

5:23-3.20, incorporated herein by reference, as amended and supplemented.

[10:161A]8:111-24.8 Exit access passageway and corridors

The width of passageways, including doors, aisles, and corridors, in a facility shall not be less than 44 inches. If an existing building(s) is being converted to a residential substance use disorders treatment facility, in whole or part, the authority having jurisdiction may consider an exception that would allow a 36-inch corridor, in accordance with N.J.A.C. [10:161A]8:111-2.13.

Recodify existing 10:161A-24.9, 24.10, 24.11, and 24.12 as **8:111-24.9, 24.10, 24.11, and 24.12** (No change in text.)

Recodify existing 10:161A-25 and 26 as **8:111-25 and 26** (No change in text.)

SUBCHAPTER 27. CONFIDENTIALITY

[10:161A]8:111-27.1 Confidentiality

All substance (alcohol and drug) abuse treatment facilities that provide residential substance use disorders treatment to adults [and adolescents] including, but not limited to, halfway houses, extended care facilities, long-term residential facilities, short-term residential treatment facilities, and non-hospital-based (medical) detoxification or any other similar such organization shall comply with the confidentiality provisions as set forth in HIPAA and the Federal Confidentiality of Alcohol and Drug Abuse Patient Records regulation at 42 CFR Part 2, both of which are accessible at [<http://hipaa.samhsa.gov/privacyrule.htm>] <https://ecfr.federalregister.gov>.

Recodify existing 10:161A Appendices A, B, and C as **8:111 Appendices A, B, and C** (No change in text.)

HUMAN SERVICES

(a)

DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES

Notice of Readoption Hearing Aid Services

Readoption With Technical Changes: N.J.A.C. 10:64

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-04.

Effective Dates: November 16, 2021, Readoption;
December 20, 2021, Technical Changes.

New Expiration Date: November 16, 2028.

Take notice that pursuant to N.J.S.A. 52:14B-5.1, the rules at N.J.A.C. 10:64, Hearing Aid Services, were scheduled to expire on June 6, 2020. Pursuant to Executive Order Nos. 127 (2020) and 244 (2021) and P.L. 2021, c. 103, 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. 103, this notice of readoption is timely filed. The chapter regulates the provision of hearing aid services under the New Jersey Medicaid/NJ Family Care fee-for-service programs.

In addition to readopting the existing rules, the Department of Human Services is making technical changes throughout N.J.A.C. 10:64. The technical changes revise all references to “Medicaid or NJ FamilyCare” or “Medicaid and NJ FamilyCare” to “Medicaid/NJ FamilyCare” to reflect the preferred nomenclature of the program and changes the name

of the Division of Medical Assistance and Health Services (DMAHS) fiscal agent from “Unisys” to “Gainwell Technologies.”

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), the 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 POLICIES

10:64-1.1 Scope

(a) This chapter is concerned only with hearing aids for eligible beneficiaries of the New Jersey [Medicaid] **Medicaid/NJ FamilyCare** program. It is the intent of the program to furnish hearing aids and related services to eligible beneficiaries who can benefit from them.

(b) (No change.)

10:64-1.3 Provisions for provider participation

(a) In order to participate in the [Medicaid] **Medicaid/NJ FamilyCare** program as a hearing aid provider, the dispenser shall apply to and be approved by the New Jersey [Medicaid] **Medicaid/NJ FamilyCare** program. Application for approval by the New Jersey [Medicaid] **Medicaid/NJ FamilyCare** program as a hearing aid provider requires completion and submission of the “Medicaid Provider Application” (FD-20) and the “Medicaid Provider Agreement” (FD-62).

1. The documents referenced above are located as Forms No. 8 and No. 9 in the Appendix at the end of the Administration chapter (N.J.A.C. 10:49), and may be obtained from and submitted to:

[Unisys Corporation] **Gainwell Technologies**
Provider Enrollment
PO Box 4804
Trenton, New Jersey 08650-4804

(b) In order to be approved as a [Medicaid] **Medicaid/NJ FamilyCare** participating provider, the dispenser shall have a current valid license to dispense hearing aids from the New Jersey Board of Medical Examiners.

