

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 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.