

FamilyCare fee-for-service program's recognized modifier codes for prosthetic and orthotic services are as follows:

- 1.-2. (No change.)

APPENDIX [A]

FISCAL AGENT BILLING SUPPLEMENT

AGENCY NOTE: The Fiscal Agent Billing Supplement is appended as part of this chapter but is not reproduced in the New Jersey Administrative Code. When revisions are made to the Fiscal Agent Billing Supplement, an updated copy will be posted on www.njmms.com and a copy will be filed with the Office of Administrative Law. If you do not have access to the internet and would like to request a copy of the Fiscal Agent Billing Supplement, write to:

[Molina Medicaid Solutions] **Gainwell Technologies**

PO Box 4801

Trenton, New Jersey 08619-4801

or contact:

Office of Administrative Law

Quakerbridge Plaza, Building 9

PO Box 049

Trenton, New Jersey 08625-0049

(a)

DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES

Notice of Readoption

Advanced Practice Nurse Services

Readoption with Technical Changes: N.J.A.C.

10:58A

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

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

Effective Dates: October 1, 2024, Readoption;
November 4, 2024, Technical Changes.

Expiration Date: October 1, 2031.

Take notice that pursuant to N.J.S.A. 52:14B-5.1, N.J.A.C. 10:58A, Advanced Practice Nurse Services, was scheduled to expire on November 20, 2024. The Department of Human Services (Department) is issuing this notice of readoption with technical changes in order to avoid expiration of the rules at N.J.A.C. 10:58A. The chapter sets forth enrollment and participation requirements for advanced practice nurses (APNs) enrolled as Medicaid/NJ FamilyCare providers and rules related to the provision of those services to Medicaid/NJ FamilyCare beneficiaries.

The chapter sets forth four subchapters, as described below:

Subchapter 1, General Provisions, includes an overview of services that may be provided by an APN. Definitions of words and terms used in the rules are provided. Requirements for provider participation are identified and addressed, documentation requirements are explained, and the basis of reimbursement is provided. Personal contribution to care requirements for NJ FamilyCare Plan C beneficiaries and copayments for Plan D beneficiaries are specified.

Subchapter 2, Provision of Services, describes the general policies and procedures for the provision of Medicaid and NJ FamilyCare fee-for-service services provided by APNs. Services (medical services, surgical procedures, pharmaceutical services, clinical laboratory services, family planning, mental health, and obstetrical and gynecological services) are separately identified and discussed when unique characteristics or requirements exist. Evaluation and management services and codes for specialty areas and specialty programs, such as the New Jersey Vaccines for Children program and Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program, are described. The medical exception process and pre-admission screening requirements are also included at Subchapter 2.

Subchapter 3, HealthStart, sets forth HealthStart program requirements, including: a description of the services; purpose and scope of the services; provider participation criteria; termination of a HealthStart provider certificate; documentation, confidentiality, and informed consent requirements for HealthStart maternity care providers; health support services; standards for the pediatric HealthStart certificate; professional requirements for HealthStart pediatric care providers; preventive care services by HealthStart pediatric care providers; referral services by HealthStart pediatric care providers; documentation, confidentiality, and informed consent requirements for HealthStart pediatric care providers; and a delineation of specific pediatric services provided by an APN who has a HealthStart certificate.

Subchapter 4, Centers for Medicare and Medicaid Services (CMS) Healthcare Common Procedure Coding System (HCPCS), addresses how HCPCS codes and assigned modifiers are utilized by Medicaid and NJ FamilyCare fee-for-service providers for payment for services rendered. The subchapter assists providers in determining the appropriate procedure code to be used for the service rendered, the minimum requirements needed, and any additional parameters required for reimbursement purposes.

N.J.A.C. 10:58A Appendix sets forth the Fiscal Agent Billing Supplement.

In addition to readopting the existing rules, the Department is making technical changes throughout N.J.A.C. 10:58A. The changes correct nomenclature and terminology, correct cross-references, update contact information, and make grammatical changes. They do not change the purpose or intent of the rule.

Throughout the chapter, references to "Medicaid" are being replaced with "Medicaid/NJ FamilyCare" to be consistent with the current program terminology.

