

education throughout the State to, among other things, review the training requirements applicable at that time, as well as any updates or changes to existing training requirements.

## HUMAN SERVICES

### (a)

#### DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES

#### Vision Care Services Manual

#### Proposed Readoption with Amendments: N.J.A.C. 10:62

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

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

Calendar Reference: See Summary below for explanation of exception to calendar requirement.

Proposal Number: PRN 2024-048.

Submit comments by July 5, 2024, to:

Margaret M. Rose  
 Attn: N.J.A.C. 10:62  
 Division of Medical Assistance and Health Services  
 PO Box 712  
 Mail Code #26  
 Trenton, NJ 08625-0712  
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 Mercerville, NJ 08619

The agency's proposal follows:

#### Summary

Pursuant to N.J.S.A. 52:14B-5.1.c, N.J.A.C. 10:62, Vision Care Services Manual, was scheduled to expire on April 18, 2024. As the Department of Human Services (Department) submitted this notice of proposal to the Office of Administrative Law prior to that date, the expiration date was extended 180 days to October 15, 2024, pursuant to N.J.S.A. 52:14B-5.1.c(2). The chapter regulates vision care services in the New Jersey Medicaid/NJ FamilyCare fee-for-service programs.

The Department has determined that the Vision Care Services Manual should be readopted because the rules proposed for readoption with amendments remain necessary, reasonable, adequate, efficient, and responsive for the purposes for which they were originally promulgated. The Department, therefore, proposes to readopt the chapter with minor amendments.

The proposed amendments include codifying the requirement that the providers obtain and use a Federally required National Provider Identifier (NPI) and valid taxonomy code for their provider type when submitting claims for reimbursement and updating the list of Healthcare Common Procedure Code System (HCPCS) procedure codes, their descriptions, and maximum fee amounts. Providers were notified of the Federal requirement to obtain an NPI and taxonomy code through the Division of Medical Assistance and Health Services (DMAHS) Newsletter Volume 16, Number 18, in December 2006. The proposed amendments update the rules to memorialize this change. The Centers for Medicare and Medicaid Services (CMS) update the list of procedure codes in the HCPCS annually and the Department is proposing the amendments to be consistent with the most recent updates provided. The codes are also available on the website of the DMAHS fiscal agent, [www.njmmis.com](http://www.njmmis.com), and all providers have free access to that site.

Subchapter 1 sets forth rules related to the provision of professional eye care services, including definitions, provider requirements, covered services, examinations, office visits, hospital services, prior authorization procedures, prescriptions, contributions to care, clinical laboratory services, recordkeeping, and reimbursement.

Subchapter 2 sets forth rules related to optical appliances and related services, including provider requirements, covered services, prior authorization procedures, specific policies for lenses, frames, and prosthetics, fabricating laboratories, recordkeeping, and reimbursement.

Subchapter 3 sets forth the list of procedure codes to be used for reimbursement and the definitions of any qualifiers that are applicable to specified services.

N.J.A.C. 10:62 Appendix sets forth the Fiscal Agent Billing Supplement.

At N.J.A.C. 10:62-1.2, proposed amendments add the definitions for "National Provider Identifier (NPI)," "National Plan and Provider Enumerations System (NPPES)," and "Taxonomy code."

Proposed new N.J.A.C. 10:62-1.3(b) requires a provider to obtain an NPI from the NPPES, have a valid taxonomy code from the NPPES, and remain in good standing as a Medicaid/NJ FamilyCare provider by completing a provider revalidation application, when requested.

At N.J.A.C. 10:62-1.5(a)8, a proposed amendment corrects the spelling of the term "stereopsis" to "stereopsis."

At N.J.A.C. 10:62-1.5(b)1, proposed amendments split the second sentence of the paragraph into two separate sentences to make the wording easier to understand. The proposed amendment also replaces the term "this additional service" with the actual name of the service, "diagnostic field testing" and other minor amendments simplify the existing language without changing the meaning of the paragraph.

