

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
	LTC Auto Voids
4601-4799	LTC TADs
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	Interm. 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/Thrft 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)

7. CLAIM CAPITATION INDICATORS (025570)

4	Pharmacy Capitation
8	Healthfirst NJ
9	Transportation Capitation
A	Horizon NJ Health
K	HealthNet of New Jersey, Inc
M	Wellpoint New Jersey, Inc.
R	University Health Plan
V	United Healthcare Community Plan
Z	Amerigroup New Jersey, Inc.

8. CLAIM ERROR DISPOSITION (020051)

C	CCF
D	Deny
E	EOB (Explanation of Benefit)
O	Edit applicable, but turned off
P	Pend
R	Test, Pay & Report
S	Super-suspend
*	Edit doesn't apply

9. CLAIM INVOICE TYPE (020349)

01	UB-92, UB-04 - Inpatient Hosp., Outpatient Hosp. Home Health)
02	LTC TAD - Claim form must be LTC Turn Around Document (LT-I-45)
04	CMS-1500 or 1500 - Physician
07	MC-12 - Transportation
08	MC-9A - Vision
11	ADA Dental
12	MC-6 or MC-24 - Pharmacy
13	MC-19 - EPSDT/HealthStart

10. CLAIM MEDIA CODE (020003)

0	Paper Claim
1	EDI Proprietary Format
2	Web/Data Entry
3	Financial
4	POS (Point of Service)
5	Released/Pended POS Claim Returned from mainframe
6	POS Reversal Review
7	Encounters Fee for Service
8	HIPAA Transaction (electronic claim)
9	Pharmacy Encounters processed through POS FFS Logic

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)

A1	State Review Suppress Worksheets
A2	State Review Required
A3	State Hospice Related
A4	Hospital Reimbursement (DRG) (DRG Edits)
A5	Other State Locations
A6	Reprocessed Claims
A7	Managed Care
B1	Review by BTPL Required
L1	State Review Required
M3	Managed Care Capitation Claims
P1	PSP-State Review Required
U6	Claim Check
U7	GWT Medicaid Director
U8	GWT Pharmacy Review
U9	Provider Enrollment-Inactive Providers
00	Unknown Location
01	EOB
02	Denial/Pay and Report/CCF
12	Multiple Surgery (No Longer Used)
14	Hysterectomies
16	Abortions & Sterilizations
18	Second Opinion Surgery
19	Other Med Review (Out of State etc)
20	Alien/Premium Support
23	HMO
24	Compound Drug Pricing
25	ESRD Review
26	DME Manual Pricing
27	Other Manual Pricing
28	Fair Hearing
34	Anesthesia Claims
38	Out of State Hospitals
39	Medical Review - Edit Code 0245
42	Mental Health Services
43	GWT Review
44	Duplicates
45	Limits/Conflicts
48	Spenddown
50	Prior Authorization
51	Third Party Liability
52	Medicare Coverage Denials
54	HMO/GSHP
56	Procedure/NDC/Diagnosis Review
58	Provider Research
61	Drug Related Edits
62	Procedure/Diagnosis Edits
63	Provider Related Edits
64	Beneficiary Eligibility
65	Beneficiary Not On File
70	Validity Edits
71	Managed Care Dual Eligibility
72	Managed Care Rate File Edits
73	Reserved for Managed Care
74	Reserved for Managed Care
75	Reserved for Managed Care
76	Reserved for Managed Care
77	Reserved for Managed Care
78	CCFs

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:	
NCPDPCLM_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 & Ort
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	Otology, Laryngology, 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
868	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 CMO 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
993	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	
COSMATRX	
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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