i. For NJ FamilyCare-Plans B and C participants, coverage shall include EPSDT: medical examinations, dental, vision, hearing, and lead screening services. Coverage includes only those treatment services identified through the examination that are available under the MCO's benefits package for Plans B and C enrollees or as services specified under the FFS program;

4. Emergency medical care;

5. Inpatient hospital services including acute care hospitals, rehabilitation hospitals and special hospitals;

6. Outpatient hospital services;

7. Laboratory services, not including routine testing related to administration of Clozapine and other specified atypical antipsychotic drugs listed in the managed care contract for non-DDD clients;

8. Radiology services, diagnostic and therapeutic;

9. Prescription drugs, including legend drugs and non-legend drugs that are covered by the Medicaid program and indicated in the managed care contract;

10. Family planning services and supplies;

11. Audiology services;

12. Inpatient rehabilitation services;

13. Podiatrist services;

14. Chiropractor services;

15. Optometrist services;

16. Optical appliances;

17. Hearing aid services;

18. Home health agency services, except that home health agency services for aged, blind and disabled (ABD) beneficiaries are covered fee-for-service and not by the MCO;

19. Hospice services, in the community and in institutional settings. Room and board services are included only when services are delivered in an institutional (non-private residence) setting;

20. Durable medical equipment (DME)/assistive technology devices in accordance with existing Medicaid rules (see N.J.A.C. 10:59);

21. Medical supplies;

22. Prosthetics and orthotics, including certified shoe provider services;

23. Dental services;

24. Organ transplants, which include donor and recipient costs, except that the Medicaid fee-for-service program will reimburse for transplant-related donor and recipient inpatient hospital costs for an individual placed on a transplant list while in the fee-for-service Medicaid program prior to initial enrollment into an MCO;

25. Transportation services to and from any MCO-covered service and any service covered by the fee-for-service program as specified in this chapter, including ambulance, mobile intensive care units (MICUs) and mobile assistive vehicles (MAVs) (including lift-equipped vehicles);

26. Nursing Facility Services – limited to first 30 days of admission to a nursing facility. This covered benefit is limited to rehabilitation services for NJ FamilyCare – Plan B and C enrollees; and

27. Mental health/substance abuse services only for enrollees who are clients of the Division of Developmental Disabilities. Partial care and partial hospitalization services are covered fee-for-service and are not covered by the MCO.

New Rule, R.2006 d.17, effective January 3, 2006.
See: 37 N.J.R. 2787(a), 38 N.J.R. 294(d).
Former N.J.A.C. 10:74-3.3 recodified as N.J.A.C. 10:74-3.12; section was "General Medicaid and NJ KidCare program limitations".
Amended by R.2012 d.041, effective February 21, 2012.
See: 43 N.J.R. 257(b), 44 N.J.R. 494(a).
Rewrote the introductory paragraph of (a), and (a)1, (a)7, (a)9, (a)20, (a)26 and (a)27.
Petition for Rulemaking.
See: 48 N.J.R. 2078(a).

10:74-3.4 Fee-for-service program services requiring MCO assistance to Medicaid and NJ FamilyCare-Plans A, B and C enrollees to access the services

(a) The following services shall be provided to Plans A, B and C enrollees through the Medicaid/NJ FamilyCare fee-for-service program and may necessitate contractor assistance to the enrollee (such as medical orders) to access the services:

1. Personal care assistant services (not covered for NJ FamilyCare-Plans B and C);

2. Medical day care (not covered for NJ FamilyCare-Plans B and C);

3. Outpatient rehabilitation services, including physical, occupational and speech/language therapy (for Plans B and C, limited to 60 days per therapy per calendar year);

4. Elective/induced abortions and related services, including surgical procedure, cervical dilation, insertion of cervical dilator, anesthesia including para cervical block, history and physical exam on day of surgery; PT, PTT, OB panel of lab tests, pregnancy test, urinalysis and urine drug screen, glucose and electrolytes; routine venipuncture, ultrasound, pathological examination of aborted fetus; Rhogam and its administration;

5. Transportation, lower mode (not covered for NJ FamilyCare-Plans B and C);

6. Sex abuse examinations;

7. Services provided by DHS mental health/substance abuse and DYFS residential facilities or group homes;

8. Family planning services and supplies when furnished by a non-MCO-participating provider;

9. Home health agency services for the aged, blind and disabled; and

10. Prescription drugs (legend and non-legend covered by the Medicaid program) for the aged, blind or disabled.

New Rule, R.2006 d.17, effective January 3, 2006.
See: 37 N.J.R. 2787(a), 38 N.J.R. 294(d).
Former N.J.A.C. 10:74-3.4 recodified as N.J.A.C. 10:74-3.13; section was "General Medicaid and NJ KidCare program exclusions".