Throughout the chapter, including the appendix, references to "Molina Medicaid Solutions" are being replaced with references either to "the DMAHS fiscal agent" for a general reference, or "Gainwell Technologies" for a specific reference, to the DMAHS fiscal agent, depending on the context of the language.

Throughout the chapter, references to the "New Jersey Department of Health and Senior Services" are being replaced with references to the "New Jersey Department of Health" to reflect the current name of the department. In addition, the acronym "DHSS" is being changed to "DOH," where applicable.

Throughout the chapter, references to the "Division of Mental Health Services" are being replaced with references to the "Division of Mental Health and Addiction Services" to reflect the current name of the Division. In addition, the acronym "DMHS" is being changed to "DMHAS," where applicable.

At N.J.A.C. 10:58A-1.1(a), a grammatical correction that does not change the purpose or intent of the rule is being made.

New N.J.A.C. 10:58A-1.3(a)2 adds a website address to the contact information for Gainwell Technologies, the DMAHS fiscal agent.

At N.J.A.C. 10:58A-1.4(e), a reference at N.J.A.C. 10:49-9.9 is deleted. N.J.A.C. 10:49-9.9 was repealed, effective February 6, 2012, and this reference was inadvertently not deleted at that time.

At N.J.A.C. 10:58A-1.5(c), a grammatical correction reorganizes the sentence but that does not change the purpose or intent of the rule.

At N.J.A.C. 10:58A-2.5(d)4, a cross-reference at N.J.A.C. 10:49 is corrected.

At N.J.A.C. 10:58A-2.10(a), a change spells out the acronym "MI/MR" to read "mental illness (MI) and/or intellectual disabilities (ID)" with "ID" replacing the outdated term "MR," which referred to mental retardation.

At N.J.A.C. 10:58A-2.10(c), a change replaces the outdated term "mental retardation" with the term "intellectual disabilities."

At N.J.A.C. 10:58A-2.10(e)2, a change replaces the reference to the 1987 edition of the "Diagnostic and Statistical Manual of Mental Disorders (DSM-III)" with a requirement that the provider refer to the most recent version of the DSM, as is standard practice within the provider community. An additional change updates a reference to "being diagnosed as mentally retarded" to "being diagnosed as having intellectual disabilities."

At N.J.A.C. 10:58A-2.10(e)2i, changes update contact information for the Division of Mental Health and Addiction Services.

At N.J.A.C. 10:58A-2.10(f)2, a change replaces the reference to the 1987 edition of the “Diagnostic and Statistical Manual of Mental Disorders” with a requirement that the provider refer to the most recent version of the DSM, as is standard practice within the provider community.

At N.J.A.C. 10:58A-3.11(a), a change updates the reference to the “Division of Youth and Family Services” to “Division of Child Protection and Permanency” to reflect the current name of the Division.

While the Department is readopting these rules with these technical changes, it recognizes that further rulemaking may be necessary to update these rules to reflect current program eligibility requirements and any applicable Federal rules. Thus, the Department will continue to review the rules and may consider making substantive amendments prior to the next scheduled readoption.

The Department 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

10:58A-1.1 Introduction: certified advanced practice nurse (APN)

(a) This chapter is concerned with the provision of health care services by certified advanced practice nurses (APNs), in accordance with the New Jersey [Medicaid and NJ] **Medicaid/NJ** FamilyCare fee-for-service [programs] **program’s** policies and procedures and the standards set forth by the New Jersey Legislature (N.J.S.A. 45:11-23 et seq., and P.L. 1991, c. 377, as revised [by] at P.L. 1999, c. 85) and by the New Jersey Board of Nursing (N.J.A.C. 13:37-7). Throughout this chapter, all use of the terms “advanced practice nurse” and “APN” refer to a certified advanced practice nurse because all advanced practice nurses are required to be certified.

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

(d) Unless otherwise stated, the rules of this chapter apply to [Medicaid and NJ] **Medicaid/NJ** FamilyCare fee-for-service beneficiaries and to [Medicaid and NJ] **Medicaid/NJ** FamilyCare fee-for-service services that are not the responsibility of the managed care organization (MCO) with which the beneficiary is enrolled. Advanced practice nurse services that are to be provided by the beneficiary’s selected MCO are governed and administered by that MCO.