At N.J.A.C. 10:62-1.14(a) and 1.15, a proposed amendment replaces the obsolete HCPCS code 99343 with the code 99344. These codes are related to the provision of service to homebound individuals.

N.J.A.C. 10:62-3, Healthcare Common Procedure Coding System (HCPCS), contains the billing codes and qualifiers related to professional vision care services and vision care appliances. The maximum fee allowances for these services and appliances are based on 70 percent of the Medicare fee for the same or similar services or appliances. The following paragraphs describe proposed adjustments to these amounts.

At N.J.A.C. 10:62-3.2, proposed amendments adjust the maximum fee allowances of the following HCPCS procedure codes:

HCPCS Code	Current maximum fee allowance	Proposed maximum fee allowance
68840	8.00	14.13
92225	25.00	19.78
92226	21.00	16.29
99201	23.50	25.00
99283	23.50	37.74
99284	32.30	64.06
99285	32.30	93.36
99341	23.50	28.71
99342	23.50	40.36

At N.J.A.C. 10:62-3.2, proposed amendments also delete the obsolete code 99343, with a maximum fee allowance of \$51.50, and add the code 99344, with a maximum fee allowance of \$95.36. These codes are related to home or resident services.

At N.J.A.C. 10:62-3.4(a)8 and 9, proposed amendments replace references to the obsolete HCPCS code 99343 with the current code 99344.

At N.J.A.C. 10:62-3.5(c), proposed amendments provide set maximum fee allowances for the two codes listed below, currently these codes are reimbursed based on costs reported by the provider. These codes are related to single vision lenses.

HCPCS Code	Proposed maximum fee allowance
V2106	40.43
V2110	43.67

At N.J.A.C. 10:62-3.5(c), proposed amendments delete the obsolete HCPCS codes V2116 and V2117 and replace them with the current code V2121, with a maximum fee allowance of \$40.00. These codes are related to single vision lenses.

In the Appendix of the chapter, a proposed amendment corrects the name of the Medicaid/NJ FamilyCare fiscal agent to read “Gainwell Technologies.”

As the Department has provided a 60-day comment period on this notice of proposal, this notice is excepted from the rulemaking calendar requirement, pursuant to N.J.A.C. 1:30-3.3(a)5.

#### **Social Impact**

During State Fiscal Year 2023, a monthly average of 2,089 fee-for-service beneficiaries received optometry services from approximately 231 providers, while a monthly average of 752 fee-for-service beneficiaries received optical appliance services from approximately 34 providers.

The rules proposed for readoption with amendments will have a positive social impact on Medicaid/NJ FamilyCare fee-for-service beneficiaries, since the rules proposed for readoption with amendments will ensure the continued coverage of quality vision care services to individuals who might otherwise not be able to afford such services.

The rules proposed for readoption with amendments will allow the Division to continue to effectively regulate and monitor Medicaid/NJ FamilyCare fee-for-service enrolled vision care providers and provide appropriate reimbursement for medically necessary vision care services provided to Medicaid/NJ FamilyCare fee-for-service beneficiaries.

#### **Economic Impact**

During State Fiscal Year 2023, approximately \$24,500 was spent for optometry services provided to a monthly average of 241 fee-for-service beneficiaries (2,894 per year) for an average of \$9.00 for each of those beneficiaries (State and Federal share combined). During State Fiscal Year 2023, approximately \$13,770 was spent on optical appliances provided to a monthly average of 24 fee-for-service beneficiaries (286 per year) for an average of \$48.00 for each of those beneficiaries (State and Federal share combined).

The rules proposed for readoption with amendments will have a positive economic impact on Medicaid/NJ FamilyCare fee-for-service beneficiaries by ensuring continued access to medically necessary vision care services that they otherwise may not be able to afford. The proposed amendments impose no new or additional costs to Medicaid/NJ FamilyCare beneficiaries beyond existing coinsurance or copayments associated with the plan in which they are enrolled.

