

- 20. Experimental and investigational services;
- 21. Medical supplies (except diabetic supplies);
- 22. Infertility services;
- 23. Rehabilitative services for substance abuse;
- 24. Weight reduction programs or dietary supplements, except for surgical procedures or other procedures for treatment of obesity, when approved by the MCO;
- 25. Acupuncture and acupuncture therapy, except when performed as a form of anesthesia in connection with covered surgery;
- 26. Temporomandibular joint disorder treatment, including treatment performed by prosthesis placed directly in the teeth;
- 27. Recreational therapy;
- 28. Sleep therapy;
- 29. Court-ordered services;
- 30. Thermograms and thermographys;
- 31. Biofeedback;
- 32. Radial keratotomy;
- 33. Respite care;
- 34. Inpatient hospital services for mental health;
- 35. Inpatient and outpatient services for substance abuse;
- 36. Partial hospitalization;
- 37. Skilled nursing facility services;
- 38. Hospice services;
- 39. Optometrist services;
- 40. Optical appliances;
- 41. Organ transplant services;
- 42. Podiatrist services;
- 43. Prosthetic appliances;
- 44. Outpatient rehabilitation services;
- 45. Maternity and related newborn care; and
- 46. Adult mental health rehabilitation services provided in/by community residence programs.

New Rule, R.2006 d.17, effective January 3, 2006.
See: 37 N.J.R. 2787(a), 38 N.J.R. 294(d).

10:74-3.12 General Medicaid and NJ FamilyCare program limitations

(a) The following service requirements and limitations shall apply in the standard service package or capitation payments, even if provided by the MCO:

1. Although services of podiatrists shall be provided, New Jersey Medicaid does not ordinarily cover routine foot care or treatment of flat foot conditions. These services shall be provided only when medical necessity is determined.

2. Occupational therapy and treatment for speech, language or hearing disorders shall be covered only when provided to an enrollee by a nursing facility, an approved home health agency, a hospital inpatient and outpatient department or an independent outpatient clinic.

3. Elective/induced abortions are not covered under an MCO program but will continue to be paid on a fee-for-service basis by the Medicaid and NJ FamilyCare program.

Amended by R.1998 d.116, effective January 30, 1998 (operative February 1, 1998; to expire July 31, 1998).

See: 30 N.J.R. 713(a).

In (a)4, inserted a reference to NJ KidCare.

Adopted concurrent proposal, R.1998 d.426, effective July 24, 1998.

See: 30 N.J.R. 713(a), 30 N.J.R. 3034(a).

Readopted provisions of R.1998 d.116 without change.

Recodified from N.J.A.C. 10:74-3.3 and amended by R.2006 d.17, effective January 3, 2006.

See: 37 N.J.R. 2787(a), 38 N.J.R. 294(d).

Deleted provisions regarding physical therapists; section was "General Medicaid and NJ KidCare program limitations".

10:74-3.13 General Medicaid and NJ FamilyCare program exclusions

(a) The following shall not be considered covered services in the capitation rate, if provided:

1. All claims arising directly or indirectly from services provided by or in institutions owned or operated by the Federal government;

2. Elective cosmetic surgery;

3. Rest cures;

4. Personal comfort and convenience items; services and supplies not directly related to the care of the patient, including, but not limited to, guest meals and accommodations, telephone charges, travel expenses other than those services which may be specifically covered under the standard benefits package (such as ambulance services), take-home supplies and similar costs;

5. Services involving the use of equipment in facilities, the purchase, rental or construction of which has not been approved by applicable laws of the State of New Jersey and regulations issued pursuant thereto;

6. Infertility treatment services;

7. Services provided in an inpatient psychiatric institution that is not an acute care hospital to individuals under 65 years of age and over 21 years of age; and

8. Private duty nursing in an institution or hospital setting and private duty nursing provided in any setting for individuals 21 years of age or older.

Amended by R.1998 d.116, effective January 30, 1998 (operative February 1, 1998; to expire July 31, 1998).

See: 30 N.J.R. 713(a).

Adopted concurrent proposal, R.1998 d.426, effective July 24, 1998.

See: 30 N.J.R. 713(a), 30 N.J.R. 3034(a).

Readopted provisions of R.1998 d.116 without change.