10:58A-1.2 Definitions

The following words and terms, as used in this chapter, shall have the following meanings, unless the context clearly indicates otherwise.

... “Ambulatory care facility” means a health care facility or a distinct part of a health care facility, licensed by the New Jersey State Department of Health [and Senior Services], which provides preventive, diagnostic, and treatment services to persons who come to the facility to receive services and depart from the facility on the same day.

... “HealthStart pediatric care provider” means a group of practitioners, a hospital, an independent clinic, or practitioner approved by the New Jersey State Department of Health [and Senior Services] and the New Jersey Medicaid and NJ FamilyCare-Plan A programs to provide a comprehensive package of pediatric care services.

... “Preadmission screening (PAS)” means that process by which all [Medicaid] **Medicaid/NJ FamilyCare** eligible beneficiaries seeking admission to a [Medicaid] **Medicaid/NJ FamilyCare** certified nursing facility (NF) and individuals who may become [Medicaid] **Medicaid/NJ FamilyCare** eligible within six months following admission to a [Medicaid] **Medicaid/NJ FamilyCare** certified NF, receive a comprehensive needs assessment by professional staff designated by the

Department of Health [and Senior Services] to determine their long-term care needs and the most appropriate setting for those needs to be met.

...

10:58A-1.3 Provider participation

(a) In order to participate in the [Medicaid and NJ] **Medicaid/NJ** FamilyCare fee-for-service programs as an APN practitioner, the APN shall apply to, and be approved by, the New Jersey Medicaid/NJ FamilyCare fee-for-service program. Application for approval by the New Jersey Medicaid/NJ FamilyCare fee-for-service program as an advanced practice nurse (APN) requires completion and submission of the “Medicaid Provider Application” (FD-20) and the “Medicaid Provider Agreement” (FD-62).

1. The FD-20 and FD-62 may be obtained from and submitted to **the DMAHS fiscal agent:**

[Molina Medicaid Solutions] **Gainwell Technologies**

Provider Enrollment

PO Box 4804

Trenton, New Jersey 08650-4804

2. **An applicant may download a copy of the provider application from the fiscal agent’s website: www.njmmis.com.**

(b)-(d) (No change.)

(e) Upon signing and returning the Medicaid Provider Application, the Provider Agreement, and other enrollment documents to [Molina Medicaid Solutions,] the fiscal agent for the New Jersey [Medicaid and NJ] **Medicaid/NJ** FamilyCare fee-for-service programs, the advanced practice nurse (APN) will receive written notification of approval or disapproval. If approved, the APN will be assigned a provider identifier number. [Molina Medicaid Solutions] **The fiscal agent** will furnish the provider identifier number and provider number.

(f) In order to participate as a provider of HealthStart services, the APN practicing independently or as part of a group shall be a Medicaid/NJ FamilyCare fee-for-service provider, and shall meet the HealthStart requirements as specified at N.J.A.C. 10:66-3, and at N.J.A.C. 10:58A-3, including the provider participation criteria specified [in] at N.J.A.C. 10:58A-3.3. The APN shall also possess a HealthStart Certificate, issued by the New Jersey Department of Health [and Senior Services].

(g) A HealthStart provider shall have a valid HealthStart Provider Certificate. An application for a HealthStart Provider Certificate is available from:

HealthStart Program

[The] New Jersey Department of Health [and Senior Services]

50 East State Street, PO Box 364

Trenton, New Jersey 08625-0364

10:58A-1.4 Recordkeeping

(a)-(d) (No change.)

(e) Further discussion of the extent of documentation requirements can be found at N.J.A.C. 10:49-9.7[,] **and** 9.8[and 9.9].

(f)-(k) (No change.)

10:58A-1.5 Basis of reimbursement

(a) A claim is a request for payment for a [Medicaid-reimbursable or NJ] **Medicaid/NJ** FamilyCare-reimbursable service provided to a [Medicaid-eligible or NJ] **Medicaid/NJ** FamilyCare fee-for-service eligible individual. The claim may be submitted [via] **through** hard copy or by means of an approved method of automated data exchange.

