

**CHAPTER 54  
PHYSICIAN SERVICES**

**Authority**

N.J.S.A. 30:4D-6a(5); 30:4D-7, 7a, b and c; 30:4D-12; 42 CFR 440.50.

**Source and Effective Date**

R.2001 d.51, effective January 12, 2001.  
See: 32 N.J.R. 3929(a), 33 N.J.R. 555(a).

**Executive Order No. 66(1978) Expiration Date**

Chapter 54, Physician Services, expires on January 12, 2006.

**Chapter Historical Note**

Chapter 54, Manual for Physician's Services, was adopted and became effective prior to September 1, 1969.

Subchapter 3, Procedure Code Manual, was repealed, and Subchapter 4, HCFA Common Procedure Coding System (HCPCS), was adopted as new rules by R.1986 d.52, effective March 3, 1986. See: 17 N.J.R. 1519(b), 18 N.J.R. 478(a).

Pursuant to Executive Order No. 66(1978), Chapter 54, Manual for Physician's Services, was readopted as R.1991 d.136, effective February 15, 1991. See: 22 N.J.R. 3711(b), 23 N.J.R. 858(a).

Chapter 54, Manual for Physician's Services, was repealed, and Chapter 54, Physicians Services, was adopted as new rules by R.1996 d.66, effective February 5, 1996. See: 27 N.J.R. 4576(a), 28 N.J.R. 902(b).

Pursuant to Executive Order No. 66(1978), Chapter 54, Physician Services, was readopted as R.2001 d.51, effective January 12, 2001. See: Source and Effective Date. See, also, section annotations.

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#### SUBCHAPTER 1. GENERAL PROVISIONS

##### 10:54-1.1 Purpose and scope

(a) The Physician Services chapter outlines the policies and procedures of the New Jersey Medicaid program for a physician who prescribes, provides directly, or personally directs medically necessary health services to Medicaid beneficiaries. The policies and procedures in this chapter foster the delivery of services in the most efficient and cost effective manner consistent with good medical practice.

(b) As a Medicaid provider, the physician may also participate in special programs, such as the HealthStart (Maternity and Pediatric Services), and managed health care, which is provided to designated beneficiaries in selected counties, in accordance with the provisions of N.J.A.C. 10:49-20 and 10:74, respectively.

(c) Medicaid rules regarding physicians who have a collaborative arrangement with certified nurse practitioners/clinical nurse specialists (CNP/CNS) may be found in the New Jersey Administrative Code at N.J.A.C. 10:58A. Medicaid rules regarding physicians who employ CNP/CNSs may be found in N.J.A.C. 10:54 (this chapter).

(d) Medicaid rules covering independent certified nurse midwives (CNM) may be found in the New Jersey Administrative Code at N.J.A.C. 10:58. Medicaid rules regarding physicians who employ CNMs may be found in N.J.A.C. 10:54 (this chapter).

Amended by R.2001 d.51, effective February 5, 2001.  
See: 32 N.J.R. 3929(a), 33 N.J.R. 555(a).

In (a), substituted "beneficiaries" for "recipients" following "services to Medicaid"; in (b), deleted a reference to Garden State Health Plan and substituted "beneficiaries" for "recipients" preceding "in selected counties".

#### 10:54-1.2 Definitions

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

"Appropriate State agency" means an agency that has a letter of agreement with the New Jersey Medicaid program that includes permission to request medical consultations that are consistent with good medical practice.

"Bundled drug service" means a drug that is marketed or distributed by the manufacturer or distributor as a combined package which includes the cost of the drug product and ancillary services such as, but not limited to, case management services and laboratory testing.

"Concurrent care" means care rendered to a patient by more than one physician/practitioner where the dictates of medical necessity require that services of one or more clinicians in addition to the attending clinician, so that appropriate and needed care may be provided to the patient.

"Consultation" means the professional evaluation of a patient by a qualified specialist recognized as such by this Program, that is requested by the attending physician or an appropriate State agency.

