

proposal of amendments to the Flood Hazard Area Control Act Rules will be the subject of a separate notice in the New Jersey Register.

## HUMAN SERVICES

### (a)

#### DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES

##### Notice of Readoption Dental Services

##### Readoption: N.J.A.C. 10:56

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

Authorized By: Sarah Adelman, Acting Commissioner, Department of Human Services.

Agency Control Number: 21-A-03.

Effective Date: July 6, 2021.

New Expiration Date: July 6, 2028.

**Take notice** that pursuant to N.J.S.A. 52:14B-5.1, the rules at N.J.A.C. 10:56, Dental Services Manual, were scheduled to expire on November 18, 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. Therefore, this chapter has not yet expired and the 30-day filing date pursuant to N.J.S.A. 52:14B-5.1.c has not yet occurred, therefore, pursuant to Executive Order No. 244 (2021), and P.L. 2021, c. 104, this notice of readoption is timely filed. This chapter describes the requirements of the New Jersey Medicaid/NJ FamilyCare fee-for-service programs pertaining to the provision of, and reimbursement for, medically-necessary dental services to eligible beneficiaries.

The Department of Human Services has reviewed the rules and has determined them to be necessary, reasonable, and proper for the purpose for which they were originally promulgated, as required by Executive Order No. 66 (1978). Therefore, pursuant to N.J.S.A. 30:4D-1 et seq., and N.J.S.A. 30:4J-8 et seq., and in accordance with N.J.S.A. 52:14B-5.1.c(1), these rules are readopted and shall continue in effect for a seven-year period.

### (b)

#### DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES

##### Notice of Readoption Medical Supplier Manual

##### Readoption with Technical Changes: N.J.A.C. 10:59

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

Authorized By: Sarah Adelman, Acting Commissioner, Department of Human Services.

Agency Control Number: 21-A-05.

Effective Dates: July 7, 2021, Readoption;

August 2, 2021, Technical Changes.

New Expiration Date: July 7, 2028.

**Take notice** that pursuant to N.J.S.A. 52:14B-5.1, the rules at N.J.A.C. 10:59, Medical Supplier Manual, were 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. Therefore, this chapter has not yet expired and the 30-day filing date pursuant to N.J.S.A. 52:14B-5.1.c has not yet occurred, therefore, pursuant to Executive Order No. 244 (2021), and P.L. 2021, c.

104, this notice of readoption is timely filed. The Medical Supplier Manual rules are necessary to regulate fee-for-service reimbursement by the Division of Medical Assistance and Health Services for medical supplies, durable medical equipment, and services rendered by medical suppliers to Medicaid/NJ FamilyCare beneficiaries.

In addition to readopting the existing rules, the Department is proposing technical changes throughout N.J.A.C. 10:59. The technical changes correct all references to the "Department of Health and Senior Services" to read "Department of Health" to reflect the current name of that Department pursuant to P.L. 2012, c. 17; change all references to "Medicaid or NJ FamilyCare" or "Medicaid and NJ FamilyCare" to read "Medicaid/NJ FamilyCare" to reflect the preferred nomenclature of the program; and correct an N.J.A.C. cross-reference.

The Department of Human Services has reviewed the rules and has determined them to be necessary, reasonable, and proper for the purpose for which they were originally promulgated, as required by Executive Order No. 66 (1978). Therefore, pursuant to N.J.S.A. 30:4D-1 et seq., and 30:4J-8 et seq., and in accordance with N.J.S.A. 52:14B-5.1.c(1), these rules are readopted and shall continue in effect for a seven-year period.

**Full text** of the technical changes follows (additions indicated in boldface **thus**; deletions indicated in brackets [thus]):

#### SUBCHAPTER 1. MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT

##### 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:

...  
 "Nursing facility (NF)" means an institution (or distinct part of an institution) certified by the New Jersey State Department of Health [and Senior Services] for participation in Title XIX Medicaid and primarily engaged in providing health-related care and services on a 24-hour basis to Medicaid/NJ FamilyCare beneficiaries (children and adults) who, due to medical disorders, developmental disabilities, and/or related cognitive and behavioral impairments, exhibit the need for medical, nursing, rehabilitative, and psychosocial management above the level of room and board, but not primarily for care and treatment of mental diseases [which] **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. [10:63] **8:34**.)  
 ...