(b) An approved New Jersey [Medicaid and NJ] **Medicaid/NJ** FamilyCare APN provider (see N.J.A.C. 10:58A-1.3, [Provisions for participation] **Provider participation**) shall be reimbursed on a fee-for-service basis in accordance with N.J.A.C. 10:58A-4. Reimbursement shall be limited to payment for medically necessary covered services provided within the appropriate scope of practice in accordance with the individual category of certification for advanced practice.

(c) APN services may be reimbursed (see N.J.A.C. 10:49-7 and 8) [under] **pursuant** to either of two billing mechanisms provided by [Medicaid and NJ] **Medicaid/NJ** FamilyCare. The two mechanisms are: a direct billing entity as stated in this chapter or an employee reimbursed by [another Medicaid or NJ FamilyCare provider] **a physician employer, group, or clinic** who bills [Medicaid and NJ] **Medicaid/NJ** FamilyCare

on behalf of the APN's services[, that is, physician employer, group or clinic].

1. When an APN is employed by an APN/physician group, the [Medicaid and NJ] **Medicaid/NJ** FamilyCare program does not routinely reimburse both an APN visit and, on the same day, a visit to an MD or DO within the same billing entity.

i.-ii. (No change.)

2.-6. (No change.)

(d)-(f) (No change.)

(g) Payment for APN services covered [under] **pursuant to** the New Jersey [Medicaid and NJ] **Medicaid/NJ** FamilyCare fee-for-service programs is based upon the customary charge prevailing in the community for the same service but shall not exceed the "Maximum Fee Allowance Schedule" specified [in] **at** N.J.A.C. 10:58A-4. In no event shall the charge to the New Jersey Medicaid/NJ FamilyCare fee-for-service program exceed the charge by the provider for identical services to other individuals, groups, or governmental agencies.

1.-2. (No change.)

(h) (No change.)

SUBCHAPTER 2. PROVISION OF SERVICES

10:58A-2.1 General provisions

(a) This subchapter describes the New Jersey [Medicaid and NJ] **Medicaid/NJ** FamilyCare fee-for-service [programs'] **program's** policies and procedures for the provision of [Medicaid and NJ] **Medicaid/NJ** FamilyCare fee-for-service services by APN providers. Services are separately identified and discussed only where unique characteristics or requirements exist. Unless indicated otherwise, reimbursement provisions are located [in] **at** N.J.A.C. 10:58A-1.5, Basis for reimbursement.

(b) (No change.)

10:58A-2.5 Medical exception process (MEP)

(a) For pharmacy claims with service dates on or after September 1, 1999, which exceed prospective drug utilization review (PDUR) standards recommended by the New Jersey Drug Utilization Review Board (NJ DURB) and approved by the Commissioners of the Department of Human Services (DHS) and the Department of Health [and Senior Services (DHSS)] (**DOH**), the Division of Medical Assistance and Health Services has established a medical exception process (MEP). See N.J.A.C. 10:51.

(b) (No change.)

(c) The MEP shall apply to all pharmacy claims, regardless of claim media, unless there is a recommended exemption by the NJ DURB, which has been approved by the Commissioners of DHS and [DHSS] (**DOH**), in accordance with the rules of those Departments.

(d) The MEP is as follows:

1.-3. (No change.)

4. Prescribers may request a fair hearing to appeal decisions rendered by the MEP contractor concerning denied claims (see N.J.A.C. 10:49-[10, Notices, Appeals and Fair Hearings.]**9.14, Provisions for appeals; fair hearings**).

5. (No change.)

10:58A-2.8 Family planning services

(a) Family planning services include medical history and physical examination (including pelvic and breast); the ordering of diagnostic and laboratory tests; the prescribing of drugs and biologicals, medical devices and supplies; and providing continued medical supervision, counseling, and continuity of care.