The rules proposed for readoption with amendments will have a positive economic impact on enrolled providers because the readoption of the rules with amendments will authorize continued reimbursement for services rendered to eligible Medicaid/NJ FamilyCare fee-for-service beneficiaries. The proposed amendments related to the Healthcare Common Procedure Coding System procedure codes and the adjustments in the maximum fee allowances ensure that appropriate reimbursement will be provided for each service. The impact of these proposed amendments will be dependent upon the claim activity of each provider. The proposed amendments impose no new or additional costs to Medicaid/NJ FamilyCare vision care providers.

#### **Federal Standards Statement**

Federal law (sections 1902(a)10 and 1905(a) of the Social Security Act (the Act), 42 U.S.C. §§ 1396a(a)10 and 1396d(a), respectively) governing the Medicaid and NJ FamilyCare programs authorize a State Medicaid program, under Title XIX of the Act, to provide specific types of medical assistance, including physicians’ services, eyeglasses, and prosthetic devices. Regulations at 42 CFR 440.50 and 440.120 also provide Federal requirements regarding physicians’ services, eyeglasses, and prosthetics. Regulations at 42 CFR 441.30 provide Federal requirements regarding optometric services. The State Medicaid fee-for-service program covers vision care services and appliances to the extent described at N.J.A.C. 10:62.

Title XXI of the Act allows states to establish a State Children’s Health Insurance Program for targeted low-income children. New Jersey elected this option through implementation of the NJ FamilyCare program. Section 2103 (42 U.S.C. § 1397cc) provides broad coverage guidelines for such programs. Section 2110 (42 U.S.C. § 1397jj) provides definitions of services for such programs. Within the general Federal guidelines, Title XXI anticipates that a state will implement policies and procedures to establish such a program.

Regulations at 42 CFR 162.404 through 4.14 require the use of a standard unique health identifier for health care providers, the National Provider Identifier (NPI).

The Department has reviewed the Federal statutory and regulatory requirements and has determined that the rules proposed for readoption with amendments do not exceed Federal standards. Therefore, a Federal standards analysis is not required.

#### **Jobs Impact**

The Department does not anticipate that the rules proposed for readoption with amendments will result in the creation or loss of jobs in the State of New Jersey.

#### **Agriculture Industry Impact**

As the rules proposed for readoption with amendments concern the provision of vision care services to Medicaid/NJ FamilyCare clients, the Department anticipates that the proposed rulemaking will have no impact on the agriculture industry in the State of New Jersey.

#### **Regulatory Flexibility Analysis**

The rules proposed for readoption with amendments will affect only the vision care service providers that provide fee-for-service vision care services to Medicaid/NJ FamilyCare clients. Some of these providers may be considered small businesses pursuant to the terms of the Regulatory Flexibility Act, N.J.S.A. 52:14B-16 et seq.

The rules proposed for readoption with amendments do not impose any additional recordkeeping, compliance, or reporting requirements on small businesses. The chapter’s requirements regarding the contents of an eye examination, documentation of the examination, prior authorization for services, progress reports, use of required billing codes, and claims procedures, are the minimum needed to administer the program, ensure the financial integrity of the program, and ensure the quality of services provided to beneficiaries. All providers, regardless of size, are required to maintain sufficient records to fully disclose the name of the beneficiaries who receive the service, the dates of the service, nature of the service, and any additional information as may be required pursuant to N.J.A.C. 10:49 and N.J.S.A. 30:4D-1 et seq., including 30:4D-12.

The requirement of providers to obtain a National Provider Identifier and taxonomy code from the National Plan and Provider Enumeration System for use when submitting claims will not increase the administrative burden on the providers because all health care providers and all health plans and health care clearinghouses must use NPIs in their administrative and financial transactions. As they were introduced as the national standard in 2004, the providers are already accustomed to using them on claims. As stated in the Summary above, Medicaid/NJ FamilyCare providers were informed of the need for the use of the NPI and taxonomy code through the DMAHS Newsletter in December 2006; these proposed amendments memorialize compliance with this Federal requirement.

