

2025 NJMMIS Quick Guide

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1. BATCH RANGES

0001-0100	Web CCFs
0101-0999	Hardcopy Claims
1000-1200	Direct Data Entry
1201-1250	GA Reprocessing
1251-1299	PE Reprocessing
1300-1699	Direct Data Entry
1700-1799	Web Adjustments/Voids
1800-1899	Web CCFs
1900-1999	For Future Use
2001-3799	HIPAA GHI Crossover Claims
3800-3949	Web Adjustments/Voids
3950-3990	Non-Pharm Deceased Recipient Voids
3991-4000	Pharm Deceased Recipient Voids
4001-4199	HMO Capitation
4200-4499	Transportation Capitation
4501-4510	PARIS Match Recipient Voids
4511-4558	Available
4559	Auto LTC ADJ
4560	Auto Hospice ADJ
4561-4599	DME Auto Voids
4601-4799	LTC Auto Voids
4801-4999	LTC Pharmacy Capitation
5001-5024	POS Transactions
5025-5049	EDI NCPDP
5050-5299	EMC (Proprietary, Non-HIPAA)
5300-6550	HIPAA Medicaid/Xover Claims
6900-6950	Reserved for Part D Retroactive Reprocessing
6951-6999	Pharmacy NCPDP Batch Claims
7001-7799	HIPAA Encounters
7801-7999	Special Batches
8001-8499	Mass Adjustments
8500	PR-1 LTC/Hospice Retro Adjustments
8501-8999	PAAD/TPL Adjustments
9001-9999	Financial Transactions

2. BENEFICIARY ELIGIBILITY TERMINATION CODE (030031)

00	Case record closed due to death with potential recoverable assets
01	Recip Rec Closed due to Non-Response to Redetermination
02	Recipient Voluntarily Dis-Enrolled from Coverage
03	Case Record Closed Due To He/She Lives Out of State
04	Case Record Closed Due To Dup. Elig. Record
05	Case Record Closed Due To Death
06	Case Record Closed Due To Transfer to Other County
07	Case Record Closed Due To Transfer to Another Pgm
08	Case Record Closed Due to Ineligibility
09	Case Record Closed For Other Reasons
10	TPL Coverage
11	Failure to Pay Premium
12	Exceeded HCFA Financial Cap
13	Recipient failed to comply with Premium Support Program stipulations
14	Eligibility terminated due to lack of managed care enrollment
15	Long Term Care Facility (LTCF)
16	Recp record closed due to non-use of EBT benefits (No Longer Used)
17	Recipient record closed due to no eligible child on the case (the last or only child aged out) (No Longer Used)

2. BENEFICIARY ELIGIBILITY TERMINATION CODE (030031) (Cont'd)

18	Reasonable Opportunity Period Ending
19	Continuation of Benefits Ending
20	Medicaid Expansion recipient terminated due to Medicare (due in 2016)
23	Closed Because Recipient Lives Out of State Per PARIS Project
33	Closed Because Recipient Lives Out of State Per NCOA Project
43	Closed Because Recipient Lives Out of State Per Vendor Project
50	Change of Program Status

3. BILL TYPE (020101)

11	Inpatient Hospital
12	Inpatient Hospital (Part B)
13	Outpatient
14	Outpatient (Home Health)
21	LTC (first position must be 2 or 6)
32	Home Health (Hospice Based)
33	Home Health (Free Standing)
34	Home Health (Other)
72	Clinic
74	Clinic (Comprehensive Outpatient Rehab Facility (CORF) or other Rehab Facility
81	Special Facility - Hospice (Non-Hospital)
82	Special Facility - Hospice (Hospital)
83	Specialty Facility

4. CATEGORY OF SERVICE (040212) / MODIFIED COS (020257)

01	Hospital (Inpatient)
01A	Acute Care General Hospital (Provider Type 60)
01B	Other Hospital (All others)
02	Residential Treatment Center
03	Inpatient Mental Hospital
03A	Inpatient Mental Hospital - Government (prov facility control code of 4, 5, 6, or 9)
03C	Inpatient Mental Hospital - (All other COS 03)
04	Outpatient Hospital Services - FFS Only
04A	Outpatient non-EPSDT
04B	Outpatient EPSDT (Clinic Code 27)
04C	Outpatient EPSDT (Claim Type 13)
05	Interim. Care Fac. - Individuals with Intellectual Disabilities (ICF-IID)
06	Targeted Case Management
07	Nursing Facility (NF)
08	Clinic
08A	Community Hlth Clinic (pro spec 950)
08B	Mental Health Clinic (pro spec 940)
08C	Other Clinic = (All other COS 08)
08D	PDN-EPSDT
09	Optical Appliance
10	Physician
11	Dental
12	Freestanding ASC
13	Optometry
14	Chiropractor
15	Advanced Practice Nurse/Nurse Practitioner

4. CATEGORY OF SERVICE (040212) / MODIFIED COS (020257) (Cont'd)

16	Psychologist
17	Podiatrist
18	Prosthetic and Orthotic
19	Midwifery
20	Drugs
20A	Drugs - LTC Type 26
20B	Drugs - Retail
22	Rehabilitation
22A	Day Training - Specialty Code 725
22B	Early Intervention - Specialty Code 730
22C	Special Education - Specialty Code 740
22D	Environmental Lead Screening
22E	PACT (Pgm of Assertive Comm. Treatment) - Specialty Code 908
23A	DCF/CSOC - New Service
23B	DCF/CSOC - Existing Services
25	Fed Qualified Health Center (FQHC)
30	Medical Supplies
31	Durable Medical Equipment (DME)
32	Hearing Aid Services
40	Home Health
50	Hospice
60	Laboratory
65	Radiology
70	Transportation
80	Medical Day Care/Adult Day Health Services
81	Adult MH (Mental Health) Rehab (AMHR)/Personal Care
81A	Personal Care - Physical
81B	Personal Care - MH
81C	Adult Mental Health Rehab
87	DHSS/ECO Waiver
88	Traumatic Brain Injury (TBI) Waiver
89	DYFS/ABC Waiver
90	DDD
91	CCPED
92	ACCAP
93	CRPD
93A	CRPD - not used
93B	CRPD - no PDN
93C	CRPD - PDN
94	Garden State Health Plan (GSHP)
95	Managed Care
96	Home Care Expansion
99	Other

Note: COS is 2 digits; modified COS is 3 digits.

