPENDIX A

| PROC | DME | DME | PA |
|-------|------|-------|-----|
| | RENT | PURCH | |
| CODE | IND | IND | IND |
| 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 |
| 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 |

APPENDIX A

| PROC | DME | DME | PA |
|-------|------|-------|-----|
| | RENT | PURCH | |
| CODE | IND | IND | IND |
| 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 |
| 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 |

APPENDIX A

| PROC | DME | DME | PA |
|-------|------|-------|-----|
| | RENT | PURCH | |
| CODE | IND | IND | IND |
| 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 |
| 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 |

APPENDIX A

| PROC | DME | DME | PA |
|-------|------|-------|-----|
| | RENT | PURCH | |
| CODE | IND | IND | IND |
| 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 |
| 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 |

APPENDIX A

| PROC | DME | DME | PA |
|-------|------|-------|-----|
| | RENT | PURCH | |
| CODE | IND | IND | IND |
| 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 |
| 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 |

APPENDIX A

| PROC | DME | DME | PA |
|-------|------|-------|-----|
| | RENT | PURCH | |
| CODE | IND | IND | IND |
| L3570 | N | P | N |
| L3580 | N | P | N |
| L3590 | N | P | N |
| L3595 | N | P | N |
| L3600 | N | P | N |
| L3610 | N | P | N |
| L3620 | N | P | N |
| L3630 | N | P | N |
| L3640 | N | P | N |
| L3649 | N | P | N |
| L3650 | N | P | N |
| L3660 | N | P | N |
| L3670 | N | P | N |
| L3700 | N | P | N |
| L3800 | N | P | N |
| L3908 | N | P | N |
| L3914 | N | P | N |
| L3916 | N | P | N |
| L4200 | N | P | N |
| L4350 | N | P | N |
| L4360 | N | P | N |
| L4370 | N | P | N |
| L4380 | N | P | N |
| L5000 | N | P | N |
| L5270 | N | P | N |
| L5300 | N | P | N |
| L6500 | N | P | N |
| L8000 | N | P | N |
| L8010 | N | P | N |
| L8020 | N | P | N |
| L8030 | N | P | N |
| L8100 | N | P | N |

APPENDIX A

| PROC | DME | DME | PA |
|-------|------|-------|-----|
| | RENT | PURCH | |
| CODE | IND | IND | IND |
| L8110 | N | P | N |
| L8120 | N | P | N |
| L8130 | N | P | N |
| L8140 | N | P | N |
| L8150 | N | P | N |
| L8160 | N | P | N |
| L8170 | N | P | N |
| L8180 | N | P | N |
| L8190 | N | P | N |
| L8200 | N | P | N |
| L8210 | N | P | N |
| L8220 | N | P | N |
| L8230 | N | P | N |
| L8300 | N | P | N |
| L8310 | N | P | N |
| L8320 | N | P | N |
| L8330 | N | P | N |
| L8400 | N | P | N |
| L8410 | N | P | N |
| L8415 | N | P | N |
| L8420 | N | P | N |
| L8430 | N | P | N |
| L8435 | N | P | N |
| L8440 | N | P | N |
| L8460 | N | P | N |
| L8465 | N | P | N |
| L8470 | N | P | N |
| L8480 | N | P | N |
| X3680 | N | P | N |
| X4290 | N | P | N |
| X4800 | N | P | A |
| X4801 | N | P | A |

APPENDIX A

| PROC | DME RENT | DME PURCH | PA |
|-------|-------------|--------------|-----|
| CODE | IND | IND | IND |
| 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

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\(a\)](#).

APPENDIX 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".

Annotations

Notes

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

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

APPENDIX B

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. 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:

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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

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.

Annotations

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APPENDIX B

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