

7. Footwear, orthopedic, and foot orthotics, except when attached to a brace or bar or when part of a normal post-operative or post-fracture treatment program, or when used to correct or adapt to gross foot deformities (see N.J.A.C. 10:57);

8. Hot water bottles;

9. Infant formula (standard);

10. Inflatable rubber invalid rings;

11. Lifts (chair or seat);

12. Mattresses (orthopedic or mattresses without FDA approval);

13. Nasal aspirators;

14. Pads (heating, hydrocollators, sanitary, thermophore);

15. Personal incidentals, including items for personal cleanliness, body hygiene, and grooming, for example, standard toothbrushes, mouthwashes, dentifrices, deodorant soaps, cosmetics, shaving items, and so forth;

16. Plastic gloves;

17. Protein nutritional supplements in which the quantity dispensed exceeds a 34-day supply;

18. Scales (bathroom);

19. Specialized infant formulas in which the quantity dispensed exceeds a 34-day supply;

20. Stainless steel bedpans or urinals;

21. Syringes (bulb, enema);

22. Thermometers (axillary, ear, oral, rectal); and

23. Tongue blades (sterile, non-sterile).

Amended by R.1997 d.251, effective June 16, 1997.

See: 28 N.J.R. 2481(a), 28 N.J.R. 3221(a), 29 N.J.R. 2690(a).

Inserted new (b)17 and 19, and recodified former (b)17 as (b)18, and (b)18 through 21 as (b)20 through 23.

Amended by R.2001 d.64, effective February 20, 2001.

See: 32 N.J.R. 4098(a), 33 N.J.R. 661(c).

In (a)1 and (a)8, substituted references to beneficiaries for recipients, and also in (a)8, updated an N.J.A.C. reference.

Amended by R.2006 d.297, effective September 5, 2006.

See: 38 N.J.R. 1371(b), 38 N.J.R. 3578(a).

In the introductory paragraph of (a), inserted “/NJ Family Care”.

Case Notes

Nonambulatory, wheelchair-dependent 14-year-old boy with cerebral palsy, spastic quadriplegia and seizure disorder denied electric stair glide. *D.J. v. Essex County Division of Welfare*, 94 N.J.A.R.2d (DMA) 47.

Judge’s allowance of reimbursement for purchase of HEPA Air Cleaner reversed as electrostatic air filter reimbursement is specifically prohibited by regulation. In the Matter of M.D., 7 N.J.A.R. 254 (1980), reversed 179 N.J.Super. 541, 432 A.2d 943, (App.Div.1981), modified in part and remanded 91 N.J. 1, 449 A.2d 1235 (1982).

10:59-1.5 Policy for providing medical supplies and DME

(a) Medical supplies and equipment require a legible, dated prescription or a Certificate of Medical Necessity (CMN) personally signed by the prescribing practitioner. Either document shall contain the following information:

1. The beneficiary’s name, address and Medicaid/NJ FamilyCare eligibility identification number; and

2. A description of the specific supplies and/or equipment prescribed;

i. For example, the phrase “wheelchair” or “patient needs wheelchair” is insufficient. The order shall describe the type and style of the wheelchair.

3. The length of time the medical equipment items or supplies are required;

4. A diagnosis and summary of the patient’s physical condition to support the need for the item(s) prescribed; and

5. The prescriber’s name, address and signature.

(b) Other information in addition to (a) above may be required for specific items and services, and is described in other sections of this chapter which are related to coverage of the specific item or service.

(c) The documentation required in (a) and (b) above shall be maintained on file for a minimum of five years from the date the service was rendered.

Amended by R.2001 d.64, effective February 20, 2001.

See: 32 N.J.R. 4098(a), 33 N.J.R. 661(c).

In (a)1, substituted “beneficiary’s” for “recipient’s” and inserted “eligibility identification” preceding “number”.

Amended by R.2006 d.297, effective September 5, 2006.

See: 38 N.J.R. 1371(b), 38 N.J.R. 3578(a).

In (a)1, inserted “/NJ Family Care”.

10:59-1.6 Prior authorization (PA)

(a) Prior authorizations issued by the Medicaid/NJ FamilyCare program are intended to reflect decisions regarding medical necessity and purchase/rental options. The issuance of prior authorization is not a guarantee of Medicaid/NJ FamilyCare payment. Payment is determined