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5. CHAIN INDICATORS (040082)

000	No Affiliation
001	Riteaid
002	PathmarkP
003	Drug Fair
004	Charline's Drugs
005	CVS
006	Clover Pharmacy
007	APS
008	Save On/Super X
009	JCPenney/Thrift Drug
010	Eckerd Drug
011	Genovese Drugs
012	Foodarama/Shop Rite
013	RX D-Pharm
014	Walgreens
015	The Medicine Shoppe
016	QuickChek
017	Foodtown
018	A & P
019	Super Fresh
020	Drug Emporium
022	ACME
023	RX Place
024	Kmart
025	Woolworth
026	Walmart
027	Pharmhouse
028	Caremark
029	Thrifty
030	Drug World
031	Grand Union
032	Goldy's Pharmacy
033	Boyd's Pharmacy
034	Caremark
035	HPI State Facility
036	Neighborcare-State
037	Super G
038	Edwards Pharmacy
039	Phar-mor
040	Target
041	Neighborcare-Non-State
050	Austin Health Center
051	Costco
052	Stop & Shop Pharmacy
053	Genuardi's Pharmacy
054	Duane Reed Pharmacy
055	Reserved-Non-State
056	Partners-State & Non-State
057	Genoa Healthcare, LLC
058	Health Mart
059	Wegmans Food Markets
060	Weis Markets, Inc.
061	Sam's Club Pharmacy
999	Dummy

6. CLAIM ATTACHMENT (020015)

00	N/A
01	TPL - EOB
02	Medicare EOMB
03	Abortion
04	Hysterectomy
05	Sterilization
06	Medical Records
07	Second Opinion
08	Misc. Attachment
09	Transportation Med. Cert. Statement
10	Out of State Hospital (LD25)
11	Medically Needy Clm Transmittal (FD-311)
12	Lock In Authorization Form (LD-140) (SSP-14)
13	Cert. of Treatment of Emerg. Medical Condition (FD-80)
14	DMERC EOMB
16	BTPL Bypass Letter
17	Genetic Testing Supporting Information Form (FD-431)

11. CLAIM POSTAL TYPE/P.O. BOX #s

4801	Provider Services
4802	Claims
4803	HBID
4804	Provider Enrollment
4805	Long Term Care
4814	Medical Exemption Pharmacy

12. CLAIM RESO LOCATION CODES (020042) (Cont'd)

79	Timely Filing
80	Adjustment Errors
83	Converted Claims Adjustments
86	Claim Super-Suspend
87	Archive Adjustments
88	HIPAA Attachments
89	Recycled Edits
90	Pend to Systems Manager/Other
91	Edit Code 0990
92	Billing Provider Edits 0002 and 0007
93	Emergency Fix
94	Non Claim Review Required
95	Edit Code 0021
96	Timely Filing (Edits 0020, 0026, 0029, 0076, 0077)
97	Do Not Touch - GWT/State Review
98	Eligibility Edits 0301, 0321, 0326, 0521 and 1333
99	Inactive Edits

13. CLAIM STATUS (020004)

1	Approved Original
2	Approved Adjustment/Void
3	Denied
4	Pended
5	On Line Update/Pend for Reentry
6	Pend for CCF
7	Pend for Mass Adjustment
8	Fiscal Pend
9	Dead History

14. CLAIM TRANSACTION TYPE (020005)

1	Original
2	Adjustment Debit
3	Adjustment Credit
4	Void
5	Skeletal Adj - No History Claim

15. CLAIM TYPES (020002)

01*	Inpatient Hospital
02	LTC
03*	Outpatient Hospital
04*	Physician
05	Chiropractor
06*	Home Health
07*	Transportation
08*	Vision (Optical Appliances)
09	Supplies, (DME)
10	Podiatry
11*	Dental
12*	Pharmacy
13	EPSDT/HealthStart
14	Inst. Cross-Overs
15	Prof. Cross-Overs
16	Lab
17	Prosthetic and Orthotics
18	Independent Clinic
19	Psychologists
21	Optometrists
22	Mid-Level Practitioner
23	Hearing Aid
24	Capitation
*	Encounter Claim Types (MCO LTC is CT 01 with Bill Type 21x; 28x; or 651-669)

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16. CLAIM TYPES/HIPAA VERSIONS

5010:
005010X212 - 276/277 Claim Status Inquiry/Response
C/Ts: ALL
005010X220A1 - 834 ENROLLMENT
C/Ts: ALL (HMOs only)
005010X221A1 - 835 Health Care Claim
Payment/Advice Transaction
C/Ts: ALL
005010X228 - 277P Health Care Claims Pending Status
Information
C/Ts: ALL
005010X222A1 - 837 Claim Professional
C/Ts: 04, 05, 07, 08, 09, 10, 13, 15, 16, 17, 18,
19, 21, 22, 23
005010X223A2 - 837 Claim Institutional
C/Ts: 01, 02, 03, 06, 14
005010X224A2 - 837 Claim Dental
C/Ts: 11
005010X231A1 - 999 Implementation Acknowledgment
for Health Care Insurance
C/Ts: Acknowledgment
NCPDP:
NCPDPLCM_POS - VERSION D.0 POS
C/Ts: 12

17. CLIA CERTIFICATION TYPE (040786)

1 CLIA Regular
2 CLIA Waiver
3 CLIA Accreditation
4 CLIA Provider Performed Microscopy Procedure
(PPMP)
5 CLIA Partial Accredited
9 CLIA Registration

18. COUNTY CODES (PROVIDER) (040013)

01 Atlantic
02 Bergen
03 Burlington
04 Camden
05 Cape May
06 Cumberland
07 Essex
08 Gloucester
09 Hudson
10 Hunterdon
11 Mercer
12 Middlesex
13 Monmouth
14 Morris
15 Ocean
16 Passaic
17 Salem
18 Somerset
19 Sussex
20 Union
21 Warren
38 Delaware
63 New York
69 Pennsylvania
99 Other Out of State

