

CHAPTER 77**REHABILITATIVE SERVICES****Authority**

N.J.S.A. 30:4D-1 et seq. and 30:4D-7.

Source and Effective Date

R.1998 d.143, effective March 16, 1998.
See: 29 N.J.R. 543(a), 30 N.J.R. 1081(a).

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Chapter 77, Rehabilitative Services, expires on March 16, 2003.

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APPENDIX**SUBCHAPTER 1. GENERAL PROVISIONS****10:77-1.1 Purpose and scope**

(a) This chapter is concerned with the provision of, and reimbursement for, medically necessary Medicaid-covered rehabilitative services, rendered by a provider other than an independent clinic, a hospital, a long term care facility, a home health agency, or a physician/practitioner office, in accordance with the New Jersey Medicaid program rules.

(b) Medically necessary services shall meet all applicable State and Federal Medicaid laws, and all applicable rules as specified in the appropriate provider services manual of the New Jersey Medicaid program.

(c) The chapter is divided into three subchapters and an appendix, as follows:

1. N.J.A.C. 10:77-1 contains general provisions to rehabilitative services, including introductory general provisions and general definitions;

2. N.J.A.C. 10:77-2 contains definitions, provisions for provider participation, basis for reimbursement, policies and procedures, and recordkeeping requirements pertaining to the specific Medicaid-covered rehabilitative service: environmental lead inspection service;

3. N.J.A.C. 10:77-3 pertains to the Health Care Financing Administration (HCFA) Common Procedure Coding System (HCPCS). The HCPCS contain procedure codes and maximum fee allowances corresponding to the Medicaid-reimbursable services of this chapter; and

4. The chapter Appendix pertains to the Fiscal Agent Billing Supplement. The Fiscal Agent Billing Supplement contains billing instructions and samples of forms (claim forms, prior authorization forms, and consent forms) used in the billing process.

10:77-1.2 General definitions

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

“Child” means a Medicaid beneficiary under 21 years of age.

“Division” means the Division of Medical Assistance and Health Services (DMAHS) within the New Jersey Department of Human Services.

“Rehabilitative service” is an optional service which a state may define to include (pursuant to 42 C.F.R. 440.130) medical or remedial services recommended by a physician or other licensed practitioner within the scope of practice under State law.

SUBCHAPTER 2. ENVIRONMENTAL LEAD INSPECTION SERVICES**10:77-2.1 Scope of services**

This subchapter describes the New Jersey Medicaid program’s provisions specifically pertaining to the rehabilitative service: environmental lead inspection service.

10:77-2.2 Environmental lead inspection service definitions

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

“Certified lead inspector/risk assessor” means one who is hired by the local health department and certified by the State Department of Health and Senior Services in accordance with N.J.A.C. 8:62 to conduct an epidemiologic investigation in order to find lead sources.

“Elevated blood lead level” means an excess of lead in the bloodstream as defined in N.J.A.C. 8:44 and 8:44A.

“Environmental lead inspection service” means an epidemiologic investigation by a certified lead inspector/risk assessor in order to identify lead sources in the primary residence of a child who is a Medicaid beneficiary and who is determined to have an elevated blood lead level.

“High risk” means a child whose history is positive for one or more of the following criteria in assessing his or her risk of high-dose exposure to lead:

1. Lives in a house built before 1960 with peeling or chipping paint;
2. Lives in a house built before 1960 with recent, ongoing, or planned renovation or remodeling;
3. Has a brother, sister, or housemate being followed or treated for lead poisoning (that is, blood lead >15 Sg/dL); and/or
4. Lives with an adult whose occupation or hobby involves exposure to lead.

“Local health department” (LHD) means the board of health of any municipality or the boards, bodies or officers in such municipality lawfully exercising any of the powers of a local board of health under the laws governing such municipality, and includes any consolidated local board of health or county local board of health created and established pursuant to N.J.S.A. 26:1A-1.

“Screening” means applying detection techniques and performing tests to assess the origins and extent of lead sources in the child’s primary residence.

10:77-2.3 Provider participation requirements

(a) Requirements for a provider to participate in environmental lead inspection services shall be as follows:

1. An applicant shall be a local health department (LHD);
2. Local health departments (LHD) shall enroll and be approved by the New Jersey Medicaid program specifically for reimbursement for this service, including LHDs previously approved as Medicaid independent clinic providers;
3. Local health departments wishing to enroll as a Medicaid-participating provider for environmental lead inspection services shall complete and submit a provider application packet pursuant to N.J.A.C. 10:49-3.2;

i. The completed application packet shall be submitted to:

Division of Medical Assistance and Health Services
Office of Provider Enrollment
Mail Code #9
PO Box 712
Trenton, New Jersey 08625-0712

ii. The applicant shall receive written notification of approval or disapproval of its provider status. If approved, the applicant shall be assigned a Medicaid Provider Number and shall receive a packet which contains a Medicaid Provider Manual (N.J.A.C. 10:77) and the Fiscal Agent Billing Supplement (FABS);

iii. Upon approval as a Medicaid provider, the LHD will also conform to all the provisions of N.J.A.C. 10:49.