The Division cannot differentiate the rules proposed for readoption with amendments based on the size of the providers. All providers, regardless of business size, must adhere to the same rules to ensure that all beneficiaries receive the same quality of service. The billing and reimbursement requirements in the rules proposed for readoption with amendments must be equally applicable to all providers, regardless of business size, because all claims must be submitted in a common format in order to ensure they can be electronically processed through the Division’s fiscal agent. All supporting documentation for those claims must be consistent throughout the provider community.

The rules proposed for readoption with amendments do not impose the need to have any additional professional services. There are no capital costs or ongoing compliance costs associated with the rules proposed for readoption, or the proposed amendments.

#### **Housing Affordability Impact Analysis**

As the rules proposed for readoption with amendments concern the provision of vision care services to Medicaid and NJ FamilyCare beneficiaries, the Department anticipates that the proposed rulemaking will have no impact on the affordability of housing and there is an extreme unlikelihood that the rules proposed for readoption with amendments would evoke a change in the average costs associated with housing.

Smart Growth Development Impact Analysis

As the rules proposed for readoption with amendments concern the provision of vision care services to Medicaid and NJ FamilyCare beneficiaries, the Department anticipates that the proposed rulemaking will have an insignificant impact on smart growth and will have no impact on the housing production within Planning Areas 1 and 2, or within designated centers, pursuant to the State Development and Redevelopment Plan.

Racial and Ethnic Community Criminal Justice and Public Safety Impact

The Department has evaluated this rulemaking and determined that it will not have an impact on pretrial detention, sentencing, probation, or parole policies concerning adults and juveniles in the State. Accordingly, no further analysis is required.

Full text of the rules proposed for readoption may be found in the New Jersey Administrative Code at N.J.A.C. 10:62.

Full text of the proposed amendments follows (additions indicated in boldface thus; deletions indicated in brackets [thus]):

SUBCHAPTER 1. EYE CARE: PROFESSIONAL SERVICES

10:62-1.2 Definitions

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

“National Plan and Provider Enumerations System (NPPES)” means the system that assigns a provider a National Provider Identifier (NPI), maintains and updates information about health care providers with NPIs, and disseminates the NPI Registry and NPPES Downloadable File. The NPI Registry is an online query system that allows users to search for a health care provider’s information.

“National Provider Identifier (NPI)” means a national identifier issued to healthcare practitioners by the National Plan and Provider Enumeration System (NPPES).

“Taxonomy code” means a code that describes the provider or organization’s type, classification, and the area of specialization.

10:62-1.3 Providers of professional services

(a) (No change.)

(b) In order to participate in the Medicaid/NJ FamilyCare Program, a provider shall:

- 1. Have a valid National Provider Identifier (NPI) number obtained from the National Plan and Provider Enumeration System (NPPES);
2. Have a valid taxonomy code obtained from the NPPES; and
3. Remain a provider in good standing by successfully completing provider revalidation when requested by the State Medicaid Agency.

10:62-1.5 Comprehensive eye examination

(a) A comprehensive eye examination may include cycloplegics and a post cycloplegic visit. All findings and data, including positive and negative, shall be clearly recorded. A comprehensive eye examination shall include the following, as a minimum, where possible unless contraindicated:

- 1.-7. (No change.)
8. Binocular coordination testing (distance and near), fusion, [steropsis] stereopsis, and color vision;
9.-10. (No change.)

(b) For reimbursement purposes, a comprehensive eye examination shall include all the criteria of a comprehensive eye examination plus complete Diagnostic Visual Fields.