19. ENCOUNTER HMO CATEGORY OF SERVICE (029050)

AL2 Assisted Living
AUK Audiology
AUO Audiology OP Not ER
DDD Dental
EPD Dental EPSDT
EPO EPSDT OP Not ER
EPS EPSDT Medical
EPY EPSDT Priv Nurse
ERE Outpatient Hosp ER
FPU Family Planning
HAB Hear Aid Batteries Rx
HAJ Hearing Aids
HHH Home Health
HHO Home Health OP Not ER
HOH Hospice Services
IAI Inpatient Acute
LSL Laboratory Servic
LSO Lab Serv OP Not ER
MBH MLTSS Behavioral Health - Non Inpatient
MDC Medical Day Care
MEB Med Equipment Pharmacy
MEH Med Equipment Home Hlth
MEO Med Equipment OP Not ER
MEQ DME
MHE Mental Health OP ER
MHI Mental Health Inpt
MHM Mental Health
MHO Mental Health OP Not ER
MLT Manage Long Term Sup&Svc
MSB Med Supply Pharmacy
MSH Med Supply Home Hlth
MSO Med Supply OP Not ER
MSR Medical Supplies
NFC Nursing Facility Custodial
NFI Nursing Facility Institu
OOO Outpatient Other Not ER
OT3 Other Therapy Physician
OTC Other Therapy
OTF Podiatrist
PCA Personal Care Assistance
PDN Private Duty Nursing
POP Prosthetics & Orth
PPP Personal Preference Program
RAO Radiology OP Not ER
RAX Radiology
RXA Pharmacy Reimbursables
RXB Phcy Exclude Reimbursables
RXH Reimb Blood Products
RXO Pharmacy OP Not ER
RXP Oth Phys Adm Drug
SAE Substance Abuse OP ER
SAI Substance Abuse Inpt
SAN Substance Abuse
SAO Substance Abuse OP Not ER
SM3 Standard Medical Physician
SM4 Nurse Specialty
SM5 Physician Assistant
TRO Transportation OP Not ER
TRT Transportation
UNZ Unknown
VC3 Vision Physician
VCV Optometrist
VCW Optical Appliance

20. ENROLLMENT STATUS (040009)

0 Can only bill as a Group
1 Can bill as individual and Group
2 Can only bill as a Group (Pre-GWT)

21. HBI CODES (039017)

E2014 Alternate Benefit Program (PSC 380/762 Eff 1/1/2014) (MHC only)
G0000 GSHP
H0000 HIP prior to 4/1/95
K0001 Separate contract applicable to KidCare-Part D for period 7/1/99 - 9/30/00
K2000 New KidCare/FamilyCare contract effective 10/1/00
L2014 Managed Long Term Services and Supports (MLTSS)
M2012 D-SNP Non-MLTSS Plans
P2008 PACE Plans
S0000 Standard (only) contract for all plans (except GSHP) for period 9/1/95 - 9/30/00
S2000 New standard Managed Care contract effective 10/1/00

22. HMO/D-SNP/PACE PLAN NAMES (031099)

HMO
078 Wellpoint New Jersey, Inc.
082 UnitedHealthcare NJ
086 Horizon NJ Health
092 Fidelis Care
093 HealthFirst NJ (Inactive)
097 Aetna
D-SNP
200 UHC Dual Complete NJ-Y001 (HMO SNP)
201 Wellpoint Full Dual Advantage (HMO SNP)
202 Horizon NJ TotalCare (HMO SNP)
203 Healthfirst NJ Maximum Plan (HMO SNP)
204 WellCare Liberty (HMO SNP)
205 Aetna Assure Premier (HMO SNP)

PACE

220 Life St Francis
221 Life At Lourdes
222 Lutheran Senior Life
223 Inspira Life
224 Beacon of Life
225 AtlantiCare LIFE

23. MEDICAID TENTATIVE PRICE SOURCE (020023)

A Manual Pricing
B Submitted Charge
C Per Diem
D AP DRG
E UCC
F Medicare UCC
G Fee Schedule
H Max Pricing
I AWP
J MAC/FFPUL
K Discount AWP Price
L Part B X-Over By Report
M Medicare Part D
O APR DRG
P Patient Responsibility from Previous Payer
R NADAC Unit Price or NADAC derived
S State MAC (new in January 2011)
W 340B Unit Price or 340B derived

24. MEDICARE COVERAGE CODES (050478)

1 100% Covered by Medicare
2 80% Covered by Medicare
3 Psychiatric Services Covered by Medicare
4 Not Covered by Medicare

25. OUTPATIENT PRICING

1. REVENUE CODES 300-319 or 380-399
a) Reference File
01 - Medical/Dental HCPCS File
Enter HCPCS code and *L Mod.
This fee is to be used if it is lesser than the charge
2. REVENUE CODES 634 - 635
a) Reference File
02 - Revenue Record
Prefix = OP (Outpatient)
3. RENAL BILL TYPE 721

26. PHARMACY PROGRAM CODES

0 N/A
1 Medicaid Only
2 PAAD Only
3 GA Only
4 Medicaid and PAAD
5 Medicaid and GA
6 PAAD and GA
7 Medicaid, PAAD, and GA

27. PLACE OF SERVICE (020300)

0 Emergency Room
1 Doctor's Office
2 Patient's Home
3 Inpatient Hospital
4 Boarding Home
5 Skilled Nursing Home
6 Independent Laboratory
7 Outpatient Hospital
8 Clinic
9 Other

28. PRACTICE TYPE (040011)

00 N/A (Occurs 2-3 only)
01 Individual
02 Partnership
03 Corporation
04 Hospital-Based Phys.
05 HMO
06 Group Practice (Private)
07 Faculty Practice (e.g., teaching Hospital)
08 Independent Clinic
09 Other

29. PRESENT ON ADMISSION (POA) INDICATORS

Y Diagnosis was present as of inpatient admission
N Diagnosis was not present at time of inpatient admission
U Documentation insufficient to determine if the condition was present at the time of patient admission
W Clinically undetermined.
1 Unreported/Not used

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30. PRICING ACTION CODES (PACS) (050205)

Procedure Values

100 % of Charge
 200 Medicaid Maximum Pricing*
 210 Medicaid Maximum/U&C Pricing*
 300 Fee Schedule Pricing**
 310 Fee Schedule/U&C Pricing**
 400 Contract Pricing
 410 By Report Pricing
 420 Invoice Pricing
 500 ESRD

* 1 fee regardless of specialty
 ** 3 rates depending on specialty
 Max #1 -Spec. rate
 Max #2 -Non spec.
 Max #3 -Hospital based Radiologist

Drug Values

800 Unit Pricing (Legend and OTC Drugs)
 860 Former OTC Package Pricing
 870 Former OTC Unit Pricing
 880 Package Pricing (Legend and OTC Drugs)
 890 HPIS Pkg. Pricing (Formerly APS Pkg. Pricing)
 900 HPIS Unit Pricing (Formerly APS Unit Pricing)