10:77-2.4 Environmental lead inspection services

(a) All Medicaid beneficiaries up to six years of age and older children who are considered as “high risk” for lead poisoning, shall be screened for such through venous or capillary blood tests. When the initial test is a capillary blood test indicating an elevated blood lead level, the findings shall be confirmed by a venous sample.

1. Pursuant to N.J.A.C. 8:44-2.11, clinical laboratories are required to report to the New Jersey Department of Health and Senior Services (DHSS) the results of certain lead screenings.
2. The DHSS, in turn, through the “Environmental Investigation and Abatement Report Form” (AP-6), will notify the appropriate LHD of the need to conduct an environmental lead inspection of the child’s primary residence;
3. The LHD shall have a certified lead inspector/risk assessor conduct an epidemiologic investigation of the Medicaid beneficiary’s primary residence in order to locate existing lead sources.

(b) To be reimbursable as a rehabilitative service, the LHD’s epidemiologic investigation to locate the source contaminants shall meet the following requirements:

1. The rehabilitative service-environmental lead inspection service shall be provided by LHDs and performed by certified lead inspectors/risk assessors whose certification shall be designated as a certified lead inspector/ risk assessor;
2. The inspections shall be an on-site investigation of the child’s primary residence for the source(s) of lead contamination; and
3. The inspection/investigation shall include simple tests designed to locate lead sources and easily performed by the “certified lead inspector/risk assessor” on site.

i. Laboratory testing and analysis of substances such as water and paint shall not be included as reimbursable environmental lead inspection services.

(c) When the initial inspection results in a recommendation for remedial action, a reinspection to determine if the lead hazard has been eliminated may be reimbursed.

1. Should the reinspection result in finding a still-existing lead hazard, then a second reinspection may be reimbursed.
2. A maximum of two reinspections may be reimbursable.

10:77-2.5 Basis for reimbursement

(a) The reimbursement for rehabilitative service—environmental lead inspection service shall be based on the provider's usual and customary charge or the maximum fee allowance as contained in N.J.A.C. 10:77-3.2(a), whichever is less.

(b) The service shall meet the following conditions:

1. The service shall be performed by a certified lead inspector/risk assessor, meaning one who is hired and certified by the State Department of Health and Senior Services to conduct epidemiologic investigations in order to find lead sources;
2. The service shall be provided in the primary residences of Medicaid beneficiaries who are children identified as having elevated blood lead levels; and
3. The child(ren) shall have been referred by the New Jersey State Department of Health and Senior Services (DHSS).

(c) Only claims for Medicaid-eligible individuals referred through the DHSS to the LHDs can be considered for reimbursement by Medicaid.

1. The provider shall request the beneficiary's Medicaid Eligibility Identification Card and verify Medicaid eligibility for the date of service before submitting a claim to Medicaid.
2. The provider may verify Medicaid eligibility status of an individual by calling the "Recipient Verification Eligibility System" (REVS) at 1-(800) 676-6562, which will give a recorded message asking for the Medicaid beneficiary's correct name, the Medicaid Eligibility Identification (MEI) number, and/or the Social Security Number, as well as the Medicaid Provider Billing Number and the date of service.

(d) A claim for environmental lead inspection shall be submitted on a HCFA 1500 claim form to Unisys, the Medicaid fiscal agent at the following address:

Unisys
PO Box 4808
Trenton, New Jersey 08650-4808

1. Claims shall include a procedure code(s) (HCPCS) reflecting the service(s) provided and the corresponding fee for the service(s).

2. Upon receipt of the HCFA 1500 claim form, the Medicaid fiscal agent will process the claim and reimburse the LHD the Federal share (50 percent) of the amount approved by Medicaid (N.J.A.C. 10:77-3), the remaining cost of this mandated service, as specified in N.J.A.C. 8:13, being the responsibility of the LHD.

10:77-2.6 Recordkeeping

(a) All LHDs shall keep such legible records as are necessary to fully disclose the kind and extent of services provided, as well as the necessity for such services and the place, date, and time the services were provided.

(b) The minimum recordkeeping requirements for LHDs performing environmental lead inspections shall be a completed copy of the "Environmental Investigation and Report Form" (AP-6).

1. A copy of the completed form (AP-6) for each Medicaid beneficiary shall be sent quarterly to the following address:

Chief Pediatric Consultant
Division of Medical Assistance and Health Services
PO Box 712
Trenton, New Jersey 08625-0712

(c) All required recordkeeping documents shall be made available, upon request, to the New Jersey Medicaid program or its agents.