1. Comprehensive eye examinations with diagnostic fields are not routinely reimbursable for complete comprehensive eye examinations. Patients should be selected for [this additional service] diagnostic field testing based upon history and ophthalmologic findings during the physical examination if [the physical examination suggests the presence

of] optic or motor nerve abnormalities[, or] are suspected. Alternatively, if other significant physical findings are present and documented, diagnostic visual field studies may be selectively employed to establish or to confirm the diagnosis and/or the degree of impairment.

2. (No change.)

10:62-1.14 Home services

(a) The home visit HCPCS [99343] 99344 and 99353 shall not apply to residential health care facility or nursing facility settings. These HCPCS refer to a physician visit limited to the provision of medical care to an individual who would be too ill to go to a physician’s office and/or is “home bound” due to his or her physical condition. When billing for a second or subsequent patient treated during the same visit, the visit shall be billed as a home visit.

(b)-(c) (No change.)

10:62-1.15 Unusual travel and escort services

HCPCS 99082 may be used for travel costs only associated and billed with Home Visit. (See codes 99341, 99342 and [99343] 99344.)

SUBCHAPTER 3. HEALTHCARE COMMON PROCEDURE CODING SYSTEM (HCPCS)

10:62-3.2 HCPCS Procedure Codes and maximum fee schedule for professional vision care services

Table with 4 columns: IND, HCPCS Code, MOD, Maximum Fee Allowance. Rows include codes 68840, 92225, 92226, 99201, 99283, 99284, 99285, 99341, 99342, [99343], and 99344.

10:62-3.4 Qualifier for professional vision care services

(a) Qualifiers for professional vision care services are summarized below:

HCPCS

Codes Procedure
1.-7. (No change.)

8. UNUSUAL TRAVEL, FOR EXAMPLE, TRANSPORTATION AND ESCORT OF PATIENT

Code 99082 may be used for travel costs only associated and billed with HOUSE CALL OR HOME VISIT. (See HCPCS 99341, 99342, [99343] 99344, 99347, 99348 and 99349.)

9. HOME SERVICES

Home [Visit—99343] Visit—99344 and 99349

The Home Visit HCPCS [99343] **99344**, and 99349 does not distinguish between specialist and non-specialist. These codes shall not apply to residential health care facility or nursing facility settings. These codes refer to a physician visit limited to the provision of medical care to an individual who would be too ill to go to a physician’s office and/or is “home bound” due to his/her physical condition. When billing for a second or subsequent patient treated during the same visit, the visit should be billed as a home visit.

Home Visit—99341, 99342, 99344, 99345, 99347, 99348, and 99349 These HCPCS apply when the provider visits a beneficiary in the home and the visit does not meet the criteria specified under a House Call listed [in] at N.J.A.C. 10:62-1.13.

10:62-3.5 HCPCS Procedure Codes and maximum fee schedule for vision care appliances

Ind	HCPCS		Description	Maximum Fee Allowance
	Code	Mod		
(a)-(b) (No change.)				
(c) SINGLE VISION LENSES, GLASS OR PLASTIC				
...				
P	V2106		Spherocylinder, single vision, plano to plus or minus 4.00D sphere, over 6.00D cylinder, per lens	[B.R.] 40.43
...				
P	V2110		Spherocylinder, single vision, plus or minus 4.25 to 7.00D sphere, over 6.00D cylinder, per lens	[B.R.] 43.67
...				
[R	V2116		Lenticular lens, non-aspheric, per lens, single vision	35.00
R	V2117		Lenticular, aspheric, per lens, single vision	45.00]
..				
	<b>V2121</b>		<b>Lenticular lens, per lens, single vision</b>	<b>40.00</b>
...				
(d)-(k) (No change.)				