10:74-3.5 Fee-for-service services for Medicaid and NJ FamilyCare-Plans A, B and C enrollees not requiring case management by the MCO

(a) The following services shall be provided to Plans A, B and C enrollees through the Medicaid/NJ FamilyCare fee-for-service program without requiring case management by the MCO:

1. Inpatient psychiatric hospital services for individuals under 21 and for individuals 65 years of age and over;

2. ICF/MR services (not covered for NJ FamilyCare-Plans B and C);

3. Waiver and demonstration program services (not covered for NJ FamilyCare-Plans B and C);

4. Mental health services for non-DDD clients;

5. Substance abuse services for non-DDD clients:

i. Diagnosis;

ii. Treatment; and

iii. Detoxification;

6. Drugs paid fee-for-service by the Medicaid program:

i. Costs for methadone maintenance and its administration;

ii. Atypical antipsychotic drugs;

iii. Suboxone and Subutex or any other drug within this category when used for the treatment of opioid dependence; and

iv. Generically-equivalent drug products of the drugs listed above.

7. Family planning services and supplies when furnished by a non-MCO-participating provider;

8. Up to 12 inpatient hospital days for social necessity (not covered for NJ FamilyCare-Plans B and C); and

9. Division of Developmental Disabilities Community Care Waiver (DDD/CCW) waiver services and demonstration program services. These are covered for NJ FamilyCare–Plan A enrollees only.

New Rule, R.2006 d.17, effective January 3, 2006.
See: 37 N.J.R. 2787(a), 38 N.J.R. 294(d).
Former N.J.A.C. 10:74-3.5 recodified as N.J.A.C. 10:74-3.14; section was "Reporting of services".
Amended by R.2012 d.041, effective February 21, 2012.
See: 43 N.J.R. 257(b), 44 N.J.R. 494(a).
Deleted (a)1 and (a)2; recodified (a)3 through (a)11 as (a)1 through (a)9; in (a)6i, deleted "and" from the end; added (a)6iii and (a)6iv; and rewrote (a)9.

10:74-3.6 Managed care organization (MCO) services for NJ FamilyCare-Plan D enrollees

(a) The MCO shall provide all services required by the current managed care contract, including, but not limited to, the services listed in (a)1 through 22 below, and at N.J.A.C. 10:49-5, for all NJ FamilyCare-Plan D enrollees with the exception of those services identified as fee-for-service under N.J.A.C. 10:74-3.7 or excluded under N.J.A.C. 10:74-3.8:

1. Primary care services as follows:

i. All physician services, primary and specialty;

ii. In accordance with State certification/licensure requirements, standards, and practices, primary care providers shall also include access to certified nurse midwives, advanced practice nurses and physician assistants;

iii. Services rendered at independent clinics that provide ambulatory services; and

iv. Federally qualified health center primary care services;

2. Emergency room services;

3. Family planning services, including medical history and physical examinations (including pelvic and breast), diagnostic and laboratory tests, drugs and biologicals, medical supplies and devices, counseling, continuing medical supervision, continuity of care and genetic counseling, except that:

i. Services provided primarily for the diagnosis and treatment of infertility, including sterilization reversals, and related office (medical and clinic) visits, drugs, laboratory services, radiological and diagnostic services and surgical procedures shall not be covered by the NJ FamilyCare program; and

ii. Family planning services from providers outside the contractor's provider network shall not be available to NJ FamilyCare-Plan D enrollees, except for those Plan D enrollees with incomes below 134 percent of the FPL;

4. Home health care services, which shall be limited to:

i. Skilled nursing for a home bound beneficiary which is provided or supervised by a registered nurse;