31. PROGRAM CODE/ELIG-AID-CATEGORY (030015)

Program 10 CN Aged
 Program 15 Medically Needy (MN) Aged
 Program 20 CN Disability Assistance
 Program 22 Medicare Savings Programs (MSP) (eff. 2022)
 Program 25 Medically Needy Disabled
 Program 30/31/32 MAGI related programs for Title XIX children, pregnant women, parents, and Title XXI CHIP
 Program 35 Medically Needy Children/Pregnant Women
 Program 50 CN Blind
 Program 55 Medically Needy Blind
 Program 60, County < 22 Division of Youth and Family Services (DYFS)
 Program 60, County > 21 ISS
 Program 70/71/72 MAGI related programs for Title XIX childless adults ages 19 to 65/ADDP/Cystic Fibrosis
 Program 80 Juvenile Services

32. PROGRAM PARTICIPATION CODE (040105)

00 Not Applicable
 01 Pediatric-HealthStart (HS)
 02 Maternity Care-HS
 03 Health Support Services-HS
 04 Pediatric & Maternity Care-HS
 05 Pediatric & Health Support Serv. HS
 06 Comp. Maternity Serv. - HS
 07 Pedi.&Comp. Maternity Serv. HS
 21 Ambulance
 22 Mobility Assistance Vehicle (MAV)
 23 Livery
 24 Ambulance and MAV
 25 Ambulance; MAV and Livery
 26 Ambulance and Livery
 27 MAV and Livery
 28 SAI (Work First) Provider
 29 LTC Occupancy Rate = 90% or more
 30 Skilled Care Nursing Facility
 31 Retail Pharmacy
 32 Institutional Pharmacy
 33 APS

32. PROGRAM PARTICIPATION CODE (040105) (Cont'd)

34 HPI
 35 HPIS
 36 PERS Providers
 40 Partial Care/Hospital
 45 Mail Order Pharmacy
 46 Phar/DME/Provider Restricted to Medicare Secondary Payments Only
 47 Medicare Accredited
 48 Exemption
 49 Accreditation in Process
 50 Ambulance Care/Family Plan/Surgical
 51 DCF/CSOC Mental Health
 52 DCF/CSOC Substance Abuse
 53 Mammography
 54 Physician Assistants
 55 ACA Board Certification Attestation
 56 ACA 60% claim volume attestation
 57 ACA Non-eligible State Audit
 58 Access - EMEVS - Only
 59 Financial Payments Only
 60 Other Crossovers Only
 61 Institutions for Mental Disease
 62 Opioid Overdose Recovery Program (OORP)
 63 Non-Compliant Hospice Provider

33. PROGRAM STATUS CODE (030017)

ACTIVE

022 QMB ONLY - Qualified Medicare Beneficiary w/o other Medicaid < 101% FPL-50% FM (eff. 2022)
 023 SLMB ONLY - Specified Low-Income Medicare Beneficiaries w/o other Medicaid 101-119% FPL-50% FM (eff. 2022)
 024 QI - Qualifying Individuals 120-134% FPL-100% FM (eff. 2022)
 *110 OAA CN - SSI Money Payment (MP) - (Federal Match (FM))
 *120 OAA CN - Medicaid only, No Money Payment (NMP) - FM
 140 OAA CN - Institutional Resident - NFM
 *170 Aged MN - No Spenddown - FM
 *180 Aged MN - Spenddown - FM
 *190 NJC - Aged, OCN - Optional Categorically Needy - FM
 *210 DA - CN SSI MP - FM
 *220 DA - CN Medicaid only - NMP - FM
 240 DA - CN Institutional resident, NFM
 *270 DA - MN - No Spend-down - FM
 *280 DA - MN - Spend-down - FM
 *290 NJC - Disabled, Optional Categorically Needy - FM
 *291 Working disabled members ages 16-64 and up to 250% FPL
 *292 Working disabled members ages 65 and older with up to 250% FPL
 *293 Working disabled members with 251 - 350% FPL (Tier 1)
 *294 Working disabled members with 351 - 450% FPL (Tier 2)
 *295 Breast and Cervical Cancer - FM
 *310 AFDC Children 0-18-FM
 *320 AFDC Parents - FM
 *330 Household of One (State Use Only) NMP-FM
 *340 MN - Pregnant Women - No Spenddown - FM
 *350 MN - Pregnant Women - Spenddown - FM
 *360 MN - Child - No Spenddown - FM
 *370 MN - Child - Spenddown - FM
 *380 Parent 19-64, >AFDC < 133% FPL - FM
 *381 Plan First Family Planning-Parent w/dependent children 138-205% FPL
 *390 PEPW - Presumptively Elig. Pregnant Women - FM
 391 Suppl Prenatal Contraception Pgm (NJSPCP) - NFM
 *461 Child 6-18, 107-142% FPL-FM
 *462 Medicaid Special 19-21, 0-58% FPL-FM
 *481 Child 1-5, >AFDC>142% FPL-FM
 *482 Newborn <1,>AFDC < 194% FPL-FM

33. PROGRAM STATUS CODE (030017) (Cont'd)

ACTIVE (Cont'd)

*483 Child 6-18,>AFDC< 107% FPL-FM
 *485 MCHIP Uninsured Child 6-18, 107-142% FPL-FM
 486 Plan B Child 142%-150% FPL-FM
 487 CHIP Child 1-18, 150-185% FPL, Plan C-FM
 488 CHIP Child 1-18, 185-200% FPL, Newborn 194-200% FPL, Plan C - FM
 489 NJFC FFS Newborns > 194% to < or = 200% FPL-FM
 *490 Pregnant Women 0-194% FPL-FM
 493 CHIP Child 0-18, 200-250% FPL, Plan D-FM
 494 CHIP Child 0-18, 250-300% FPL, Plan D-FM
 495 CHIP Child 0-18, 300-350% FPL, Plan D-FM
 496 NJFC, FFS, Newborn 201% - 350% FPL-FM
 499 CHIP Pregnant Women, 194-200% FPL-FM
 *510 AB - CN SSI MP - FM
 *520 AB - CN NMP - FM
 540 AB - CN Institutional Resident - NFM
 *570 Blind - MN - No Spend-down - FM
 *580 Blind - MN - Spend-down - FM
 *590 NJC - Blind - Optional Categorically Needy - FM
 *591 Working disabled members with 451 - 550% FPL (Tier 3)
 *592 Working disabled members with 551 - 650% FPL (Tier 4)
 *593 Working disabled members with 651 - 750% FPL (Tier 5)
 *594 Working disabled members with > 750% FPL (Tier 6)
 *600 DCP&P - Optional Foster Care - Adoption Assistance
 *620 DCP&P Medicaid Extension for Young Adults - FM
 *630 ISS - First Two Bytes of Current ID > 21 - AFDC Related AFDC Recipient - FM
 640 ISS - Institutional Resident - NFM
 641 DCF/CSOC - Only - NFM
 650 DCP&P - State Program - NFM
 730 PAAD Under 65 - Disabled Casino Fund
 740 PAAD Over 65 - Upper Income Casino Fund
 750 PAAD Over 65 - Lower Income General Fund
 *762 Single Adult/Childless Couple 19-64, 0-133% FPL - FM
 764 Plan First Family Planning-Single Adult/Childless Couple 138-205% FPL
 770 Cystic Fibrosis - NFM
 771 Anonymous Naloxone NFM
 780 ADDP - NFM (DOH receives Ryan White funds)
 800 Juvenile Services - NFM
 801 DOC (Department Of Corrections) - NFM (Not On The RHMF, Assigned Internally)
 810 County Juvenile Services - NFM
 830 Senior Gold - Disabled
 840 Senior Gold - Aged