1. The New Jersey [Medicaid and NJ] **Medicaid/NJ** FamilyCare fee-for-service programs shall not reimburse for services for the diagnosis or treatment of infertility. Services provided primarily for the diagnosis and treatment of infertility, including related office visits, drugs, laboratory services, radiological and diagnostic services, and surgical procedures shall not be covered by the New Jersey Medicaid/NJ FamilyCare fee-for-service program.

i.-ii. (No change.)

10:58A-2.9 Mental health services

(a)-(d) (No change.)

(e) Advanced practice nurses who are certified in the advanced practice category of "Psychiatric/Mental Health" (APN, Psychiatric/Mental Health) are qualified to perform services and to be reimbursed independently for the treatment of postpartum mental health disorders in women.

1. (No change.)

2. Treatment for postpartum-related mental health disorders for [Medicaid and NJ] **Medicaid/NJ** FamilyCare beneficiaries enrolled in managed care organizations are considered "out-of-plan" and shall be reimbursed [under] **pursuant to** a fee-for-service arrangement.

3. The HCPCS for the treatment for postpartum-related mental health disorders shall be exempt from prior authorization and, as such, shall be excluded from the \$900.00 threshold [contained in] **set forth at** [N.J.A.C. 10:58A-2.9(b)4] **(b)4 above**.

(f) (No change.)

10:58A-2.10 Pre-Admission Screening and Resident Review (PASRR) and Pre-Admission Screening (PAS)

(a) Federal legislation (1919 of the Social Security Act, 42 U.S.C. [§1396r] **§ 1396r**) established Pre-Admission Screening and Resident Review (PASRR) (PAS) for [MI/MR] applicants **with mental illness (MI) and/or intellectual disabilities (ID)** to Medicaid/NJ FamilyCare-participating nursing facilities (NFs) and further reviews, as indicated by a significant change in a beneficiary's mental or physical condition, for residents of Medicaid/NJ FamilyCare-participating NFs.

(b) (No change.)

(c) The initial Preadmission Screening (PAS) screening is conducted by professional staff designated by the New Jersey Department of Health [and Senior Services (DHSS)] (**DOH**), to determine whether the individual requires nursing facility level of care.

1. After the professional staff designated by [DHSS] **DOH** has determined that the individual meets the criteria for the NF-level of care, an individual identified as meeting the criteria for [mental retardation] **intellectual disabilities (ID)** services is referred to the staff of the Division of Developmental Disabilities for a specialized service evaluation.

2. (No change.)

(d) (No change.)

(e) The initial Pre-Admission PASRR Screen shall be used for Medicare and/or NJ FamilyCare--Plan A persons residing in the community (currently at home or boarding home) who are applicants to Medicare/Medicaid/NJ FamilyCare nursing facilities and are being examined by an attending-physician or APN, Psychiatric/Mental Health, to determine the need for specialized services for mental illness. Clinical practitioners completing the screen to determine the need for specialized services shall use the 99333 HCPCS procedure code with a Medicaid/NJ FamilyCare maximum fee allowance as listed [in] **at** N.J.A.C. 10:58A-4.

1. If the screening examination reveals the need for a more specialized examination, a psychiatric consultation may be requested by the attending physician or APN, Psychiatric/Mental Health. Existing consultation codes for limited consultation and for comprehensive consultation may be used for this purpose by the consulting psychiatrist, as appropriate. Applicants with a diagnosis of MI or [MR] **ID**, regardless of the payment source of their care, shall be subject to the PASRR review. For MI individuals funded through other than the New Jersey Medicaid/NJ FamilyCare programs, the fee for psychiatric evaluations conducted by psychiatrists or in NFs by attending physicians or APNs, Psychiatric/Mental Health will be paid by Medicare, other [third party] **third-party** carriers, or by the individual.

