December 7, 1956

Honorable Edward J. Patten
Secretary of State
State House
Trenton, New Jersey

Dear Secretary Patten:

Enclosed herewith for filing is the following regulation of the Bureau of Assistance, Division of Welfare of this Department:

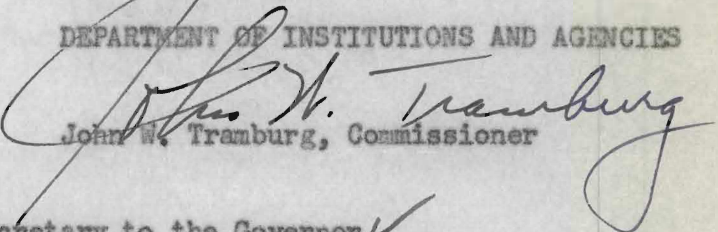
COUNTY SERIES #3

Procedures and Maximum Allowances for Certain Medical Care Needs:

Revision of Attachment No. 7, replacing Attachment No. 7 revised 7/1/56

Very truly yours,

DEPARTMENT OF INSTITUTIONS AND AGENCIES



John W. Tramburg, Commissioner

JWT:4

CC: Mr. Brendan T. Bryne, Secretary to the Governor
Mr. Elmer V. Andrews, Director, Division of Welfare
Mrs. Elizabeth Feehan, Assistant to the Commissioner

State of New Jersey
Department of Institutions and Agencies
Division of Welfare

BUREAU OF ASSISTANCE

REGULATION # ______
County Series #3

ISSUED: ______
(Date)

REV.: 12/20/56
(Date)

TITLE: DISABILITY ASSISTANCE-TEMPORARY INSTRUCTIONS

SUBJECT: Procedures and Maximum Allowances for Certain Medical Care Needs

STATUTORY REFERENCE: R.S. 44:7-6

Revision: Attachment No. 7, replacing Attachment No. 7 revised 7/1/56

______, Chief
Bureau of Assistance

Approved:

By: ______

State of New Jersey

DEPARTMENT OF INSTITUTIONS AND AGENCIES

TRENTON 8

BUREAU OF ASSISTANCE
148 WEST STATE STREET

December 20, 1956

TO: COUNTY WELFARE BOARDS

RE: Revision of Attachment 7, County Series No. 3

Enclosed is one copy of a revision of Attachment No. 7 to County Series No. 3, Procedures and Maximum Allowances for Certain Medical Care Needs. Additional copies for staff are being forwarded under separate cover.

This revision accomplishes the following:

Corrects certain omissions and confusions in Sections A and D as between the Attachment and section 300 of the Categorical Assistance Budget Manual;

Incorporates in B the principles, procedures and allowances in respect to services of general practitioners, which have previously been contained in a series of letters and a sample form of agreement between a welfare board and a county medical society;

Revises the policy on "multiple visits" and eliminates the previous $6.00 maximum, but bars payment for routine or "rounds" visits arranged for by the operator of a boarding or nursing home.

Please destroy Attachment 7 issued 7/1/56. Also destroy Circular Letter dated 3/12/54 regarding maximum allowances for physician's fees. However, it is advisable to retain the sample agreement issued with a cover letter dated August 3, 1948 for possible future developments or negotiations.

Very truly yours,

DEPARTMENT OF INSTITUTIONS AND AGENCIES

Irving Engelman

Irving Engelman, Chief
Bureau of Assistance

IE/MCRd

Approved
Elmer V. Andrews, Director
Division of Welfare

State of New Jersey
Department of Institutions and Agencies
Division of Welfare-Bureau of Assistance

PROCEDURES AND MAXIMUM ALLOWANCES FOR CERTAIN MEDICAL CARE NEEDS

The fees or charges for certain medical care needs of Old Age and Disability Assistance clients are limited as follows and apply to all cases in both programs regardless of clients' living arrangements:

A. MISCELLANEOUS MEDICAL CARE SERVICES

The following may be included in the client's budget only when the item or service has been recommended in writing by a licensed physician:

1. Drugs (except those otherwise provided in an allowance for patient care [basic or negotiated rate] in a medical institution)
2. Blood, blood plasma, infusions
3. Hearing aids
4. Prosthetics
5. Oxygen

The following may be included in the client's budget when recommended in writing either by a licensed physician or an appropriate licensed practitioner:

6. Dental service and dentures
7. Eyeglasses and other visual prosthetics
8. Chiropody service (other than normal pedicure service)

In respect to the above items or service, [1 through 8], the authorized allowance is

a. The maximum price or fee established by the local agency as part of a formal medical care plan in association with professional groups, or as the result of working agreement with or notice to the vendors of such goods and services, or

b. The actual cost of the item or service.

In respect to allowances based on actual cost, if the quoted cost appears to the agency to be unreasonable, or if the item or service is one for which a normal or prevailing cost in the community is not known, it is recommended that two or more estimates be obtained. It is, of course, recognized that emergency situations may arise in which the item or service must be authorized and procured without obtaining estimates in advance. In such situations, every effort shall be made to procure the item or service at minimum cost, or to effect reasonable adjustment of charges which appear to be excessive.

B. PHYSICIANS SERVICES (GENERAL PRACTITIONERS)

Plans for physician's services currently in operation in any county, regardless of whether or not any such plan is based on a formal agreement with the County Medical Society, are hereby authorized and approved by the Bureau of Assistance provided any such plan is in conformity with the following principles, procedures and limitations.

1. Principles and Procedures

a. Eligible services shall be understood to include diagnosis and treatment rendered by fully licensed physicians to recipients of OAA and DA in their own or other family homes, in the offices of physicians, or in eligible private medical institutions except under conditions specified in 2.e., below.

b. Ineligible services include services rendered to

Recipients after admission to and while confined in public or private general hospitals, or

Recipients in the Out-Patient Department of hospitals, or

Recipients who are residents in any public medical institution, and

Drugs or other medical supplies dispensed by the physician himself.

c. The recipient shall, so far as possible and reasonable, be permitted to exercise free choice of physician. In the event a recipient has no physician, or his personal physician is not available, the welfare board may assist him in obtaining a physician.

d. Services rendered to a recipient by his personal physician as a first visit during any calendar month, or in case of emergency at any time, shall not require prior authorization by the welfare board as a condition of eligibility for allowance. The procedure for authorization of additional services is at the discretion of the welfare board.

e. The liability to pay for services arises out of the contractual relationship between physician and patient. The county welfare board has no direct contractual liability to the physician in the case of a patient who is a recipient of OAA or DA.

f. Physician's bills are understood to be rendered to the patient but in respect to bills for service rendered to recipients which the physician wishes recognized by the welfare board, he shall report such bills to the board not later than the 10th day of the month following the month in which service is rendered. Under special circumstances the welfare board in its discretion may elect to waive this requirement for good and sufficient cause.

2. Maximum Allowances for Fees

Allowances for physician's fees shall not exceed the following maxima:

a. Office Visit - $3.00

b. Home Visit - 4.00

c. Distance Visit - 5.00 For visits to clients living in excess of 5 miles from nearest available physician

d. Night Visit - 5.00 For night visits on calls received after 11:00 p.m.

e. Multiple Visit - $3.00 Per patient for service to two or more clients during one visit [See additional instructions below regarding clients in congregate living arrangements.]

f. Clients in Congregate Living Arrangements - Fee for visits to individual clients in congregate living arrangements (boarding and nursing homes, etc.) shall be the allowance for Home Visit, Night Visit or Multiple Visit, as appropriate, provided that

1) The individual fee is not payable to a physician who is the owner, or operator, or a stockholder in the institution, and

2) The individual fee is not payable to a physician who is employed or retained by the institution on a fixed compensation basis, and

3) The "multiple visit" fee is understood to apply to any situation where two or more clients are served on the occasion of a single visit to the establishment, and is allowable only when there is individualized examination and/or service for each client involved. The "multiple visit" fee does not apply to situations where the operator of the establishment arranges with a physician for "routine visits" or "rounds" involving a periodic and merely cursory check of all or a large group of the house population.