"Certified Nurse Midwife (C.N.M.)" means a registered professional nurse who:

1. Is licensed by the New Jersey State Board of Nursing, in accordance with N.J.A.C. 13:37;

2. Certified by the American College of Nurse Midwives (ACNM) (American College of Nurse Midwives, 818 Connecticut Ave. NW, Washington, DC 20006, 202-728-9860) or the American College of Nurse Midwives Certification Council (ACC) (Certification Council, 8401 Corporate Drive, Landover, MD 20785, 301-459-1321) and evidence of continuing competency as required by the ACNM; and,

3. Maintains current registration as a Certified Nurse Midwife with the New Jersey State Board of Medical Examiners, in accordance with N.J.A.C. 13:35-2A.

"Early and periodic screening, diagnosis and treatment (EPSDT)" means a preventive and comprehensive health program for Medicaid beneficiaries through 20 years of age, including the assessment of an individual's health care needs through initial and periodic examinations (screenings), the provision of health education and guidance, and the assurance that any identified health problems are diagnosed and treated at the earliest possible time.

"HealthStart" means a program of health services provided to pregnant women, infants and small children, as defined in N.J.A.C. 10:49-1.4.

"HealthStart Maternity Care Services" means a comprehensive package of maternity care services which includes two components, Medical Maternity Care and Health Support Services, and is provided in accordance with N.J.A.C. 10:54-6.

"HealthStart Maternity (Comprehensive) Care Services Provider" means a physician, a certified nurse midwife, a group of physicians, a group of certified nurse midwives (or mixed group of physicians and CNMs), a hospital, an independent clinic approved by the New Jersey State Department of Health and Senior Services and the New Jersey Medicaid program which provides HealthStart Maternity (Comprehensive) Care services either directly, or indirectly through linkage with other practitioners, in independent clinics, in hospital outpatient departments, or in physicians' offices.

"HealthStart Pediatric Care Provider" means a physician/practitioner or group of physicians/practitioners, an outpatient hospital department, or an independent clinic (including a local health department), meeting the New Jersey State Department of Health and Senior Services Improved Program Outcomes and/or the Child Health Conference Criteria, and approved by the New Jersey State Department of Health and Senior Services and the New Jersey Medicaid program to provide a comprehensive package of pediatric care services.

"Nurse midwifery services" means those services provided by certified nurse midwives (C.N.M.) within the scope of practice of certified nurse midwifery in the rules and regulations of the Board of Medical Examiners of the State of New Jersey in N.J.A.C. 10:35-2A which are:

1. To manage the care of essentially normal women during the maternity cycle;
2. To provide care to essentially normal newborns at the time of delivery; and
3. To provide well-woman health care (see definition in N.J.A.C. 10:54-1.2).

“Personal direction” means the supervision by a physician of a service performed by another licensed physician or licensed practitioner. The use of this term does not apply to the supervision of other health care personnel unless otherwise specified.

“Physician” means a doctor of medicine (M.D.), osteopathy (D.O.) or podiatric medicine licensed to practice medicine and surgery by the New Jersey State Board of Medical Examiners, or similarly licensed by comparable agencies of the state in which he or she practices.

“Physician services” means those services provided within the scope of practice of a doctor of medicine (M.D.) or osteopathy (D.O.) as defined by the laws of the State of New Jersey, or if in practice in another state by the laws of that state, and the services which are performed by or under the personal direction of the physician. It includes physician services furnished in the office, the patient’s home, a hospital, a nursing facility and/or other settings. (For rules regarding personal direction, see N.J.A.C. 10:54-2.2.)

“Practitioner” refers to a licensed certified nurse practitioner/clinical nurse specialist (CNP/CNS), a certified nurse midwife, a dentist, a chiropractor, a podiatrist, or a psychologist, as defined by this rule. Practitioners are responsible for examining, diagnosing, treating and counseling patients, and ordering medications, within the specific scope of their practice, as defined by their specific Board. On occasion, this chapter defines rules and procedures which are provided by physicians and other practitioners; in these instances, the term “physician/practitioner” is used. The term practitioner does not refer to and is not inclusive of physicians (who are defined only as M.D. and DOs).

