

7. The consent form shall be an exact replica of the Federal form.

i. The consent form shall be signed and dated by the individual to be sterilized; the interpreter, if one was provided; the person who obtained the consent; and the physician who performed the sterilization procedure. A copy of the consent form shall be given to the individual.

ii. The Fiscal Agent Billing Supplement, N.J.A.C. 10:66-Appendix, contains additional information and instructions for the consent form's proper completion.

8. Claims for sterilization services are hard-copy restricted; electronic billing is not permitted.

New Rule, R.1998 d.577, effective December 7, 1998.  
See: 30 N.J.R. 3434(a), 30 N.J.R. 4225(b).

#### 10:66-2.16 Termination of pregnancy

(a) Termination of pregnancy is a Medicaid-covered and NJ KidCare fee-for-service-covered service when the following conditions are present:

1. The procedure is performed in an appropriately licensed ambulatory care facility, an ambulatory surgical center, or an ambulatory care/family planning/surgical facility licensed and authorized by the New Jersey State Department of Health and Senior Services to perform abortions with specific approval of the New Jersey Medicaid or NJ KidCare program;

2. The procedure is performed in accordance with the requirements of the New Jersey Board of Medical Examiners, N.J.A.C. 13:35;

3. The procedure is performed by a physician licensed to practice medicine and surgery in the State of New Jersey; and

4. The procedure is medically necessary. A physician may take the following factors into consideration in determining whether a termination of pregnancy is medically necessary:

- i. Physical, emotional, and psychological factors;
- ii. Family reasons; and
- iii. Age.

(b) Claims for termination of pregnancy services are hard-copy restricted; electronic billing is not permitted.

(c) A Physician Certification (Form FD-179) shall be attached to any Medicaid or NJ KidCare fee-for-service claim form relating to termination of pregnancy services.

1. The Fiscal Agent Billing Supplement contains a sample Physician Certification (Form FD-179) and item-by-item instructions for the form's proper completion.

New Rule, R.1998 d.577, effective December 7, 1998.

See: 30 N.J.R. 3434(a), 30 N.J.R. 4225(b).

#### 10:66-2.17 Transportation services

(a) Transportation service is Medicaid-covered and NJ KidCare fee-for-service-covered when the following conditions are met:

1. The clinic is approved to provide transportation services by the New Jersey Medicaid and NJ KidCare fee-for-service programs.

i. Approval by the New Jersey Medicaid or NJ KidCare fee-for-service program shall not be granted for the provision of ambulance or invalid coach service.

2. Transportation service is provided either:

i. By the clinic, in a clinic owned or leased vehicle; or

ii. By a transportation company under contract to the clinic.

3. The purpose of providing transportation, one way or round trip, is to enable a Medicaid or NJ KidCare fee-for-service beneficiary to obtain a Medicaid-covered or NJ KidCare fee-for-service-covered service at the clinic.

4. A Medicaid or NJ KidCare fee-for-service beneficiary is transported:

i. To the clinic, from the beneficiary's residence or a designated central point; or

ii. From the clinic, to the beneficiary's residence or a designated central point.

Recodified from N.J.A.C. 10:66-2.7 and amended by R.1998 d.577, effective December 7, 1998.

See: 30 N.J.R. 3434(a), 30 N.J.R. 4225(b).

Inserted references to NJ KidCare fee-for-service and substituted references to beneficiaries for references to recipients throughout.

#### 10:66-2.18 Vision care services

Vision care services are reimbursable when administered by a licensed ophthalmologist or optometrist as indicated in the New Jersey Medicaid and NJ KidCare fee-for-service programs' Vision Care Services chapter, N.J.A.C. 10:62. See the New Jersey Medicaid and NJ KidCare fee-for-service programs' Vision Care Services chapter, N.J.A.C. 10:62-3 (HCPCS), for procedure codes and maximum fee allowance for reimbursement of both professional services and optical appliances and services.

New Rule, R.1998 d.577, effective December 7, 1998.

See: 30 N.J.R. 3434(a), 30 N.J.R. 4225(b).

