

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