INACTIVE

130 OAA CN - Categorically Related - NMP- (No Federal Match (NFM))
 150 PRUCOL - Aged - NFM
 160 OAA CN - HCEP - NFM
 230 DA - CN Categorically Related, NMP, NFM
 250 PRUCOL - Disabled - NFM
 260 DA - CN HCEP - NFM
 *291 NJ Workability, 100-150% FPL - FM
 *292 NJ Workability, 151-185% FPL - FM
 *293 NJ Workability, 186-200% FPL - FM
 *294 NJ Workability, 201-250% FPL - FM
 300 FC Health Access, 0-150%, Plan D Svcs 100% State funds - NFM
 301 FC Health Access, 151-250%, Plan D Svcs 100% State funds - NFM
 *310 Pre MAGI: AFDC-C-CN Regular-MP-FM
 *320 Pre MAGI: AFDC-C-CN Regular-NMP-FM
 *330 Pre MAGI: AFDC-C - CN Regular - Categorically Related-No Money Payment (NMP) - FM

33. PROGRAM STATUS CODE (030017) (Cont'd)

INACTIVE

*380 Pre MAGI: Parents up to 133% FPL FM (Age<21 Plan A; 21+Plan D)
 *410 Pre MAGI: Adult/Child not receiving TANF but AFDC/Medicaid Eligible
 *420 Pre MAGI: AFDC-F - CN NMP - FM
 430 Pre MAGI: AFDC-C-CN Regular-NMP-NFM
 440 Pre MAGI: AFDC-F - CN NMP - NFM
 450 Pre MAGI: AFDC-N - CN Adults - MP/NMP - NFM
 451 AFDC-N Adult and Temporary Assistance Needy Family (TANF) Approved
 452 AFDC-N Adult but no TANF Approval
 470 Pre MAGI: Adult/Child receiving TANF and in a non-Federally Matched Medicaid Extension (J or V) or an Adult/Child not receiving TANF and in a Medicaid Extension (any reason)
 *480 Pre MAGI: NJ Care-Child, Optional Categorically Needy-FM
 *481 Pre MAGI: NJ Care-Child, OCN, 2-6 Years to 133%-FM
 *482 Pre MAGI: NJ Care-Child < 1 Yr, 133% to 185% FPL-FM
 *483 Pre MAGI: NJC Child age 6 & over to 19 < or = to 100% FPL-FM
 484 NJC-Child born before 10/1/83, but<or = to 19,< or = to 100%FPL-FM
 *485 Pre MAGI: Plan A Child 6-19 100% to 133% FPL-FM
 486 Pre MAGI: Plan B Child 133% to 150% FPL-FM
 487 Pre MAGI: Plan C Child 150% to < or = 185% FPL-FM
 488 Pre MAGI: Plan C Child 185% to < or = 200% FPL-FM
 489 Pre MAGI: FC FFS Newborns (DOB until end of month following birth), 185% to < or = 200% FPL-FM
 *490 Pre MAGI: NJC Pregnant Women, OCN, < or = 100% FPL-FM
 *491 Pre MAGI: NJC Pregnant Women, OCN, to 133% FPL-FM
 *492 Pre MAGI: NJC Pregnant Women, 133% to 185% FPL-FM
 493 Pre MAGI: Plan D Child 200% to 250% FPL-FM
 494 Pre MAGI: Plan D Child 250% to 300% FPL-FM
 495 Pre MAGI: Plan D Child 300% to 350% FPL-FM
 496 Pre MAGI: NJFC, FFS Newborn (DOB until the end of the month following birth), 201%-350%, FPL-FM
 497 Plan D Parent 134%-150% FPL - FM
 498 Plan D Parent 150% to 200% FPL - FM
 499 Pre MAGI: AFDC Pregnant Women, 186-200% FPL-FM
 530 AB - CN Categorically Related - NMP - NFM
 550 PRUCOL - Blind - NFM
 560 AB - CN HCEP - NFM
 *591 NJ Workability, 100-150% FPL - FM
 *592 NJ Workability, sliding premium scale 151-185% - FM
 *593 NJ Workability, sliding premium scale 186-200% - FM
 *594 NJ Workability, sliding premium scale 201-250% - FM
 *600 Pre MAGI: ISS - First Two Bytes of Current ID > 21 - SSI MP - FM
 *620 Pre MAGI: ISS - First Two Bytes of Current ID > 21 - Medicaid Only - SSI Related - FM
 *630 Pre MAGI: DYFS - Title IV-E Foster Children - FM
 700 FC HealthAccess, 0-150%, Plan D Svcs 100% State funds- NFM
 701 FC HealthAccess, 151-250%, Plan D Svcs 100% State funds- NFM
 760 GA - General Assistance Program (pre 9/2000 usage) - NFM
 761 Pre MAGI: FamilyCare GA Adults 0-23% FPL - FM as of 4/2011
 763 Pre MAGI: FamilyCare Other Adults 51-100% FPL - NFM
 *These PSCs are considered Medicaid Title XIX when the SPC is not 40. Title XIX beneficiaries are Medicare Part D eligible when they are eligible for Medicare A, B, or C (including Part C SNPs).
 Note: SPC 10, 11, and 18 are NOT eligible for Medicare
 FPL = Federal Poverty Level
 MAGI = Modified Adjusted Gross Income