“Prior authorization” means the approval by the New Jersey Medicaid program before a service is rendered or an item provided. Services which require prior authorization are specified in this chapter (also see N.J.A.C. 10:49-6).

“Transfer” means the relinquishing of responsibility for the continuing care of the patient by one physician or practitioner and the assumption of such responsibility by another physician or practitioner.

“Well-woman health care” means those preventive and referral services which may include family planning, reproductive health care counseling, and reproductive system’s health care screening.

Amended by R.2001 d.51, effective February 5, 2001.  
See: 32 N.J.R. 3929(a), 33 N.J.R. 555(a).

In “Early and periodic screening, diagnosis and treatment (EPSDT)”, substituted “beneficiaries” for “recipients” preceding “through 20 years of age”; in “Physician”, inserted a reference to podiatric medicine.

### 10:54-1.3 Provider participation criteria

(a) All physicians, licensed doctors of medicine or surgery (M.D.), or doctors of osteopathy (D.O.) or podiatric medicine pursuant to N.J.A.C. 13:35 (incorporated herein by reference), authorized to provide medical and surgical services by the State of New Jersey, who are an approved Medicaid participating provider in accordance with (b) below, and who comply with all the rules of the New Jersey Medicaid program, are eligible to provide medical and surgical services for Medicaid beneficiaries.

1. Any out-of-State physician may provide medical and surgical services under this Program if he or she meets the comparable documentation and licensing requirements in the State in which he or she is practicing, and is a New Jersey Medicaid participating provider.

2. An applicant shall provide the Division with a photocopy of the current license and current certification at the time of the application for enrollment.

(b) In order to participate in the Medicaid program as a physician, the physician shall apply to, and be approved by, the New Jersey Medicaid program. An applicant for approval by the New Jersey Medicaid program as a physician provider shall complete and submit the “Medicaid Provider Application” (FD-20) and the “Medicaid Provider Agreement” (FD-62). The FD-20 and FD-62 can be found as Forms #8 and #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  
Provider Enrollment  
PO Box 4804  
Trenton, New Jersey 08650-4804

(c) Upon signing and returning the Medicaid Provider Application, the Provider Agreement and other enrollment documents to the fiscal agent for the New Jersey Medicaid program, the physician will receive written notification of approval or disapproval. If approved, the physician will be assigned a Medicaid Provider Billing Number, a Medicaid Provider Service Number, and will be provided with an initial supply of pre-printed claim forms.

1. Each physician, or each Certified Nurse Midwife or CNP/CNS, who is the provider of the service or member of the group practice, shall place a Medicaid Provider Service Number (MPSN) on all written prescriptions and shall provide the MPSN with all telephone orders. The MPSN shall be entered on all claims submitted by the provider, to expedite the processing of claims. The Medicaid Provider Billing Number is also required on all Medicaid claim forms as a condition of payment. (See also N.J.A.C. 10:49-3.4.) In the case of a physician/practitioner group, the group number is the Medicaid Provider Billing Number.

(d) In order to participate as a provider of HealthStart services, the physician practicing independently or as part of a group shall be a Medicaid provider and shall meet the requirements as specified at N.J.A.C. 10:54-6, including the provider participating criteria specified in N.J.A.C. 10:54-6.3. The physician shall also possess a valid HealthStart Certificate, issued by the New Jersey State Department of Health and Senior Services. An application for a HealthStart Provider Certificate is available from:

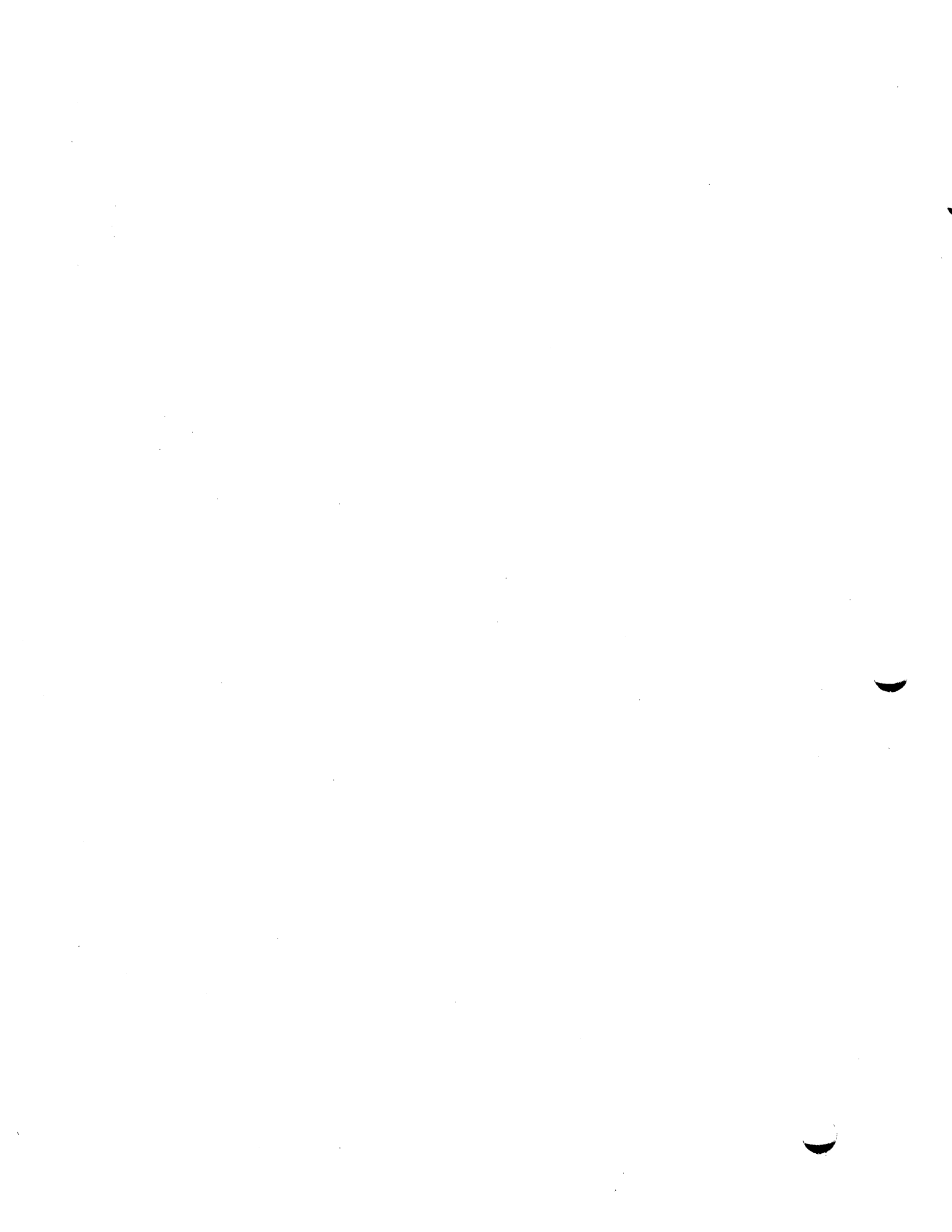
New Jersey Department of Health and Senior Services  
Division of Family Health Services  
50 East State Street  
PO Box 364  
Trenton, New Jersey 08625-0364

Amended by R.2001 d.51, effective February 5, 2001.  
See: 32 N.J.R. 3929(a), 33 N.J.R. 555(a).

In (a), inserted a reference to podiatric medicine and substituted "beneficiaries" for "recipients" in the introductory paragraph.

#### **10:54-1.4 Reimbursement based on specialist designation**

(a) Reimbursement rates for physician services are differentiated as specialist or non-specialist according to the criteria for specialist designation listed in (b) below.