2. If the individual has a diagnosis of Alzheimer's disease or related dementia, as described in the 1987 edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-III), documentation shall be provided to the admitting Medicaid/NJ FamilyCare-certified nursing facility, for the individual's clinical record, on the history, physical examination, and diagnostic work-up, to support the diagnosis. Dementia-diagnosed individuals shall have psychiatric disorders diagnosed and documented. (Neither a new examination nor a comprehensive neurological evaluation shall be required.) Individuals diagnosed as [mentally retarded] **having intellectual disabilities** who are also diagnosed as having organic

dementia shall be evaluated in accordance with the DDD Level II screens to determine the need for specialized services.

i. The examining attending-physician or APN, Psychiatric/Mental Health, shall obtain the "Division of Mental Health and Addiction Services Psychiatric Evaluation" form from the nursing home administrator and shall fax the completed form to (609) [777-0662] 341-2307 or mail the form to the Division of Mental Health and Addiction Services, PO Box 727, Trenton, New Jersey 08625-0727, Attention: PASRR Coordinator.

ii. (No change.)

(f) The HCPCS procedure codes and reimbursement amounts previously established by the Division for the Annual Resident Review of PASRR, shall be used for Medicare and/or Medicaid/NJ FamilyCare-Plan A nursing facility patients who are being evaluated by the attending physician or APN, Psychiatric/Mental Health, for the purposes of a resident review, the necessity of which was indicated by a significant change in the condition of the beneficiary, to determine the need for specialized services for mental illness.

1. (No change.)

2. If the individual has a diagnosis of Alzheimer's disease or related dementias, as described in the 1987 edition of the Diagnostic and Statistical Manual of Mental Disorders, once the original documentation has been obtained, that documentation supporting the diagnosis shall be kept on the resident's current clinical record. (A new examination does not have to be completed.)

3. The procedure can only be utilized on an annual basis by the same physician or APN, Psychiatric/Mental Health, for the same patient.

i. The provider shall attach a completed Division of Mental Health and Addiction Services Psychiatric Evaluation form (DMHS-1994) to the patient's clinical chart. The Nursing Facility administrator will be responsible for providing these forms to the attending physician or APN, Psychiatric/Mental Health.

ii. (No change.)

(g) (No change.)

10:58A-2.12 Obstetrical/gynecological (OB/GYN) care

Reimbursement for specified OB/GYN services at N.J.A.C. 10:58A-4.2(g) provided [under] pursuant to the [Medicaid and NJ] Medicaid/NJ FamilyCare fee-for-service programs shall be limited to advanced practice nurses who are certified in the advanced practice category of "OB/GYN."

10:58A-2.13 New Jersey Vaccines for Children program

(a) The New Jersey Vaccines for Children (VFC) program provides free vaccines for administration to beneficiaries under 19 years of age who are eligible for New Jersey [Medicaid and NJ] Medicaid/NJ FamilyCare services. [Medicaid and NJ] Medicaid/NJ FamilyCare programs shall not provide reimbursement to providers for administering these vaccines exclusive of the VFC program.

1.-2. (No change.)

(b)-(d) (No change.)

SUBCHAPTER 3. HEALTHSTART

10:58A-3.4 HealthStart provider participation criteria

(a) The following Medicaid-enrolled or NJ FamilyCare fee-for-service enrolled provider types are eligible to participate as HealthStart providers: independent clinics, hospital outpatient departments, local health departments meeting the New Jersey State Department of Health [and Senior Services'] Improved Pregnancy Outcome criteria and/or approved as Child Health Conferences, physicians and physician groups, certified nurse midwives, and APNs.

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

(d) A site review may be required to ascertain an applicant's ability to meet the standards for a HealthStart Provider Certificate and to provide services in accordance with the New Jersey State Department of Health [and Senior Services'] Guidelines for HealthStart Providers in the appropriate area.

(e) A HealthStart Provider Certificate will be reviewed by the New Jersey State Department of Health [and Senior Services] at least every 18 months from the date of issuance.

(f) An application for a HealthStart Provider Certificate can be downloaded free of charge from the New Jersey State Department of Health [and Senior Services'] website at <http://web.doh.state.nj.us/apps2/forms/subforms.aspx?pro=fls#healthstart>. Persons who do not have access to the internet please contact the address below to request a copy of the application:

HealthStart Program

New Jersey State Department of Health [and Senior Services]

50 East State Street

PO Box 364

Trenton, NJ 08625-0364

(g) (No change.)