1. An out-of-State hearing aid dispenser shall have comparable documentation from the state in which they are licensed to provide hearing aid services.

(c) (No change.)

(d) Upon signing and returning the Medicaid Provider Application, the Provider Agreement, and other enrollment documents to [Unisys.] the fiscal agent for the New Jersey [Medicaid] **Medicaid/NJ FamilyCare** program, the hearing aid dispenser will receive written notification of approval or disapproval. If approved, the hearing aid dispenser will be assigned a provider identifier number. [Unisys] **The State’s fiscal agent** will furnish the provider identifier number, provider number, and will provide an initial supply of pre-printed claim forms.

10:64-1.4 Recordkeeping

(a)-(b) (No change.)

(c) Written records required to support services billed to the [Medicaid] **Medicaid/NJ FamilyCare** program shall be made available for review and/or inspection if requested by the Department of Medical Assistance and Health Services (DMAHS).

(d)-(e) (No change.)

(f) Hearing aid providers shall make documentation available to [Medicaid] **Medicaid/NJ FamilyCare** staff during post-payment audits. Providers who repeatedly overbill or fail to follow hearing aid candidacy criteria or Program regulations may be required to have all of their claims prior authorized.

1. (No change.)

(g) (No change.)

SUBCHAPTER 2. PROVISIONS OF SERVICES

10:64-2.1 Hearing aid program, policies, and procedures

(a) An otologic examination and a hearing aid examination shall be performed prior to prescribing a hearing aid. The physician or advanced

practice nurse performing the medical examination of the [Medicaid] **Medicaid/NJ FamilyCare** eligible beneficiary shall determine if an audiological examination is medically necessary for beneficiaries 21 years of age or older. If the physician or advanced practice nurse determines that an audiological examination is medically necessary for beneficiaries 21 years of age or older, the audiological examination shall be completed prior to prescribing a hearing aid. All [Medicaid] **Medicaid/NJ FamilyCare** eligible beneficiaries under 21 years of age shall have an audiological examination completed prior to the prescribing of a hearing aid. If the beneficiary is a patient of a long-term care facility, a nursing facility hearing aid screening shall also be performed, as indicated [in] at (a)3 below. (See Fiscal Agent Billing Supplement, FD-36.)

- 1.-3. (No change.)
- (b) (No change.)

10:64-2.2 Dispensing of a hearing aid to a [Medicaid] **Medicaid/NJ FamilyCare** beneficiary residing in a nursing facility

- (a)-(c) (No change.)
- (d) Completed documentation (see Fiscal Agent Billing Supplement, incorporated herein by reference as the chapter Appendix) required for coverage of these services by the [Medicaid] **Medicaid/NJ FamilyCare** program shall include, but shall not be limited to, the following:
 - 1.-3. (No change.)
 - (e) Follow-up will be performed by [Medicaid] **Medicaid/NJ FamilyCare** staff, who will sign the form FD-244, indicate on the form whether the aid is approved for purchase, and return the form to the provider.
 - (f)-(g) (No change.)

10:64-2.4 Provider's responsibilities

- (a) When the hearing aid is dispensed the provider shall:
 - 1.-4. (No change.)
 - 5. Accept return of an instrument or part thereof within 30 days of delivery to the beneficiary when the audiologist, otologist, or [Medicaid] **Medicaid/NJ FamilyCare** staff member, after the follow-up visit, determines that the instrument does not conform to the prescription, does not fit properly, is not of acceptable quality and comfort consistent with the condition of the beneficiary, or has failed to produce the benefit anticipated during the nursing facility hearing aid screening or the hearing aid examination, as follows:
 - i. (No change.)
 - 6.-8. (No change.)

10:64-2.5 Policies on replacement of a hearing aid

- (a) The original hearing aid shall be replaced by a provider only under the following conditions:
 - 1. (No change.)
 - 2. The aid is malfunctioning and the cost of repairing the aid is 50 percent or more of its replacement cost to the [Medicaid] **Medicaid/NJ FamilyCare** program; or
 - 3. (No change.)
- (b) (No change.)
- (c) Reconditioned hearing aids are not eligible for [Medicaid] **Medicaid/NJ FamilyCare** coverage.