(b) An applicant for specialist designation by the New Jersey Medicaid program, except as noted in (c) below, shall be a licensed physician who:

1. Is a diplomate of a specialty board approved by the American Board of Medical Specialties or the Advisory Board of the American Osteopathic Association; or
2. Is currently admissible to the examination administered by a specialty board approved by the American Board of Medical Specialties or the Advisory Board of the American Osteopathic Association, and/or has evidence of completion of an appropriate qualifying residency approved by the American Medical Association or American Osteopathic Association.

(c) For any physician who was an approved physician provider in the New Jersey Medicaid program with "specialist" status prior to the effective date of the adoption of this Chapter, any of the following three criteria are permissible to define the term "specialist".

1. Is a fellow of the appropriate American specialty college or a member of an osteopathic specialty college;
2. Holds an active staff appointment with specialty privileges in a voluntary or governmental hospital which is approved for training in the specialty in which the physician has privileges; or
3. Is recognized in the community as a specialist by his or her peers.

#### 10:54-1.5 Certification of physician services

(a) All physician providers shall be required to certify that the services billed on any claim were personally rendered by the physician or under his or her personal direction, except under the circumstances listed in (b) below.

(b) Physician services furnished by another physician who is not the primary physician during a period not exceeding 14 continuous days, in the case of an informal reciprocal arrangement, or for 90 continuous days, in the case of an arrangement involving per diem or other fee-for-service compensation, shall be permitted as exceptions to (a) above, in accordance with the following:

1. The primary physician may bill for physician services provided by the covering physician if the name of the covering physician is identified on the claim form and/or EPSDT form, as applicable; or
2. If the covering physician is a Medicaid physician provider in his own right, then the covering physician may bill under his or her own Medicaid Provider Service Number (MPSN) for services rendered during the "covering period," in accordance with N.J.A.C. 10:49-3.4.

(c) For the certification of a physician who provides services to a child under the age of 21 or to a pregnant woman, whether the service is pregnancy related or a service unique to children under 21 years of age, including a

physician who provides prenatal care to a presumptively eligible pregnant woman, the following requirements shall be met:

1. For physician services to a child under 21 years of age, for the period of January 1, 1992 through December 31, 1996, a physician who does not meet any of the specified criteria in (c)1i through v below, but has a provider agreement with a State Medicaid agency, shall be considered certified under (c)vi below to receive reimbursement under Medicaid for services provided. Effective January 1, 1997, in order to receive reimbursement for services to a child under 21 years of age, a physician who is a Medicaid provider shall meet at least one of the specified criteria which follows:

i. Certification in family practice or pediatrics by the medical specialty board recognized by the American Board of Medical Specialties for family practice or pediatrics;

ii. Employment or affiliation with a Federally qualified health center, as the term is defined in Section 1905(l)(2)(B) of the Social Security Act (42 U.S.C. 1396d(l));

iii. Admitting privileges at a hospital participating in an approved State Medicaid Plan;

iv. Membership in the National Health Service Corps;

v. Documentation of a current, formal consultation and referral arrangement with a pediatrician or family practitioner who has the certification described in (c)1i above for purposes of specialized treatment and admission to a hospital; or

vi. Certification by the Secretary of the Federal Department of Human Services as qualified to provide physician services to children under 21 years of age.

2. For physician services to a pregnant woman, for the period of January 1, 1992 through December 31, 1996, a physician who does not meet any of the criteria in (c)2i through v below, but who has a provider agreement with a Medicaid agency, shall be considered certified under vi below, to receive reimbursement under Medicaid for services provided. Effective January 1, 1997, in order to receive reimbursement for services to a pregnant woman, a physician who is a Medicaid provider shall meet at least one of the specified criteria listed in i through v below:

i. Certification in family practice or obstetrics by the medical specialty board recognized by the American Board of Medical Specialties for family practice or obstetrics;

ii. Employment or affiliation with a Federally qualified health center as defined in Section 1905(l)(2)(B) of the Social Security Act;

- iii. Admitting privileges at a hospital participating in an approved State Medicaid Plan;
- iv. Membership in the National Health Service Corps;
- v. Documentation of a current, formal consultation and referral arrangement with an obstetrician or family practitioner who has the certification described in (c)2i above for purposes of specialized treatment and admission to a hospital; or
- vi. Certification by the Secretary of the Federal Department of Human Services as qualified to provide physician services to pregnant woman.