Recodified from N.J.A.C. 10:74-3.4 and amended by R.2006 d.17, effective January 3, 2006.

See: 37 N.J.R. 2787(a), 38 N.J.R. 294(d).

Section was "General Medicaid and NJ KidCare program exclusions".

10:74-3.14 Reporting of services

All services listed in N.J.A.C. 10:74-3.12 and 3.13 shall be reported on encounters, despite the limitations or exclusions.

Recodified from N.J.A.C. 10:74-3.5 and amended by R.2006 d.17, effective January 3, 2006.

See: 37 N.J.R. 2787(a), 38 N.J.R. 294(d).

Updated N.J.A.C. references.

10:74-3.15 Availability of services

(a) Each contractor shall demonstrate the availability and accessibility of institutional facilities and professional, allied and supporting paramedical personnel to perform the agreed-upon services.

(b) Each contractor shall ensure that no distinctions will be made with regard to quality of service or availability of covered benefits between Medicaid and NJ FamilyCare enrollees under this subchapter and any other parties served by the contractor.

(c) Each Medicaid and NJ FamilyCare enrollee shall be given the choice of a primary care provider who will supervise and coordinate his or her care.

(d) Generally, the contractor shall have only one enrollment area for all Medicaid or NJ FamilyCare parties served, including those served under these regulations. Modifications of such enrollment area for purposes of contracting under this subchapter shall be achieved by means of contract amendment.

Amended by R.1998 d.116, effective January 30, 1998 (operative February 1, 1998; to expire July 31, 1998).

See: 30 N.J.R. 713(a).

Inserted references to NJ KidCare throughout.

Adopted concurrent proposal, R.1998 d.426, effective July 24, 1998.

See: 30 N.J.R. 713(a), 30 N.J.R. 3034(a).

Readopted provisions of R.1998 d.116 without change.

Recodified from N.J.A.C. 10:74-3.6 and amended by R.2006 d.17, effective January 3, 2006.

See: 37 N.J.R. 2787(a), 38 N.J.R. 294(d).

Substituted "FamilyCare" for "KidCare" throughout.

SUBCHAPTER 4. MARKETING

10:74-4.1 Marketing

(a) The contractor shall obtain written approval from the Division prior to the commencement of marketing activities, regarding the form and content of the following:

1. Informational and instructional materials to be distributed to inform Medicaid and NJ FamilyCare enrollees of the scope and nature of benefits provided by the contractor;

2. Informational and instructional materials to be distributed to inform Medicaid and NJ FamilyCare enrollees of changes in program scope or administration;

3. Public information releases pertaining to the enrollment of Medicaid and NJ FamilyCare individuals in the contractor's plan; and

4. Instruction to community-based organizations that will empower them to provide instruction to their beneficiaries to achieve better health outcomes.

(b) The contractor shall ensure that:

1. All of the contractor's marketing presentations accurately and clearly represent the benefits and limitations of the contractor's plan, and are not false or misleading in any way;

2. All of the contractor's marketing representatives and agents have received sufficient instructions and training to be capable of performing such marketing activities;

3. All of the contractor's marketing representatives represent themselves as agents of the contractor involved in marketing;

4. All marketing presentations make it clear whether a specific MCO enrollment is voluntary or mandatory;

5. There are no activities which influence an individual's enrollment with the contractor in conjunction with the sale of any other insurance;

6. None of the contractor's marketing representatives offer or give any form of compensation or reward as an inducement to a Medicaid or NJ FamilyCare beneficiary to enroll in the contractor's plan. However, for marketing purposes, the MCO may offer promotional giveaways that shall not exceed a combined total of \$10.00 to any one individual;

7. No door-to-door canvassing, telephone, telemarketing or "cold-call" marketing of enrollment activities by the contractor, or by an employee, or an agent of an independent contractor shall be performed on behalf of the contractor; and

8. All marketing materials are distributed throughout all enrollment areas for which it is contracted to provide services.

Amended by R.1998 d.116, effective January 30, 1998 (operative February 1, 1998; to expire July 31, 1998).

See: 30 N.J.R. 713(a).

Inserted references to NJ KidCare throughout; and in (a), recodified former i through iv as 1 through 4.

Adopted concurrent proposal, R.1998 d.426, effective July 24, 1998.

See: 30 N.J.R. 713(a), 30 N.J.R. 3034(a).