Column Title	Description
IND	(Indicator–Qualifier) Lists alphabetic symbols used to refer provider to information concerning the New Jersey Medicaid and NJ FamilyCare fee-for-service programs' qualifications and requirements when a procedure and service code is used. Explanation of indicators and qualifiers used in this column are identified below: Explanation of indicators and qualifiers used in this column are identified below: "L" preceding any HCPCS procedure code indicates that the complete narrative for the HCPCS procedure code is located in N.J.A.C. 10:62-3.3. "N" preceding any HCPCS procedure code indicates that qualifiers are applicable to that code. These qualifiers are listed by HCPCS procedure code in N.J.A.C. 10:62-3.4. "P" preceding any HCPCS procedure code indicates that prior authorization is required. (See N.J.A.C. 10:62-1 and 2.) "R" preceding any HCPCS procedure code indicates a HCPCS procedure code for a factor necessary in the fabrication of a lens prescription. For proper reimbursement, the code must be listed on the claim form (MC-9) in addition to the basic lens code.
HCPCS Code	Lists the HCPCS procedure code for professional services and vision care appliances.
MOD	Lists alphabetic and numeric symbols. Services and procedures may be modified under certain circumstances. When applicable, the modifying circumstance should be identified by the addition of alphabetic and/or numeric characters at the end of the HCPCS code. The New Jersey Medicaid and NJ FamilyCare fee-for-service programs' recognized modifier codes for vision care services are as follows:

Modifier Code	Description
YF	Optical Frame Service Fee: To be used when patient supplies his/her own Medicaid or NJ FamilyCare fee-for-service plastic frame.

22	Unusual Services: When the service(s) provided is greater than that usually required for the listed procedure, it may be identified by adding modifier "22" to the usual procedure code and enclosing a copy of the invoice. When billing, a copy of the invoice is required. (See "Comprehensive Eye Examination with Diagnostic Fields" in N.J.A.C. 10:62-3.4.)
52	Reduced Services: Under certain circumstances, a service or procedure is partially reduced or eliminated at the practitioner's election. Under these circumstances, the service provided can be identified by its usual procedure number and the addition of the modifier "52" signifying that the service is reduced. This provides a means of reporting reduced services without disturbing the identification of the basic services. This also applies when using Stock Bifocals. (See "Bifocal Lenses, Glass or Plastic" in N.J.A.C. 10:62-3.5(d).)
	List the code narrative. (Narratives for Level I codes are found in CPT. Narratives for Level II and III codes are found in N.J.A.C. 10:62-3.2 and 3.5.)
MAXIMUM FEE ALLOWANCE	Lists New Jersey Medicaid and NJ FamilyCare fee-for-service programs' maximum reimbursement schedule. If the symbols "B.R." (By Report) are listed instead of a dollar amount, it means that additional information will be required in order to properly evaluate the service. Attach a copy of the report to the claim form. If the symbols "N.A." (Not Applicable) are listed instead of a dollar amount, it means that the service is not reimbursable.