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34. PROVIDER CANCEL REASON (040183)
00 Not Canceled
01 Not Canceled - Unconfirmed
02 Non-Billing Provider
03 Canceled - No Activity
04 21CCA MCO Only
10 Federal Exclusion - Manual
11 Federal Exclusion - System
12 Medicare Revocation
13 State Medicaid Terminations
30 Suspend - Disciplinary
32 Suspend - License Revoked
35 Suspend - Voluntary
37 Conditionally Withdrawn
39 Change of Ownership
40 Cancel - Provider Request
41 Deceased
42 Cancel - Bad Address
43 No Longer Meets Eligibility Requirement
44 Provider Agreement Termination
48 Inactive - (Has pended claims)
49 Inactive - (No pended claims)
50 DOH Curtailment - No Admissions
52 DMAHS Ban on New Admissions
60 Re-Enrollment Profile Undeliverable - No RA Activity in 6 months
61 Re-Enrollment Profile Undeliverable - Did RA Activity in 6 months
62 Provider Terminated Account During Reenrollment
63 Re-Enrollment Profile not returned within 90 days
64 Re-Enrollment Profile returned Incomplete - Original 90 days passed

35. PROVIDER REVIEW/RESTRICTION CODES (040195)

01 Procedure Code (including modifiers)
02 Diagnosis Code
03 Drug Therapeutic Class Specific
04 DRG Code (Diagnosis Related Group)
05 Place of Service
06 NDC (National Drug Code)
07 Type of Service
08 Claim Type
09 Revenue Code
10 Drug Generic Code Number
11 Drug Therapeutic Class Standard
12 Drug Therapeutic Class Generic
13 Prior Authorization Required
14 Provider Number (review/restrict all Claims from Provider)

36. PROVIDER SPECIALTIES (040171)

010 General Practice
020 General Surgery
030 Allergy
040 Otolaryngology, Rhinology
050 Anesthesiology
060 Cardiovascular Disease
070 Dermatology
080 Family Practice
082 NP Family
090 Maternal and Fetal Medicine
100 Gastroenterology
110 Internal Medicine
120 Manipulative Therapy (Osteopaths only)
130 Neurology
140 Neurological Surgery
150 Certified Nurse Midwife (CNM)

36. PROVIDER SPECIALTIES (040171) (Cont'd)

151 Certified Midwife (CM)
152 Certified Professional Midwife (CPM)
155 Lactation Consultant (effective 2022)
156 Lactation Counselor (effective 2022)
160 OB-GYN
162 NP OB-GYN
164 NP Women's Health
166 NP Maternity/Child Health
167 Doula Provider
168 Centering Pregnancy Education
170 Ophthalmology, Otology, Laryngology, Rhinology (Osteopaths only)
180 Ophthalmology
190 NP Gerontology
200 Orthopedic Surgery
210 Clinical Pathology
220 Pathology
230 General Vascular Surgery
240 Plastic Surgery
250 Physical Medicine Rehabilitation
260 Psychiatry
262 NP Psychiatric Mental Health
270 Psychiatry; Neurology
280 Colon and Rectal Surgery
290 Pulmonary Disease
300 Radiology
302 NP Oncology
310 Vascular Interventional/Neuro Radiology
320 Radiation Oncology
330 Thoracic Surgery
340 Urology
350 Chiropractor
360 Nuclear Medicine
370 Pediatrics
372 NP Pediatric
374 NP Neonatal
376 NP Perinatal
380 Home Health Agency
390 Nephrology
400 Hand Surgery
410 Emergency Room Group - Emergency Medicine
420 Heterogen Group
440 Public Health
450 NP Community Health
460 NP School Health
470 NP Adult Health
480 Podiatry - Surgical Chiropody
490 Miscellaneous (Admin. Medicine)
500 Pharmacy
510 Med Supply Co./Certified Orthotist
520 Med Supply Co./Certified Prosthetist
530 Med Supply Co./Certified Prosthetist Orthotist
540 Med Supply Co Not in 510, 520, 530
541 Hearing Aid Dispensers
550 Individual Certified Orthotist
560 Individual Certified Prosthetist
570 Individual Certified Prosthetist Orthotist
580 Individual Not Included in 550, 560, 570
590 Ambulance Service Supplier, Private
600 Welfare Agencies & Clinics
610 Psychologist (Billing Independently)
611 Licensed Clinical Social Worker-ACA
613 Licensed Marriage and Family Therapist (LMFT)
614 Licensed Professional Counselor (LPC)
620 Individual Physical Therapist

36. PROVIDER SPECIALTIES (040171) (Cont'd)

630 Dentist, DDS, DMD
640 Oral Surgeon - Dental
650 Endodontist
660 Orthodontist
670 Prosthodontist
680 Pedodontist
690 Periodontist
700 Independent Lab (Billing Independently)
710 Clinic or Other Group Practice, Except GPP/Clinic
711 Covid Specimen Collection Only
712 Covid Diagnostic Testing
720 Personal Care Assist. - Aged & Disabled
722 Adult Mental Health Rehab
725 Day Training
727 Lead Inspection
730 Early Intervention
731 National Diabetes Prevention Program (NDPP)
732 Diabetes Self-Management Education and Support (DSMES)
733 Medical Nutrition Therapy (MNT)
734 NDPP Lifestyle Coach
740 Special Education
747 DIR Dev Tech - Assoc/HS Diploma (DIRHS)
748 DIR Dev Tech - BS Degree (DIRBS)
749 DIR Dev Tech - Masters Degree (DIRMA)
750 Other Medical Care
751 DIR Dev Tech - PhD Degree (DIRDC)
752 DIR QHP (DIRQP)
760 Adult Day Care
762 TBI Day Program
770 Medical Day Care - Free Standing
780 Medical Day Care - Hospital Based
790 Medical Day Care - LTC Based
800 Renal Dialysis
810 Case Management - GSHP
812 Case Management - CCPED
813 Youth Case Management
814 Case Management - CRPD
816 Case Management - ACCAP
817 Case Management - TBI
818 CCP Case Management
819 Adult Clinic Case Management
820 Private Duty Nursing
821 CSS-DMAHS
822 Adult Liaison Services
823 Therapeutic Visitation Specialist
824 Child Liaison Services
825 DCF/CSOC Out of Home Liv Arr -DD
826 DCF/CSOC Individual Supports/Habilit
827 DCF/CSOC Out of Home Liv Arr -SA
828 DCF/CSOC Home Health Aide
829 DCF/CSOC Recreational
830 Intensive Supervision
831 ABC Waiver
833 DCF/CSOC Natural Supports
834 DCF/CSOC Assistive Technology
835 Supportive Visitation Specialist
836 DCF/CSOC Tutoring
837 DCF/CSOC Camp-Day
838 DCF/CSOC Non-Medical Transportation
839 DCF/CSOC Interpreter Services
840 Special Group Foster Home
841 Adult Family Care (AFC)
842 Assisted Living in Comprehensive Personal Care Home(AL/CPCH)
843 Assisted Living Residence (ALR)