SUBCHAPTER 3. HEALTHCARE COMMON PROCEDURE CODING SYSTEM (HCPCS)

10:64-3.1 Introduction to the HCPCS procedure code system

(a) The New Jersey [Medicaid] **Medicaid/NJ FamilyCare** program uses the Centers for Medicare & Medicaid Services (CMS) Healthcare Common Procedure Coding System codes for 2006, established and maintained by CMS in accordance with the Health Insurance Portability and Accountability Act of 1996, 42 U.S.C. § 1320d et seq., and incorporated herein by reference, as amended and supplemented, and 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 chapter 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.

- (b) (No change.)

(c) Specific elements of HCPCS codes require the attention of providers. The lists of HCPCS code numbers for hearing aid services are arranged in tabular form with specific information for a code given under columns with titles such as: "IND," "HCPCS CODE," "MOD," "DESCRIPTION," and "MAXIMUM FEE ALLOWANCE." The information given under each column is summarized below:

- 1. Alphabetic and numeric symbols under "IND" and "MOD":

These symbols, when listed under the "IND" and "MOD" columns, are elements of the HCPCS coding system used as qualifiers or indicators ("IND" column) and as modifiers ("MOD" column). They assist the provider in determining the appropriate procedure codes to be used, the area to be covered, the minimum requirements needed, and any additional parameters required for reimbursement purposes.

- i.-ii. (No change.)

IND = lists alphabetic symbols used to refer the provider to information concerning the New Jersey [Medicaid] **Medicaid/NJ FamilyCare** program's qualifications and requirements when a procedure or service code is used. An explanation of the indicators and qualifiers used in this column is located below and in paragraph 1, "Alphabetic and numeric symbols," as follows:

...
 MOD = Alphabetic and numeric symbols: Under certain circumstances, services and procedures may be modified by the addition of alphabetic and/or numeric characters at the end of the code. The New Jersey [Medicaid] **Medicaid/NJ FamilyCare** program's modifier codes for hearing aid services are:
 LT = Left side (used to identify procedures performed on the left side of the body).
 RT = Right side (used to identify procedures performed on the right side of the body).
 YF = Dispenser's service fee.

...
 MAXIMUM FEE ALLOWANCE = New Jersey [Medicaid] **Medicaid/NJ FamilyCare** program's maximum reimbursement allowance. If the symbols "B.R." (By Report) are listed instead of a dollar amount, it means that additional information will be required in order to evaluate and price the service (for example: Invoice or manufacturer's price list where appropriate, or detailed description of service for minor in-office procedure).

- (d) Listed below are general policies of the New Jersey [Medicaid] **Medicaid/NJ FamilyCare** program that pertain to HCPCS. Specific information concerning the responsibilities of a hearing aid service when rendering [Medicaid-covered] **Medicaid/NJ FamilyCare-covered** services and requesting reimbursement are located at N.J.A.C. 10:64-1 and 2.
 - 1. (No change.)

APPENDIX
 FISCAL AGENT BILLING SUPPLEMENT

AGENCY NOTE: The Fiscal Agent Billing Supplement is appended as a part of this manual 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 Corporation] **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

(a)

DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES

Notice of Readoption Psychological Services

Readoption with Technical Changes: N.J.A.C. 10:67

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

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

Agency Control Number: 21-A-10.

Effective Dates: November 15, 2021, Readoption;
December 20, 2021, Technical Changes.

Expiration Date: November 15, 2028.

Take notice that pursuant to N.J.S.A. 52:14B-5.1, the rules at N.J.A.C. 10:67, Psychological Services, were scheduled to expire on July 31, 2020. Pursuant to Executive Order Nos. 127 (2020) and 244 (2021) and P.L. 2021, c. 103, 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. 103, this notice of readoption is timely filed.

This chapter contains the rules of the New Jersey Medicaid/NJ FamilyCare program related to the provision of psychological services to Medicaid/NJ FamilyCare beneficiaries by psychologists in private practice who are reimbursed on a fee-for-service basis. This chapter does not apply to psychologists who are employed by State, county, or private psychiatric hospitals; independent clinics; or those psychologists who are employed by residential treatment centers under contract with a State agency.