#### 10:66-2.19 Hospital services and personal care assistant services

(a) The following applies to hospital visits:

1. An inpatient hospital visit performed by a clinic physician for a registered patient of a Federally qualified health center shall be reimbursed only if the clinic is

specifically approved to provide this service by the Program.

i. For a salaried physician in a Federally qualified health center (FQHC), an inpatient hospital visit shall be billed by the FQHC as a medical encounter.

ii. For a physician under contract with a Federally qualified health center (FQHC), the physician may receive reimbursement as an individual provider as long as the clinic is not also billing for the same service. The only contracted physician's cost that may be reported in the FQHC's Medicaid cost report are for visits that are billed by the FQHC.

(b) The following applies to the provision of personal care assistant services:

1. Personal care assistant services (mental health) are health-related tasks performed by a qualified individual in a recipient's home under the supervision of a registered professional nurse, as certified by a physician in accordance with a written plan of care.

i. Each personal care provider employing personal care assistants shall be individually approved by the New Jersey Medicaid and NJ KidCare programs before it will be reimbursed for services rendered to Medicaid or NJ KidCare-Plan A fee-for-service beneficiaries. The Division of Medical Assistance and Health Services will recognize upon approval, agencies under contract to the Division of Mental Health Services.

(1) For information and rules pertaining to personal care assistant services provided by a home health or homemaker agency, refer to N.J.A.C. 10:60-1.7 in the Home Care Services chapter.

2. Personal care assistant services provided by a family member are not covered services.

3. Personal care assistant services shall be provided only in instances where a family support system or other informal care giver is unavailable, inaccessible or inappropriate.

4. The registered professional nurse, in accordance with the physician's plan of care, prepares written instructions for the personal care assistant to include the amount and kind of supervision needed, the specific needs of the patient and the resources of the patient, the family and other interested persons.

5. Supervision of the personal care assistant shall be provided by a registered nurse at a minimum of one visit every 60 days to assess the patient's health condition, as well as the quality of personal care assistant services received.

6. An initial nursing assessment visit must be made to evaluate the need for personal care assistant service. Following the initial visit, a nursing reassessment visit may be provided at least once every six months, or more frequently if the recipient's condition warrants, to reevaluate the recipient's need for continued care.

7. The personal care assistant shall enter progress notes on a weekly basis in the recipient's record, including the recipient's progress toward goals. These progress notes shall be signed and dated by the personal care assistant.

Recodified from N.J.A.C. 10:66-2.8 and amended by R.1998 d.577, effective December 7, 1998.

See: 30 N.J.R. 3434(a), 30 N.J.R. 4225(b).

Rewrote the section.

### SUBCHAPTER 3. HEALTHSTART

#### 10:66-3.1 Purpose

(a) The purpose of HealthStart is to provide for comprehensive maternity care services to pregnant Medicaid and NJ KidCare fee-for-service beneficiaries, including those determined to be presumptively eligible, and preventive child health care services for Medicaid beneficiaries up to the age of two and NJ KidCare fee-for-service beneficiaries.

1. Pediatric HealthStart services are an expansion of the EPSDT program as described at N.J.A.C. 10:66-2.4.

Amended by R.1998 d.577, effective December 7, 1998.

See: 30 N.J.R. 3434(a), 30 N.J.R. 4225(b).

In (a), inserted references to NJ KidCare fee-for-service and substituted references to beneficiaries for references to recipients in the introductory paragraph, and changed N.J.A.C. reference in 1.

#### 10:66-3.2 Scope of services

(a) HealthStart maternity care services provided by a HealthStart-certified provider are obstetrical care services and a program of health support services provided in accordance with the recommendations of the American College of Obstetricians and Gynecologists. HealthStart pediatric care services include up to nine preventive visits, as recommended by the American Academy of Pediatrics, provided by a HealthStart-certified provider who assumes the primary responsibility for coordination and continuity of care.

(b) HealthStart comprehensive maternity care includes both medical maternity care services and health support services, which are described below in (b)1 and 2, respectively.

1. Medical maternity care services include:

- i. Ambulatory prenatal services;
- ii. Admission arrangements for delivery;
- iii. Obstetrical delivery services; and