##### 10:59-1.9 Dual [Medicare/Medicaid or Medicare/NJ FamilyCare] Medicare/Medicaid/NJ FamilyCare coverage

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

(c) [Medicare/Medicaid and Medicare/NJ FamilyCare] **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 and Medicare/NJ FamilyCare] **Medicare/Medicaid/NJ FamilyCare** coverage, a [Medicare/Medicaid or Medicare/NJ FamilyCare] **Medicare/Medicaid/NJ FamilyCare** claim will cross over from the Medicare

DMERC Region A to the [Medicaid or NJ FamilyCare] **Medicaid/NJ FamilyCare** fiscal agent. There are instances, however, where claims will not cross over from Medicare to [Medicaid or NJ FamilyCare] **Medicaid/NJ FamilyCare**, for example, claims denied by Medicare or claims where the [Medicaid or NJ FamilyCare] **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 or NJ FamilyCare] **Medicaid/NJ FamilyCare** program. In these situations, the provider may request PA from the [Medicaid or NJ FamilyCare] **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 or Medicare/NJ FamilyCare] **Medicare/Medicaid/NJ FamilyCare** claims.”

(f) For dually eligible beneficiaries, [Medicaid or NJ FamilyCare] **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 [in] at (e) above.

10:59-1.12 Parenteral therapy

(a)-(c) (No change.)

(d) For parenteral therapy other than TPN, coverage through the medical supplier shall be limited to supplies and equipment. [Medicaid and NJ FamilyCare] **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. (No change.)

(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. (No change.)

2. [Medicaid and NJ FamilyCare] **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 or NJ FamilyCare] **Medicaid/NJ FamilyCare** pharmacy provider that is under contract with the nursing facility to provide pharmaceutical services.

1. (No change.)

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

**(a)**

**DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES**

**Notice of Readoption  
Independent Clinical Laboratories**

**Readoption With Technical Changes: N.J.A.C. 10:61**

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

Authorized By: Sarah Adelman, Acting Commissioner, Department of Human Services.

Agency Control Number: 21-A-06.

Effective Dates: July 6, 2021, Readoption;  
August 2, 2021, Technical Changes.

New Expiration Date: July 6, 2028.

**Take notice** that pursuant to N.J.S.A. 52:14B-5.1, the rules at N.J.A.C. 10:61, Independent Clinical Laboratories, were scheduled to expire on December 2, 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. Therefore, this chapter has not yet expired and the 30-day filing date pursuant to N.J.S.A. 52:14B-5.1.c has not yet occurred, therefore, pursuant to Executive Order No. 244 (2021), and P.L. 2021, c. 104, this notice of readoption is timely filed. The rules set forth requirements for the provision of independent clinical laboratory services to New Jersey Medicaid and NJ FamilyCare beneficiaries.

In addition to readopting the existing rules, the Department is proposing technical changes throughout N.J.A.C. 10:61. The technical changes change all references to “Unisys” to read “Gainwell Technologies” to reflect the name of the current Division of Medical Assistance and Health Services (DMAHS) fiscal agent.

The Department of Human Services has reviewed the rules and has determined them to be necessary, reasonable, and proper for the purpose for which they were originally promulgated. Therefore, pursuant to N.J.S.A. 30:4D-1 et seq., and 30:4J-8 et seq., and in accordance with N.J.S.A. 52:14B-5.1.c(1), these rules are readopted and shall continue in effect for a seven-year period.

**Full text** of the technical changes follows (additions indicated in boldface **thus**; deletions indicated in brackets [thus]):

SUBCHAPTER 1. GENERAL PROVISIONS

10:61-1.4 Requirements for provider participation; general

(a) (No change.)

(b) In order to participate in the Medicaid/NJ FamilyCare program as an independent laboratory provider, the following documents shall be submitted to [Unisys Corporation] **Gainwell Technologies**, Provider Enrollment, PO Box 4804, Trenton, [N.J.] NJ 08650-4804:

1.-5. (No change.)

(c) The provider will be notified by [Unisys] **Gainwell Technologies** as to whether their application for participation was approved or disapproved by the Medicaid/NJ FamilyCare Program.

APPENDIX [A]

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. When revisions are made to the Fiscal Agent Billing Supplement, replacement pages will be distributed to providers, and copies will be filed with the Office of Administrative Law. For a copy of the Fiscal Agent Billing Supplement, access [www.njmms.com](http://www.njmms.com) or write to:

[Unisys] **Gainwell Technologies**  
PO Box 4801  
Trenton, New Jersey 08650-4801  
or contact:  
Office of Administrative Law  
Quakerbridge Plaza, Building 9  
PO Box 049  
Trenton, New Jersey 08625-0049

**(b)**

**DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES**

**Notice of Readoption  
Medically Needy Program**

**Readoption: N.J.A.C. 10:70**

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