10:58A-3.5 Termination of HealthStart Provider Certificate

(a) The New Jersey State Department of Health [and Senior Services] is responsible for enforcement of its requirements for HealthStart Provider Certificates and for evaluation and enforcement of its requirements within the Standards and Guidelines for HealthStart Providers.

(b) Causes for termination of the HealthStart Provider Certificate by the New Jersey State Department of Health [and Senior Services] are as follows:

1.-3. (No change.)

(c) (No change.)

10:58A-3.6 Records: documentation, confidentiality, and informed consent for HealthStart maternity care providers

(a) HealthStart APN maternity care providers shall have policies which protect patient confidentiality, provide for informed consent, and document health support services in accordance with the New Jersey State Department of Health [and Senior Services'] Guidelines for HealthStart Maternity Care Providers.

(b)-(d) (No change.)

10:58A-3.11 Referral services by HealthStart pediatric care providers

(a) All HealthStart APN pediatric care providers shall make provision for consultation for specialized health and other pediatric services. Services shall include medical services, as well as social, psychological, educational, and nutritional services.

1. This may include, but is not limited to: the Special Supplemental Food Program for Women, Infants and Children (WIC); Division of [Youth and Family Services] Child Protection and Permanency, Special Child Health Services Case Management Units and Child Evaluation Centers; early intervention programs; county welfare agencies/boards of social services; certified home health agencies; community mental health centers; and local and county health departments.

SUBCHAPTER 4. CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS) HEALTHCARE COMMON PROCEDURE CODING SYSTEM (HCPCS)

10:58A-4.1 Introduction to the HCPCS procedure code system

(a) The New Jersey [Medicaid and NJ] Medicaid/NJ FamilyCare fee-for-service programs use the Centers for Medicare and Medicaid Services' (CMS) Healthcare Common Procedure Code System (HCPCS) for 2009, established and maintained by CMS in accordance with the Health Insurance Portability and Accountability Act of 1996, Pub.L. 104-191, and incorporated herein by reference, as amended and supplemented, and as published by PMIC, 4727 Wilshire Blvd., Suite 300, Los Angeles, CA 90010. Revisions to the Healthcare Common Procedure Coding System made by CMS (code additions, code deletions, and replacement codes) will be reflected in this subchapter through publication of a notice of administrative change in the New Jersey Register. Revisions to existing reimbursement amounts specified by the Department and specification of new reimbursement amounts for new codes will be made by rulemaking in accordance with the Administrative Procedure Act, N.J.S.A. 52:14B-1 et seq. HCPCS follows the American Medical Association's Physicians' Current Procedure Terminology (CPT) architecture, employing a five-position code and as many as two two-position modifiers. Unlike the CPT numeric design, the CMS-assigned codes and modifiers contain alphabetic characters. [Because of] Due to copyright restrictions, the CPT

procedure narratives for Level I codes are not included in this subchapter, but are hereby incorporated by reference.

1. (No change.)

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

(d) Listed below are general policies of the New Jersey [Medicaid and NJ] **Medicaid/NJ** FamilyCare fee-for-service programs that pertain to HCPCS. Specific information concerning the responsibilities of an APN when rendering [Medicaid and NJ] **Medicaid/NJ** FamilyCare fee-for-service covered services and requesting reimbursement are located at N.J.A.C. 10:58A-1.4, Recordkeeping; 1.5, Basis of reimbursement; and 2.7, Evaluation and management services.

1. (No change.)

APPENDIX

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[Molina Medicaid Solutions] **Gainwell Technologies**
 PO Box 4801
 Trenton, New Jersey 08650-4801
 or contact:
 Office of Administrative Law
 Quakerbridge Plaza, Bldg. 9
 PO Box 049
 Trenton, New Jersey 08625-0049

LAW AND PUBLIC SAFETY

(a)

DIVISION OF CONSUMER AFFAIRS BOARD OF EXAMINERS OF OPHTHALMIC DISPENSERS AND OPHTHALMIC TECHNICIANS

Notice of Readoption Rules of the Board of Examiners of Ophthalmic Dispensers and Ophthalmic Technicians

Readoption: N.J.A.C. 13:33

Authority: N.J.S.A. 52:17B-41.13.