C. MAXIMUM FEES FOR DIAGNOSTIC EXAMINATIONS [Note: Examinations, tests and procedures that are exclusively for diagnostic purposes are chargeable as matchable administrative costs. They should be so handled (rather than by inclusion in assistance allowances to the client) except in unusual situations where special conditions require otherwise.]

General medical and report	$5.00
" " " " reexamination	3.00
Specialist's examination and report (All specialties including psychiatric, neurological, opthalmological, etc.)	10.00
When cardiac report, together with electro-cardiograph examination and interpretation is necessary, an additional fee to that paid for examination and report	5.00
When physical examination by specialist must be made at residence of client because of degree of disability, an additional fee of	5.00

Laboratory Examinations

Complete Blood Chemistry, 6 tests	15.00
Blood Chemistry, 4 tests	10.00
Blood Chemistry, 2 tests	5.00
Sugar Tolerance	10.00
Complete Blood Count	5.00
Hemogram CBC, Sed.rate, hematocrit, reticulocyte count	15.00
Sputa study for organisms (Concentrated)	5.00
Culture and exam	5.00
Feces (include occult blood) for organism or fat	5.00
Sternal Puncture	10.00
Urinalysis, complete, including microscopic	3.00

Special Tests

Basal Metabolism	$ 5.00
Spinal fluid	10.00
Gastric content	10.00
Myelogram procedure (complete diagnosis)	35.00

X-Ray and Interpretation

Skull

Skull	15.00
Neck Cervical vertebrae	10.00

Chest

Chest survey film anterior, posterior, lateral	10.00
Special chest study for pulmonary, cardiac, rib fractures, barium swallow, stereoscopic, etc. (at least 2 films)	15.00
Esophagram study and chest survey film	15.00
Bronchogram Lipiodol	25.00
Angio cardiogram with preliminary films	40.00
" " without " "	25.00
Dorsal spine	10.00

Abdomen

Gastrointestinal tract - Complete X-Ray Study including fluoroscopy and Barium Enema, with cholecystogram	50.00
Without Barium Enema	40.00
Barium Enema	15.00
Gall Bladder Series (Graham Technic)	15.00
Intravenous Uregram	20.00
Pelvis and Hip Joints	15.00
Spine, entire	30.00
Lumbar, sacral, coccygeal	10.00
Extremities, 2 views	10.00

D. PHYSICAL AND FUNCTIONAL OCCUPATIONAL THERAPY

Allowances for physical or functional occupational therapy are authorized for clients provided that

1. The physical or functional occupational therapy has been prescribed in writing by a licensed physician, and

2. The therapy is to be given under the direction and supervision of a licensed physician, and

3. The physical or occupational therapist providing the treatment is a graduate of a school approved by the Council of Medical Education and Hospitals of the American Medical Association, and

4. The therapy is not otherwise available without cost to the client.

The maximum allowances authorized by the Bureau for such therapy are as follows:

1. Where the therapist(s) performing the service is on the staff (i.e., in residence, on salary, or under contract) of a home or institution (other than a public medical institution) in which the client is receiving care, an allowance for payment to the home or institution of $3.00 per treatment day;

2. Where the therapist(s) performing the service is a fully independent practitioner, serving the patient(s) by visitation at the home or institution (whether public or private) "on call," or at client's own home, an allowance for payment to the therapist of $5.00 per treatment day;

3. "Treatment day", as used above, means any calendar day (but not exceeding six in any calendar week) during which the patient is provided with direct professional service(s) by the therapist(s).

Insert in County Series No. 3
Destroy Attachment No. 7 issued 7/1/56