36. PROVIDER SPECIALTIES (040171) (Cont'd)

844 Assisted Living Program (ALP)
845 Case Management in AFC
846 Case Management in AL/CPCH
847 Case Management in ALR
848 Case Management in AFP
849 DHSS/Billing Agent
850 Hospice
851 CAP Services
852 Case Management for 32
853 32 Services
854 Case Management for 33
855 33 Services
856 PACE (Program for All-Inclusive Care for the Elderly)
857 34 Services
858 Case Management for 35
859 35 Services
860 Hospitals and Nursing Homes
861 Case Management for 36
862 Respite
863 36 Services
864 TBI Respite Inpatient
865 DCF/CSOC Respite
866 DCF/CSOC Afterschool
870 All Other
871 DDD-SP/CCP Assistive Technology
872 DDD-SP/CCP Behavioral Management
873 DDD-SP/CCP Career Planning
874 DDD-SP Cognitive Rehab Therapy
875 DDD-SP Community-Based Supports
876 DDD-SP Community Inclusion Svcs
877 DDD-SP/CCP Day Habilitation
878 DDD-SP/CCP Environmental Mods
879 DDD-SP/CCP Fiscal Intermediary
880 Optician
881 DDD-SP/CCP Camp
882 DDD-SP Interpreter Services
883 DDD-SP Natural Supports Training
884 DDD-SP/CCP OT/PT/ST
885 DDD-SP/CCP Pers Emerg Response Sys
886 DDD-SP/CCP Prevocational Services
887 DDD-SP/CCP Respite
888 DDD-SP/CCP Support Coordination
889 DDD-SP/CCP Supported Employ-Individ
890 Optometrist
891 Screening Provider
892 Assessment Provider
893 Out of Home Crisis Stabilization Svcs Provider
894 Mobile Response and Stabilization Mgmt Svcs
895 Family Care Homes
896 Residential Community Living Arrangement
897 Treatment Homes
898 Community Psychiatric Residential Care Facilities
899 Group Homes
900 Other Community Psychiatric Living Arrangements
901 DCF/CSOC CMÖ Care Coordination
902 Intensive In-community Services
903 Behavioral Assistance
904 Family-to-Family Support
905 Other In-Community Psychiatric Services
906 Other Living Arrangements
907 Mentoring
908 PACTS
910 Independent Clinic - Ambulatory Srg. Ctr.
920 Independent Clinic - Drg/Alcohol
921 Independent Clinic - Opioid Treatment Facility

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36. PROVIDER SPECIALTIES (040171) (Cont'd)

- 927 Care Manager
 930 Independent Clinic - Family Planning
 940 Independent Clinic - Mental Health
 950 Federally Qualified Health Center (FQHC)
 960 Independent Clinic - Cerebral Palsy
 965 Independent Clinic - Birthing Center
 966 Navigator
 967 PEER
 968 OBAT Provider
 970 DOH Clinic
 971 DDD-SP/CCP Supported Employ-SmGroup
 972 DDD-SP Supports Brokerage
 973 DDD-SP/CCP Transportation
 974 DDD-SP/CCP Vehicle Modifications
 975 CCP Community Transition Services
 976 CCP/DCF Individual Supports
 977 Board-Certified Behavior Analyst – Doctoral
 978 Board-Certified Behavior Analyst
 980 Home Health - CCPED/Home Care Expansion
 982 Homemaker - CCPED
 983 TBI Environmental Modification
 984 TBI in Home Care
 985 TBI Behavior Program
 986 TBI Community Residential Services
 987 TBI Transportation
 988 TBI Therapies
 989 TBI Counseling
 990 All Specialties
 991 Dir/Floortime
 992 Board-Certified Assistant Behavior Analyst
 Behavior Technician
 994 Adjunct Therapy
 995 Nurse Family Partnerships
 996 Healthy Families America
 997 Parents as Teachers
-

37. PROVIDER TYPE (040008)

- 20 Physician
 23 Independent Labs
 24 Independent Clinic
 25 Portable X-Ray
 26 Pharmacy
 27 Dentists
 28 Optometrists
 30 Chiropractors
 32 Podiatrists
 34 Psychologists
 35 Assisted Living
 37 HMO/Managed Care
 40 Supplies, DME
 41 P & O Supplier
 42 Hearing Aid Dealer
 43 FQHCs
 44 Home Care/CSOC/DDD Supports/CCP
 51 Transportation
 55 Freestanding ESRD
 59 Residential Treatment Center
 60 Hospitals
 63 Hospice
 64 Hospital Psych. - Extended Stay (LTC)
 65 Special Hospital & Rehab. Centers
 66 Rehabilitation/PACT/SEMI
 68 Substance & Alcohol Abuse Center
 69 Hospital - Psych. Short-term
 70 Advanced Practice Nurse/Mid-Level Practitioners
 73 Case Management
-

37. PROVIDER TYPE (040008) (Cont'd)

- 75 Optical Appliance
 80 Long Term Care Facilities
 88 ICF (IID)
 90 Nurse-Midwife
 92 Adult Day Health Services
 95 DDD
-
- 38. SERVICE TYPE (020315)**
- 1 Medical Care
 2 Surgery
 3 Consultation
 4 Diagnostic X-ray
 5 Diagnostic Lab
 6 Radiation Therapy
 7 Anesthesia
 8 Surgical Assistance
 9 Other Medical Service
 0 Blood Charges
 A Used DME
 B DME Purchase
 C ASC Facility
 D Renal Supplies in the Home
 E CRD Equipment
 F Pre-Admission Testing
 G DME Rental
 H Pneumonia Vaccine
 I Other (e.g., used for prescription drugs)
 M Alternate Method Dialysis Payment
 Y Second Surgical Opinion
 Z Third Surgical Opinion
-

39. SMART TABLES

- COSMTRX
 COSMTRXE
 HIPAAMAP
 W2085R01 - CSC Table
 W2086R01 - HBI Table
 W2087R01 - PSC Table
 W2088R01 - SPG Table
-