The technical changes being made include the following:

Throughout the chapter all references to “Department of Health and Senior Services” are changed to “Department of Health” to reflect the current name of that Department.

Throughout the chapter all references to “Division of Youth and Family Services” are changed to “Child Protection and Permanency within the Department of Children and Families” to reflect the current name of that agency.

Throughout the chapter and the chapter Appendix the name of the Division of Medical Assistance and Health Services (DMAHS) fiscal agent is changed from “Unisys Corporation” to “Gainwell Technologies” to reflect the name of the current fiscal agent.

At N.J.A.C. 10:67-1.2, in the definition for the “residential treatment center” the name of the accreditation agency is changed from “Joint Commission on the Accreditation of Health Care Organizations (JCAHO)” to “Joint Commission” to reflect the current name of the agency.

At N.J.A.C. 10:67-1.3(a)1, a technical change provides the phone number and website of the provider enrollment office for applicants to contact to request a provider application.

At N.J.A.C. 10:67-1.5(b), the technical changes clarify that the Fiscal Agent Billing Supplement is not located in the chapter Appendix, but instructions on how to obtain a copy of the billing supplement are in the chapter Appendix.

At N.J.A.C. 10:67-2.2(b), a reference to “intermediate care facility/mental retardation” is changed to “intermediate care facility for individuals with intellectual disabilities” to reflect the current designation of these facilities.

At N.J.A.C. 10:67-2.3(d), the technical changes clarify that the Fiscal Agent Billing Supplement is not located at the end of the chapter as part

of the chapter Appendix, but rather that the chapter Appendix provides instruction how to obtain a copy of the billing supplement.

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), the 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. INTRODUCTION

10:67-1.1 Scope and purpose

(a) (No change.)

(b) This chapter does not apply to psychologists employed by State or [County] **county** (Governmental) or private psychiatric hospitals, independent clinics, or to psychologists employed by residential treatment centers under contract with [the Division of Youth and Family Services (DYFS)] **Child Protection and Permanency (DCP) within the Department of Children and Families (DCF)** and/or the Division of Mental Health and Addiction Services ([DMHS] **DMHAS**).

10:67-1.2 Definitions

The following words and terms, when used in this chapter, shall 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] and approved for participation in Medicaid/NJ FamilyCare and primarily engaged in providing:

1.-3. (No change.)

...

“Residential health care facility” means a facility, licensed by the New Jersey State Department of Health [and Senior Services], which furnishes food and shelter to four or more persons 18 years of age and older who are unrelated to the owner and which provides dietary services, recreational activities, supervision of self-administration of medications, supervision of and assistance in activities of daily living (ADL), and assistance in obtaining health services to one or more of such persons. As used in this chapter, the term “residential health care facility” means a “boarding home for sheltered care” as defined by the New Jersey State Department of Health [and Senior Services].

“Residential treatment center” means a facility that:

1. Has a facility or program accreditation by the Joint Commission [on the Accreditation of Health Care Organizations (JCAHO)], or other accreditation as specified in the Department’s rules;

2.-3. (No change.)

10:67-1.3 Conditions of participation

(a) To be approved as a Medicaid/NJ FamilyCare provider by the New Jersey Medicaid/NJ FamilyCare program, the psychologist or psychologist specialist shall:

1. Complete and submit the Medicaid/NJ FamilyCare “Provider Application” (FD-20) and the “Medicaid/NJ FamilyCare Provider Agreement” (FD-62).

i. The documents, referenced [in] at (a)1 above, are located as Forms #8 and #10 in the Appendix of the Administration Chapter (N.J.A.C. 10:49--Appendix) at the end of the chapter, and may be obtained from and submitted to:

[Unisys Corporation] **Gainwell Technologies**
Provider Enrollment
PO Box 4804
Trenton, New Jersey 08650-4804

A provider application can also be requested by calling 609-588-6036 or downloaded from the DMAHS fiscal agent website at njmmis.com.

ii. (No change.)

2. (No change.)

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