#### 10:54-1.6 Provider signature requirements

(a) All claim forms for covered services shall be personally signed by the physician or by an authorized representative of the physician. (See Fiscal Agent Billing Supplement.) The following signature types shall not be accepted:

- 1. Initials instead of signature;
- 2. Stamped signature; and
- 3. Automated (machine-generated) signature.

## SUBCHAPTER 2. PHYSICIAN SERVICES— GENERAL

### 10:54-2.1 Patient choice of physician

The patient shall be allowed free choice of physicians, except for individuals enrolled as Medicaid beneficiaries in Managed Care organizations (such as HMOs), in which case, the provisions of N.J.A.C. 10:74 shall apply.

### 10:54-2.2 Direction of physician services

Personal direction of physicians or other licensed practitioners means that the services must be rendered in the physician's presence. It is not the intent of the program to reimburse a physician for medical care, and/or history and/or physical examinations performed by interns, residents, other house staff members or physician assistants.

### 10:54-2.3 Physician personal direction of Certified Registered Nurse Anesthetists (CRNA)

(a) Anesthesia services provided by Certified Registered Nurse Anesthetists (CRNA), according to the conditions for practice in N.J.A.C. 13:37-13.1 and 13.2, shall be eligible for reimbursement provided:

- 1. The CRNA is employed by a physician who is a specialist in anesthesia;
- 2. The physician specialist is an approved provider in the New Jersey Medicaid program; and

3. The physician specialist submits the claim for services rendered under his or her Medicaid Provider Billing Number.

(b) The CRNA's services shall be performed under the personal direction of the employer anesthesiologist throughout the period of anesthesia. (See N.J.A.C. 10:54-2.2 for rules related to personal direction.) When personally directing a CRNA, the anesthetist shall:

- 1. Be free from other professional duties;
- 2. Be in the operating suite, within visual and/or auditory range throughout the period of personal direction; and
- 3. Not be involved in the care of more than two cases under anesthesia at the same time.

### 10:54-2.4 Physician collaboration with Certified Nurse Midwives

(a) A Certified Nurse Midwife shall work with a physician under the collaborative arrangement specified by the Board of Medical Examiners in N.J.A.C. 13:35-2A, incorporated herein by reference.

(b) Under the New Jersey Medicaid program, the Certified Nurse Midwife may be either a direct provider of midwifery services, or an employee of a physician, physician group, physician/practitioner group, another certified nurse midwife, hospital, or independent clinic (see as appropriate, N.J.A.C. 10:54, N.J.A.C. 10:52, N.J.A.C. 10:58 or N.J.A.C. 10:66).

### 10:54-2.5 Physician collaboration with Certified Nurse Practitioner/Clinical Nurse Specialist (CNP/CNS)

(a) A Certified Nurse Practitioner/Clinical Nurse Specialist (CNP/CNS) shall collaborate with a physician, or physician/practitioner group in accordance with N.J.A.C. 10:58A, Certified Nurse Practitioner/Clinical Nurse Specialist Services, and N.J.A.C. 13:37-7.6, incorporated herein by reference.

1. Under the New Jersey Medicaid program, the Certified Nurse Practitioner/Clinical Nurse Specialist may be either a direct provider of services, (see N.J.A.C. 10:58A, Certified Nurse Practitioner/Clinical Nurse Specialist Services Chapter) or an employee of a physician, physician group, physician/practitioner group, another certified nurse practitioner/certified nurse specialist, hospital, or independent clinic (see the appropriate requirements of N.J.A.C. 10:54, N.J.A.C. 10:52 or N.J.A.C. 10:66).

### 10:54-2.6 Recordkeeping; general

(a) All physicians shall keep such legible individual records as are necessary to fully disclose the kind and extent of services provided, as well as the medical necessity for those services.