SUBCHAPTER 3. HEALTH CARE FINANCING ADMINISTRATION (HCFA) COMMON PROCEDURE CODING SYSTEM (HCPCS)

10:77-3.1 Introduction

(a) The New Jersey Medicaid program utilizes the Health Care Financing Administration's (HCFA) Common Procedure Coding System (HCPCS). HCPCS follows the American Medical Association's Physicians' Current Procedural Terminology—4th Edition (CPT-4) architecture, employing a five-position code and as many as two 2-position modifiers. CPT-4 is a listing of descriptive terms and numeric identifying codes and modifiers for reporting medical procedures and services performed by physicians. Unlike the CPT-4 numeric design, the HCFA assigned codes and modifiers contain alphabetic characters.

(b) HCPCS was developed as a three-level coding system:

1. LEVEL I CODES (narratives found in CPT-4): These codes are adapted from CPT-4 for utilization primarily by physicians, podiatrists, optometrists, certified nurse-midwives, certified nurse practitioners/ clinical nurse specialists, independent clinics and independent laboratories. Copyright restrictions make it impossible to print excerpts from CPT-4 procedure narratives for Level I codes. Thus, in order to determine those narratives, it is necessary to refer to CPT-4, which is incorporated herein by reference.

2. LEVEL II CODES: The narratives for Level II codes are found in this subchapter. These codes are not found in the CPT-4 and are assigned by HCFA for use by physicians and other practitioners.

3. LEVEL III CODES: The narratives for Level III codes are found in this subchapter. These codes are assigned by the Division of Medical Assistance and Health Services to be used for those services which are unique to the New Jersey Medicaid program.

(c) Regarding specific elements of HCPCS codes which require the attention of providers, the lists of HCPCS code numbers for rehabilitative services are arranged in tabular form with specific information for a code given under columns with titles such as "HCPCS Code," "DESCRIPTION" and "MAXIMUM FEE ALLOWANCE." The information given under each column is summarized below:

1. "HCPCS Code"—Lists the HCPCS procedure code numbers;

2. "DESCRIPTION"—Code narrative: Narratives for Level III codes are found at N.J.A.C. 10:77-3.2;

3. "MAXIMUM FEE ALLOWANCE"—Lists the New Jersey Medicaid program's maximum fee allowance schedule. If the symbol "B.R." (By Report) is listed instead of a dollar amount, it means that additional information will be required in order to properly evaluate the service. Attach a copy of the report to the claim form. If the symbol "N.A." (Not Applicable) is listed instead of a dollar amount, it means that service is not reimbursable.

(d) Listed below are both general and specific policies of the New Jersey Medicaid program that pertain to HCPCS:

1. When filing a claim, the appropriate HCPCS Codes shall be used in conjunction with modifiers, when applicable;

2. The use of a procedure code shall be interpreted by the New Jersey Medicaid program as evidence that the provider personally furnished, as a minimum, the service for which it stands;

3. When billing, the provider shall enter onto a HCFA 1500 claim form, a CPT/HCPCS procedure code as listed in CPT-4 or in this subchapter;

4. Date(s) of service(s) shall be indicated on the claim form and in the provider's own record for each service billed;

5. The "MAXIMUM FEE ALLOWANCE" as noted with these procedure codes represents the maximum amount a provider can be reimbursed for the given procedure;

i. All references to time parameters shall mean the provider's personal time in reference to the service rendered unless it is otherwise indicated. These procedure codes are all-inclusive for all procedures provided during that time;

6. Written records in substantiation of the use of a given procedure code shall be available for review and/or inspection if requested by the New Jersey Medicaid program; and

7. Certain listed procedures are commonly carried out as an integral part of a total service, and, as such, do not warrant a separate charge. When "Separate Procedure" is attached to a HCPCS/CPT-4 description, indicating that a procedure may be carried out as a separate entity not immediately related to a specific service, separate charges for the procedure and reimbursement are applicable.

10:77-3.2 HCPCS procedure code numbers and maximum fee allowance schedule

(a) Environmental Lead Inspection Codes:

HCPCS Code	Description	Maximum Fee Allowance
Y 9733	Initial Inspection for Lead	\$260.00
Y 9734	Reinspection for Lead	100.00

Qualifier: Limit of two reinspections per primary residence per family

APPENDIX

FISCAL AGENT BILLING SUPPLEMENT

AGENCY NOTE: The Fiscal Agent Billing Supplement is appended as a part of this chapter but is not reproduced in the New Jersey Administrative Code. When revisions are made to the Fiscal Agent Billing Supplement, replacement pages shall be distributed to providers and copies shall be filed with the Office of Administrative Law.

For a copy of the Fiscal Agent Billing Supplement, write to:

Unisys Corporation
 PO Box 4801
 Trenton, New Jersey 08650-4801
 or contact:
 Office of Administrative Law
 Quakerbridge Plaza, Bldg. 9
 PO Box 049
 Trenton, New Jersey 08625-0049