APPENDIX [A]

FISCAL AGENT BILLING SUPPLEMENT

AGENCY NOTE: The Fiscal Agent Billing Supplement is filed as an incorporated Appendix of this chapter/manual but is not reproduced in the New Jersey Administrative Code. The Fiscal Agent Billing Supplement can be downloaded free of charge at [www.njmmis.com](http://www.njmmis.com). When revisions are made to the Fiscal Agent Billing Supplement, a revised version will be placed on the website and copies will be filed with the Office of Administrative Law. If you do not have access to the internet and require a copy of the Fiscal Agent Billing Supplement, write to:

[Molina Medicaid Solutions] **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

**LAW AND PUBLIC SAFETY**

(a)

**DIVISION OF CONSUMER AFFAIRS  
 BOARD OF EXAMINERS OF ELECTRICAL CONTRACTORS**

**Board of Examiners of Electrical Contractors Rules  
 Proposed Repeal and New Rule: N.J.A.C. 13:31-5.6  
 Proposed Amendments: N.J.A.C. 13:31-1.2, 1.4, 1.5, 1.6, 1.7, 1.8, 2.3 through 2.8, 3.2 through 3.8, 4.1, 5.1 through 5.5, and 5.7  
 Proposed New Rules: N.J.A.C. 13:31-2.9, 5.8, 5.9, 6, and 7**

Authorized By: Board of Examiners of Electrical Contractors, Philameana Tucker, Executive Director.

Authority: N.J.S.A. 45:5A-1 et seq.

Calendar Reference: See Summary below for explanation of exception to calendar requirement.

Proposal Number: PRN 2024-058.

Submit written comments by July 5, 2024, to:

Philameana Tucker, Executive Director  
 Board of Examiners of Electrical Contractors  
 124 Halsey Street  
 PO Box 45006  
 Newark, New Jersey 07101

or electronically at: [www.njconsumeraffairs.gov/Proposals/Pages/default.aspx](http://www.njconsumeraffairs.gov/Proposals/Pages/default.aspx).

The agency proposal follows:

**Summary**

The Board of Examiners of Electrical Contractors (Board) proposes amendments to its rules at N.J.A.C. 13:31 to implement P.L. 2021, c. 479, which amended N.J.S.A. 45:5A-1 et seq., to create three new categories of licenses: Class A journeyman electrician, Class B wireman, and Class A electrical apprentice. In addition, new N.J.S.A. 45:5A-11.7 established a temporary Class A journeyman electrician, Class B wireman, and Class A electrical apprentice license for individuals from other states who will perform electrical work in New Jersey for not more than 30 days in any triennial period. New N.J.S.A. 45:5A-11.8 introduced licensure through reciprocity for electrical contractors, journeymen electricians, wiremen, and apprentices who are licensed in a jurisdiction that grants licensure through reciprocity to electrical contractors, Class A journeyman electricians, Class B wiremen, and Class A electrical apprentices who are licensed in New Jersey.

To implement these statutory changes, the Board proposes amendments at Subchapters 2 and 5 related to the licensing of electrical contractors and qualified journeymen, as well as new rules in these subchapters for temporary licenses and licensure through reciprocity. The Board proposes new Subchapter 6 regarding scope of practice, supervision, initial licensing, renewal, reactivation and reinstatement, continuing education, temporary 30-day licenses, and licensure through reciprocity for Class B wiremen. Proposed new Subchapter 7 covers the same requirements for Class A electrical apprentices with the exception of continuing education because there is no continuing education requirement for Class A electrical apprentices.

Changes in terminology are proposed throughout N.J.A.C. 13:31, to replace references to “qualified journeyman electrician” and “registration” with “Class A journeyman electrician” and “license,” respectively. The Board is proposing a new definition of “licensee” to include licensed electrical contractors, Class A journeymen electricians, Class B wiremen, and Class A electrical apprentices and proposes to use “licensee” throughout N.J.A.C. 13:31 only when it refers to all four categories of licensee. The Board also proposes to amend N.J.A.C. 13:31-1.5, 1.7, 2.4, 2.5, 2.6, 3.2, 3.3, 3.4, 3.6, 3.7, 3.8, and 5.1 to change the term “licensee” to “licensed electrical contractor” as these rules apply only to