40. SPECIAL PROGRAM CODES (030041)

- 03 CRPD - Private Duty Nursing (PDN) (no longer effective after 7/1/14)
 04 CRPD - not used (old Model Waiver I)
 05 ACCAP Waiver (no longer effective after 7/1/14)
 06 CRPD - no PDN (no longer effective after 7/1/14)
 07 DDD Community Care Waiver
 08 CCPED Waiver
 09 HCEP Waiver
 10 Ineligible Alien
 11 Alien Undocumented (no longer effective as of 10/1/15)
 12 Cover All Kids (CAK) (No federal match)
 13 Transfer of Assets
 14 Reserved for Qualified Income Trust (QIT)
 15 Hospice (no longer effective after 7/1/15)
 16 ABC DYFS Waiver
 17 TBI Waiver (no longer effective after 7/1/14)
 18 Illegal Alien (no longer effective as of 10/1/15)
 19 CSS-Generic SH
 20 CSS-RIST (Residential Intensive Support Team)
 21 CSS-DD/MI
 22 ALT Family Care
 23 CSS-MESH (Medically Enhanced Supportive Housing)
 24 CSS-Forensically Involved
 25 CSS-ESH (Enhanced Supportive Housing)
 26 CSS-RIST MESH (Residential Intensive Support Team-Medically Enhanced Supportive Housing)
-

40. SPECIAL PROGRAM CODES (030041) (Cont'd)

- 27 DDD IDD/OOS (Intellectual Developmental Disability/Out of State NJ residents (reserved for future initiative)
 28 Alternate/CPCH
 29 Asst. Liv. Residence
 30 Asst. Living Program
 31 CAP Waiver
 32 Global Option (no longer effective after 7/1/14)
 33 Fast Track Eligibility for Global Options
 34 AL/AFC Reserved 34
 35 AL/AFC Reserved 35
 36 AL/AFC Reserved 36
 37 DCF/CSOC SED CSOC Enrolled - Y or S
 38 DCF/CSOC IDD/MI CSOC Enrolled - I
 39 CSS At Risk Supportive Housing
 40 Restricted Alien
 41 ADDP Limited Coverage
 45 Reserved for Supports+PDN
 46 DDD Support
 47 DCF/CSOC ASD Waiver (9K Fed Match Cap) CSOC Enrolled = L
 48 DCF/CSOC ASD Waiver (18K Fed Match Cap) CSOC Enrolled = M
 49 DCF/CSOC ASD Waiver (27K Fed Match Cap) CSOC Enrolled = H
 50 Premium Support (Large Employer no FFS wraps)
 51 Premium Support Plan A (obsolete)
 52 Premium Support Plans B or C
 53 Premium Support Plan D
 55 Payment of Premium (POP)
 57 Reserved for the Student Health Insurance Program (SHIP)
 59 Premium Support Transitional
 60 Home and Community (eff. 7/1/14)
 61 Nursing Facility (eff. 7/1/14)
 62 Assisted Living (eff. 7/1/14)
 63 Skilled Nursing Facility Upper (Pediatric and Vent) (eff. 7/1/14)
 64 Skilled Nursing Facility Lower (Other) (eff. 7/1/14)
 65 Managed Care Exemption: NF Members (eff. 7/1/14)
 66 Managed Care Exemption: SNF Upper Members (eff. 7/1/14)
 67 Managed Care Exemption: SNF Lower Members (eff. 7/1/14)
 75 Money Follows Person (MFP) Grant
 76 MFP (SPC 75) & CRPD Waiver (SPC 03)
 77 MFP (SPC 75) & CRPD Waiver (SPC 06)
 78 MFP (SPC 75) & CCP/SP (SPC 07/46)
 79 MFP (SPC 75) & TBI Waiver (SPC 17)
 80 MFP (SPC 75) & Global Options (SPC 32)
 81 MFP (SPC 75) & MLTSS Community (SPC 60) or Asst. Living (SPC 62)
 98 Incarcerated - State Prison
 99 Incarcerated - County Prison
-

41. TAXONOMY GROUPS

- 103T00000G Psychologist
 122300000G Dental
 152W00000G Optometrist
 156F00000G Optical Appliance
 163WC0400G Case Management 44
 174H00000G Health Educator
 193200000G Physician Group
 213E00000G Podiatrist
 246RM2200X Lab
 251E00000G Home Care
 251G00000G Hospice
 253Z00000G In Home Support Care

41. TAXONOMY GROUPS (Cont'd)

- 261Q00000G Clinic
 261QA0600G Medical Day Care
 261QE0700G ESRD Treatment 55
 273R00000G Hospital-Psych
 273Y00000G Hospital-Rehab
 282E00000G Hospital-LTC
 282N00000G Hospital-Acute
 284300000G Hospital-Burn
 310400000G Assisted Living
 320000000G Residential Treatment
 332B00000G DME and Supplies
 332S00000G Hearing Aid Equipment
 333600000G Pharmacy
 385H00000G Respite Care 862
-

42. TPL COVERAGE TYPE (090038)

- 01 Inpatient hospital
 02 Medical/Surgical
 03 Major Medical
 04 Medicare Supplemental
 05 Prescription
 06 Dental
 07 Optical
 08 Hospital and Medical/Surgical
 09 Long Term Care
 10 HMO or P.O.S. Plans with Rx
 11 HMO or P.O.S. Plans no Rx
 12 Outpatient Hospital
 13 Hospital Medical/Surgical and Major Medical
 14 Hospital Medical/Surgical, Major Medical and Rx
 15 Hospital Medical/Surgical, Major Medical, Rx and Dental
 16 Hospital Medical/Surgical, Major Medical, Rx, Dental and Optical
 17 HMO or P.O.S. Plans Rx and Dental
 18 HMO or P.O.S. Plans Rx, Dental and Optical
 21 Capitated/Non-HMO (PPO/EPO) Plan w/Rx
 22 Capitated/Non-HMO (PPO/EPO) Plan w/o Rx
 23 Capitated/Non-HMO (PPO/EPO) Plan, Rx and Dental
 24 Capitated/Non-HMO (PPO/EPO) Plan, Rx, Dental and Optical
 25 Medicare Supplement w/Rx
 26 Mental Health
-

43. TRANSPORTATION ORIGIN AND DESTINATION CODES (020328)

- 0 Emergency Room
 1 Doctor's Office
 2 Recipient's Home
 3 Inpatient Hospital
 4 Boarding Home
 5 Skilled Nursing Home
 6 Independent Laboratory
 7 Outpatient Hospital
 8 Clinic
 9 Other
-

2025 NJMMIS Quick Guide

IMPORTANT CONTACTS:

Gainwell Technologies Provider Services
800-776-6334

Gainwell Technologies Provider Enrollment
609-588-6036

Gainwell Technologies HBID Unit
877-414-9251

Gainwell Technologies MEP
877-888-2939

Gainwell Technologies Help Desk (NJMMIS) for
Internal State Use Only 866-339-8720

DMAHS Medicaid Hotline 800-356-1561

New Jersey (Gainwell Technologies) Medicaid Website:
www.njmmis.com

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