Authorized By: Board of Examiners of Ophthalmic Dispensers and Ophthalmic Technicians, Michael Higgins, President.

Effective Date: October 27, 2024.

New Expiration Date: October 27, 2031.

Take notice that pursuant to N.J.S.A. 52:14B-5.1, the rules at N.J.A.C. 13:33 were scheduled to expire on December 20, 2024. The rules establish standards for the licensing and regulation of ophthalmic dispensers and ophthalmic technicians.

Subchapter 1 outlines standards for apprentices. Subchapter 1A provides definitions for words and phrases used throughout the rules. Subchapter 2 outlines the licensing procedure. Subchapter 3 sets forth professional practices. Subchapter 4 addresses the dispensing of contact lenses. Subchapter 5 sets forth rules of practice. Subchapter 6 requires licensees to complete continuing education. Subchapter 7 establishes requirements for advertising. Subchapter 8 sets forth license renewal requirements, Board notification requirements, sexual misconduct prohibitions, and the fees that are charged by the Board.

The Board of Examiners of Ophthalmic Dispensers and Ophthalmic Technicians (Board) 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 pursuant to Executive Order No. 66 (1978). Therefore, pursuant to N.J.S.A. 52:17B-41.13, 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 CONSUMER AFFAIRS BOARD OF NURSING

Notice of Readoption Rules of the Board of Nursing Readoption: N.J.A.C. 13:37

Authority: N.J.S.A. 45:11-24.

Authorized By: Board of Nursing, Barbara B. Blozen, Ed.D, MA, RN, President.

Effective Date: October 9, 2024.

New Expiration Date: October 9, 2031.

Take notice that pursuant to N.J.S.A. 52:14B-5.1, the rules at N.J.A.C. 13:37 were scheduled to expire on January 24, 2025. The rules establish standards for the licensing and regulation of nurses.

Subchapter 1 sets forth the standards and the process for the accreditation of programs in nursing education. Subchapter 2 sets forth licensing examination requirements for registered professional and licensed practical nurses. Subchapter 3 is reserved. Subchapter 4 deals with licensure by endorsement and temporary courtesy licenses.

Subchapter 5 sets forth general requirements for licensure. The subchapter addresses license renewal, continuing education, and the fees charged by the Board of Nursing. Subchapter 6 sets forth standards for the delegation of nursing tasks. Subchapter 7 deals with the certification and practice of advanced practice nurses. Subchapter 8 sets forth standards for nursing practice. The subchapter addresses standards for advanced practice nurse joint protocols, identification tag requirements, and standards for the Nurse Licensure Compact. Subchapter 8A set forth standards for the provision of nursing services through telemedicine and telehealth. Subchapter 9 sets forth the forensic nurse-certified sexual assault program. Subchapters 10, 11, 12, and 13 are reserved. Subchapter 14 deals with certified homemaker-home health aides.

The Board of Nursing 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 pursuant to Executive Order No. 66 (1978). Therefore, pursuant to N.J.S.A. 52:17B-41.13, 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.

(c)

DIVISION OF CONSUMER AFFAIRS

Notice of Readoption Charitable Fund Raising

Readoption: N.J.A.C. 13:48

Authority: N.J.S.A. 45:17A-18 et seq., specifically 45:17A-21.b.

Authorized By: New Jersey Division of Consumer Affairs, Cari Fais, Acting Director.

Effective Date: October 2, 2024.

New Expiration Date: October 2, 2031.

Take notice that pursuant to N.J.S.A. 52:14B-5.1, the rules at N.J.A.C. 13:48 were scheduled to expire on November 21, 2024. The rules implement the Charitable Registration and Investigation Act, P.L. 1994, c. 16 (N.J.S.A. 45:17A-18 et seq.) (Act).

Subchapter 1 sets forth the general provisions and definitions related to charitable fund raising. Subchapter 2 sets forth the fees that are to be paid by organizations registering pursuant to the Act and the rules. Subchapter 3 covers general requirements for the registration of charitable organizations, fund raising counsel, independent paid fund raisers, and